

Application for Straumann Access to Implant Dentistry (AID) program

Conditions and terms

- The Straumann AID program ("Straumann AID") is usually provided only through dental professionals who are Fellows or Members of the ITI. It is offered by the Straumann Group, through its relevant local subsidiary ("Straumann").
- Straumann AID is available only to people who are genuinely in need and genuinely unable to afford implant treatment.
- If the treating dentist assesses a patient to be a hardship case and performs the dental treatment free of charge, Straumann will donate the implants, abutments and related items such as healing caps (Straumann products only).
- The treating dentist applies for Straumann AID. The application must include a short treatment plan.
- The StraumannGroup Privacy Notice is deemed as being part of these terms and conditions (<https://www.straumann.com/en/dental-professionals/privacy-notice.html>)
- Straumann reserves the right to accept, process and reject the application for the AID Program at any time and at its exclusive discretion. Straumann reserves the right to withdraw the offer of donating products or services at any time.
- The application must be made by the patient and the dentist. The patient is required to sign the application as 'an applicant' (allowing Straumann to contact the patient if necessary). If appropriate the applicant may also submit additional certification. The application is sent via regular post to the local Straumann subsidiary or to Corporate Communication at the Straumann Group's global headquarters.
- Once approved application may be 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 that he/she has received the treatment and Straumann Group materials free of charge. Exceptions may be made e.g. for lab costs. If the treating dentist has charged the patient, the dentist will be invoiced for the materials supplied.
- Any unused materials and the packaging must be returned to Straumann – without exception. Under no circumstances may they be kept by the dental professional.

**STRAUMANN AID
Application
Part 1 Doctor Form**

To be completed by the dental professional(s) providing treatment and submitted with patient application via regular post.

Name: _____

Address: _____

Email: _____ Tel: _____

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 program. I declare that to the best of my knowledge the patient is unable to afford the treatment outlined above and that I am not related to the patient.

Place

Date

Signed

STRAUMANN AID
Application
Part 2 Patient Consent and Information Notice

To be completed by the patient before treatment and submitted with dentist's request via regular post.

Name: _____

Address: _____

Email: _____ Tel: _____

Treating dentist: _____ City: _____

I, the undersigned hereby apply for Straumann AID as a patient. I have read and agree with the conditions and terms of the Straumann AID program, as well as the terms herein. I understand that the Straumann products for the treatment described above will be provided completely free of charge and 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.

Privacy:

The elements summarized below will apply if you fall under the scope of the European General Data Protection Regulation, e.g. if you are a European resident. In all cases, please refer to the Privacy notice of the Straumann Group here: <https://www.straumann.com/en/dental-professionals/privacy-notice.html>.

Straumann Institute AG and your relevant local Straumann subsidiary ("Straumann") will be the data controller, responsible for collecting and processing the personal data for the purpose of managing the Straumann AID application and the related process (the "Services"). This processing of your personal data will be based on your consent. You have the right to withdraw your consent at any time, however in such case the Straumann AID application process may be stopped. Your data will not be collected for automated individual decision-making which produces legal effects concerning you or similar effects. Your data will not be shared with third parties for commercial reasons, but may be shared within the Straumann Group to dedicated persons for the purpose of helping providing the Services, but only as far as is reasonably necessary. Your data will not be transferred to countries outside of the EEA or countries not benefiting from an adequacy decision by the European Commission.

Your data will not be retained by Straumann for longer than required to provide the Services, unless Straumann is legally obliged to do so or for the defense of legal claims.

You have the right to ask for access or rectification of your personal data at any time. You also have the right to request deletion of, portability and object to the use of your personal data in accordance with the General Data Protection Regulation. You have the right to complain to a supervisory authority or to seek judicial remedies. For any questions related to your rights under the General Data Protection Regulation, please contact the Data Protection Officer for Europe at privacy.group@straumann.com.

I understand that these terms and conditions also apply to the Declaration of Treatment Part 3 that I should submit to Straumann after treatment.

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

I declare that I am financially unable to afford the treatment described above and that I am receiving this treatment from Dr(s)..... (dentist) completely free of charge.

Place

Date

Signed

STRAUMANN AID
Application Part 3: Patient
Declaration of Treatment

To be completed by the patient AFTER TREATMENT COMPLETION and submitted to Straumann via regular post

Please specify Straumann AID case number

Treating Dentist: _____

Name: _____

Address: _____

Email: _____

Tel: _____

I the undersigned applied for dental implant treatment under the Straumann AID on (date of application)

I declare that I have now received this treatment and the Straumann products for it completely free of charge. (If this is not the case, please state what you had to pay for).

Place

Date

Signed

DISCLAIMER:

This Application Part 3 "Patient Declaration of treatment" is subject to the terms and conditions accepted by the Patient in the Application Part 2.