

The Dental Implant ID card is used to keep important information of your dental implant treatment.

Patient details

Name: _____

Patient #: _____

Surgical treatment details

Date of first surgical procedure: _____

Surgeon: _____

City/state: _____ Postal code: _____

Country: _____ Phone: _____

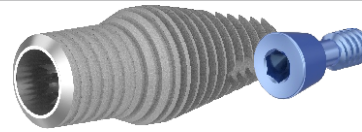
e-mail: _____

Instruction for use:

After providing dental implant treatment to your patient, send them home with this personal record of the implants and components placed during the procedures.

This easy to use document has spacing to place implant label stickers and write down information accompanying each Southern Implant component. This information is very helpful to the dental team treating the patient, facilitating the ordering of the correct components, and for future reference/record purposes.

Printed and electronic versions are available in English, Spanish, French, Italian, Portuguese and German.



DENTAL IMPLANT ID CARD

Temporary Abutments

UDI	_____
REF	_____ Tooth # _____
LOT no:	_____ Date: _____
UDI	_____
REF	_____ Tooth # _____
LOT no:	_____ Date: _____
UDI	_____
REF	_____ Tooth # _____
LOT no:	_____ Date: _____
UDI	_____
REF	_____ Tooth # _____
LOT no:	_____ Date: _____
UDI	_____
REF	_____ Tooth # _____
LOT no:	_____ Date: _____
UDI	_____
REF	_____ Tooth # _____
LOT no:	_____ Date: _____
UDI	_____
REF	_____ Tooth # _____
LOT no:	_____ Date: _____
UDI	_____
REF	_____ Tooth # _____
LOT no:	_____ Date: _____
UDI	_____
REF	_____ Tooth # _____
LOT no:	_____ Date: _____

place implant sticker here	place implant sticker here
UDI	UDI
tooth # _____ date _____	tooth # _____ date _____
place implant sticker here	place implant sticker here
UDI	UDI
tooth # _____ date _____	tooth # _____ date _____
place implant sticker here	place implant sticker here
UDI	UDI
tooth # _____ date _____	tooth # _____ date _____
place implant sticker here	place implant sticker here
UDI	UDI
tooth # _____ date _____	tooth # _____ date _____
place implant sticker here	place implant sticker here
UDI	UDI
tooth # _____ date _____	tooth # _____ date _____
place implant sticker here	place implant sticker here
UDI	UDI
tooth # _____ date _____	tooth # _____ date _____

Notes: _____

Notes: _____

Prosthetic treatment details

Please complete information from the label included with abutment packaging.

Restorative doctor _____

City/state: _____ Postal code: _____

Country: _____ Phone: _____

e-mail: _____

Restorative Components	
UDI	
REF	Tooth # _____
LOT no:	Date: _____
UDI	
REF	Tooth # _____
LOT no:	Date: _____
UDI	
REF	Tooth # _____
LOT no:	Date: _____
UDI	
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REF	Tooth # _____
LOT no:	Date: _____
UDI	
REF	Tooth # _____
LOT no:	Date: _____

Notes: _____

Changes in performance

It is the responsibility of the clinician to instruct the patient on all appropriate contraindications, side effects, and precautions as well as the need to seek the services of a trained dental professional if there are any changes in the performance of the implant (e.g., looseness of the prosthesis, infection or exudate around the implant, pain, or any other unusual symptoms that the patient has not been told to expect).

Pain Management & looking after your Implants Medication

Your surgeon will prescribe or recommend medication to assist in your pain management.

Diet

Following surgery, protect the implants by not disturbing the wound. Your surgeon will recommend a suitable diet, for example a soft diet for a few weeks. Good oral hygiene is essential to healing

Oral Hygiene

Patients who have implants must commit themselves to a lifetime of stringent oral hygiene. This is to ensure that the gingival tissues surrounding the implant remain healthy, with no plaque accumulating around the implants, the prosthetic parts attached to them and around the teeth.

Follow the advice of your dental professional when it comes to regular checkups and professional teeth cleaning after your implant treatment. Ask your dental professional for personalized and detailed care instructions.

Label Information

Label information required to complete the Dental Implant ID Card can be found as set out below.

Implant Label

Component Label

Legend:

- 1 UDI number
- 2 Item Code REF
- 3 LOT Number