

Dear Dentist,

Any occurrence relating to our products is extremely important to us. In this way, we ask you to complete and submit information to our analysis are carried out completely. This information is critical to a detailed analysis of the event.

Assumption:

- Must be filled out a form for each product claimed.
- The products should be sent to S.I.N. sanitized and sterilized in suitable packaging to autoclaving, closed and with evidence of sterility through ribbon specifies.
- It must be sent to the SIN set containing the product, the completed form also periapical or panoramic radiographs.

If one the above is not met the product will be returned to the client.

Customer Information

*Name/Corporate name:

*IDNumber: *CelPhone: *Phone:

E-mail:

Address: Nº:

Complement: District: Zip Code:

City: UF: Country:

Product Information

*Code: *Description:

*Nº Lot: Quantity: Bill of sale:

In case of surgical instruments fill in the information below:

*Instrumental comes from a KIT S.I.N.? Yes No (If yes, complete below)

Code or description of the Kit Lot Kit:

Occurrence Information

Date: *The reason for return: Packaging Rust Difficulty of use
 Inability to use Fracture Other (describe):

*Brief description of occurrence:

*Declaration of Truthfulness

I declare to be true the information provided here.

I also declare that the products shipped are properly sterilized.

Date:

Signature: