GUARANTEE FORM

1. CUSTOMER INFORMATION

Contact Information		Complaint number (Filled by ARGON)	
Practice			
Surname		Customer ID	
First name			
Address		**Contact**	
Zip Code		Phone	
City			
Street		E-Mail	
Country		Contact person	

2. PRODUCT INFORMATION

☐ Implant	☐ Prosthetics	☐ Instrument

Product Code	LOT-Nr.	Tooth position (region)

I hereby confirm that:
(please tick the correct box)

☐ the enclosed medical device has not come into contact with blood or other body fluids and thus hygienic is harmless. I confirm this with my signature (see page 3).

☐ the attached medical device has come in contact with blood or other bodily fluids during use. The product was decontaminated.

3. CASE SPECIFICATION

case report

REV._1.0/2019

ARGON Medical
Productions & Vertriebs
Gesellschaft mbH & Co. KG
Bingen am Rhein

info@argon-medical.com
www.argon-medical.com
Tel. +49 (0)67 21 / 30 96-0

K3pro KONUS DENTAL IMPLANTS

GUARANTEE FORM

(Please specify where applicable)

A. IN CASE OF IMPLANT CLAIM

ANAMNESIS / PATIENT INFORMATION

Gender ☐ male ☐ female **Age:** _____

Oral hygiene: ☐ good ☐ medium ☐ bad

Does the patient smoke? ☐ yes ☐ no

☐ Diabetes mellitus
☐ Radiotherapy head / neck area
☐ Corticosteroid treatment
☐ Chemotherapy at the time of implantation
☐ Psychological disorders
☐ Periodontal disease
☐ Xerostomie
☐ Lymph disorders
☐ Alcohol or drug abuse
☐ Untreated endocrine diseases
☐ Compromised immune resistance
☐ Periodontal pretreatment takes place
☐ Bleeding disorder
☐ Allergies

Other relevant local or systemic diseases: _____

_____

_____

SURGICAL INFORMATION

Implantation date: _____ Explantation date: _____

Primary stable?	☐ yes	☐ no	☐ not known	Tightening torque _____ Ncm
Osseointegrated?	☐ yes	☐ no	☐ not known	
Used tap?	☐ yes	☐ no	☐ not known	

ADDITIONAL OPERATIONAL METHODS

☐ Augmentation / material: _____
☐ Sinus lift / material: _____
☐ Bone spreading
☐ Others: _____
☐ None

☐ Preoperatively ☐ Simultaneously with the implantation

BONE QUALITY

☐ D 1 ☐ D 2 ☐ D 3 ☐ D 4

vertical Bone supply: _____ mm horizontal Bone supply: _____ mm

SEAT OF THE IMPLANT

☐ subcrestally ☐ equcrestally ☐ supracrestally

INFORMATION ON THE INCIDENT / CAUSE OF LOSS

WAS ONE OR MORE OF THE FOLLOWING INCIDENT IN THE EVENT?

☐ Trauma / accident
☐ Biomechanical overload
☐ Immediate implantation
☐ Adjacent endodontic supplied tooth
☐ Trauma
☐ Caries
☐ PAR
☐ Implant rupture
☐ Overheating of the bone
☐ Peri-implantitis
☐ Infection
☐ Bruxism
☐ Endo failure
☐ Loss of the vestibular lamella
☐ Nerve compression
☐ Sinus perforation
☐ Bone resorption
☐ Contamination with saliva
☐ Other _____

_____

* To be eligible for the replacement of an implant according to the Osseointegration Guarantee, the inclusion of an X-ray image is mandatory. This is to be anonymised, without any personal patient data (such as name / date of birth, etc.) according to the EU Data Protection Directive.

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GUARANTEE FORM

(Please specify where applicable)

B. IN CASE OF PROSTHETIC COMPONENTS CLAIM

☐ Fracture ☐ Deformation ☐ Fitting problems

☐ Other:_____

Type of restoration: ☐ Crown ☐ Bridge ☐ Partial prosthesis *(Maxillary)* ☐ Partial prosthesis *(Mandibular)*

When was the secondary part inserted? _____ (Day / month / year)

Was a torque attachment used? ☐ yes ☐ no ☐ Not known Tightening torque_____Ncm

C. IN CASE OF INSTRUMENTS CLAIM

☐ Fracture ☐ Deformation ☐ Fitting problems

☐ Other:_____

Approximate number of usages *(only cutting instruments)* ☐ First use ☐ Less than 50 ☐ More than 50

Type of cleaning ☐ Manually ☐ Ultraonic ☐ Thermodisinfector ☐ Other: _____

Type of sterilization ☐ Autoclave ☐ Dry heat ☐ Chemical

4. CONFIRMATION

Please send this form, the sterilized product and the anonymised X-ray images (if applicable) to:
ARGON Medical Productions & Vertriebs Gesellschaft mbH & Co. KG, Franz-Kirsten-Str. 1, D-55411 Bingen / am Rhein.

For the return use a padded shipping bag - otherwise, individual items could get lost or damaged

I hereby confirm that all information was provided truthfully and to the best of my knowledge and belief.

Customer's signature: _____

Place and date: _____

Stamp:_____

Privacy policy:
Personal data is used solely to collect information for statistical purposes. The customer agrees that the data may be used for further processing and consultation regarding the business transaction by ARGON. The data is used exclusively for this purpose. A passing on to third does not take place. In the case of data processing operations, the General Data Protection Regulation (DSV) generally provides for the right of access to the responsible body, as well as further rights to rectification or deletion or to the restriction of the processing of personal data or a right to object to processing (Art. 15 et seq. DS-GMO). There is also a right of appeal to a supervisory authority. The data is stored in accordance with the legal retention periods. Further information on data protection can be found at: www.argon-medical.com

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