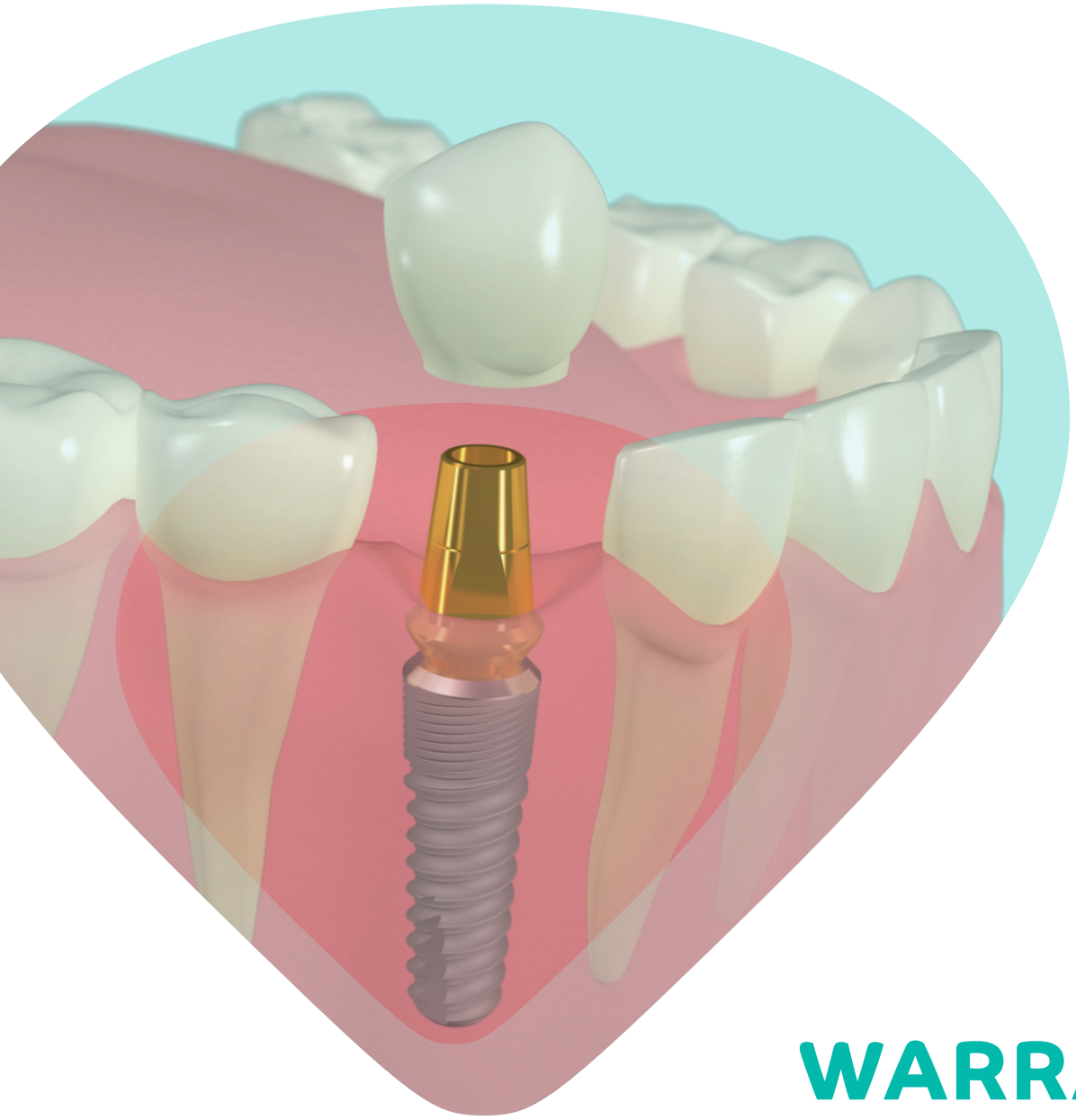
etk
A LYRA COMPANY



WARRANTY

IMPLANTS, PROSTHETIC COMPONENTS AND CAD-CAM PROSTHESIS

etk WARRANTY

1. SCOPE OF THE COMMERCIAL WARRANTY

• Our commercial warranty applies to all our **etk** implants and prosthetic components (excluding instruments and surgical kits).
• The warranty covers the replacement of **etk** products only (implants and prosthetic components) as defined hereinafter. It does not cover any additional costs relating to this replacement (for instance additional items, components manufactured by your laboratory, tools …).
• The warranty only covers health care providers who are eligible for these services, excluding any natural or legal person (including patients).

2. IMPLANTS: A LIFETIME WARRANTY

• **etk** undertakes to replace free of charge any **etk** implant that meets the terms of the warranty (please refer to paragraph five).
• **etk** only warrantys to replace **etk** implants and prosthetic components linked to the defective implant with a similar **etk** implant and prosthetic components which have been placed in a similar way (only the diameter and / or length may be modified).
• If **etk** is unable to replace the items with the same reference, the items will be replaced by a similar product of equivalent value.

