

FOR INTERNAL USE
File Number #:



# THE GEISTLICH GUARANTEE

# Quality Questionnaire

Please complete this form in its entirety; **missing information will delay processing.** If appropriate and requested, provide the biomaterials in sterile condition and any relevant radiographs of the procedure. In the case of a return, please include a copy of this form along with the returned product.

The covered Geistlich Biomaterials being submitted as part of the Geistlich Guarantee must have been purchased within the six (6) month period prior to the submission date of The Geistlich Questionnaire.

## Customer Information

Office Name \_\_\_\_\_

Account Number \_\_\_\_\_

Clinician Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact E-mail \_\_\_\_\_

Ship to Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Product Information

SKU Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Procedure Date \_\_\_\_\_

Lot Number \_\_\_\_\_

Placement Date \_\_\_\_\_

Please explain the reason for the guarantee submission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check this box if you have already notified Geistlich Biomaterials Compliance about this submission.

## Surgery Information

At the time of surgery, were any of the following conditions present (check all that apply)?

- Periodontal Disease
- Diseased Mucous Membrane
- Complication In-Site Prep
- Local Infection

## Procedure

Assessment of oral hygiene     Excellent     Good     Fair     Poor

Were any of the following conditions involved in the procedure (check all that apply)?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Trauma / Accident  | <input type="checkbox"/> Tongue Pressure           | <input type="checkbox"/> Poor Bone Quality/Quantity   |
| <input type="checkbox"/> Periodonal Disease | <input type="checkbox"/> Bruxism                   | <input type="checkbox"/> Previous Bone Augmentation   |
| <input type="checkbox"/> Peri-Implantitis   | <input type="checkbox"/> Immediate Extraction Site | <input type="checkbox"/> Adjacent to Endodontic Tooth |
| <input type="checkbox"/> Sinus Perforation  | <input type="checkbox"/> Bone Resorption           | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Infection          | <input type="checkbox"/> Biomechanical Overload    |   |

At the time of the procedure was there (check all that apply)?

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> Pain     | <input type="checkbox"/> Increased Sensitivity | <input type="checkbox"/> Numbness         |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Abscess               | <input type="checkbox"/> Inflammation     |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Swelling              | <input type="checkbox"/> Hypersensitivity |
| <input type="checkbox"/> Fistula  | <input type="checkbox"/> Asymptomatic          | <input type="checkbox"/> Other _____      |

## Submission Information

NOTE: Product should only be returned to Geistlich Biomaterials upon request. If a return is requested, please utilize a shipping method that allows for tracking of shipment. All returned should include:

- > Biomaterial(s) in **sterile, unused, saleable** product
- > Printed copy of the completed Guarantee Questionnaire (even if e-mailed)

### Send shipment to:

Geistlich Pharma North America, Inc.  
202 Carnegie Center, Suite 103  
Princeton, NJ 08540

**Please Note:** Feedback and returned product will be assessed to determine whether the product meets the conditions for replacement under The Geistlich Guarantee. When all necessary information and product is received, a credit or replacement product can be provided in a timely manner.

### Geistlich Internal Use Only

- |   |
|---|
| <input type="checkbox"/> Product Complaint Return |
| <input type="checkbox"/> Incomplete Guarantee     |

Guarantee Completed \_\_\_\_\_ Date \_\_\_\_\_

Compliance Signature \_\_\_\_\_ Date \_\_\_\_\_

## Signature

By signing, I acknowledge that I understand The Geistlich Guarantee terms and conditions and that the information provided is truthful and accurate.

**Clinician Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature required (may be electronic)

## Geistlich Guarantee (valid as of September 10, 2016)

### 1. Guarantee Beneficiary and Scope

This guarantee ("The Geistlich Guarantee" as defined below) from Geistlich Pharma North America, Inc., ("Geistlich") applies to the products listed below and in favor of the attending physician/dentist only (the "User"). Third parties, particularly patients or intermediate suppliers, may not derive any rights from the Geistlich Guarantee. The Geistlich Guarantee only offers a credit for Geistlich biomaterials, and in approved cases a replacement of product, but does not cover any associated costs, including but not limited to chair time, lab fees and any other associated treatment unless otherwise specified.

### 2. Geistlich Products Covered by The Geistlich Guarantee

All Geistlich biomaterials are covered by The Geistlich Guarantee. These products include all sizes of: Geistlich Bio-Oss®, Geistlich Bio-Oss Pen®, Geistlich Bio-Oss Collagen®, Geistlich Bio-Gide®, Geistlich Bio-Gide® Compressed, Geistlich Bio-Gide® Shape Geistlich Bio-Gide® Perio, Geistlich Mucograft®, Geistlich Mucograft® Seal, Geistlich Fibro-Gide®, Geistlich Combi-Kit Collagen and Geistlich Perio-System Combi-Pack

### 3. Geistlich Guarantee Conditions

Geistlich hereby guarantees that, if any Geistlich product is defective as a result of a failure of the material strength and stability of the Geistlich product during the guarantee periods set out in Section 2, Geistlich will provide appropriate credit amount to the customers existing account. The guarantee periods above commence at the time of treatment with a Geistlich product by the user. Provided however that the following guarantee conditions are individually and collectively met and documented:

- 3.1 Geistlich biomaterials were used in accordance with the published IFU's;
- 3.2 Return of the Geistlich Products if appropriate in saleable condition;
- 3.3 Compliance with and application of Geistlich's instructions (in the instructions for use, among others) valid at the time of treatment as well as recognized dental procedures, during and after the treatment;
- 3.4 Good oral hygiene of the patient as monitored by the user;
- 3.5 No guarantee case resulting from an accident, a trauma or any other damage caused by the patient or a third party;
- 3.6 Filing of a completed and signed guarantee questionnaire no later than 30 days after a guarantee case arises;

### 4. Limits and Limitations

The Geistlich Guarantee is the only guarantee provided by Geistlich and shall apply in addition to the warranty rights conferred under the sales agreement. The user remains free to claim rights against his supplier. Geistlich hereby disclaims any other warranties, express or implied and Geistlich hereby excludes any liability for lost earnings and direct or indirect damages as well as collateral and consequential damages, directly or indirectly related to Geistlich products, services or information.

### 5. Guarantee Territory

The Geistlich Guarantee applies to any U.S. Dental Practitioner.

### 6. Modifications or Termination

Geistlich may modify or terminate this Geistlich Guarantee at any time in whole or in part given for Geistlich biomaterials utilized in a procedure prior to the date of the change or termination. Changes to or the termination of the Geistlich Guarantee will not affect the guarantee given for Geistlich Products installed prior to the date of the change or termination.

## Submission and Contact Information

To submit your Geistlich Guarantee, please **SAVE** this document once all fields have been populated and submit it to: [Guarantee@geistlich-na.com](mailto:Guarantee@geistlich-na.com).

**NOTE:** All inquiries, questions and requests for status of submissions should also be emailed to [Guarantee@geistlich-na.com](mailto:Guarantee@geistlich-na.com) to ensure a prompt reply.

## Retain for your Records

Tracking Number:	Patient ID:	SKU Number:	Lot Number:	Procedure Date: