

客户反馈记录表 Customer Feedback Records

1、客户资料 Customer Data

客户名称
Client Name

联系人
Contact

联系电话 Phone

2、产品资料 Product Data

| 产品编码 Product No. | 批次号 Lot No. | 种植日期 Placement Date | 移除日期 Removal Date | 移除位置 Removal Position |
|---------------------|----------------|------------------------|----------------------|--------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

3、患者信息 Patient Information

患者姓名：
Patient name

患者年龄：
Patient age

患者性别：
Patient sex

临床过程 Clinical Process:

糖尿病
Diabetes mellitus

精神失调
Metal disorders

未治疗的内分泌疾病
Untreated endocrinological diseases

头部/颈部放射治疗
Radiation therapy in head / neck

口腔干燥症
Xerostomia

免疫系统抵抗力缺乏
Compromised immune resistance

皮质类固醇治疗
Corticosteroid treatment

淋巴系统疾病
Lymphatic disorders

凝血性疾病
Disorders of coagulation

植入时在进行化疗
Chemotherapy at the time of implantation

酒精或药物滥用
Abuse of alcohol or drugs

过敏症状 Allergies:

其他局部或全身性疾病：
Other local or systemic diseases:

病人每天吸烟量是否多于一包？ The patient smokes more than a pack of cigarettes per day?

是 Yes

否 No

没有相关的诊断 Without relevant diagnosis

4、手术失败相关信息 Information about surgical failure

- 手工植入 Implant manually 借助适配的机头植入 With adapter piece for manual

如果种植体被植入后又同一天内移除，是否在同一位置成功植入另外一颗种植体？

If the implant was placed and removed on the same day, was another implant successfully put in the same position during the intervention?

- 是 Yes 否 No

预先安装的转移件出现问题时如何操作？ What to do if there were problems with the pre-assembled transfer piece?

- 种植体植入骨内 Insertion of the implant in the bone 移除转移件 Removing the transfer piece
 移除基台 Removing the abutments 其他 Others: _____

种植手术时是否发现下列症状？ If the following points were found during the intervention?

- 牙周病 Periodontal disease 粘膜病 Mucosal disease
 局部感染/慢性亚急性骨炎 Local infection/Chronic subacute osteitis 植入准备期间的并发症 Complications during implantation site preparation

- 骨质 Bone quality Type I Type II Type III Type IV
先前是否有螺孔？ If previously opened thread? 是 Yes 否 No 不适用 NA
是否使用过键固位？ If used a key retention? 是 Yes 否 No 不适用 NA
是否获得初期稳定性？ If the primary stability was achieved? 是 Yes 否 No
是否获得骨结合？ If osseointegration of the implant was achieved? 是 Yes 否 No
TPS/SLA表面是否完全被骨组织覆盖？
If the TPS/SLA surface is fully covered by bone? 是 Yes 否 No

是否进行骨增量操作？ If bone augmentation was conducted?

- 否 No 是 Yes 牙槽嵴 Alveolar ridge
使用材料 Used material: _____

是否使用辅助软组织再生的膜？ If a membrane was used to assist tissue regeneration?

- 否 No 是 Yes 可再吸收 Resorbable 不可再吸收 Non-resorbable
使用材料 Used material: _____

5、事件发生情况 Data on the occurrence

种植体周围卫生情况 Hygiene around the implant

- 极好 Very good 好 Good 一般 Average 差 Bad

下列哪些因素对事件产生影响？ If one or more of the following tips have influence on the occurrence?

- 创伤/事故 Trauma/accident 种植体断裂 Implant breakage 骨质差/骨量不充足 Insufficient bone quality/quantity
 生物力学负重过多 Biomechanical overload 骨过热 Superheat of the bone 先前做过骨增量 Previous increases of bone
 即刻种植 Immediate implantation 种植体周围炎 Peri-implantitis 神经压迫 Compression of the nerve
 邻牙接受过牙髓治疗 Adjacent teeth received endodontic treatment 感染 Infection 钻不锋利 Dull drill
其他 Others: _____ 舌 Lingua 磨牙症 Bruxism

种植体失败伴有下列哪些症状？（请勾选所有适用选项）

Implant loss was accompanied by the following (check all that apply):

- 疼痛 Pains 出血 Bleeding 肿胀 Swelling 缺乏敏感性 Lack of sensitivity
 不稳定 Instability 瘻管 Fistula 无症状 Asymptomatic 其他 Others: _____

是否安装了义齿？ Was the prosthesis placed?

- 否 No 是 Yes

如果安装了义齿，请填写“义齿信息”部分。 If so, it is requested to complete the "Information about the prosthesis" section.

请解释种植为何失败，为何需移除种植体。 Please explain why the implant was failed and the implant had to be removed.

6、义齿信息 Information about the prosthesis

| | | | | |
|---|--|-----------------------------------|--|--|
| 义齿类型 Type of prosthesis | <input type="checkbox"/> 冠 Crown | <input type="checkbox"/> 桥 Bridge | <input type="checkbox"/> 局部义齿（上） Partial denture (up) | <input type="checkbox"/> 局部义齿（下） Partial denture (down) |
| | <input type="checkbox"/> 全口义齿（上） Full denture (up) | | <input type="checkbox"/> 全口义齿（下） Full denture (down) | <input type="checkbox"/> 套筒式的 Telescopic |
| | 其他 Others: _____ | | | |
| 安装定位柱日期 Date of putting the pillar: | _____ | | 移除定位柱日期 Date of removing the pillar: | _____ |
| 是否使用扭力控制器? Was a torque control device used? | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 未知 Unknown | | | |
| 扭力 Torque | Nci | | | |
| 安装临时义齿的日期 Date of placing the provisional prosthesis | _____ | | 安装永久义齿的日期 Date of placing the definitive prosthesis | _____ |
| 是否进行过控制测试? Were control examination performed? | <input type="checkbox"/> 是 Yes | | <input type="checkbox"/> 否 No | |
| 评论 Comment: | _____ _____ | | | |

7、手术器械 Instruments

| | | | |
|---|--|---|---|
| 大概使用次数 Approximate number of uses | <input type="checkbox"/> 初次使用 time First | <input type="checkbox"/> 2-5次 2-5 times | <input type="checkbox"/> 6-10次 6-10 times |
| | <input type="checkbox"/> 10-15次 10-15 times | <input type="checkbox"/> 15次以上 Over 15 times | |
| 清洗方式 Type of cleaning | <input type="checkbox"/> 手洗 Manual | <input type="checkbox"/> 超声波清洗 Ultrasound | <input type="checkbox"/> 热力消毒 Thermal disinfection |
| | 其他 Others: _____ | | |
| 灭菌方式 Type of sterilization | <input type="checkbox"/> 高压灭菌 Autoclave | <input type="checkbox"/> 干热 Dry heat | <input type="checkbox"/> 化学灭菌 Chemical sterilization |
| 事件的简要说明 Brief description of the event | _____ _____ _____ | | |

请将本登记表以及经过高温灭菌后的产品一并退回。如果有X光片，也请一并寄回。
Please return the registration form, products sterilized by autoclaving, and X-rays (if applicable).

产品退回时，请使用带有垫料的信封，以防在寄件途中，有部件遗失。因为一旦有部件遗失，就无法获得质量担保。所有退回的物品都请高温灭菌，并做“无菌”标志。
Please return the products with a padded envelope, otherwise, some objects may be lost during transport, which would lead to the cancellation of the guarantee. Make sure all products are sterilized by autoclaving and marked as "sterile".