

FAILED IMPLANT RETURN FORM

Clinic Name		Doctor Name	Dr
Clinic Address			
Patient Name		Patient DOB	
Product Name		Product Ref Code/ Lot No	
Fixture Installation Date	Failure Found Date
Description			
Label	<i>Attach one of the fixture label stickers here</i>		
Failed Implant	<i>Attach the failed implant here in a sealed transparent bag. Do not clean the failed implant. Send it as is for our internal reference to improve the product.</i>		

***FAILED IMPLANT RETURN - POLICY**

Exchange is eligible for failed implant return that has been inserted into a patient for 1 month or more.

***FAILED IMPLANT RETURN - PROCEDURE**

1. Complete this form and attach the sealed fixture to it.
2. Send this form and fixture to A2 Dental Group (address above) at your own shipping expense.
3. Credit note will be issued to the clinic after we assess the returned implant as acceptable. If unacceptable, then we will notify the clinic by email.
4. Return shipping of return products are at clinic's own expense.