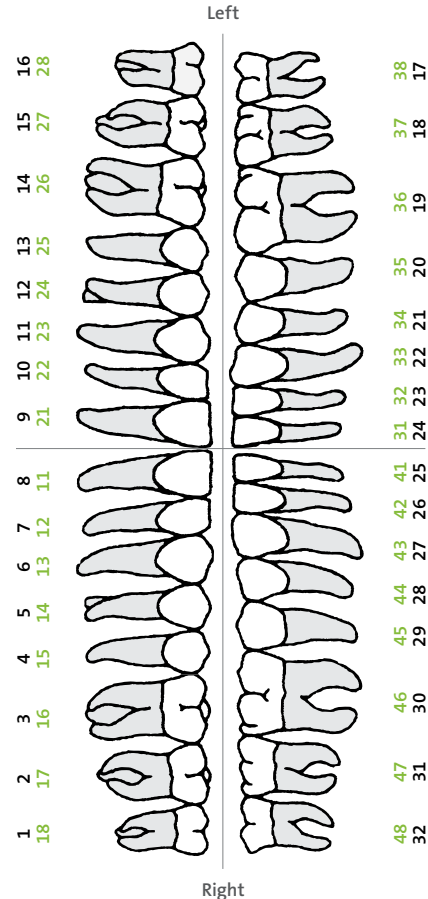


Congratulations on your new smile! This “passport” will help you record important information about your prosthesis, and is your assurance from your implant team about the nature and quality of the components used. Please fill in your personal information below and bring this to any follow-up visits.

ADA System
FDI System



PATIENT

Name: _____

Address: _____

City, state, zip code: _____

Country: _____

Phone number: _____

E-Mail: _____

Date of birth: _____

Insurance company: _____

Policy number: _____

Original components of the Straumann® Dental Implant System are machined with exacting precision and fulfill the highest quality standards. Their combination with products made by third parties can compromise the quality and longevity of your implant treatment, and is not recommended or endorsed by Straumann.

IMPLANT

Ref no: _____ Lot no: _____

Type of implant: Tissue Level: NNC RN WN TE
 Bone Level: NC RC Tapered
 Diameter: Ø 3.3 Ø 4.1 Ø 4.8

Surface: SLActive® SLA®

Material: Roxolid® (TiZr) Titanium

Date of placement: _____ Tooth pos.: ADA FDI

Surgical doctor (stamp) _____

RESTORATION Abutment

Ref no: _____ Lot no: _____

Type of abutment: _____

Date of placement: _____

RESTORATION Coping

Ref no: _____ Lot no: _____

Type of coping: _____

Date of placement: _____

Restorative doctor (stamp) _____

LABORATORY

Material used: _____

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 Bone Level: NC RC Tapered
 Diameter: Ø 3.3 Ø 4.1 Ø 4.8

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Type of coping: _____

Date of placement: _____

Restorative doctor (stamp) _____

LABORATORY

Material used: _____

COMMENTS

FOLLOW-UP APPOINTMENTSDate:

Date:

Date:

Date:

Date:

Date:

To ensure the continued health of your smile, please comply with your doctor's follow-up schedule.

IMPLANT

Ref no:	Lot no:
Type of implant:	Tissue Level: <input type="checkbox"/> NNC <input type="checkbox"/> RN <input type="checkbox"/> WN <input type="checkbox"/> TE Bone Level: <input type="checkbox"/> NC <input type="checkbox"/> RC <input type="checkbox"/> Tapered Diameter: <input type="checkbox"/> Ø 3.3 <input type="checkbox"/> Ø 4.1 <input type="checkbox"/> Ø 4.8
Surface:	<input type="checkbox"/> SLActive® <input type="checkbox"/> SLA®
Material:	<input type="checkbox"/> Roxolid® (TiZr) <input type="checkbox"/> Titanium
Date of placement:	Tooth pos.: <input type="checkbox"/> ADA <input type="checkbox"/> FDI
Surgical doctor (stamp)	

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Type of abutment:	
Date of placement:	

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Type of coping:	
Date of placement:	
Restorative doctor (stamp)	

LABORATORYMaterial used:

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Restorative doctor (stamp)	

LABORATORYMaterial used:

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Ref no:	Lot no:
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Restorative doctor (stamp)	

LABORATORYMaterial used:



Implant
Passport