Complaints form

Regenerative materials

Customer information

Name

Customer number

Telephone number

Email

Address

WARNING

Always send product(s) autoclaved (and marked „sterile“) or disinfected together with a completed complaints form and x-ray images/pictures (as applicable).

We recommend the use of stable packaging that provides safe transport.

Product informationen (must be provided)

Region	Item No. (REF)	LOT No.	Used on (DD.MM.YYYY)	Removed/occurred on (DD.MM.YYYY)

Patient information

Patient ID*

Year of birth

General diseases

Medication intake

❑ Metabolic diseases (e.g. diabetes, thyroid function, kidney or liver diseases)	❑ Metabolic bone disease	❑ Long-term cortisone therapy (in dental uses)	❑ Drug or alcohol abuse
❑ Periodontal disease	❑ Xerostomia	❑ Bruxism	❑ Smoker
❑ Impaired immunology	❑ Compromised immune resistance	❑ Radiation therapy in the head/neck area	❑ Lymph disorder
❑ Blood clotting disorder	❑ Chemotherapy	❑ Mental illness	❑ Scleroderma
❑ High LDL or low HDL cholesterol level	❑ Low blood levels of vitamin D		

Allergies

Other

Level of oral hygiene ❍ good ❍ moderate ❍ poor

Description of the problem

The BEGO Standard Guarantee Policy and our Standard Terms of Business shall apply, each to be found at www.bego.com.
We process personal data on the basis of the GDPR and the German Federal Data Protection Act. Data are processed according to Article 6(1)b GDPRto fulfil the contract. The consent of the respective patient is required to send further patient data. You can view the information on data processing according to Article 13 and Article 14 GDPR on https://www.bego.com/de/datenschutz/hinweise-zur-datenverarbeitung .
*Without indicating the patient's name or other patient data.

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Treatment information

Bone quality ❍ D1 ❍ D2 ❍ D3 ❍ D4

Soft tissue biotype ❍ Thick ❍ Thin

Problems during preparation? ❑ Removal from the packaging ❑ Mixing procedure ❑ During application

With which was the bone substitute material mixed with? ❍ Saline ❍ Blood ❍ Autogenous bone ❍ Other

If „Other“, which?

Were non-BEGO products used? ❍ yes ❍ no

If „yes“, which (name of material)?

Indication for the augmentation

❑ Peri-implant bone defect
❑ Soft tissue augmentation/coverage of exposed tooth necks
❑ Vertical/3D ridge augmentation
❑ Intrabony furcation defect
❑ Sinus lift
❑ Extraction socket
❑ Lateral ridge augmentation
❑ Other

If „Other“, which??

Were any of the following present at the time of the procedure?

❑ Pariodontal disease
❑ Diseased mucosa
❑ Local infection
❑ Preparation complications

Did the augmentation site bleed before the material was applied? ❍ yes ❍ no

Has primary wound closure been achieved? ❍ yes ❍ no

Was the bone substitute material mixed with other materials? ❍ yes ❍ no

If „yes“, which?

Was the surgical site covered with a membrane? ❍ yes ❍ no

If „yes“, which?

Was the bone block fixed with osteosynthesis screws? ❍ yes ❍ no

If „yes“, which?

Augmentation at the same time of implantation? ❍ yes ❍ no

Were any medications used during or after the operation? ❍ yes ❍ no

If „yes“, which?

Information about the incident

❑ Lack or incomplete osteointegration
❑ Partial or complete graft resorption
❑ Previous bone augmentation
❑ Problems with labeling or instruction for use
❑ Trauma/accident
❑ Biomechanical overload
❑ Peri-implantitis
❑ Infection
❑ Sinus perforation
❑ Bruxism
❑ Dehiscence
❑ Adjacent endodontic tooth
❑ Packaging problem
❑ Shipping damage/problem

Which of the following has been observed (please indicate that which applies)?

❑ Pain
❑ Swelling
❑ Bleeding
❑ Asymptomatic lesion
❑ Fistula
❑ Bone loss
❑ Numbness
❑ Abcess
❑ Inflammation
❑ Hypersensitivity
❑ Flap necrosis

Place, date, signature, stamp

BEGO Implant Systems GmbH & Co. KG
Wilhelm-Herbst-Str. 1 · 28359 Bremen, Germany · Tel. +49 421 2028-260 · Fax +49 421 2028-44260
Email implantology@bego.com · www.bego.com