



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:

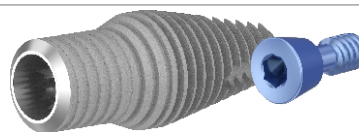
After providing dental implant treatment to your patient, send them home with this personal record of the implants and components placed during the procedures.

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.

<p>place implant sticker here</p> <p>UDI</p> <p>tooth # _____ date _____</p>	<p>place implant sticker here</p> <p>UDI</p> <p>tooth # _____ date _____</p>
<p>place implant sticker here</p> <p>UDI</p> <p>tooth # _____ date _____</p>	<p>place implant sticker here</p> <p>UDI</p> <p>tooth # _____ date _____</p>
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<p>place implant sticker here</p> <p>UDI</p> <p>tooth # _____ date _____</p>	<p>place implant sticker here</p> <p>UDI</p> <p>tooth # _____ date _____</p>
<p>place implant sticker here</p> <p>UDI</p> <p>tooth # _____ date _____</p>	<p>place implant sticker here</p> <p>UDI</p> <p>tooth # _____ date _____</p>

Notes: _____



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

Notes: _____

Please complete information from the label included with abutment packaging.

e-mail: _____

[illegible]

Notes:

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).

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

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.

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

