Report of Implant Loss

Please send implants sterilized and single-packed in foil.

Please send the implant with arch to one of the following addresses:

Surgery:

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

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

☐ Steam sterilization: .....

☐ other method:: ..... Date, signature: .....

Please use for each implant a separate sheet.
If possible, please enclose radiographs. **Please anonymize patient data.**

Customer/Surgeon

Name .....
Street .....
City .....

Phone .....
Customer Nr .....

Enclosure

Implant:

Name .....
Article No. .....
LOT/batch No. .....

Radiographs:

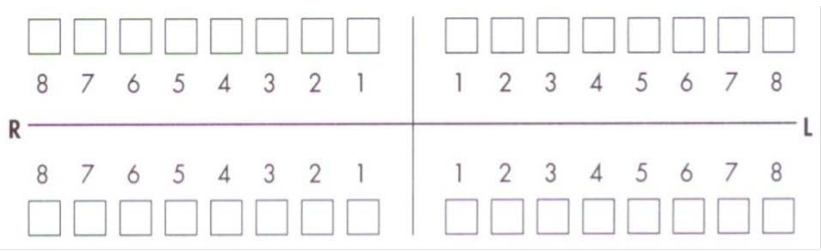
☐ Before Implantation
☐ After Implantation
☐ After Explantation

Incident

☐ No Osseointegration
☐ No Primary stability
☐ Others .....

Implant position

(Mark postition please)



Did the occurrence result in patient injury or death?

☐ Yes ☐ No

Was medical or surgical intervention required as a result?

☐ Yes ☐ No

CH009-03_EN_20230215

Patient information

Patient number .....

Oral hygiene ☐ good ☐ ordinary ☐ worse

Quality of bone ☐ I ☐ II ☐ III ☐ IV

Patient past history ☐ Smoker ☐ Diabetic ☐ Bruxismus

Chewing/bite habit .....

Others .....

.....

Date of

Implantation ..... Prosthesis .....

Explantation ..... Imediate load .....

Phase of lost/
Of Explantation

☐ Healing period ☐ Reopening

☐ Befor prosthodontic load ☐ After prosthodontic load

Augumentation

☐ 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

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

.....

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Date ..... Signature .....