

# Atlantis® complaint record

PR number: \_\_\_\_\_

Date of event: \_\_\_\_\_

Dentsply Sirona contact person: \_\_\_\_\_

## Customer information

Customer name: \_\_\_\_\_

Customer number: \_\_\_\_\_

Customer contact person: \_\_\_\_\_

## Case data

Original order No.: \_\_\_\_\_

Patient/Order ref.: \_\_\_\_\_

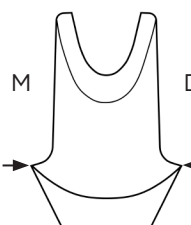
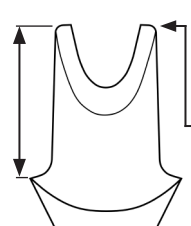
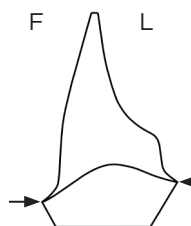
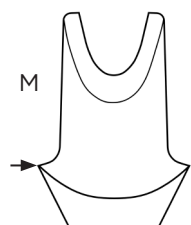
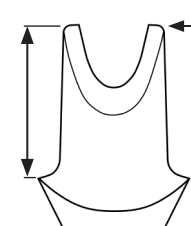
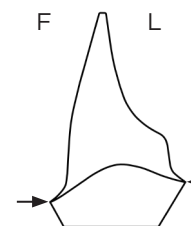
Remake requested with:

- no changes  
  material changes  
  design changes  
  Remake not requested  
  Implant still loadable

Complaint/remake description: \_\_\_\_\_

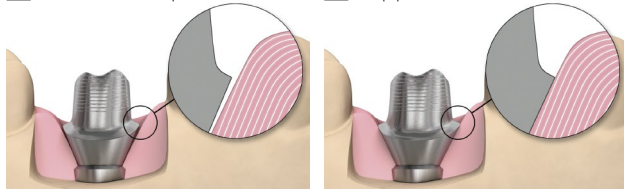
## Remake data

- Process case – do not send images  
 Hold case – send images (case will be held until approval of abutment design images is granted)

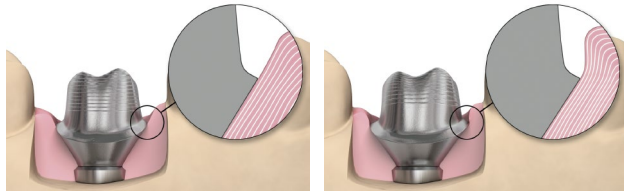
Unit description I	Unit description II
<p>Tooth number: _____</p> <p>Material change to: <input type="checkbox"/> Titanium   <input type="checkbox"/> Titanium RS  <input type="checkbox"/> Gold-shaded titanium   <input type="checkbox"/> Gold-shaded titanium RS                      Zirconia, shade <input type="checkbox"/> 00   <input type="checkbox"/> 10   <input type="checkbox"/> 20   <input type="checkbox"/> 30</p> <p><b>Note:</b> An abutment in titanium can not be changed to zirconia without remaking the crown.                      RS = Retentive Surface (only for titanium and gold-shaded titanium).</p>	<p>Tooth number: _____</p> <p>Material change to: <input type="checkbox"/> Titanium   <input type="checkbox"/> Titanium RS  <input type="checkbox"/> Gold-shaded titanium   <input type="checkbox"/> Gold-shaded titanium RS                      Zirconia, shade <input type="checkbox"/> 00   <input type="checkbox"/> 10   <input type="checkbox"/> 20   <input type="checkbox"/> 30</p> <p><b>Note:</b> An abutment in titanium can not be changed to zirconia without remaking the crown.                      RS = Retentive Surface (only for titanium and gold-shaded titanium).</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Mesial margin height:</p> <p><input type="checkbox"/> + _____  <input type="checkbox"/> + 1.0  <input type="checkbox"/> + 0.5  <input type="checkbox"/> No change  <input type="checkbox"/> - 0.5  <input type="checkbox"/> - 1.0  <input type="checkbox"/> - _____</p> </div> <div style="width: 10%; text-align: center;"> <p>M</p>  </div> <div style="width: 45%;"> <p>Distal margin height:</p> <p><input type="checkbox"/> + _____  <input type="checkbox"/> + 1.0  <input type="checkbox"/> + 0.5  <input type="checkbox"/> No change  <input type="checkbox"/> - 0.5  <input type="checkbox"/> - 1.0  <input type="checkbox"/> - _____</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Core height:</p> <p><input type="checkbox"/> + _____  <input type="checkbox"/> + 1.0  <input type="checkbox"/> + 0.5  <input type="checkbox"/> No change  <input type="checkbox"/> - 0.5  <input type="checkbox"/> - 1.0  <input type="checkbox"/> - _____</p> </div> <div style="width: 10%; text-align: center;">  </div> <div style="width: 45%;"> <p>Facial margin height:</p> <p><input type="checkbox"/> + _____  <input type="checkbox"/> + 1.0  <input type="checkbox"/> + 0.5  <input type="checkbox"/> No change  <input type="checkbox"/> - 0.5  <input type="checkbox"/> - 1.0  <input type="checkbox"/> - _____</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Lingual margin height:</p> <p><input type="checkbox"/> + _____  <input type="checkbox"/> + 1.0  <input type="checkbox"/> + 0.5  <input type="checkbox"/> No change  <input type="checkbox"/> - 0.5  <input type="checkbox"/> - 1.0  <input type="checkbox"/> - _____</p> </div> <div style="width: 10%; text-align: center;"> <p>F</p>  <p>L</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Mesial margin height:</p> <p><input type="checkbox"/> + _____  <input type="checkbox"/> + 1.0  <input type="checkbox"/> + 0.5  <input type="checkbox"/> No change  <input type="checkbox"/> - 0.5  <input type="checkbox"/> - 1.0  <input type="checkbox"/> - _____</p> </div> <div style="width: 10%; text-align: center;"> <p>M</p>  </div> <div style="width: 45%;"> <p>Distal margin height:</p> <p><input type="checkbox"/> + _____  <input type="checkbox"/> + 1.0  <input type="checkbox"/> + 0.5  <input type="checkbox"/> No change  <input type="checkbox"/> - 0.5  <input type="checkbox"/> - 1.0  <input type="checkbox"/> - _____</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Core height:</p> <p><input type="checkbox"/> + _____  <input type="checkbox"/> + 1.0  <input type="checkbox"/> + 0.5  <input type="checkbox"/> No change  <input type="checkbox"/> - 0.5  <input type="checkbox"/> - 1.0  <input type="checkbox"/> - _____</p> </div> <div style="width: 10%; text-align: center;">  </div> <div style="width: 45%;"> <p>Facial margin height:</p> <p><input type="checkbox"/> + _____  <input type="checkbox"/> + 1.0  <input type="checkbox"/> + 0.5  <input type="checkbox"/> No change  <input type="checkbox"/> - 0.5  <input type="checkbox"/> - 1.0  <input type="checkbox"/> - _____</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Lingual margin height:</p> <p><input type="checkbox"/> + _____  <input type="checkbox"/> + 1.0  <input type="checkbox"/> + 0.5  <input type="checkbox"/> No change  <input type="checkbox"/> - 0.5  <input type="checkbox"/> - 1.0  <input type="checkbox"/> - _____</p> </div> <div style="width: 10%; text-align: center;"> <p>F</p>  <p>L</p> </div> </div>

