



## Claims form

### Customer details

Tax name:		Tax ID:	
Address:			
Town:	Province:		Postcode:
Phone:	E-mail:		

### Patient details

Gender:	Age:
General:	Smoke:
Drinks alcohol:	Uses drugs:
Periodontal disease:	
Parafunctional habits / bruxism:	
Maxillary pathological lesions:	
Remarks:	

### Implant data

Units	Reference code	Description	Batch



## Surgery details

Date of the surgery(ies):

Date problem first appeared:

Treated jawbone and position:

Bone quality and quantity:

Primary implant stability:

One or two surgical phases:

Bone surgery prior or simultaneously:

Additional materials used:

Immediate or delayed loading:

Type of prosthesis for healing:

Remarks:

## Surgical incidents

Drilling issues:

Implant insertion issues:

Fenestration, dehiscence or other:

Infetion/pain:  
Other: granuloma, foreign body, etc.  
Data from X-rays:

Bone loss, broken bone, implant penetrating other structures, etc.

Likely cause of failure:

### Prosthesis details

Date of provisional:			Date of final prosthesis:	
Units	Brand	Reference code	Description	Batch

### Surgery details

Type of provisional prosthesis:

Type of final prosthesis:

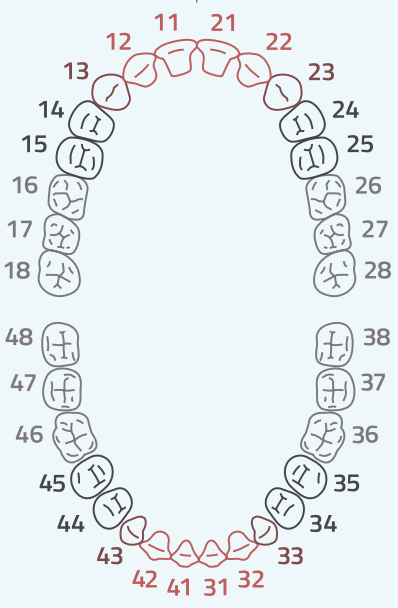
Screwed, cemented, overdentures (single or multiple)

Signs of overload:

Other:

Other causes associated with the prosthesis:

Diagram (indicate treatment carried out):



The diagram shows a dental arch with teeth numbered 11 through 48. Teeth 11, 12, 21, 22, 23, 32, 33, 34, 41, 42, and 43 are highlighted in red, indicating treatment carried out. Teeth 13, 14, 15, 16, 17, 18, 24, 25, 26, 27, 28, 35, 36, 37, 38, 39, 40, 44, 45, 46, 47, and 48 are shown in black, indicating they were not treated.