

Documentation form

Non-osseointegrated implants

Dentaurum will provide a replacement for tiologic® implant types that do not gain osseointegration (see warranty conditions*). Please send the following to Dentaurum GmbH & Co. KG · Turnstr. 31 · 75228 Ispringen · Germany, **at the latest two months** after implant loss:

■ Non-osseointegrated implant (**sterilized**)

■ Documentation form (**fully completed**)

Mandatory field

Important information:

For processing, it is essential that you send a fully-completed documentation form.

Please use **one documentation form only per patient/case**.

Patient number / File number: _____

Implantation: Self ☐ Referring dental surgeon ☐

1. Details of operator / surgeon:

Name _____

Telephone number _____

Street _____

Customer number _____

Postal code / City _____

2. Details of prosthodontist:

Name _____

Telephone number _____

Street _____

Customer number _____

Postal code / City _____

3. Details of patient

3.1 General data

Age _____

Gender male ☐ female ☐ diverse ☐

3.2 Habits, health factors

Alcohol ☐

Bruxism ☐

Smoking ☐

Unfavorable occlusion
(e.g. deep overbite, edge-to-edge bite, etc.) ☐

Insufficient oral hygiene ☐

Unusual biting habits
(e.g. nail biting) ☐

Serious systemic disease
(e.g. diabetes, anemia, rheumatism) ☐

Further information relevant to treatment

3.3 Bone quality / augmentation

D1 (dense compact bone) ☐

D3 (thin, porous compact bone /
wide-meshed cancellous bone) ☐

D2 (porous compact bone /
dense cancellous bone) ☐

D4 (almost no compact bone /
wide-meshed, fine cancellous bone) ☐

Augmentation yes ☐ no ☐

Details of augmentation material _____

* Warranty conditions are outlined in the product catalog

4. Details on implantation / loss of implant

4.1 Implant data

	Implant designation (length and Ø of implant)	REF	LOT	Inserted in region	Date Implant insertion	Date Implant exposure	Date Prosthetic restoration	Date Implant removal
1	L Ø							
2	L Ø							
3	L Ø							
4	L Ø							

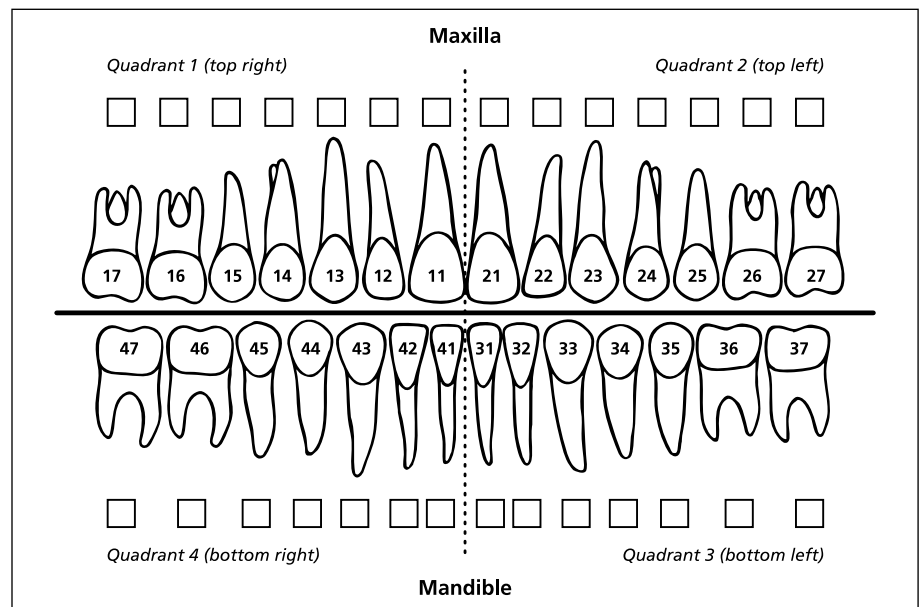
4.2 Prosthetic restoration

- ☐ Single tooth
- ☐ Bridge
- ☐ Bar
- ☐ Ball abutment
- ☐ tioLOC
- ☐ Telescope

Connector geometry:

- ☐ Conical connection*
- ☐ Platform connection

* Exclusively for tioLogic® TWINFIT.



4.3 Details on implant loss

Type of implant loss

- ☐ Independent loss
- ☐ Surgical explantation
- ☐ Accident

Reasons for implant loss

- ☐ Connective tissue healing
- ☐ Radiologic osteolysis
- ☐ Periimplantitis
- ☐ Chronic complaints
- ☐ Loaded before exposure
- ☐ Loaded during gingiva forming
- ☐ Abutment fracture
- ☐ Insufficient oral hygiene
- ☐ Incorrect loading from superstructure
- ☐ Other reasons (description):

Procedure following implant loss

- ☐ New implant, immediately
- ☐ Implantation after healing
- ☐ Implantation at different location
- ☐ No new implantation

5. Regulations and instructions for surgical treatment

- ☐ Are any general regulations for surgical treatment available? (e.g. regarding rooms, staff, clothes, instruments)
- ☐ Are the Instructions for use for implant systems from Dentaaurum available?

6. Which articles from Dentaaurum were used for surgical treatment?

- ☐ tioLogic® TWINFIT surgical tray
- ☐ tioLogic® pOosition surgical tray
- ☐ tioLogic® STANDARD surgical tray
- ☐ Osteotome tray
- ☐ tioLogic® ST surgical tray

Place, date, signature operator / surgeon