



Client Claim Form

Date:		Number:	
TYPE	Part to be completed by the Client	Client:	Address:
		Country and Department N°:	Reference:
DESCRIPTION	Part reserved for BIOTECH DENTAL	Series:	Distribution product concerned:
		Batch Number:	Quantity:
INVESTIGATION	Part reserved for BIOTECH DENTAL	Client Claim Description	
		Investigation description:	
MEDICAL DEVICE VIGILANCE REPORT	Part reserved for BIOTECH DENTAL	CC type:	CC occurrence:
		Identified risk code :	
CURATIVE ACTION	Part reserved for BIOTECH DENTAL	Serious or not serious :	Materiovigilance Classification:
		Medical device vigilance report (yes/no) :	
CAPA	Part reserved for BIOTECH DENTAL	Person responsible for the statement:	Date of the statement:
		Product quantity (if medical device vigilance report) :	
CLOSING DATE	Part reserved for BIOTECH DENTAL	Reasons for the decision :	
		Person responsible for medical device vigilance :	Authorisation :
		Description of the CURATIVE ACTION	
		Client Information fulfilled:	Exchange : DS number:
		Sales Manager:	Date of discussion:
		Opening of a corrective/preventive action yes/no :	
		Justification:	
		Person responsible for CAPA:	
		Closing date of customer complaint :	
		Name of person in charge of managing the complaint :	Authorisation :