

Implant Data

Type of implant:

☐ DRIVE

☐ ALVIM

☐ FACILITY

☐ TITAMAX

☐ HELIX

☐ ZIGOMA

☐ WS

☐ TITAMAX EX

☐ ZI

☐ SHORT

☐ NARROW GM

☐ OTHER: _____

Connection:

☐ GM

☐ NGM

☐ WS

Surface:

☐ CM

☐ HE

☐ HS

☐ NEOPOROS

☐ ACQUA

☐ ZI LOCK

☐ FACILITY

☐ OTHER: _____

Date of placement:

Tooth pos:

☐ ADA

☐ FDI

Traceability stamp:

Restoration Abutment

Article description: _____

Date: _____

Traceability stamp: _____

Restoration Coping

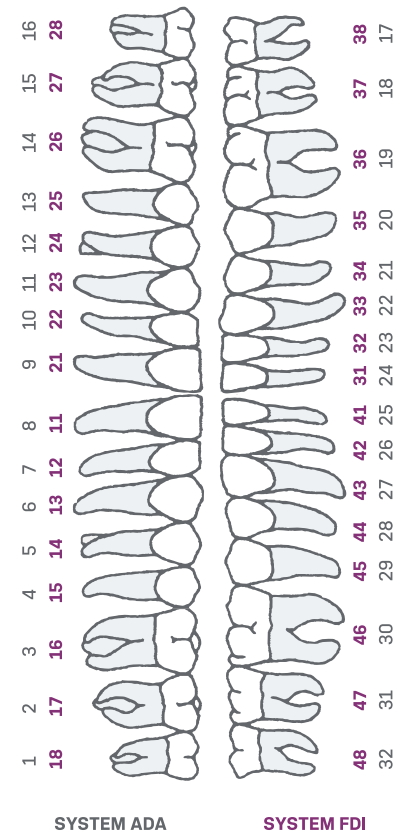
Article description: _____

Date: _____

Traceability stamp: _____

Signature: _____

Note: _____



Neodent Original components are machined with exacting precision and fulfill the highest quality standards.
Neodent does not recommend combining original components with third party components as this can
compromise performance and is not endorsed by Neodent.

For more information and the best treatment indication contact your specialist. The professional dentist is
responsible for supplying all the necessary data required in this Implant Passport.

Implant Passport



Name: _____

Adress: _____

Zip Code: _____

Phone number: _____

E-mail: _____

City/ State: _____

Country: _____

Date of Birth: _____

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