Neoss Customer Complaint & Warranty Form

Neoss NCR number	

Section#01

Complete all section 1 and as appropriate section 2, 3, 4 or 5
Send one form per patient

Clinic/Customer Details			
Name		**Account Number**	
Address (Street, City, Country)		**Tel**	
		Contact Name	
Clinician Name		**Email contact**	

Product Information (Complete one line per item)				
Article Number	**Lot Number**	**Quantity**	**Initial use date/ Placement date**	**Date of problem communicated to dentist/Removal date**

Patient Information					
Patient ID Number or initials		**Year of birth**		**Gender**	M ☐ F ☐
Oral Hygiene	Excellent ☐	Good ☐	Average ☐	Poor ☐	
Smoker	Yes ☐		No ☐		
Relevant medical history	Yes ☐		No ☐		
If yes provide further details below:					

Add description of failure, safety concerns (if any) and any additional information that may be relevant:		
Fracture	Yes ☐	No ☐

Section#02

If related to an implant, complete section 2 and then section 3 (if applicable).

When did the problem occur?	During surgery ☐	During healing ☐	At exposure ☐	During loading ☐	After restoration ☐

Position of implant failure		**Bone Quality**	1	2	3	4	**Bone Quantity**	A	B	C	D	E
Position of implant failure (if more than one failure)		**Bone Quality**	1	2	3	4	**Bone Quantity**	A	B	C	D	E
Position of implant failure (if more than one failure)		**Bone Quality**	1	2	3	4	**Bone Quantity**	A	B	C	D	E
			1=Dense			4= Soft		A= Most				E=Least
Was primary stability achieved			Yes ☐				No ☐					

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Section#03

If related to Prosthesis **ONLY** complete the below section.

Type	Single crown ☐	Partial bridge ☐	Full arch bridge ☐	Overdenture ☐
	Temporary ☐		Permanent ☐	
How was it retained	Screw retained ☐	Cement retained ☐	Unknown ☐	
Ratchet used	Yes ☐	Torque (Ncm)	No ☐	

Section#04

If related to an instrument, complete the below section **ONLY**.

Number of uses	0-1 ☐	2-10 ☐	10+ ☐

Section#05

If related to a membrane, complete the below section **ONLY**.

How was it retained	Screws ☐	Tacks ☐

Signature	Date

NOTE#01: Please sterilize **ALL** items in a sealed pouch/packet which when returned will show proof of sterility. If sterilizing an implant, remove from glass ampule/container prior to sterilization! Do not return any implant in the glass ampule/container.
NOTE#02: Please use a padded pouch to return items to avoid damage.
Please return pages 1 and 2 of the completed form and product, to the address listed on page 3 of this form.

Neoss Internal Use Only

Warranty Request	☐	*Customer Complaint*	☐
Assign date the complaint/warranty form was received from customer			
Assign date all required information was received			
Has the customer received replacement items and are there any further issues to report?			
Signature		*Date*	

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Location	Address	Contact
Australia	Neoss Australia Pty. Ltd PO Box 404 New Farm QLD 4005	Tel +61 7 3216 0165 Fax +61 7 3216 0135 Email info.au@neoss.com
Austria	Neoss GmbH Im MediaPark 5b DE-50670 Köln	Tel +49 221 969801-0 Fax +49 221 969801-99 E-mail: info@neoss.de
China	Shanghai Legend Life Technology Co., Ltd 4th floor, Block 6, 1525 Minqiang Road Songjiang District, Shanghai 201612, P. R. China	Tel +86-21-67657130 Fax +86-21-67657131 Email info@legendental.com
Croatia	Medical Intertrade d.o.o 10431 Sveta Nedelja HRVATSKA	Tel +385 1 33 74 020 Fax +385 1 33 36 035 Email dental@medical-intertrade.hr
Denmark	Neoss AB Arvid Wallgrens backe 20, SE-413 46 Göteborg	Tel +46 (0)31 88 12 80 Email info@neoss.se
Egypt	Dentix for Dental Equipments and Turnkey Solutions, Capital Business Park,, 15 & 16 Building 3, Office No. 404, Sheikh Zayed City, Cairo, Egypt	Tel +20 238653566 Email info@dentixeg.com
Germany	Neoss GmbH Im MediaPark 5b DE-50670 Köln	Tel +49 221 969801-0 Fax +49 221 969801-99 Email info@neoss.de
Italy	Neoss Italia S.r.l. Viale Certosa 138 IT-20156 Milano	Tel +39 02 92952 1 Fax +39 02 92952 250 Email italia@neoss.info
Japan	Neoss Japan Co. Y101 Building 5F No. 1-4 Kanda-Sudacho Chiyodaku Tokyo 101-0041	Tel +81-3-5289 3511 Fax +81-3-5289 3512 Email info@neoss.co.jp
Middle East & Africa	Neoss Limited, Unit 3737 Level 1 Jewelry & Gemplex 3, P.O. Box 5003315 Dubai, United Arab Emirates	Email info.mea@neoss.com
Netherlands	Rotor, Medical Supplies Economiestraat 16 NL-6135 KV Sittard	Tel +31-46-481 12 03 Fax +31-46-481 12 04 Email mail@rotor-medical.com
New Zealand	Neoss Australia Pty. Ltd PO Box 404 New Farm QLD 4005	Tel +61 7 3216 0165 Fax +61 7 3216 0135 Email info.au@neoss.com
Norway	Neoss AB Arvid Wallgrens backe 20, SE-413 46 Göteborg	Tel +46 31 88 12 80 Email info@neoss.se
Republic of Ireland	Neoss Ltd Windsor House Cornwall Road, Harrogate HG1 2PW	Tel +44 1423 817733 Fax +44 1423 817744 Email info@neoss.com
United Kingdom	Neoss Ltd Windsor House Cornwall Road, Harrogate HG1 2PW	Tel +44 1423 817733 Fax +44 1423 817744 Email info@neoss.com
Spain	Formación, Gestión Y Rendimiento, S.L C. Londres 54 E2B, ES-08036 Barcelona	Tel +34 931 408 770 Email info@fgrdental.com
Sweden	Neoss AB Arvid Wallgrens backe 20, SE-413 46 Göteborg	Tel +46 31 88 12 80 Email info@neoss.se
Switzerland	Flexident AG Amlehnstr. 22 CH-6010 Kriens	Tel +4 1413 104020 Fax +4 1413 104025 Email info@flexident.ch
Thailand	S.D.Tantavade Co., Ltd. 47 Samakkee 20, Samakkee Road Thasai Muang, Nonthanburi 11000	Tel +66 2 952 4815 18 Fax +66 2 952 4819 Email info@sdt1988.com
Turkey	Dentmark Sağlik Ürünleri Anonim Şirketi Girne Mah. Girne Cad. No: 117 Omega Deniz Plaza Kat: 2/12 Maltepe, Istanbul, Turkey	Tel +90 216 417 4040 Fax +90 216 417 4041 Email info@neosshsi.com
USA	Neoss Inc. 21860 Burbank Blvd., Ste. 190 (North Entrance) Woodland Hills, CA 91367	Tel +1 818 626 3677 Fax +1 818 432-2640 Email contact.usa@neoss.com