

Complaint Form Elos Cresco

Complaint Identification No:

Customer information according to attached invoice

If you do not have the copy, please fill out the fields below:

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-mail
Country		Phone No

Identification of product

As per enclosed invoice copy

- | | | | |
|--|----------------------------------|-------------------------------|-----------------------------------|
| <input type="checkbox"/> Elos Cresco® Bridge Screw | Art No _____
<i>Mandatory</i> | LOT _____
<i>Mandatory</i> | Pieces: _____
<i>Mandatory</i> |
| <input type="checkbox"/> Elos Cresco® Insert. | Art No _____
<i>Mandatory</i> | LOT _____
<i>Mandatory</i> | Pieces: _____
<i>Mandatory</i> |
| <input type="checkbox"/> Elos Cresco® UniAbutment | Art No _____
<i>Mandatory</i> | LOT _____
<i>Mandatory</i> | Pieces: _____
<i>Mandatory</i> |
| <input type="checkbox"/> Other _____. | Art No _____
<i>Mandatory</i> | LOT _____
<i>Mandatory</i> | Pieces: _____
<i>Mandatory</i> |

Customer information about the implant:

.....
.....

Customer support notes:

.....
.....

.....
Signature customer support

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:

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.....

Reason for complaint and return of goods.

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.....

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:

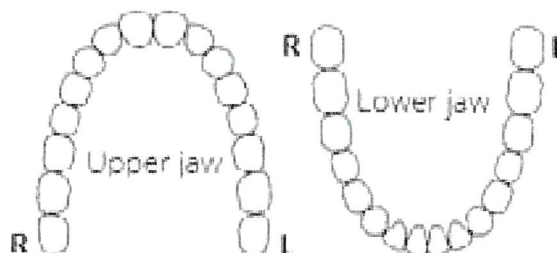
Product shall be returned.

- Product enclosed Other attachment:
- Product will be sent subsequently. Product won't be returned because:
Mandatory information if the product is missing.

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

Implant – bridge or crown position

Please mark the implant - bridge positions.



Date of installation of bridge or crown (YYYY-MM-DD)
Mandatory

Note! The guarantee period is not extended with a new guaranteed product. It is always the first installation date of the construction that is the basis of the guarantee period.

Date (YYYY-MM-DD) Signature

The complaint form must be sent to Distributor or Elos Medtech 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 Elos Medtech 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.