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**ZIACOM® GUARANTEE PROGRAMME
 ABUTMENT INCIDENT REPORT FORM**

Guarantee Programme Code

(to be completed by the user)

ABUTMENT INCIDENT REPORT FORM

IMPORTANT: To claim under the guarantee, the customer must complete this questionnaire and send it to Ziacom®, or its official authorised distributor, in accordance with the instructions given in the Ziacom® Guarantee Programme available at www.ziacom.com. **ALWAYS RETURN ITEMS STERILISED AND PACKAGED.**

*Mandatory data

CUSTOMER INFORMATION (CLINIC OR OTHERWISE) (compulsory for implant guarantee)

Customer name / Business name* Ziacom® customer No.
 Name of clinic
 Contact person
 Full address* Laboratory
 Clinic's email Clinic's phone No.

PATIENT INFORMATION

(to be completed only in the event of a surgical or post-surgical incident)

Clinical history No. (do not indicate name)*	Smoker		Hygiene*	
	Occasional		Good	
	Regular		Regular	
	Smoking		Poor	
Male	Female			

DETAILS OF THE DATA CONTROLLER (compulsory for guarantee)

Dr*
 Medical licence No.
 School

INCIDENT DATA (compulsory for guarantee)

ABUTMENT INCIDENT INFORMATION (compulsory for guarantee)

REF.*	BATCH No.*	Position*	Prosthetics*	Type of abutment*	Abutments*	Prosthetic laboratory*
			Unitary	Direct to implant	Original	CAD-CAM Laboratory
			Multiple	Basic system	Not original	
				XDrive system		
				Nature System		
				Overdenture	Compatible abutment company	

AMPLIACIÓN INCIDENCIA

ENLARGEMENT OF PROSTHETIC INCIDENCE (compulsory for implant guarantee)

Date of provisional prosthetic loading / / Date of final prosthetic loading / /

Circumstances prosthetic incidence*	Dental occlusion	Occlusal pattern	Description prosthesis	Element concerned*
Screw fracture	Centrally located	Balanced occlusion	Unitary prosthesis	Mechanised abutment
Loosening of the screw	Pos. accommodation	Organic occlusion	Partial multiple prosthesis	Overdenture abutment
Removal of the prosthesis	Centric occlusion	Group function	Complete multiple prosthesis	CAD-CAM abutment
Ceramic fracture	Central harmony	Canine function	Cemented	Direct screw implant
Failure in implant/abutment connection	Protrusive interferences	Occlusal adjustment	Screwed	Transocclusal screw
Gap implants / abutment	Bruxism	Previous guide	Overdenture	Metal coping overdenture
	Fixing plate		Hybrid	Teflons
			Material (detail)	Abutment casting
				Healing abutment

OBSERVATIONS:

SIGNATURE AND CLINIC STAMP *

Data Protection. **RESPONSIBLE:** Ziacom Medical SL. **PURPOSE:** To carry out the activity of the contract legitimately signed by the parties or commercial/contractual relationship. **LEGITIMACY:** Execution of a contract or commercial/contractual relationship. **ASSIGNMENTS:** To Group companies and third parties, in order to facilitate the processing of the conditions and relations foreseen in the contract/ commercial/contractual relationship, and assignments in compliance with the regulations in force. **CONSERVATION:** During the term of the contract or commercial/contractual relationship, and during the legally established terms. **RIGHTS:** You may exercise your rights of access, rectification, portability and limitation at juridico@ziacom.com. More information on the privacy policy at www.ziacom.com/en/privacy-policy.