



## **Straumann AID for ectodermal dysplasia**

### **Documents for dentists and patients**



## **Straumann Access to Implant Dentistry (AID) program for ectodermal dysplasia patients**

### **Introduction**

Straumann AID for ectodermal dysplasia is a relief initiative that complements our other global programs to help disadvantaged patients and to provide basic dental treatment and oral hygiene in developing countries and regions where access to treatment is limited.

Many patients around the world suffer severely from the loss of dental function and are unable to afford dental implant treatment. As a leader in our industry and as responsible corporate citizen, Straumann believes that it has a duty to help in a practical and meaningful way.

In conjunction with our support for the National Foundation for Ectodermal Dysplasia (NFED) we offer our products free of charge to ectodermal dysplasia patients

### **Conditions and terms**

- Straumann AID for ectodermal dysplasia (ED) is available only to genuine ED patients.
- Straumann will donate the implants, abutments and related items such as healing caps, as well as CAD/CAM prosthetics (Straumann products only).
- The treating dentist applies for Straumann AID using the application form below) The application must include a short treatment plan.
- The application must be made by the dentist and the patient, who has to sign the application as 'an applicant' (this enables Straumann to contact the patient if necessary). The application is sent to the local Straumann subsidiary.
- Once approved, the application is given a reference number, which the treating dentist must quote in all subsequent correspondence and orders related to this specific treatment case. Items for AID treatment should be ordered separately from other items.
- When the treatment is completed the patient must sign a declaration (see form below) that he/she has received the Straumann materials free of charge. If this is not the case, the treating dentist will be invoiced for the materials supplied.



- Any unused materials must be returned together with their packaging to Straumann – without exception. Under no circumstances may they be kept by the dental professional or Straumann sales staff.

Straumann AID is an example of our commitment to 'simply doing more' as an innovative, caring corporate partner. Most importantly, Straumann AID is one of the most meaningful things that we as an organisation can do to significantly improve the lives of underprivileged or disadvantaged people. As an organisation we would like to thank and give full recognition to our partnering dental professionals, whose support is essential to this program.

If you have questions about Straumann AID or our other charitable programs to help those whose financial or geographical status deny them access to dental treatment please see the Communities chapter of our Annual Report or contact Corporate Communication.



## **STRAUMANN AID FOR ECTODERMAL DYSPLASIA**

### Application form

**To be completed by the dental professional(s) providing treatment**

Full name and title:.....

Address:.....

Short outline of proposed treatment

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Materials required from Straumann

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I have read and agree with the conditions and terms of the Straumann AID for ectodermal dysplasia program. I declare that the patient is an ectodermal dysplasia case and that I am not related to the patient.

Place .....

Date .....

Signed .....

Please send the completed application to your local Straumann country organization. Please keep a copy. Thank you for your help and support.



## **STRAUMANN AID FOR ECTODERMAL DYSPLASIA**

### Application form

**To be completed by the patient before treatment**

Full name and title (Mr/Mrs/Ms):.....

Address:.....

Date of birth:.....

I the undersigned hereby apply for Straumann AID as an ectodermal dysplasia (ED) patient. I have read and agree with the conditions and terms of the Straumann AID for ED program. I understand that the Straumann products for the treatment described above will be provided free of charge. I understand that Straumann is providing the materials only and that the treatment I am receiving is not being provided by Straumann. I understand therefore that I have no legal right of recourse and that Straumann offers only to cover materials within the standard product guarantee. Straumann is not liable for the outcome or future implications of the treatment.

I agree to Straumann's contacting me personally in regard to this application and treatment.

Place .....

Date .....

Signed .....