

## Fail Implant Information

Fail List No.		Reported Date (dd/mm/yyyy)"	
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Dealer/ Subsidiary Information	Country		Name of Person in charge		E-mail	
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Clinic Information	Clinic Name		Dentist Name		E-mail	
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Fail Information	Tooth #		Fixture Information	
	Ref. Code		Lot No. (Serial No.)	
	Surgery Date (dd/mm/yyyy)		Fail Date (dd/mm/yyyy)	
	Patient Risk Information (Disease, Medication etc.)			

Our Sincere gratitude goes to you for your support of Megagen Implant. After reviewing your information, we will send you a replacement for the failed fixture within 1 month. If product analysis and clinical guidance are needed rather than a product replacement, please reach out to [cs@imegagen.com](mailto:cs@imegagen.com). We are glad to answer any questions you may have at [cs@imegagen.com](mailto:cs@imegagen.com). Thank you!

**X-Ray (Before Surgery)**

45, Secheon-ro 7-gil, Dasa-eup, Dalseong-gun, Daegu 42921, Republic of Korea Tel)+82-1544-2285

**Fail X-Ray**

\* Please attach any additional photos you would like to include.