# Clinical Check List

Please send completed form by e-mail to support@pibranemark.com

Developed By P-I Brånemark

**Responsible Professional:** _____ **CCL#:** _____
(P-I internal use)

**Patient Number:** _____
(Please do not include any personal patient information)

**Submission date (dd/mm/yy):**

## Anamnesis

Pre-existing Diseases (specify) _____ Yes ( ) No ( )
Diseases Historic (specify) _____ Yes ( ) No ( )
Arterial Hypertension _____ Yes ( ) No ( )
Coronary or heart disease _____ Yes ( ) No ( )
Medications in use (specify) _____ Yes ( ) No ( )
Drug, tobacco or alcohol use _____ Yes ( ) No ( )
Poor oral hygiene _____ Yes ( ) No ( )
Exposure to radiation _____ Yes ( ) No ( )
Psychological or neurological disturbes _____ Yes ( ) No ( )
Factors interfering with bone or disturbances healing (specify) _____ Yes ( ) No ( )
Occlusion problems _____ Yes ( ) No ( )
Parafunction _____ Yes ( ) No ( )

## Performed Exams

Complete oral diagnosis _____ Yes ( ) No ( )
Available images (specify) _____ Yes ( ) No ( )
Other exams (specify) _____ Yes ( ) No ( )

Comments

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## CLINICAL PROCEDURES

### Premedication

_____

_____

_____

### Post-medication

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_____

### Procedures

Immediate loading _____ Yes ( ) No ( )
Early loading _____ Yes ( ) No ( )
Delayed loading _____ Yes ( ) No ( )
Grafting (specify) _____ Yes ( ) No ( )
Sinus lift _____ Yes ( ) No ( )
Provisional prosthesis _____ Yes ( ) No ( )
Post surgery images _____ Yes ( ) No ( )
Adoption of recommended surgical protocol _____ Yes ( ) No ( )
Use of original P-I products _____ Yes ( ) No ( )

Comments

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## Implant and Abutment Register

| Traceability Tag Implant and Abutment | LOT | Installation (dd/mm/yy) | Reopening (dd/mm/yy) | Prosthesis (dd/mm/yy) | Loss (dd/mm/yy) | Position (Tooth Number) | Bone Type (I, II, III, IV) | Torque (Ncm) |
|---|---|---|---|---|---|---|---|---|
| Affix tag here or insert product code and LOT | | | | | | | | |
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## Additional information related to patient treatment:

| Date | Description |
|---|---|
| | |
| | |
| | |
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| | |
| | |

## In your opinion, what was the reason for product loss?

_____

_____

_____

## Would you like clinical support?

Yes ( ) No ( )

## Was the patient injured or at risk of injury?

Yes ( ) No ( ) (If yes, please explain in the Additional information related to patient treatment field above)

## Term of Guarantee - Instructions and Conditions for replacement of products

The analysis process and replacement of products is limited to Implants and Abutments, and begins by returning the damaged product, cleaned and sterilized, together with this completed Check List, within 30 days from the date of loss.

§ The Guarantee is limited to product replacement in case of loss, and applies only to P-I Implants and P-I Abutments used exclusively with P-I genuine Implants. Replacement products shall be equivalent to the original product.

§ P-I reserves the right to require additional information in order to supplement the information contained in the Clinical Check List prior to replacing any product. If the Clinical Check List and other information provided by the requestor is insufficient to identify the product as a genuine P-I product (for example, product codes or LOT numbers), the replacement may be denied at P-I's sole discretion.

§ The LifeTime Guarantee does not cover, and P-I expressly disclaims liability for any of the following: out-of-pocket expenses, additional products or materials, or clinician or laboratory service fees (including but not limited to regenerative materials, third party Abutments, crowns and other prostheses, and additional surgeries), losses or expenses due to trauma, accident, patient health status or medical conditions, incomplete or inadequate clinical procedures, external causes, or the non-observance of the product's Instructions for Use and contraindications.

§ P-I reserves the right to modify or cancel the LifeTime Guarantee, or any of its terms, in whole or in part at any time and without prior notice. By purchasing and accepting P-I products, and by signing this Clinical Check List form, you agree to abide by these terms and conditions.

Completion of this form does not constitute an admission that medical personnel, distributor, manufacturer, or product caused or contributed to the occurrence. Important: Please do not ship parts. Cases in which lost products are requested, they may only be shipped with prior formal approval. In these cases, products must be cleaned, disinfected and sterilized prior to shipment.

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**Signature of the professional responsible for the patient**

Some programs may not be available in your region. Please check with your authorized Distributor or Subsidiary.