

Product Return Form

* Please fill in all the blank marked with an asterisk (*). They are required information * Please attach the X-RAY for the further research purposes

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* Return Date			Issued No. (DEUTSCHE OSSTEM)					
* Dr's Name			* Dealer Name (Sales Person)					
* Product Name		* Product Code		* Lot #		Q'ty		
	Implant		Prosthetic & Tools		Details :	-		
* Reason for Product Return	 □ No Primary Stability □ No Osseointegration □ Peli-Implantitis □ Item Complaint (Non-Conformance) (Please state more detailed in the field "Details) □ etc.: (Please state more detailed in the field "Details) □ Package sealed (Not Used) 		□ Abutment fracture □ Screw fracture □ Screw loosening □ Item Complaint (Non-Conformance) (Please state more detailed in the field "Details) □ etc.: (Please state more detailed in the field "Details) □ Package sealed (Not Used) * Prosthetic parts and Tools (Drills, KITs) will not be exchanged unless there is a item non-conformance problem.					

From No. : F804 – 5 (Rev.0)

DEUTSCHE OSSTEM GmbH.

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Date

Signature