



Report of Implant Loss

Please use for each implant a separate sheet.

Please send the articles individually wrapped in sterilization foil and sterilized according to the instructions for use to the branch office in your country:

SIC invent AG
Aeschengraben 20
4051 Basel

SIC invent Deutschland GmbH
Willi-Eichler-Strasse 11
37079 Göttingen

SIC invent Austria GmbH
Kohlmarkt 7 / Stg. 2 / 58
1010 Wien

Office:

Please confirm that the returned items have been sterilized and individually wrapped in sterilization film!

Steam sterilization:

other method::

Date, signature:

If possible, please enclose radiographs. Please anonymize patient data.

Customer/Surgeon

Name

Phone

Street

Customer Nr

City

Enclosure

Implant:

Radiographs:

Name

Before Implantation

Article No.

After Implantation

LOT/batch No.

After Explantation

UDI-DI

Incident

No Osseointegration

No Primary stability

Others

Implant position

(Mark position please)

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8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Did the occurrence result in patient injury or death?

Yes No

Was medical or surgical intervention required as a result?

Yes No



Patient information

Patient number

Oral hygiene	good	ordinary	worse	
Quality of bone	I	II	III	IV
Patient past history	Smoker	Diabetic	Bruxismus	

Chewing/bite habit

Others

Date of	Implantation	Prosthesis
	Explantation	Immediate load

Phase of lost/ Of Explantation	Healing period Before prosthodontic load	Reopening After prosthodontic load
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Augmentation

Before OP (two stage)	None
Simultaneous with Implantation	

Used materials

Implant bed preparation

Ablativ (drill)	Bone splitting
Bone spreading	Bone condensing
Bone taping	

Others

Healing

Subgingival	Transgingival
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Prosthetics

Implant borne	Combined Implant-/tooth borne
Single tooth	Full denture
Removable bridge	Fixed bridge
Removable partial denture	Screw fixed
Cemented	

**Diagnostic before
Explantation**

Mobility	Horizontal bone loss
Osteolysis around implant	Okklusal overload
Periimplantitis	(surrounding) Tissue infection

Others

Notes

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Date Signature