3. PROSTHETIC COMPONENTS: A 10-YEAR WARRANTY

• **etk** replaces free of charge any defective **etk** component of a permanent prosthesis with the same reference.
• **etk** replaces free of charge any component of an **etk** permanent prosthesis or any **etk** implant related to the defective **etk** prosthetic component with an **etk** prosthetic component or implant, if this prosthetic component or implant needs to be replaced at the same time as the defective prosthetic component.

4. teknikalab ABUTMENTS: A 5 TO 10 YEARS WARRANTY

• **etk** guarantees 5 years all the second parts in zirconium made by **teknikalab**.
• **etk** guarantees 10 years the second parts in chrome-cobalt and titanium made by **teknikalab**
• **etk** undertakes to repair free of charge any defective second parts against the same second parts.
• **etk** warranty covers the **teknikalab** second parts which are bars, bridges, copings, crowns, inlay-cores, and customized abutments manufactured and distributed by **teknikalab**.

5. TERMS AND CONDITIONS OF THE WARRANTY

• The health care provider must use **etk** implants, prosthetic components, customized abutments, bridges and bars only and they must not be used in association with products of other brands.
• **etk** products must be returned disinfected and sterilized.
• The implants and prosthetic components must be placed in accordance with **etk** protocols, recommendations and instructions, as indicated in the user guide. Moreover, the treatment undertaken during and after the intervention should comply with official dental practices.
• The implantologist must ensure that the patient has complied with the basic rules of oral hygiene and the treatment plan defined.
• Failure resulting from an accident, a trauma or any other damage caused by the patient or the intervention of a third person is not covered by the warranty.
• Failure resulting from the fact that the patient has contraindications to dental implant surgery, such as alcoholism, uncontrolled diabetes or a drug addiction, is not covered by the warranty.
• Failure resulting from the non-standard implantation and reconstruction of an implant according to the standard ISO 14801, for a single-unit prosthesis, an abutment angulation greater than 30° and a distance between the bite points and the implant platform greater than 11 mm, is not covered by the warranty.
• Failure resulting from the reconstruction of a prosthesis made up of a tooth-implant supported bridge is not covered by the warranty.
• Failure resulting from fitting a prosthetic abutment not made from a rough-cast manufactured using conventional industrial means is not covered. Moreover, failure resulting from a lack of passivity of a bridge or a bar is not covered either.
• The warranty claim form should be filled in, signed and sent to **etk** within a maximum of three months after having noticed the problem.
• The health care provider must provide **etk** with the design data for customized **etk** products.
• If one of the aforementioned points is not complied with, the **etk** warranty defined in the present document will be null and void.

6. MODIFICATION OR TERMINATION OF THE WARRANTY

• **etk** reserves the right to modify or terminate this warranty, in part or in full, at any time. These modifications or terminations will not apply to products placed before the date this document is updated.

7. LIMITS AND LIMITATIONS

• The warranty is only valid if recognized and accepted by **etk** . This warranty is in addition to warranty rights established by the sales contract.
• **etk** will not accept any other warranty, explicit or implicit, and cannot be held liable for any direct, consequential or special damages related directly or indirectly to **etk** products, services or information.

8. SCOPE OF THE WARRANTY

• This **etk** warranty is only applicable to **etk** implants and prosthetic components sold through its subsidiaries in France and abroad.

REQUEST FOR RETURN

TO RETURN UNDER 3 MONTHS TO **etk**

726 rue du Général De Gaulle
74700 Sallanches - France

Notice

This document is the **etk** request for return form for all the products sold by the company (including customized prosthetic components) according to the general sales conditions. This form will be accepted only if all mandatory information is filled in (*).

Any product returned to **etk** must be treated to remove any infection risk, sterilized and packed in an appropriate packaging in conformity with the regulation and accompanied with this form.

Frame reserved to **etk**
File N°:.....
Registration date: ...../...../.....

Please do not send the name and surname of the patient to ensure the confidentiality of the information provided.

Date of request*: ...../...../.....
Observed incident*: ...../...../.....

Customer identification

etk *account number*:* .....
Surname-Name: Dr* .....
Address:* .....
Zip Code/City/Country:* .....
Tel./Fax : +* ..... / +.....
E-mail :* .....

Cause for return*

- ☐ Implanting incident / Non-Osseointegration
- ☐ Prosthetic incident / CAD-CAM components
- ☐ Instrument / tool defect
- ☐ Other; precise: .....

