Warranty conditions.
Cendres+Métaux guarantees perfect product and material quality in delivered condition. This is the result of extensive research and development work, high-precision micro-mechanical manufacturing and process control as well as stringent quality inspection. Our dental products meet the requirements of the Medical Devices Directive 93/42/EEC and the standard EN ISO 13485:2016 Medical Devices - Quality management systems - Requirements for regulatory purposes. This enables us to provide our products with the CE label.

1. Entity eligible for warranty and scope of warranty
The warranty (hereinafter «CM Warranty») of Cendres+Métaux SA, Biel/Bienne, Switzerland (hereinafter «Cendres+Métaux») applies exclusively to the products or product lines of Cendres+Métaux listed below and only to the benefit of the dental technician/dentist (hereinafter «User») who uses the Cendres+Métaux products and is named on the invoice. Third parties, in particular patients or intermediate suppliers, cannot derive or assert any rights or claims from this. The CM Warranty covers the equivalent replacement of all defective products in connection with the implant-supported restoration according to the overview table in Section 2. In addition, Cendres+Métaux grants a limited warranty on implants and implant components that have been restored with a Cendres+Métaux product in the event that the manufacturer has limited his warranty for the use of third-party prosthetic products.

2. Scope of the CM Warranty and included products/product lines*

<table>
<thead>
<tr>
<th>Warranty period</th>
<th>Product/product lines</th>
<th>Scope of warranty</th>
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<tbody>
<tr>
<td>15 years</td>
<td>prosthetic.line&lt;br&gt;Implant-supported restorative and hybrid prosthetics&lt;br&gt;digital.line&lt;br&gt;Work made of metallic materials</td>
<td>Free of charge product replacement**</td>
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<td>Implants from other manufacturers in connection with the warranty claim, insofar as the manufacturer himself rejects a warranty on the grounds that they have been combined with components from Cendres+Métaux.</td>
<td>Reimbursement of implants and treatment costs up to max. CHF 1500,00</td>
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<td>Implant components from other manufacturers in connection with the warranty claim, insofar as the manufacturer himself rejects a warranty on the grounds that they have been combined with components from Cendres+Métaux.</td>
<td>Reimbursement implant components**</td>
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</table>

* The warranty periods referred to in Section 2 shall commence at the time of delivery of the Cendres+Métaux product.
** Consumables and retentive products are excluded from the CM Warranty. Further rights or claims cannot be asserted.
3. Warranty conditions
Cendres+Métaux hereby warrants that a Cendres+Métaux product deemed defective due to faulty material strength and stability will be replaced within the warranty periods referred to in Section 2 with a product which is the same or substantially the same as that described in Section 2. In addition, Cendres+Métaux grants a limited warranty as defined in Section 2 on implants and implant components of other manufacturers in the event that the manufacturer limits or rejects his own warranty performance due to the combination with Cendres+Métaux products.

Performance of warranty is excluded in the following cases:
− contraindications and immediate restorations with Cendres+Métaux components.
− damage to Cendres+Métaux components used or to the third-party components due to external influences such as force, accident or improper handling in accordance with our IFU.
− material and/or manufacturing defects of third-party components.
− failure of Cendres+Métaux components or third-party components attributable to contraindications in the patient (including but not limited to diseases such as alcoholism, uncontrolled diabetes and drug dependence).
− damage caused by normal wear and tear or after modifications to the product which go beyond the intended use.

Warranty claims must be reported to Cendres+Métaux or the official Cendres+Métaux distributor within thirty (30) days from the date on which the defect was discovered, using the warranty form which is to be filled in completely and truthfully and signed.

The following warranty conditions must be met cumulatively and documented:
− return of the defective Cendres-Métaux product incl. warranty form.
− observance and application of the Cendres+Métaux Instructions for Use at the time of treatment as well as the recognised dental and technical procedures before, during and after treatment of the patient.
− good oral hygiene of the patient checked and confirmed by the user.
− documentation (e.g. x-ray) confirming that no contraindication existed (including but not limited to diseases such as alcoholism, uncontrolled diabetes and drug addiction).
− in the case of warranty claims regarding components of third party manufacturers the following are required: original invoice for the reimbursement of costs and a confirmation by the manufacturer that he does not assume any warranty due to the use of Cendres+Métaux products (e.g. warranty conditions).

4. Deferrals and limitations
This CM Warranty is the sole warranty of Cendres+Métaux and is in addition to the statutory or contractual warranty rights.
Cendres+Métaux excludes all warranties, express or implied, including, but not limited to, all liability to any user for loss of profits, direct or indirect damage, as well as incidental or consequential damages related directly or indirectly to Cendres+Métaux products, services or information.

5. Scope of application
The CM Warranty (see overview table under Section 2) is valid worldwide for companies affiliated with Cendres+Métaux and for official Cendres+Métaux distributors.

6. Modification or termination of warranty performance
If required, Cendres+Métaux may modify or terminate the CM Warranty at any time.
The version of the CM Warranty valid at the time of product purchase shall apply.

Biel/Bienne, 1st September 2019

Ronald J. Lenzeder
CEO Cendres+Métaux SA Medtech
Member of the Executive Board
Warranty questionnaire.

**Customer information**

Name: ___________________________  Customer number: ___________________________
Address: ___________________________
Documented by: ___________________________

**Information on the incident (please only fill in when sending implants)**

Hygiene relating to the implant: 
- [ ] very good
- [ ] good
- [ ] average
- [ ] poor

Please describe why the implant was lost or had to be removed in your opinion:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The manufacturer rejects his warranty due to the combination with Cendres+Métaux products. 
- [ ] yes  
- [ ] no

If yes, please send all parts to Cendres+Métaux, including the original invoices.

**Information on the prosthesis**

Type of restoration:
- [ ] Crown
- [ ] Bridge
- [ ] Partial denture (MX)
- [ ] Partial denture (MD)
- [ ] Full denture (MX)
- [ ] Full denture (MD)
- [ ] Other: ___________________________

When was the abutment inserted (D/M/Y) [______]  
Date of abutment removal (D/M/Y) [______]

Was a torque attachment used?  
- [ ] Yes  
- [ ] No  
- [ ] Not known  

Torque: ______ Ncm

Date of temporary restoration [______]  
Date of final restoration [______]

Were follow-up examinations conducted?  
- [ ] Yes  
- [ ] No

Case description:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Please replace the products listed above in accordance with the warranty conditions.

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Art. No.</th>
<th>Lot No.</th>
<th>Inserted on (D/M/Y)</th>
<th>Removed on (D/M/Y)</th>
<th>Region</th>
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</table>

General information about the patient

Patienten ID-Nr.  ________________  Alter  ________________

«Please replace the products listed above in accordance with the warranty conditions.»

Signature:  __________________________________________  Date:  __________________________________________

Note for customers
We kindly ask you to return the questionnaire, the autoclaved product and x-rays (as applicable).
Use a padded pouch for the return shipment - otherwise individual items may be lost during shipment and the warranty may expire.
Autoclave all products and label them as «sterile».

Only for internal use

Complaint No.  ________________