Neoss Customer Complaint & Warranty Form

Neoss NCR-number	

Section#01

Complete all section 1 and as appropriate section 2, 3, 4 or 5
Send one form per patient

Clinic/Customer Details			
Name		**Account Number**	
Address (Street, City, Country)		**Tel**	
		Contact Name	
Clinician Name		**Email contact**	

Product Information (Complete one line per item)				
Article Number	**Lot Number**	**Quantity**	**Initial use date/ Placement date**	**Date of problem communicated to dentist/Removal date**

Patient Information				
Oral Hygiene	Excellent ☐	Good ☐	Average ☐	Poor ☐
Smoker	Yes ☐		No ☐	
Relevant medical history	Yes ☐		No ☐	
If yes provide further details below:				

Add description of failure, safety concerns (if any) and any additional information that may be relevant:		
Fracture	Yes ☐	No ☐

Section#02

If related to an implant, complete section 2 and then section 3 (if applicable).

Was implant restored with Neoss original or ARC prosthetics?							Yes ☐				No ☐
When did the problem occur?	During surgery ☐		During healing ☐		At exposure ☐		During loading ☐		After restoration ☐		
Position of implant failure	**Bone Quality**	1	2	3	4	**Bone Quantity**	A	B	C	D	E
Position of implant failure (if more than one failure)	**Bone Quality**	1	2	3	4	**Bone Quantity**	A	B	C	D	E
Position of implant failure (if more than one failure)	**Bone Quality**	1	2	3	4	**Bone Quantity**	A	B	C	D	E
		1=Dense			4= Soft		A= Most				E=Least
Was primary stability achieved		Yes ☐				No ☐					

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Section#03

Type	Single crown ☐	Partial bridge ☐	Full arch bridge ☐	Overdenture ☐
	Temporary ☐		Permanent ☐	
How was it retained	Screw retained ☐	Cement retained ☐	Unknown ☐	
Ratchet used	Yes ☐	Torque (Ncm)	No ☐	

If related to Prosthesis **ONLY** complete the below section.

Section#04

If related to an instrument, complete the below section **ONLY**.

Number of uses	0-1 ☐	2-10 ☐	10+ ☐

Section#05

If related to a membrane, complete the below section **ONLY**.

How was it retained	Screws ☐	Tacks ☐

Section#06

Please return pages 1 and 2 of the completed form and product, to the local office address listed on: **www.neoss.com/support**

Signature	**Date**

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.

Neoss Internal Use Only

Warranty Request	☐	***Customer Complaint***	☐
Assign date the complaint/warranty form was received from customer			
Assign date all required information was received			
Has the customer received replacement items and are there any further issues to report?			
Signature		***Date***	