

etkon® iDent Guarantee



etkoniDent
by Straumann®


 **straumann**
simply doing more

etkon® iDent Guarantee*

1. GUARANTEE BENEFICIARY AND SCOPE

This guarantee (“etkon® iDent Guarantee” as defined below) issued by Etkon GmbH, Gräfelfing, Germany (“Etkon”) applies to etkon® iDent Products (as described below) in favor of the attending physician/dentist only (the “User”). Third parties, particularly patients or intermediate suppliers, may not derive any rights from this etkon® iDent Guarantee.

The etkon® iDent Guarantee covers the replacement of the following products of the etkon® iDent product line (etkon® iDent Products) with an equivalent product or the cost of a replacement implant:

	Metal abutments	Third party implants
Duration		Same guarantee period as granted by implant manufacturer
Coverage	Replacement with equivalent metal abutment	Cost coverage of a replacement implant

* valid as of September 1, 2016

If an etkon® iDent Product is defective as a result of a failure of the material strength and stability of the etkon® iDent Product during the lifetime guarantee, Etkon will replace the etkon® iDent Product at no cost (excluding any associated costs such as any treatments, lab fees etc.).

If an implant was combined with an etkon® iDent Product and the implant’s manufacturer refuses its guarantee on the implant because it was combined with an etkon® iDent Product, Etkon will reimburse the cost of the replacement implant (excluding any associated costs such as any treatments, lab fees etc.). The guarantee period of the etkon® iDent Guarantee on the implant shall equal the guarantee period granted by the implant manufacturer on such implant.

The guarantee for both etkon® iDent Products and implant commences at the time of treatment with an etkon® iDent Product by the User. The following guarantee conditions apply:

- 1 The etkon® iDent Product was used in compliance with Etkon's instructions for use and the implant was used in compliance with the implant manufacturer's instructions for use, as the case may be, each valid at the time of treatment, as well as recognized dental procedures, during and after the treatment;
- 2 Good oral hygiene of the patient as monitored by the User;
- 3 The guarantee case is not resulting from an accident, a trauma or any other damage caused by the patient or a third party;
- 4 No guarantee for failure of implants, such as material or manufacturing defects;
- 5 In the case of an implant, submission of the original implant guarantee in writing plus evidence that the claim under the original guarantee was not approved by the implant manufacturer, and prove of the cost of the replacement implant; and
- 6 For customized etkon® iDent Products the User shall provide Etkon with the design data.

For returning the etkon® iDent Product or the implant, as the case may be, the following must be observed:

- 1 Filing of a completed and signed guarantee form not later than three months after a guarantee case arises; and
- 2 Return of the etkon® iDent Product or implant, as the case may be, properly cleaned and if appropriate or as indicated in the instructions for use also disinfected.

2. LIMITS AND LIMITATIONS

This etkon® iDent Guarantee is the only guarantee provided by Etkon and shall apply in addition to the warranty rights conferred under the sales agreement. The User remains free to claim rights against his supplier. ETKON HEREBY DISCLAIMS ANY OTHER WARRANTIES, EXPRESS OR IMPLIED INCLUDING MECHANABILITY AND FITNESS FOR A PARTICULAR PURPOSE AND ETKON HEREBY EXCLUDES ANY LIABILITY FOR LOST EARNINGS, LOST PROFITS AND DIRECT OR INDIRECT DAMAGES AS WELL AS COLLATERAL AND CONSEQUENTIAL DAMAGES, DIRECTLY OR INDIRECTLY RELATED TO etkon® iDent PRODUCTS OR THIRD PARTY PRODUCTS, SERVICES OR INFORMATION.

3. GUARANTEE TERRITORY

This etkon® iDent Guarantee applies worldwide to etkon® iDent Products sold by an Etkon affiliated company or an official distributor of Etkon and to implants combined with such etkon® iDent Product.

4. MODIFICATION OR TERMINATION

Etkon may modify or terminate this etkon® iDent Guarantee at any time in whole or in part. Changes to or the termination of the etkon® iDent Guarantee will not affect the guarantee given under this etkon® iDent Guarantee for an etkon® iDent Product used by User and an implant implanted in a patient's mouth in combination with an etkon® iDent Product, as the case may be, prior to the date of the change or termination.

Guarantee Questionnaire

1. CUSTOMER INFORMATION

Clinician's Name	<input type="text"/>	Customer Account #	<input type="text"/>
Address	<input type="text"/>	Telephone	<input type="text"/>
	<input type="text"/>	Country	<input type="text"/>
	<input type="text"/>	Reported by	<input type="text"/>

2. PRODUCT INFORMATION (Please list all involved etkon® iDent Products)

Article Number	LOT Number	Placement Date (D/M/Y)	Removal Date (D/M/Y)	Regio
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. EVENT INFORMATION (Only required with implant complaints)

Were any of the following involved in the event?

- Trauma/Accident
 Biomechanical overload
 Bruxism

Other: _____

Please comment on why you think the product failed/was removed:

4. PROSTHESIS INFORMATION (Only required for abutment and restoration complaints)

Project no.: _____	<input type="checkbox"/> Model	<input type="checkbox"/> Insertion	<input type="checkbox"/> In use	
Type of restoration?	<input type="checkbox"/> Crown	<input type="checkbox"/> Bridge	<input type="checkbox"/> RPD (upper)	<input type="checkbox"/> RPD (lower)
	<input type="checkbox"/> Full (upper)	<input type="checkbox"/> Full (lower)	Other: _____	
Date abutment was installed <input type="text"/>	Date of abutment removal (D/M/Y) <input type="text"/>			
Torque Control Device used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
	Torque applied <input type="text"/> Ncm			
Date of temporary restoration installation <input type="text"/>	Date of final restoration installation <input type="text"/>			
Was the recall appointment schedule followed	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Description of event:

Guarantee Questionnaire

5. IMPLANT FAILURE INFORMATION

Only in case the implant failure was associated with an etkon® iDent abutment failure.

1. Does the guarantee issued by the implant manufacturer cover the implant failure?: Yes No

2. In case of No, please provide with this guarantee form:

- Guarantee issued by implant manufacturer
- Proof of rejection of guarantee by implant manufacturer
- Invoice of replacement implant
- ID of patient concerned _____

Please return questionnaire, autoclaved product and include X-rays (as appropriate). **Use a padded pouch to return items – failure to do so could result in items lost during shipment and void guarantee program. Autoclave** all products and label them as **sterile**. Based on the etkon® iDent Guarantee Terms and Conditions, please consider replacing the above listed products.

Doctor's Signature: _____ Date: _____

For internal use only

CSN PSO ASR RPC Info incomplete Std/No

Etkon GmbH

Lochhamer Schlag 6

DE-82166 Gräfelfing/München

Phone +49 (0)89 30 90 75 0

Fax +49 (0)89 30 90 75 139

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