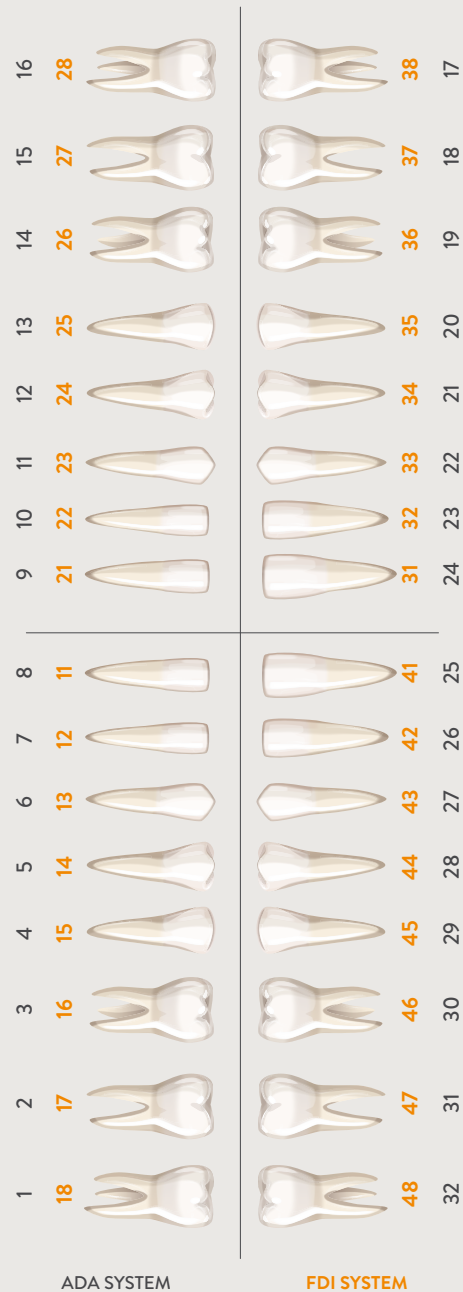




To receive further information and guidance on the most suitable treatment, consult your specialist

The completion of this Patient Passport is the sole responsibility of the dental professional.

Patient Details

Full Name:

Date of Birth:

Address details

Address:

Postal Code:

City:

State:

Country:

Contact details

E-mail:

Telephone number:

Mobile Phone number:

Surgery Details

Date of Surgery:



Patient passport



Find out more about S.I.N. and how to take care of your dental health by accessing the QR-Code on the side.

Dental Surgeon Details

Surgeon's Name:

E-mail:

Stamp and Signature:

Clinic Details:

Clinic's Name:

Address:

Postal Code:

City:

State:

Country:

E-mail:

Telephone 1:

Telephone 2:

Stamp and Signature:

Implant Details

Surface: ☐ PLUS ☐ DAA

Implant Line:

☐ Epikut

☐ Tryon

☐ Epikut S PTG Plus

☐ Unitite

☐ Zygomatic

☐ Versalis

☐ Strong SW

☐ OTHER

Connection:

☐ 11.5° Morse Taper

☐ 3° Morse Taper

☐ HE

☐ HI

☐ 16° Morse Taper

☐ 4° Morse Taper

☐ OTHER

Implant placement:

Position No.:

☐ ADA

☐ FDI

Traceability label:

Prothesis

PROSTHETIC COMPONENT

Prothesis

CYLINDER

Item description:

Date:

Traceability label:

Item description:

Date:

Traceability label:

Signature:

Notes

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