



## Product Experience Form

*\*Return this form within 30 days of your case delivery date*

Provider Name:

Patient Name:

Surgery Date:

Today's Date:

Concern Category:  Guide Fit  Broken Guide  Sleeve  Trajectory/Depth  Provisional  Other

Please provide a detailed description of your concern: *(use second page if necessary)*

Were you able to follow the instructions on the protocol sheet?  Yes  No **If no, please explain.**

Was your case  Fully guided  Guided  Pilot Only

Did you take a Post-Op CBCT Scan?  Yes  No

Did your guide fully seat?  Yes  No

Did your surgical guide rock?  Yes  No **If yes,**  Mesial/Distal  Buccal/Palatal

Did you have to modify the surgical guide?  Yes  No

Did you place the planned implant(s) through the guide? *(same article number as planned)*  Yes  No

Were you still able to use the guide/provisional?  Yes  No **If no, please explain.**

**Please provide us with the best time and date to reach you along with contact information:**

**Investigation Process:** Once this information is received, our Product Experience Team will reach out to you if additional information is needed to conduct a thorough investigation. Our goal is to learn what caused the issue to prevent it from happening again. Please contact Lauren Tolliver at 866-977-2228 ext. 111 or [l.tolliver@implantconcierge.com](mailto:l.tolliver@implantconcierge.com) if you have any questions.



## Product Evaluation Form

**Area for continued description of your concern:** *(use this page if necessary)*

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