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| **APPLICATION FOR IMPLANT WARRANTEE CLAIM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. PATIENT Detaljer (måste bifogas för alla reklamationer)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kirurgens namn: | | | | | | | | | | | | | Implantets produkt kod: | | | | | | | | | | | | | | | | | | | | | | | | |
| Lot. No. | | | | | | | | | | | | | | | | | | | | | | | | |
| Faktura nummer vid inköp: | | | | | | | | | | | | | | | | Bilaga (🗸) | | | | | | | | | | | | | | | | | Ja | | | Nej | |
| Patientens namn: | | | | | | | | Patientens Telefon nummer: | | | | | | | | | | | | | | | | | Del av käke/Tand nr.: | | | | | | | | | | | | |
| Datum för installation: | | | | | | | | | | | | | Datum för avlägsnande av implantat: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B. PROTOKOL detaljer (omit if failure occurred before implant placement)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Protokol använt | | | Tvåstegs kirurgi | | | | | | | | | | | Direkt belastning | | | | | | | | | | | | | | Flapless | | | | | | | | | |
| Enstegs kirurgi | | | | | | | | | | | Tidig belastning | | | | | | | | | | | | | | Direkt installation | | | | | | | | | |
|  | | |  | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
| Ben kvalitet | | | I | | | | | | | II | | | | | | | | | | | III | | | | | | | | | | | IV | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. Anledning till reklamation (skall bifogas alla reklamationer)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tidig förlust:** | | | | | | **Fraktur typ:** | | | | | | | | | | | | | | | | | **Kontraindikation:** | | | | | | | | | | | | | | |
|  | Mobilitet direkt vid installation | | |  | |  | | | Implantat fraktur | | | | | | | | | | | | |  |  | Dålig benkvalitet/kvantitet | | | | | | | | | | | | |  |
|  | Förlust innan protetisk belastning | | |  | |  | | | Distans fraktur som kräver implantat avlägsnande | | | | | | | | | | | | |  |  | Kompromissat medicinskt tillstånd | | | | | | | | | | | | |  |
| **Mjuk vävnads irritation:** | | | | | |  | | |  | | | | | | | | | | | | |  |  | Bruxism eller överdriven occlusal kraft | | | | | | | | | | | | |  |
|  | Värk eller bestående inflammation utan benförlust | | |  | |  | | | Implantat fraktur som kräver implantat avlägsnande | | | | | | | | | | | | |  |  | Dålig oral hygien | | | | | | | | | | | | |  |
|  |  | | |  | |  | | |  | | | | | | | | | | | | |  |  | Rökare | | | | | | | | | | | | |  |
| **PERI-IMPLANTIT:** | | | | | |  | | | Protetisk fraktur som kräver implantat avlägsnande | | | | | | | | | | | | |  |  | Skada på sinusmembraner eller mentale foramen | | | | | | | | | | | | |  |
|  | Behandlingsresistent infektion efter belastning (blödning, djupsondering fickor, suppuration | | |  | |  | | |  | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | |  |
|  |  | | |  | | **Installations vridmoment :** | | | | | | | | | | | | | | | | |  | Benersättnings fölust | | | | | | | | | | | | |  |
|  |  | | |  | |  | | | Distortion of driver interface | | | | | | | | | | | | |  | **Annat:** | | | | | | | | | | | | | | |
|  | Stor benförlust | | |  | |  | | | during placement | | | | | | | | | | | | |  |  | Patient förfrågan | | | | | | | | | | | | |  |
| **ALLERGI** | | | |  | |  | | | Vrängning av skruv vid åtdragning | | | | | | | | | | | | |  |  | Implantat tappat eller resteriliserat | | | | | | | | | | | | |  |
|  | | | | | |  | | |  | | | | | | | | | | | | |  |  | Storlek olämplig | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Om anledning till implantat förlust inte täcks in av ovan, vänligen förklara :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **D. (vid förlust som uppstår 9 månader efter implantat installation)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ( Godkänner ni granskning av protokoll🗸 ) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Ja | | | | Nej | | |
| Har röntgen bilder bifogats? | | | | | | | Ja | | | | | Nej | | | | | | | ..och modeller | | | | | | | | | | Ja | | | | | Nej | | | |
| Vänligen motivera vilka komponenter ni vill ha ersatta och varför  (bifoga brev om möjligt): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **E. (fyll I för alla reklamationer)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kirurgens namn: | | | | | | | | | | |  | | | | | | | | | Datum: | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| DAB/ Southern Implants: | | Datum mottaget: | | | | | | | | | Associated Doc. Nos.: | | | | | | | | | | | | | | | Serial No. | | | | | | | | | | | | |
| Vidare undersökning krävs: | | | | | | | | | | | Ja | | | | | | | Nej | | | | | | | | Om ja, kopia #: | | | | | | | | | | | | |
| Anledning om ingen vidare undersökning: | | | | | Kontrindikation | | | | | | | | | | | | Otillräcklig data | | | | | | | | | | | | | Data som krävs för att anpassa problem | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | | | | | | |

**IMPLANT WARRANTEE POLICY**

**WITH EFFECT FROM JUNE 2007**

1. **Implant does not integrate (or integrating initially and then loosening)**

In the event of an implant not integrating within a 9 month period after placement, the implant and cover screw or healing abutment, will be replaced at no charge provided that:

|  |  |
| --- | --- |
| • | Part A, B, C and E of the warrantee form is completed. |
| • | A copy of the invoice is attached (or an equivalent proof of purchase enabling traceability to implant part no. and lot no.). |
| • | The implant and cover screw/healing abutment are returned with the form. |

**Note:** Integration should be thoroughly verified before making the prosthetics. In the event that the prosthetics are made and then non-integration / de-integration is detected, the warrantee does not cover the cost of such prosthetics.

1. **Implant late failure (up to 25 years)**

Failures due to fatigue or de-integration after restoration are not common and are often associated with prosthetic overload, prosthetic mishap or maintenance issues. Southern Implants may assist with components for re-treatment depending on the motivation.

• Part A, B, C, D and E of the form are to be completed.

• A copy of X-rays at time of placement and close to time of failure to be submitted.

• Models to be submitted if they are available.

• All retrieved hardware to be submitted.

• A review board may be used to recommend if component replacement is appropriate. This board is appointed by the P-I Branemark Institute of South Africa.

1. **Implant placement aborted**

In rare cases, the implant is placed but is found to not be sufficiently stable or the prosthetic axis is judge to be incorrect and a different configuration is chosen. Such implants (placed but immediately removed) are not failed implants. However, the warrantee program covers 50% of the price paid for such implants. The procedure to follow is:

• Part A, C and E of the form to be completed.

• The removed implant to be returned with the form.

• A copy of the invoice to be attached to the form.

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| **Note:** | **Southern Implants warrantee does not cover cost of laboratory procedures or consequential damages. It is limited to replacement components.** |