

Archwire Discrepancy Report

Directions: Please complete this form when there is a discrepancy with an archwire. Email or fax the completed form to SureSmile Customer Care. Email: customercare@suresmile.com. Fax: 1.972.728.5601. To register your complaint by phone, please call your local Customer Care number.

Section 1: Practice/Patient Information

Date:	Practice Name:
Doctor:	City, State:
Contact Person:	Phone Number:
Patient ID:	

Section 2: Records

Date of most recent photos:	Date of most recent scan:
-----------------------------	---------------------------

Section 3: Wire Details

<input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> .016" Round <input type="checkbox"/> .017" x .025" <input type="checkbox"/> .016" x .016" <input type="checkbox"/> .018" x .018" <input type="checkbox"/> .016" x .022" <input type="checkbox"/> .019" x .025"	<input type="checkbox"/> Elgiloy <input type="checkbox"/> NiTi <input type="checkbox"/> Beta Titanium
Wire Name (upper):	Manufacturing Date (upper):	Lot # (internal use only):
Wire Name (lower):	Manufacturing Date (lower):	Lot # (internal use only):
1.	Was the wire marked correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Was the wire inserted correctly (upper vs. lower, right vs. left)? <input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)	
3.	Was the wire inserted into the buccal tubes first? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Does the wire match the corresponding model in SureSmile? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Which tooth was tied first?	
6.	At which bracket did the problem arise?	
7.	Which wire was inserted before attempting to insert the archwire discrepancy wire?	
8.	Which wire is currently inserted?	
9.	What steps were taken after the wire was unable to be inserted?	
10.	Please add additional information to describe the problem:	

Section 4: Breakage?

Save The Wire! Place the broken wire in a container. Depending on the nature of the breakage, SureSmile may request that you return the wire.

1.	In which location on the wire did the break occur (e.g. between LL4 and LL5)?
2.	Which tools were used for insertion? <input type="checkbox"/> Ligature Cutter <input type="checkbox"/> Distal-End Cutter <input type="checkbox"/> Weingart Utility Plier <input type="checkbox"/> Others (please list)
3.	Did you sterilize the wire prior to insertion? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Did you use cold spray or ice water? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Did you adjust a wire bend? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	When did the wire break? <input type="checkbox"/> During insertion <input type="checkbox"/> After insertion

Section 5: Rejected Wire?

1.	When was the wire rejected? <input type="checkbox"/> Prior to insertion <input type="checkbox"/> During treatment
2.	If the wire was rejected prior to insertion, please explain why: