Customer Feedback Form

The inclusion of as many details as possible greatly aids the complaint investigation process as well as provides useful information for continuous improvement. **Missing information will delay processing.** ***All fields are required.***

A. Customer Information

Date of Report: _____
Account # _____
Account Name/Dr: _____
Address: _____
City, State, Zip, Country: _____
Phone #: _____
E-mail: _____
Submitted By: _____

B. Product Information: One form should be used per patient or event. If more than one device is associated with a single reported event, multiple item numbers may be included below.

Component Type:
☐ Implant ☐ Abutment ☐ Screw ☐ Instrument/Tool ☐ Other _____
Order # (if available): _____

Item Number	*Lot/Serial #*	*Qty.*

C. Product Replacement

Are we replacing the same product? ☐ Yes ☐ No - please provide preferred length and diameter _____
(if not specified, same size implant will be sent as a replacement). Store Credit will not be issued in lieu of replacement.

Patient/Case ID: _____

D. Event Information

Implantation Date (mm/dd/yy): _____ ***Loading Date*** (mm/dd/yy): _____ ***Removal Date*** (mm/dd/yy): _____

Description of the Event (check all that apply):
☐ No Primary Stability ☐ Failure to integrate (Before or coincident with loading) ☐ Loss of Integration (After Loading)
☐ Packaging or Labeling ☐ Fit ☐ Fracture ☐ Customer Service ☐ Other (please describe): _____

Discovered During:
☐ Receiving ☐ Unpacking ☐ Clinical Procedure ☐ Laboratory Procedure
☐ Other: _____

Procedure Completed in the Same Visit:
☐ Yes ☐ No

Provide a detailed description of the reported problem (including procedure being performed, related products and settings used): _____

Outcomes Attributed to Event:
☐ Death
☐ Life Threatening
☐ Hospitalization
☐ N/A
☐ Required Intervention to Prevent Permanent Impairment
☐ Disability or Permanent Damage
☐ Other Serious (Important Medical Events)

Describe Any Signs or Symptoms present in patient as a result of the event (check all that apply):

☐ No Patient Impact ☐ Allergic Reaction ☐ Aspiration ☐ Hemorrhage ☐ Nerve Damage ☐ Pain ☐ Bone Loss
☐ Dehiscence ☐ Delayed Healing ☐ Edema ☐ Hyperesthesia ☐ Hyperplasia ☐ Infection ☐ Inflammation
☐ Other: _____

E. Patient Information

Gender: ☐ Male ☐ Female

Age at Time of Event: _____

Tooth Number: _____

Bone Density Type: ☐ I ☐ II ☐ III ☐ IV ☐ Unknown

Oral Hygene: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Other Relevant Patient History (check all that apply):

☐ Smoker/Tobacco use ☐ Bruxism /Clenching ☐ Osteoporosis ☐ Diabetes ☐ Biphosphonate Therapy ☐ Steroid Therapy
☐ Chemotherapy ☐ Radiation Therapy ☐ Periodontitis ☐ Other: _____

Instructions for US/Canada Customers and International Distributors:

1. Please complete each field of this form.
2. Submit form to customer.claims@implantdirect.com
3. Within 3 business days of submitting this form, Customer Claims department will issue an RMA and a UPS label through UPS.com for the return of the product.
4. A replacement order will be processed after the UPS label has been received/scanned by UPS
   (some complaint cases requiring additional evaluation may delay replacement orders.)

Instructions for Europe Customers:

1. Please call 00800 4030 403 or email inside.sales@implantdirect.eu to receive an RMA and Feedback Form .
2. RMA #: _____
3. Complete each field of this form.
4. Submit form to inside.sales@implantdirect.eu
5. Customer Service will arrange a pickup on your preferred date.
6. A replacement order will be processed after receipt and inspection of the product.

When returning product the following guidelines must be followed:

- Used product MUST be sterilized in pouches which show sterility with color change or other indications prior to shipping.
- Please write claim number on the outside of the box. Must include a copy of the Return Material Authorization.

United States

Implant Direct Manufacturing
Attn: Complaints Department
3050 E. Hillcrest Drive
Thousand Oaks, CA 91362

Phone: 1.888.649.6425
Email: customer.claims@implantdirect.com

Canada

Implant Direct Sybron Intl.
55 Laurier Drive
Morrisburg, Ontario

Phone: 1.888.649.6425
Email: customer.claims@implantdirect.com

Europe

Implant Direct AG
Basicweg 20
BR Amersfoort, 3821 Netherlands

Phone: 00800 4030 403
Email: inside.sales@implantdirect.eu

Australia

Implant Direct Oceania
Unit 10 112-118 Talavera Road
North Ryde NS 2113, North, 2113 Australia

Phone: 02.8870.3099
Email: cbrown@implantdirect.com.au

www.implantdirect.com