



WARRANTY CLAIMS QUESTIONNAIRE

- **For your claim's assessment, Henry Schein requires:**
 - Warranty to be **filed within 90 days** of explant or retrieval. This information is essential to assess and process your warranty claims.
- **Packaging and return instructions**
 - Warranty claim products **MUST** be returned in autoclavable pouch that has been steam sterilized **BEFORE** shipment to comply with regulations governing transport of biohazardous material via common carrier.
 - Please place items in sturdy packaging to avoid damages prior to shipping
 - Return package should include completed form, radiograph, and product/s and should be sent to the address below:

Attn: Sufiyan Anwar

Henry Schein, Building 3, Level 6/189 O'Riordan St, Mascot, NSW 2020

**PLEASE INCLUDE COPY OF COMPLETED QUESTIONNAIRE IN YOUR
RETURN PACKAGE**



WARRANTY CLAIMS QUESTIONNAIRE

- **PLEASE PROVIDE BELOW INFORMATION**

DATE (DD/MM/YY)

DOCTOR'S NAME

HENRYSCHIN ACCOUNT

PRODUCT CODE

PRODUCT LOT NUMBER

PRODUCT DESCRIPTION

IMPLANT PLACEMENT DATE

IMPLANT REMOVAL DATE

Was the implant restored?

YES

NO

IF 'YES',

PROVISIONAL

PERMANENT

- **PATIENT HEALTH PROFILE (PLEASE MARK ALL THAT APPLIES)**

- Chemotherapy
- Osteoporosis
- Diabetes
- Immunosuppression therapy
- Others (specify)



WARRANTY CLAIMS QUESTIONNAIRE

- **PATIENT ORAL HYGIENE PER GIGIVAL HEALTH INDEX (MARK ALL THAT APPLIES)**

- **Condition 1:**
 - * Normal

- **Condition 2:**
 - * Mild inflammation
 - * Slight change in color
 - * Slight edema
 - * No bleeding

- **Condition 3:**
 - * Moderate inflammation and redness
 - * Edema and glazing bleeding on probing

- **Condition 4:**
 - * Severe inflammation
 - * Marked redness
 - * Edema and or ulceration



WARRANTY CLAIMS QUESTIONNAIRE

- **PATIENT PARAFUNCTIONAL CONTRAINDICATED CONDITIONS OR HABIT (PLEASE MARK ALL THAT APPLIES)**

- Tobacco use
- Alcohol consumption
- Diminished Oral hygiene
- Bruxism
- Excessive biting/chewing habits
- Thrusting tongue habits
- Lispng tongue habits
- Other

- **PATIENT BONE QUALITY (PLEASE MARK ONE)**

- D1 Majority of thick cortical bone
- D2 Thick cortical bone surroundingspongy bone
- D3 Thin cortical bone surroundingmedium- densityspongy bone
- D4 Thin cortical bone surroundinglow-density bone



WARRANTY CLAIMS QUESTIONNAIRE

- **PATIENT BONE MORPHOLOGY (PLEASE MARK ONE)**

- Minimal bone loss
- Moderate alveolar bone loss
- Progressive severe resorption into basal bone
- Severe bone resorption, only basal bone remaining.

- **PLEASE MARK YOUR DETERMINATION OF THE PRINCIPAL REASON FOR REMOVAL (PLEASE MARK ALL THAT APPLIES)**

- Bone quality and quantity insufficient
- Peri-implantitis
- Implant loading
- Occlusion
- Poor oral hygiene
- Pain
- Trauma (injury or accident)
- Patient health factors
- Paraesthesia or numbness
- Implant fractured or broke
- Others (specify)



WARRANTY CLAIMS QUESTIONNAIRE

- **PATIENT FOLLOW UP TREATMENT**
 - No treatment
 - Implant replacement
 - Others (specify)
- **ANY OTHER COMMENTS OR INFORMATION**

PLEASE CONSIDER CHANGING YOUR DRILLS AFTER EVERY 12-20 USES

BioHorizons Camlog Australia

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