



▪ GUARANTEE QUESTIONNAIRE

**1. CUSTOMER INFORMATION**

<b>Clinician's Name:</b>		<b>Acct No.</b>	1_742099
	<b>H.A.Systems Ltd.</b>	<b>Tel:</b>	972-3-6138777
<b>Address:</b>	11 Tuval St	<b>Country</b>	Israel
	Ramat Gan 5252226	<b>Reported by</b>	Daria Berel

**2. PRODUCT INFORMATION** (Please list all involved Straumann Products)

Article Number	Lot Number	Placement D/M/Y	Removal D/M/Y	Tooth No.

**3. GENERAL PATIENT INFORMATION** (Complete this section only if returning implants)

<b>Patient ID:</b>		<b>Age:</b>		<b>Male:</b>		<b>Female:</b>	
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<b>Hygiene around implant</b>	excellent	good	fair	poor
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Dr's Signature \_\_\_\_\_

Date: \_\_\_\_\_