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

Guarantee Programme Code

(to be completed by the user)

FULL 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. **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	
								/ /	/ /				/ /
								/ /	/ /				/ /

¹ 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. More information on the privacy policy at www.ziacom.com/en/privacy-policy.

ENLARGEMENT IMPACT

ENLARGEMENT OF PROSTHETIC INCIDENCE (compulsory for implant guarantee)

To be completed in case of prosthetic loading

Date of provisional prosthetic loading / /

Date of final prosthetic loading / /

Circumstances incidence*		Dental occlusion		Occlusal pattern		Description prosthesis		Element concerned	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	Early failure implant		Centrally located		Balanced occlusion		Unitary prosthesis		Mechanised abutment
	Crestal bone loss		Pos. accommodation		Organic occlusion		Partial multiple prosthesis		Overdenture abutment
	Delayed implant failure		Centric occlusion		Group function		Complete multiple prosthesis		CAD-CAM abutment
	Loosening of the screw		Central harmony		Canine function		Cemented		Direct screw implant
	Removal of the prosthesis		Protrusive interferences		Occlusal adjustment		Screwed		Transocclusal screw
	Ceramic fracture		Bruxism		Previous guide		Overdenture		Metal coping overdenture
	Peri-implant disease		Fixing plate				Hybrid		Teflons
							Material (detail)		Abutment casting
									Implant fracture

Other(s) to expand on the previous answers:

Torque wrench	Detail (Ncm)	² ISQ	Detail type of antagonist prosthesis antagonist prosthesis
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² Implant Stability Quotation (ISQ).

X-RAYS TO BE ATTACHED (panoramic, periapical or CT/CBCT) (compulsory for implant guarantee)

1° Pre-surgical* 2° Post-surgical* 3° Prosthesis control 4° Time of incidence of the prosthesis 5° Rx. Explanation

OBSERVATIONS:

SIGNATURE AND CLINIC STAMP *

The data indicated as obligatory are necessary for the processing of the incident, if they are not filled in, they will be requested as missing information and this will delay the processing of the incident.

The implants will be returned in a sealed sterilisation pouch, and autoclaved by the customer prior to shipment to Ziacom®, as defined in the ZES-DI-D-1074 Guarantee Programme.

Important. No mention should ever be made of the patient's identity, patient code or initials must be given. If the User sends confidential information that could reveal the identity of the patient, Ziacom® will delete this information.

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