Product treatment before sending*

Cleaned product*	○ YES	○ NO
Decontaminated product*	○ YES	○ NO
Sterilized product*	○ YES	○ NO

etk / CAD-CAM products information

*General Data to fill for all products**

Data to fill for all products except instruments

Data to fill exclusively for implants

Data to fill exclusively for instruments

	PRODUCT n°1	PRODUCT n°2	PRODUCT n°3	PRODUCT n°4
Reference* / OR / Traceability Label				
Batch N° *				
Use in the mouth	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
Dental site*				
Loading	☐ Immediate ☐ Early ...../..... ☐ Differed ...../.....	☐ Immediate ☐ Early ...../..... ☐ Differed ...../.....	☐ Immediate ☐ Early ...../..... ☐ Differed ...../.....	☐ Immediate ☐ Early ...../..... ☐ Differed ...../.....
Placement date*	...../...../.....	...../...../.....	...../...../.....	...../...../.....
Removal date *	...../...../.....	...../...../.....	...../...../.....	...../...../.....
Bone quantity available*	☐ Resorbed alveolus ☐ Post-extraction alveolus ☐ Necessary filling ☐ Bone graft	☐ Resorbed alveolus ☐ Post-extraction alveolus ☐ Necessary filling ☐ Bone graft	☐ Resorbed alveolus ☐ Post-extraction alveolus ☐ Necessary filling ☐ Bone graft	☐ Resorbed alveolus ☐ Post-extraction alveolus ☐ Necessary filling ☐ Bone graft
Bone density*	○ D1 ○ D2/D3 ○ D4	○ D1 ○ D2/D3 ○ D4	○ D1 ○ D2/D3 ○ D4	○ D1 ○ D2/D3 ○ D4
Purchase date*	...../...../.....	...../...../.....	...../...../.....	...../...../.....
Number of uses*	○ =1 ○ ≤10 ○ ≤20 ○ >20	○ =1 ○ ≤10 ○ ≤20 ○ >20	○ =1 ○ ≤10 ○ ≤20 ○ >20	○ =1 ○ ≤10 ○ ≤20 ○ >20

Incident details / clinical data
Patient data

Patient sex*: ● Male ● Female ■ Age*: .....

Medical check-up*:

- ■ No History
- ■ Endocrine disorders
- ■ Periodontal disorders
- ■ Particular medication
- ■ Tobacco, alcohol, drug
- ■ Cardiovascular disorders
- ■ Para-functional disorders
- ■ Chemotherapy, radiotherapy
- ■ Poor hygiene
- ■ Hematological disorders
- ■ Recent anesthesia
- ■ Traumatism / accident

Medical imaging*:

Available and given radiographic elements ● YES ● NO

Image type: ■ Retro-alveolar radiograph ■ Panoramic radiograph ■ 3D scan

Product use

Incident noticing*:

- ■ Upon parcel reception
- ■ Upon packaging opening
- ■ Upon in situ use
- ■ Other (Explain): .....

Treatment typology*:

- ■ Unitary
- ■ Plural
- ■ Complete
- ■ 2 stage surgery
- ■ 1 stage surgery
- ■ Temporary restoration

Treatment phase*:

- ■ Implant surgery
- ■ Impression taking
- ■ Prosthetic stage
- ■ Prosthesis placement

Incident consequence(s):

- ■ Product replacement
- ■ New surgical act
- ■ New impression taking
- ■ New prosthetic realization
- ■ Other (Explain): .....

Adjacent situation*:

- ■ Natural teeth
- ■ Unitary prosthesis
- ■ Plural prosthesis
- ■ Absence of teeth

Antagonistic situation*:

- ■ Natural teeth
- ■ Unitary prosthesis
- ■ Plural prosthesis
- ■ Absence of teeth

Surgery type*:

- ■ Sinus Lift
- ■ Osteotomy
- ■ Other (precise): .....

Prosthesis type*:

- ■ Cemented; tightening: ..... N.cm
- ■ Screwed; tightening: ..... N.cm
- ■ Removable
- ■ On Bar

Final drilling:

Final drill diameter: ..... mm

Number of uses: ..... times

Tapping: ● YES ● NO

Implant Insertion:

Insertion method:

- ■ Torque wrench
- ■ Contra-angle
- ■ Both

Torque: ..... N.cm

Implant placement:

- ■ Tissue level
- ■ Bone level
- ■ Subcrestal

Instrument incident nature*:

- ■ Dysfunctioning
- ■ Wear / distortion
- ■ Break / deformation
- ■ Colouring / Corrosion

Decontamination / used sterilization*:

- ■ Manual method
- ■ Ultrasonic bath
- ■ Thermo-sanitizer
- ■ Other (precise): .....

Additional explanations on the incident:

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.....

Date: ...../...../.....

Name - Surname: .....

Status/Function: .....

Signature:

Frame reserved to **etk**

DECISION REGARDING THE REQUEST FOR RETURN

Sufficient information for the assessment ● YES ● NO

Request for return approval ● YES ● NO

Approval date: ...../...../.....

Technical Manager signature

Sales Manager signature

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