

PROCEDURE FOR GUARANTEE CLAIMS

In order to benefit from our Guarantee program, you must submit the DENTAL RATIO® products, together with all the conditions listed below, as soon as possible.

All components must be send to us sterile in a closed sterilization pouch.

REQUIRED INFORMATION

The following points must be fulfilled with every complaint request, if these are not observed, the request will be rejected and sent back.

1. Patient ID must be encrypted
 - If unencrypted patient ID is given, a declaration of consent with date and signature of the patient must be enclosed.
2. Sterilized product in undamaged sterilization pouch
 - Please observe that the pouch is undamaged and must not be stapled or cut.
3. Fully completed Guarantee form
 - Our most recent form must be used
 - Only forms filled out in German or English are accepted
 - Removal date of the complained article must be indicated
 - The form must not be soiled (bloodstains, etc.)
 - The handwriting must be in BLOCK LETTERS
 - The date and signature of doctor
4. Submission of delivery note or comparable for our further processing that includes:
 - Detailed information for the assignment of the delivery and the individual complaint cases (e.g. numbering, article number, treating physician)

Submission of additional information, such as X-ray images or comments from the treating physician, is recommended to simplify the processing of your complaints.

Alisan Kirazli

Customer Service & Sales

Phone: +49 2173 39800-13

Fax: +49 2173 39800-20

Email: alisan.kirazli@dental-ratio.com

Web: <https://www.dental-ratio.com>



Consent form:

By completing this form, I give permission for my personal information and data to be passed to DENTAL RATIO® and Hager & Meisinger GmbH for processing claims.

I give my permission willingly and I am aware that the permission can be retracted.

(Name of patient) _____

(Place) _____, (Date) _____ (Signature of patient) _____