

Complaint Form

EMS_104 rev. 1, enclosure 1

Customer information

As per enclosed invoice copy

Company		Customer No	
Address		Customer Ref.	
Postal code	City	Invoice No	
Country		Phone No	
E-mail			

How did you purchase the product?

- ELOS Medtech Web Shop Distributor Other

If Distributor or other, please fill in the information

As per enclosed invoice copy

Company			
Address			
Postal code	City	E-mai	
Country		Phone No	

Identification of product

As per enclosed invoice copy

REF No	Denomination	Lot	Number
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Reason for returning goods

.....
.....

Where did the event occur?

- At the lab In the dental clinic In the mouth of the patient

Additional Comments

.....
.....

When did the event occur? Date:

Has any injury occurred – patient/person?

- Yes No

If yes: Severity of injury: describe the harm to patient/person:

.....
.....

Is there any risk that an injury would occur if the event is repeated?

Yes

No

If yes: Severity of injury: describe the harm to patient/person:

.....
.....

Product

Product enclosed

Other attachment:

Product will be sent subsequently

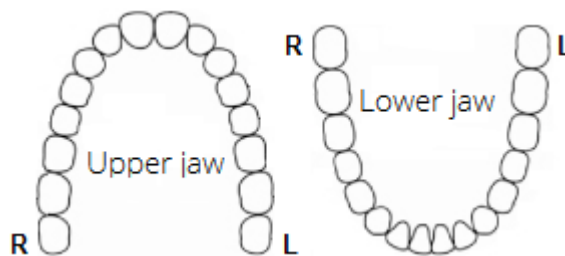
Product won't be returned because:

Mandatory if the product is missing

Items that has been in the clinic needs to be returned sterilized and packed separately!

Implant – bridge position

Please mark the implant - bridge positions.



Date of Installation (YYYY-MM-DD)

Precisioning – only for CRESCO

Warranty No.	Date of Precision
Precision Lab and Reference No.	Design Lab
Dentist	By Cresco™ Approved by

Date (YYYY-MM-DD)

Signature

The complaint form has to be sent to Distributor or Elos Medtech AB within 14 days from the date of the event. Please note; if there has been a patient injury or risk of injury the form needs to be sent to Distributor or Elos Medtech AB ASAP or within 2 working days at the latest.

Complaint form and products shall be sent to the company that the product was purchased from.