

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: _____

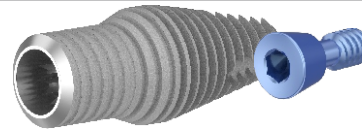
e-mail: _____

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: _____

