



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: _____

Account Name: _____

Address: _____

City: _____

State: _____ Zip _____

Implant Information: Catalog # _____

Consignment Implant (Check if yes)

Date: _____

Contact: _____

Phone: _____

Email: _____

Fax: _____

Lot #: _____

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 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