



Customer Complaint

CC No.	
Name	
Address	
Tel No.	
Email ID	
Mobile No.	
Dealer Name / R.M. Name	
Initial Reply Sent on	/ / By Email / Fax / Letter

Product Discussion :

Item Name	Part No.	Batch No.
Invoice No.	Invoice Date:	

Nature & On site description of complaint (Tick applicable and, if not, provide description.)

Implant Breakage after Implantation

Implant Rusting after implantation

Instruments related

Implant breakage or bending while insertion

Description:

CC: Collected by:
CC: Collection Date:
CC: Reached at SHPOPL on:
CONCLUSION at SHPOPL:

[I] Case History Review : Clinical Evaluation:

[ii] Engineering Examination:

[iii] Reason for Failure / Complaint:

By:

[iv] Root Cause / Analysis :

By :

[v] Final Conclusion:

By :