

Complaint Form

BEGO Medical GmbH

<input type="text"/>	<input type="text"/>
Laboratory	Date
<input type="text"/>	<input type="text"/>
BEGO customer no.	Contact person
<input type="text"/>	<input type="text"/>
Telephone number	E-mail
<input type="text"/>	<input type="text"/>
Job number and patient ID	Invoice number

Complaint

Description of the problem

Detailed information about the complaint

Nature

<input type="radio"/> Fit	<input type="radio"/> Pores/shrinkage cavities	<input type="radio"/> Breakage	<input type="radio"/> Cracks/bubbles in the veneering ceramic
<input type="radio"/> Friction	<input type="radio"/> Design	<input type="radio"/> Preparation margin	<input type="radio"/> Color

Type

<input type="radio"/> Crowns and bridges	<input type="radio"/> Double crowns	<input type="radio"/> Partial denture bases	<input type="radio"/> Fabrication of model
<input type="radio"/> Customised abutment	<input type="radio"/> Bar/bridge (Implant)	<input type="radio"/> CADPositioner	<input type="radio"/> Screw

Material

<input type="radio"/> BeCe® CAD Zirkon+	<input type="radio"/> BEGO PMMA Multicolor	<input type="radio"/> BEGO Zirkon LT	<input type="radio"/> Resin CAD partial denture bases
<input type="radio"/> BeCe® CAD Zirkon HT+	<input type="radio"/> BEGO PMMA Splint	<input type="radio"/> BEGO Zirkon ST	<input type="radio"/> Wirobond® C+
<input type="radio"/> BeCe® CAD Zirkon XH	<input type="radio"/> BEGO PMMA Splint E	<input type="radio"/> CAD/Cast® alloy	<input type="radio"/> Wirobond® M+
<input type="radio"/> BeCe® Cast	<input type="radio"/> BEGO Titan Grade 4	<input type="radio"/> IPS e.max® CAD*	<input type="radio"/> Wirobond® MI+
<input type="radio"/> BeCe® Wax-Up	<input type="radio"/> BEGO Titan Grade 5	<input type="radio"/> KATANA* Zirconia STML	
<input type="radio"/> BeCe® Temp	<input type="radio"/> BEGO Zirkon HT	<input type="radio"/> KATANA Zirconia UTML	

Delivery

<input type="radio"/> Delay: _____ days	<input type="radio"/> Delivery date: _____	<input type="radio"/> Wrong delivery	<input type="radio"/> Delivery incomplete
---	--	--------------------------------------	---

* This symbol is a commercial designation/registered trademark of a company which is not part of the BEGO company group.

Complaint

Scanner-Software

Scanner model and serial no.:	Dongle no.:
_____	_____
File Generator; which design software?:	<input type="radio"/> Order portal

Please send the completed complaint form to BEGO Medical GmbH, including photographs to support your complaint. BEGO Medical GmbH reserves the right to request the subject of the complaint. Directly sending in the restoration allows your complaint to be processed faster.

To be completed by BEGO

Processing/handling of the complaint			
Immediate measure			
<input type="radio"/> Redelivery	<input type="radio"/> Cancellation	<input type="radio"/> Other: _____	<input type="radio"/> Initiated by: _____
Notes:			
Complaint received by:	Date:	Complaint number:	
_____	_____	_____	