

Complete all fields and attach required documentation.
Please Submit within 3 Months of Implant failure.

Section 1: Treatment Provider Information

Clinic Name: _____

Doctor Name: _____

Inosys Account Number: _____

Phone: _____ Cell #: _____

Email [for case]: _____ Email [for billing]: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 2: Patient Information

Patient Initials: _____ Patient Date of Birth (DOB): _____

Date of Original Implant Placement: _____

Date of Implant Failure: _____

Section 3: Product Details

Attach additional sheets for more than two implants.

Implant Site	Implant Type / Ref #	Diameter (mm)	Length (mm)	Restorative Components
_____	_____	_____	_____	_____

Section 4: Reason for Warranty Claim

(Check all that apply)

☐ Spinner (implant rotates or lacks stability)

☐ Dropped implant (during placement or before restoration)

☐ Restorative component failure

☐ Fracture of implant or prosthetic component

☐ Other (please describe): _____

Complete all fields and attach required documentation.
Please Submit within 3 Months of Implant failure.

Section 5: Clinical Documentation Checklist

☒ Required for processing warranty claim

Please include the following:

- ☐ Preoperative Radiograph
- ☐ Immediate Postoperative Radiograph
- ☐ Follow-up Radiographs (if available)
- ☐ Photo of Implant at time of Removal/Failure
- ☐ Photo of Extracted Implant (if removed)
- ☐ Photo of Restorative Failure (if applicable)
- ☐ Returned Failed Implant and Components
- ☐ Treatment Notes Describing Clinical Situation

Section 6: Clinical Declarations

- ☐ I confirm that only original Inosys components were used.
- ☐ I confirm that the implant was placed in accordance with Inosys protocols.
- ☐ I confirm that the patient followed hygiene and maintenance recommendations.
- ☐ I confirm that my Inosys account is in good standing.

Doctor's Signature: _____ Date : _____

SUBMIT FORM & DOCUMENTS TO:

Inosys Implant
Warranty Service Department

- ☐ Email: michaelgendron@inosysimplant.com
- ☐ Online Submission: www.inosysimplant.com
- ☐ Ship Failed Products To: 1769 NY RT 52, Fishkill, NY 12524