Neoss Customer Complaint Form

Fields marked with * are mandatory, complete other fields as appropriate.
Send one form per patient.

Clinic/Customer details			
Clinic name*		Account number*	
Street		Email contact*	
City		Contact name	
Postal/ZIP code		Phone	
Country*			

Product information (Complete one line per item)					
Article number*	Article name	Batch/Lot number*	Initial use date (DD/MM/YYYY)	Date of problem* (DD/MM/YYYY)	Implant position**

***Implant position: Tooth position as per FDI, if applicable.*

Event description		
Event type*	☐ Osseointegration failure, before restoration	☐ Osseointegration failure, after restoration
	☐ Implant fracture	☐ Screw fracture
	☐ Abutment fracture	☐ No primary stability
	☐ Package, contamination or label issue	☐ Instructions for use
	☐ Instrument/accessories issue	☐ Other
Event description*		
Did the event lead to any of the following: Patient death, life-threatening illness, or permanent impairment of a body function?*	☐ Yes	☐ No
Did the device cause or contribute to the event?	☐ Yes	☐ No
Was implant restored with Neoss original prosthesis?	☐ Yes	☐ No
Prosthesis type?	☐ Single crown	☐ Partial bridge
	☐ Full arch bridge	☐ Overdenture
Temporary or permanent prosthesis?	☐ Temporary	☐ Permanent

Patient information				
Oral hygiene	☐ Excellent	☐ Good	☐ Average	☐ Poor
Medical history	☐ Smoking	☐ Diabetes	☐ Periodontitis	☐ Osteoporosis
	☐ Medication affecting healing	☐ Radiotherapy	☐ Bruxism or clenching	

Signature	Date (DD/MM/YYYY)

Please return the completed form and product to the local office address listed on: www.neoss.com/support

NOTE#01: Please sterilize ALL items in a sealed pouch/packet which when returned will show proof of sterility. If sterilizing an implant, remove from glass ampule/container prior to sterilization! Do not return any implant in the glass ampule/container.

NOTE#02: Please use a padded pouch to return items to avoid damage.