

**APPLICATION FOR IMPLANT WARRANTY CLAIM**

**A. PATIENT DETAILS (to be completed for all claims)**

|  |                   |                                   |        |
|--|-------------------|-----------------------------------|--------|
| Surgeon's Name:                                    |                   | Implant Product Code:             |        |
|  |                   | Southern Implants Account Number: |        |
|  |                   | Lot. No.                          |        |
| Invoice Number for the Purchase of the Components: |                   | Attached (✓)                      | Yes No |
| Patient's Name:                                    | Patient's Tel No: | Region of Mouth/Tooth No.:        |        |
| Date of Placement:                                 |                   | Date of Removal:                  |        |

**B. PROTOCOL DETAILS (omit if failure occurred before implant placement)**

|   |                   |                   |                     |
|---|-------------------|-------------------|---------------------|
| Protocol used<br>(Tick all appropriate) | Two-Stage Surgery | Immediate loading | Flapless            |
|   | One-Stage Surgery | Early loading     | Immediate placement |
| Bone Quality                            | I                 | II                | III IV              |

**C. REASON FOR FAILURE (to be completed for all claims)**

| EARLY FAILURE:  | FRACTURE:                                       | CONTRA-INDICATIONS:                      |
|---|---|--|
| Mobility immediately after placement  | Implant fracture                                | Poor bone quality/quantity               |
| Failure before prosthetic loading   | Abutment fracture requiring implant removal     | Compromised medical condition            |
| <b>SOFT TISSUE IRRITATION:</b>  | Screw fracture requiring implant removal        | Bruxism or excessive occlusal force      |
| Pain or persistent inflammation but with no bone loss                                     | Prosthesis fracture requiring implant removal   | Poor oral hygiene                        |
| <b>PERI-IMPLANTITIS:</b>  | <b>INSERTION TORQUE:</b>                        | Smoking                                  |
| Treatment-resistant infection after loading (bleeding, deep probing pockets, suppuration) | Distortion of driver interface during placement | Damage to sinus membrane or mental nerve |
| Excessive bone loss   | Distortion of screw during tightening           | Bone graft failure                       |
| <b>ALLERGY</b>  |   | <b>OTHER:</b>                            |
|   |   | Patient request                          |
|   |   | Implant dropped or desterilized          |
|   |   | Size unsuitable                          |

**If reason for failure is not listed above, please describe:**

|  |
|--|
|  |
|  |

**D. (for failures occurring after 9 months post-placement)**

|  |        |            |        |
|--|--------|------------|--------|
| Do you approve of the scrutinizing by the review board? ( ✓ )  |        | Yes        | No     |
| Have you submitted X-rays?   | Yes No | and models | Yes No |
| Please motivate which components you would like replaced and the grounds for such request (attach letter if space insufficient): |        |            |        |
|  |        |            |        |
|  |        |            |        |

**E. (to be completed for all claims)**

|                      |       |
|----------------------|-------|
| Surgeon's Signature: | Date: |
|----------------------|-------|

|                              |                  |                       |   |
|------------------------------|------------------|-----------------------|---|
| OFFICE USE:                  | Date Received:   | Associated Doc. Nos.: | Serial No.                              |
| Investigation required:      |                  | YES                   | NO                                      |
| Reason for no investigation: | Contraindication | Insufficient data     | Data to be trended to identify concerns |
| Other:                       |                  |                       |   |
| Signature:                   |                  | Date:                 |   |

## **IMPLANT WARRANTY POLICY**

**WITH EFFECT FROM JUNE 2007**

### **1. Implant does not integrate (or integrating initially and then loosening)**

In the event of an implant not integrating within a 9 month period after placement, the implant and cover screw or healing abutment, will be replaced at no charge provided that:

- Part A, B, C and E of the warrantee form is completed.
- A copy of the invoice is attached (or an equivalent proof of purchase enabling traceability to implant part no. and lot no.).
- The implant and cover screw/healing abutment are returned with the form.

**Note:** Integration should be thoroughly verified before making the prosthetics. In the event that the prosthetics are made and then non-integration / de-integration is detected, the warrantee does not cover the cost of such prosthetics.

### **2. Implant late failure (up to 25 years)**

Failures due to fatigue or de-integration after restoration are not common and are often associated with prosthetic overload, prosthetic mishap or maintenance issues. Southern Implants may assist with components for re-treatment depending on the motivation.

- Part A, B, C, D and E of the form are to be completed.
- A copy of X-rays at time of placement and close to time of failure to be submitted.
- Models to be submitted if they are available.
- All retrieved hardware to be submitted.
- A review board may be used to recommend if component replacement is appropriate. This board is appointed by the P-I Branemark Institute of South Africa.

### **3. Implant placement aborted**

In rare cases, the implant is placed but is found to not be sufficiently stable or the prosthetic axis is judge to be incorrect and a different configuration is chosen. Such implants (placed but immediately removed) are not failed implants. However, the warrantee program covers 50% of the price paid for such implants. The procedure to follow is:

- Part A, C and E of the form to be completed.
- The removed implant to be returned with the form.
- A copy of the invoice to be attached to the form.

**Note:** Southern Implants warrantee does not cover cost of laboratory procedures or consequential damages. It is limited to replacement components.