



# Courtesy Implant Replacement Request

RMA # \_\_\_\_\_  
(provided by Zimmer Biomet Customer Service)

Please print or type

**ACCOUNT INFORMATION**  
(To be completed by Zimmer Biomet Customer Service)

Zimmer Biomet Account No: \_\_\_\_\_

Date: \_\_\_\_\_

Account Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Fax: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Lot #: \_\_\_\_\_

Implant Information: Catalog # \_\_\_\_\_

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

**To be completed by customer**

Patient Name or ID # \_\_\_\_\_

Desired Replacement Catalog # \_\_\_\_\_  
(if different from above):


Reason for Replacement (please check all that apply)

- Dropped during surgery
- Loss of sterility  
(Opened but not used)
- Placed and removed immediately during surgery
- Other

Please provide an explanation if you checked "Other" or if the implant was removed from the surgical site for any reason other than above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zimmer Biomet must receive product return within 30 days of receiving RMA number. It is recommended that you return the product and this form with a traceable shipping method (UPS, FedEx, Registered Mail, etc.) to the address below. Please visit [www.zimmerbiometdental.com](http://www.zimmerbiometdental.com) to view our Product Return Policy and for additional terms, restrictions and guidelines that apply.

 ZIMMER BIOMET  
 4555 Riverside Drive  
 ATTN: Quality Assurance  
 Palm Beach Gardens, FL 33410