

Complaint Form Elos Accurate

Complaint Identification No:

Customer information according to attached invoice

If you do not have the copy, please fill out the fields below:

Company		Customer No
Address		Customer Ref.
Postal code	City	Invoice No
Country		Phone No
E-mail		

How did you purchase the product?

☐ Elos Medtech Web Shop ☐ Distributor ☐ Other

If Distributor or other, please fill in the information

As per enclosed invoice copy ☐

Company		
Address		
Postal code	City	E-mail
Country		Phone No

Identification of product

As per enclosed invoice copy ☐

<input type="checkbox"/> Elos Accurate® Scan Body	Art No..... Mandatory	LOT Mandatory	Pieces: Mandatory
<input type="checkbox"/> Elos Accurate® Model Analog	Art No..... Mandatory	LOT Mandatory	Pieces: Mandatory
<input type="checkbox"/> Elos Accurate® Hybrid Base Engaging	Art No..... Mandatory	LOT Mandatory	Pieces: Mandatory
<input type="checkbox"/> Elos Accurate® Hybrid Base Non-Engaging	Art No..... Mandatory	LOT Mandatory	Pieces: Mandatory
<input type="checkbox"/> Elos Accurate® Hexalobular Prosthetic Screw	Art No..... Mandatory	LOT Mandatory	Pieces: Mandatory
<input type="checkbox"/> Prosthetic Screw	Art No..... Mandatory	LOT Mandatory	Pieces: Mandatory
<input type="checkbox"/> Other	Art No..... Mandatory	LOT Mandatory	Pieces: Mandatory

Customer support notes:

.....
.....

.....
Signature customer support

☐

Has any injury occurred – patient/person?

☐ Yes ☐ No

If yes: Severity of injury: describe the harm to patient/person:

.....
.....

Is there any risk that an injury would occur if the event is repeated?

☐ Yes ☐ No

If yes: Severity of injury: describe the harm to patient/person:

.....
.....

Reason for complaint and return of goods

.....

.....

Where did the event occur?

☐

At the lab

☐

In the dental clinic

☐

In the mouth of the patient

Additional Comments

.....

.....

When did the event occur? Date:

Product shall be returned

☐

Product enclosed

☐

Other attachment:

☐

Product will be sent subsequently

☐

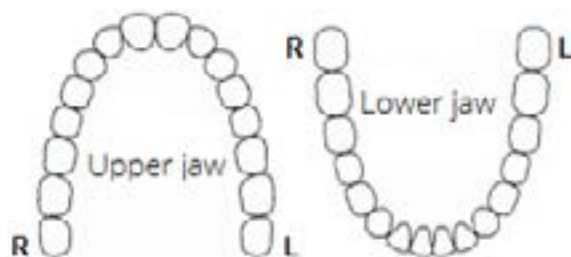
Product won't be returned because:

Mandatory information if the product is missing

Items that has been in the clinic needs
to be returned sterilized and packed
separately!

Implant – bridge or crown position

Please mark the implant - bridge positions.



Date of installation of bridge or crown (YYYY-MM-DD)
Mandatory

Date (YYYY-MM-DD)

Signature

The complaint form has to be sent to Distributor or Elos Medtech in Gørløse, Denmark within 14 days from the date of the event. Please note; if there has been a patient injury or risk of injury the form needs to be sent to Distributor or Elos Medtech ASAP or within 2 working days at the latest.

**Complaint form and products shall be sent to
the company that the product was purchased from.**