



GLOBAL D VALUES YOUR FEEDBACK:
QUESTIONNAIRE TO FILL IN AND RETURN
PROSTHETIC COMPONENT MALFUNCTION

For Global D:

Complaint Nr.:

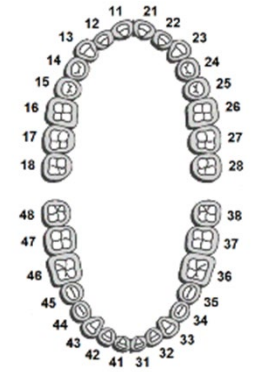
Reception date:

1. PRACTITIONER/CUSTOMER'S DETAILS

Customer code (see PL and/or invoice):

Name (who encountered the malfunction):

E-mail:



2. PATIENT INFORMATION

Patient ID: Gender: ☐ H ☐ F

Location:

Age: Bruxism patient ☐ Yes ☐ No

3. PATIENT CARE

Describe below all the information you consider useful for analysing the case (periodontal status, loss of tooth/teeth during the treatment period, evolution of occlusion, antagonist of the tooth concerned, etc.).

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Has there been a previous malfunction in the same location? ☐ Yes ☐ No

Number of patient follow-up visits: Date of last control visit:

4. PRODUCT(S) INFORMATION

Prosthetic
component

Reference:

Placement date:

Batch:

Malfunction date:

If unknown, provide available information: range, type of connection
(ST, posterior/2Ex) ...

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Implant

Reference:

Placement date:

Batch:

Removal date:

(If applicable and description in §5)

Prosthesis
(If applicable)

☐ Ceramo-metal (CCM)

☐ Full zirconium

☐ Laminate zirconium

☐ Other:

5. DESCRIPTION OF THE MALFUNCTION

Precise description of the circumstances

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**7. DESCRIPTION OF THE USE OF THE ANCILLARY AND ACTIONS
TAKEN/PLANNED (If applicable)**

Describe below which ancillary was used (Global D or other manufacturer), the torque applied, whether the extraction was successful, and the action taken or planned.

Successful handling ☐ Yes ☐ No Torque applied:

Reference(s) of ancillary(ies) used:

Description:

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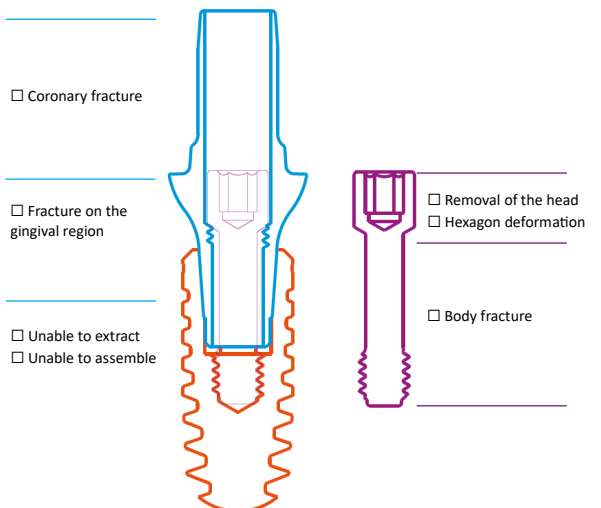
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6. PICTURE

Circle/select the area concerned



☐ Other (If ticked, description in §5)