

IMPLANT

Ref no: Lot no:

All units are in mm.

Type of implant: **BONE LEVEL**
☐ BLX – Fully tapered
Diameter: ☐ 3.5 – RB/WB ☐ 3.75 – RB/WB ☐ 4.0 – RB/WB ☐ 4.5 – RB/WB
☐ 5.0 – RB/WB or WB ☐ 5.5 – RB/WB or WB ☐ 6.5 – RB/WB or WB
Length: (4-18) _____
☐ BLT – Apically tapered
Diameter: ☐ 2.9 – SC ☐ 3.3 – NC ☐ 4.1 – RC ☐ 4.8 – RC
☐ BL – Parallel Wall
Diameter: ☐ 3.3 – NC ☐ 4.1 – RC ☐ 4.8 – RC

Type of implant: **TISSUE LEVEL**
☐ TLX – Fully tapered
Diameter: ☐ 3.75 – NT or RT ☐ 4.5 – NT or RT ☐ 5.5 – WT ☐ 6.5 – WT
☐ TL – Parallel Wall
Diameter: ☐ 3.3 – NNC or RN ☐ 4.1 – RN ☐ 4.8 – RN or WN

Type of implant: **OVERDENTURE** ☐ RidgeFit
Gingival height: ☐ 2.8 ☐ 3.8 ☐ 4.8

Surface: ☐ SLActive® ☐ SLA®
Material: ☐ Roxolid® (TiZr) ☐ Titanium

Surgical doctor (stamp)

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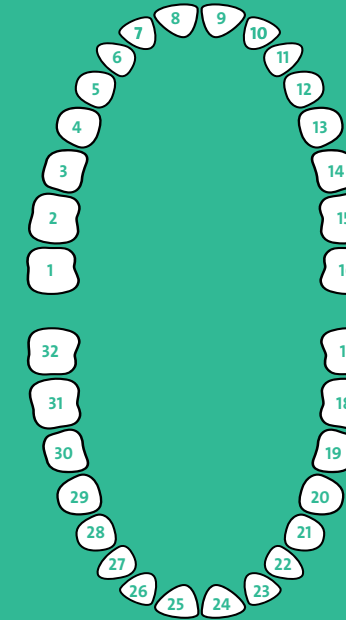
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COMMENTS

FOLLOW-UP APPOINT

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

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



USLIT1499 V2 PMR 12/25 ifu.straumann.com

IMPLANT PASSPORT

DOCUMENTING
THE JOURNEY
TO YOUR
NEW SMILE



How to Use Your Implant Passport
Complete the information below and bring your implant passport to all your appointments. The members of your implant team will use it to record important milestones in your treatment as well as details about your implant and the restoration process.

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.

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Type of implant: **OVERDENTURE**
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Type of implant: **PURE CERAMIC** ☐ 4.1mm RD
Type of implant: **MONOTYPE** ☐ 3.3mm ND ☐ 4.1mm RD

Gingival height: ☐ 2.8 ☐ 3.8 ☐ 4.8

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