



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 if you have any questions.



Product Evaluation Form

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

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