

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 Placed and removed immediately during surgery
(Opened but not used)
- 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.

