Product Return Form

** Please fill in all the blanks marked with an asterisk (*). They are required information*
** Please attach the X-RAY for the further research purposes*

*** Return Date**			**Issued No.** (OSSTEM EUROPE)				
*** Dr's Name**			*** Dealer Name (Sales Person)**				
*** Product Name**		*** Product Code**		*** Lot #**		**Q'ty**	

*** Reason for Product Return**

Implant

- ☐ **No Primary Stability**
- ☐ **No Osseointegration**
- ☐ **Peri-Implantitis**
- ☐ **Item Complaint** (Non-Conformance)
  (Please state more detailed in the field "Details)
- ☐ **etc. : _____**
  (Please state more detailed in the field "Details)
- ☐ **Package sealed (Not Used)**

Prosthetic & Tools

- ☐ **Abutment fracture**
- ☐ **Screw fracture**
- ☐ **Screw loosening**
- ☐ **Item Complaint** (Non-Conformance)
  (Please state more detailed in the field "Details)
- ☐ **etc. : _____**
  (Please state more detailed in the field "Details)
- ☐ **Package sealed (Not Used)**

** Prosthetic parts and Tools (Drills, KITs) will not be exchanged unless there is a item non-conformance problem.*

Details :

OSSTEM EUROPE s.r.o.
Radlicka 740/113c, 158 00 Praha 5, Czech Republic

Date _____ ***Signature*** _____