MIS Implants Technologies Ltd.

DATE: _____
Day Month Year

Implant Follow-up Report

Dear Doctor,
Thank you for choosing MIS Implants.
In those few cases of implant failure that happened within 5 years from time of placement MIS will consider replacing the failed implant free of charge. Please note that a replacement implant will be given only if the failed implant is returned in **sterile condition** accompanied with relevant **radiographs** and a **completely filled report**.
We are interested in a comprehensive investigation of the failure's potential causes (for internal statistical analysis only) for this reason submission of completely fulfilled form is appreciated.

Implant data: Tooth number: _____ Catalog #: _____ Lot #: _____

Placement protocol:
- ❑ Day of extraction
- ❑ Less than 7 days after extraction
- ❑ Less than 6 weeks after extraction
- ❑ 6-12 weeks after extraction
- ❑ More than 12 weeks after extraction

Loading protocol:
- ❑ Day of placement
- ❑ Less than 7 days after placement
- ❑ Less than 6 weeks after placement
- ❑ 6-12 weeks after placement
- ❑ More than 12 weeks after placement

Failure data:
- Time from surgery:
  - ❑ Day of surgery / less than 4 weeks from surgery
  - ❑ Less than 4 months from surgery
  - ❑ More than 4 months from surgery
- Time from loading:
  - ❑ Day of loading
  - ❑ Less than 4 months from loading
  - ❑ 4-12 months from loading
  - ❑ 1-3 years from loading
  - ❑ 3-5 years from loading
  - ❑ More than 5 years from loading

Surgeon: Last name: _____ First name: _____
Patient data: Age: _____ Sex: ❑ F ❑ M

- Health and habits issues:
  - ❑ None that are relevant
  - ❑ Smoking
  - ❑ Osteoporosis or Osteoporosis medications
  - ❑ Metabolic disease/s
  - ❑ Poor oral hygiene
  - ❑ Other relevant condition/s: _____

Surgery:
- Number of implants placed: _____ Distance from adjacent tooth/implant_____
- Bone graft usage: ❑ No ❑ Yes (please specify): _____
- Membrane usage: ❑ No ❑ Yes (please specify): _____

Restoration:
- Type of restoration:
  - ❑ Fixed: [ ] Screw-retained [ ] Cemented
  - ❑ Removable
- Please specify: _____

Any insight as for potential causes or additional complications?
_____
_____

We wish to emphasize that we will only supply replacement implants at no charge if all of the above mentioned conditions are fulfilled. Said agreement to replace implants should not be construed as an assumption on our part of any responsibility or obligation whatsoever.