



Report of Implant Loss

Please use for each implant a separate sheet.

Please send the articles individually wrapped in sterilization foil and sterilized according to the instructions for use to the branch office in your country:

SIC invent AG
Aeschengraben 20
4051 Basel

SIC invent Deutschland GmbH
Willi-Eichler-Strasse 11
37079 Göttingen

SIC invent Austria GmbH
Kohlmarkt 7 / Stg. 2 / 58
1010 Wien

Office:

Please confirm that the returned items have been sterilized and individually wrapped in sterilization film!

Steam sterilization:

other method::

Date, signature:

If possible, please enclose radiographs. Please anonymize patient data.

Customer/Surgeon

Name

Phone

Street

Customer Nr

City

Enclosure

Implant:

Radiographs:

Name

Before Implantation

Article No.

After Implantation

LOT/batch No.

After Explantation

Incident

No Osseointegration

No Primary stability

Others

Implant position

(Mark position please)

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8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
R								L							
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8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Did the occurrence result in patient injury or death?

Yes No

Was medical or surgical intervention required as a result?

Yes No

Patient information

Oral hygiene
 Quality of bone
 Patient past history

Patient number

good	ordinary	worse	
I	II	III	IV
Smoker	Diabetic	Bruxismus	

Chewing/bite habit

Others

Date of

Implantation

Prosthesis

Explantation

Immediate load

 Phase of lost/
 Of Explantation

 Healing period
 Before prosthodontic load

 Reopening
 After prosthodontic load

Augmentation

Before OP (two stage)	None
Simultaneous with Implantation	

Used materials

Implant bed preparation

Ablativ (drill)	Bone splitting
Bone spreading	Bone condensing
Bone taping	

Others

Healing

Subgingival	Transgingival
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Prosthetics

Implant borne	Combined Implant-/tooth borne
Single tooth	Full denture
Removable bridge	Fixed bridge
Removable partial denture	Screw fixed
Cemented	

**Diagnostic before
 Explantation**

Mobility	Horizontal bone loss
Osteolysis around implant	Okklusal overload
Periimplantitis	(surrounding) Tissue infection

Others

Notes

Date

Signature