



Control No. _____

Section 1: Customer Information

Dental Practice Name: _____ Phone: _____ Email: _____

Address: _____

Section 2: Product Incident Information

Date of Incident: _____

Product Type Involved: _____

Catalog No.: _____

Lot No.: _____

In your opinion, what was the reason for the incident?
(Please attach clinical photographs if applicable)

Section 3: Patient Information (if applicable)

Did incident involve a specific patient? __ Yes* __ No

*Please explain:

Signature: _____

Date: _____

Important Note:

Product must be sterilized prior to returning to OCO Biomedical, Inc.

Product must be returned to the OCO Biomedical, Inc. Regulatory Department