



## Report Form for Dental Implant failure

**ATTENTION - EACH PAGE HAS TO BE SENT WITH ONLY ONE STERILIZED IMPLANT.**

### A. Reporter Information

Surgeon's name   
Address   
E-mail   
Contact in your country

### B. Device Description

Catalog number  Lot number   
Tooth number   
Quantity returned   
Type of Implant   
Length  Width

### C. Patient Information

Gender: M / F  
Age at time of event  years  
Bone type   
Patient's health condition   
Medications (please specify)

Head and Neck Radiotherapy: Yes / No      Chemotherapy: Yes / No

Bisphosphonates taking: Yes / No

Smoking: Yes / No      Diabetes: Yes / No      Bruxism: Yes / No

Oral hygiene: Poor / Moderate / Good / Excellent

**D. Chronology of Events and surgical phase**

Implant Placement Date  Removal Date

**Implant placement after extraction:**

Immediate 1-4 weeks / 4-12 weeks / 12-24 weeks and more than 6 months

Pre-surgical medication: Mouth rinse: Yes / No    Antibiotics: Yes / No

Previous additional surgery: Bone Graft    Membrane    Sinus Elevation

**E. Event Description**

Lack of integration: Yes / No    Lost integration: Yes / No

Mechanical Malfunction: Yes / No

Other:

Was implant restored? Yes / No

If yes, was it immediate/early load? Yes / No    less than 4 months: Yes / No

Describe what happened to the patient as a result of this event:

Discomfort: Yes / No    Edema: Yes / No    Infection: Yes / No    Pain: Yes / No

Soreness: Yes / No    Swelling: Yes / No

Surgical intervention: Yes / No    Wound dehiscence: Yes / No

Bone loss: Yes / No    Was the site grafted ? Yes / No

**Possible reasons which contributed to the Implant rejection:**

Discrepancy before surgery     Discrepancy in size during surgery

Mechanical Failure     Biological Failure     Packing Deficiency

Other