Emergence width options (select one):

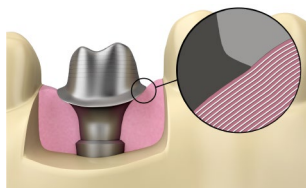
- No tissue displacement     Support tissue



- Contour tissue  
(default if no selection is made)     Full anatomical

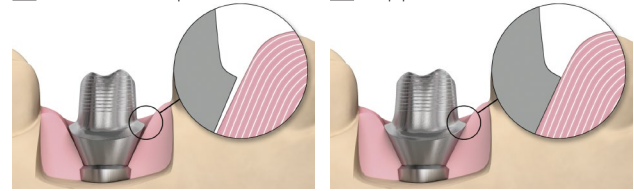


- Anatomical support

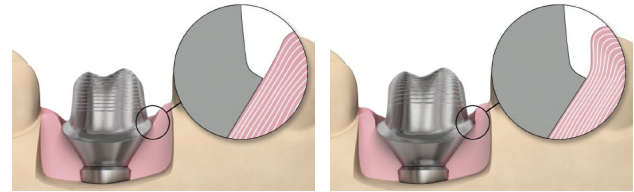


Emergence width options (select one):

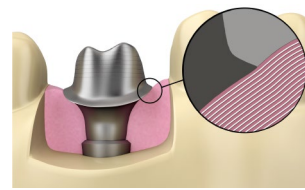
- No tissue displacement     Support tissue



- Contour tissue  
(default if no selection is made)     Full anatomical



- Anatomical support



### Failure data

Unit description I		Unit description II	
Tooth number:		Tooth number:	
<b>Abutment</b>		<b>Abutment</b>	
REF:	LOT:	REF:	LOT:
Date failure was noticed:		Date failure was noticed:	
Location of abutment failure:	<p> <input type="checkbox"/> Core  <input type="checkbox"/> Margin  <input type="checkbox"/> Cone  <input type="checkbox"/> Hex/Implant connection                 </p>	Location of abutment failure:	<p> <input type="checkbox"/> Core  <input type="checkbox"/> Margin  <input type="checkbox"/> Cone  <input type="checkbox"/> Hex/Implant connection                 </p>
When did the abutment fail:		When did the abutment fail:	
<input type="checkbox"/> During laboratory handling <input type="checkbox"/> During clinical installation <input type="checkbox"/> In clinical function		<input type="checkbox"/> During laboratory handling <input type="checkbox"/> During clinical installation <input type="checkbox"/> In clinical function	
<b>Implant</b>		<b>Implant</b>	
<input type="checkbox"/> Dentsply Sirona Implants <input type="checkbox"/> Other manufacturer: _____		<input type="checkbox"/> Dentsply Sirona Implants <input type="checkbox"/> Other manufacturer: _____	
<small>If an implant from Dentsply Sirona Implants has failed the Dentsply Sirona Implants Complaint record (USX asset number in MMM - 1216514), shall be used.</small>		<small>If an implant from Dentsply Sirona Implants has failed the Dentsply Sirona Implants Complaint record (USX asset number in MMM - 1216514), shall be used.</small>	

### Attachments

The following is attached to Atlantis complaint record:

- Failed product (sterilized, labeled and placed in a sterilizing bag)  
 Documentation of the case and demonstration that implants were indicated and that no contra-indicated conditions existed for that particular patient  
 Documentation that the implant company refused to honour their warranty (exclusively due to the use of the Products), and receipt/ invoice for implants for reimbursement (required for claims seeking reimbursement for implants)

**Other products**

**Atlantis Insertion guide, Atlantis abutment screw and Atlantis FLO Kit**

Product:

REF:

LOT:

**Atlantis Crown, Cut-back/CustomBase cut-back crown**



Complaint/remake description:

REF:

LOT:

**Atlantis Crown, Full contour/CustomBase full contour crown**



Complaint/remake description:

REF:

LOT:

# Versandetikett

**Absender**

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Bitte  
ausreichend  
frankieren

Dentsply Sirona Deutschland GmbH  
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