Report for Implant Failure

Report No. _____ **Date.** _____

Dear. Doctors,

In order for the development and advances of DIO Corp., we hope you could fill this list, and return to DIO agent in your country together with the failure implant. We appreciate for your sincerely cooperation.

* Notice : Do NOT clean or sterilize on implant, please load into a clean bag only.

Clinic Information

Name of Clinic	
Name of Doctor	
Contact No.	
Address	

Patient Information

Gender	M / F	**Age**	Male Female
Oral Hygine	☐ Good ☐ Moderate ☐ Poor		
Bone Quality	☐ D1 ☐ D2 ☐ D3 ☐ D4		
Medical History	☐ Bruxism ☐ Smoker ☐ Alcoholism ☐ Hypertension ☐ Diabetics ☐ Cardiac Disease ☐ Cancer ☐ Others _____ _____		

Surgery Information

Date of Surgery		**Date of Removal**	
Position No.			
Implant Code No.		**Chart Label**	
Surgery			
☐ 2 stage	☐ 1 stage	☐ failure during placing	
☐ Healing Abutment loaded	☐ Prosthetic loaded	☐ After all surgery	
Prosthetic type (Please describe which abutment used.)			
☐ single			
☐ bridge			
☐ denture			
Bone augmentation material used		☐ Yes	☐ No
Reason for Removal			
☐ infection ☐ Pain ☐ Implant fracture ☐ Bone condition ☐ Unexpected surgical trauma ☐ Wrong size ☐ Patient health condition ☐ Poor oral hygiene ☐ Others			
<Comments>			

Date :

Name : _____

Signature

** If you have any questions or need assistance for above, please contact DIO agent in your country or your sales person. They and we, DIO will assist you with all best. We always appreciate for your cooperation.*