# Product Return Form

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| *** Return Date** | | | **Issued No.** (DEUTSCHE OSSTEM) | | | | |
| *** Dr's Name** | | | *** Dealer Name (Sales Person)** | | | | |
| *** Product Name** | | *** Product Code** | | *** Lot #** | | **Q'ty** | |

| *** Reason for Product Return** | **Implant** | **Prosthetic & Tools** | **Details :** |
|---|---|---|---|
| | ☐ **No Primary Stability**<br>☐ **No Osseointegration**<br>☐ **Peri-Implantitis**<br>☐ **Item Complaint** (Non-Conformance) *(Please state more detailed in the field "Details)*<br>☐ **etc. : _____** *(Please state more detailed in the field "Details)*<br>☐ **Package sealed (Not Used)** | ☐ **Abutment fracture**<br>☐ **Screw fracture**<br>☐ **Screw loosening**<br>☐ **Item Complaint** (Non-Conformance) *(Please state more detailed in the field "Details)*<br>☐ **etc. : _____** *(Please state more detailed in the field "Details)*<br>☐ **Package sealed (Not Used)**<br>** Prosthetic parts and Tools (Drills, KITs) will not be exchanged unless there is a item non-conformance problem.* | |

From No. : F804 – 5 (Rev.0)

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***Date*** _____ ***Signature*** _____