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**ZIACOM® GUARANTEE PROGRAMME  
 SIMPLIFIED IMPLANT INCIDENT NOTIFICATION**

Guarantee Programme Code

(to be completed by the user)

**SIMPLIFIED IMPLANT INCIDENT 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 see at [www.ziacom.com](http://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)\*      Male      Female      Age

**CLINICAL HISTORY** \*According to relative and absolute contraindications according to instructions for use (compulsory for implant guarantee)

Type 2 diabetes mellitus	Immunocompromised patient	Smoker	Hygiene*	Medication:
Alcohol / Drug abuse	Osteoporosis	Occasional	Good	
Periodontal disease	Blood clotting disorders	Regular	Regular	
Teeth grinding / Parafunctional habits	Metal allergies	Tobacco addiction	Poor	

Other diseases or significant information:

**DATA CONTROLLER DETAILS (mandatory for implant warranty)**

Dr/Dra\*  
 Medical licence No.  
 School

**INCIDENCE DATA (mandatory for the guarantee of implants)**

**IMPLANT INFORMATION (compulsory for implant guarantee)**

REF.*	BATCH No.*	Position*	Insertion torque Ncm*	1 Bone quality*				Date implantation* dd/mm/yyyy	Date prosthetic load dd/mm/yyyy	Insertion method			Date explantation dd/mm/yyyy
				I	II	III	IV			Manual	Mechanical	Both	
								/ /	/ /				/ /
								/ /	/ /				/ /

<sup>1</sup> Quality and quantity in the area (according to Lekholm & Zarb classification, 1985).

**INFORMATION ON SURGICAL INSTRUMENTS (compulsory for implant guarantee)**      **To be completed in case of prosthetic loading**

No. of uses*	Instrumental*	Other details	Prosthesis	Abutment type
1 - 10	Original		Single-tooth	Direct-to-Implant
11 - 22	No original		Multi-tooth	Basic system
23 - 34				XDrive system
35 - 45				Overdenture
+ 45				Nature system

**CAUSE OF INCIDENT (compulsory for implant guarantee)**      **To be completed in case of prosthetic loading**

Instrumentation		Osteotomy*	Without prosthetic load		With prosthetic load	
YES	NO					
Contamination by falling		With bone tap	Peri-implantitis	Sensitivity	Peri-implantitis	Sensitivity
Incorrect opening		With cortical bur	Infection / Pain	Marginal bone loss	Mobility	Implant fracture
Mount		With final bur	Mobility		Marginal bone loss	Severe bone resorption
Insertion key		No primary stability	Fibrointegration			
Vial		Implant fracture				

**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](mailto:juridico@ziacom.com). More information on the privacy policy at [www.ziacom.com/en/privacy-policy](http://www.ziacom.com/en/privacy-policy).