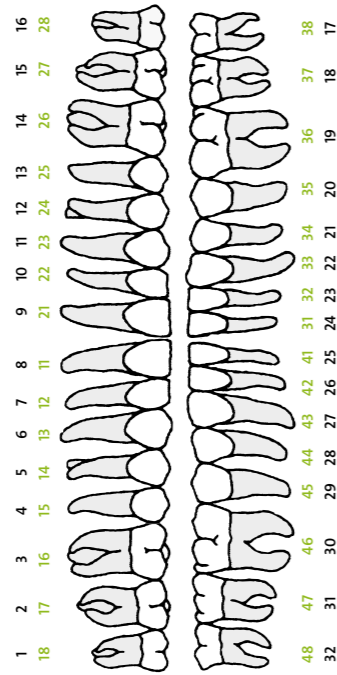


PATIENT	
Name:	
Address:	
City, state, zip code:	
Country	
Phone number:	
E-Mail:	
Date of birth:	
Insurance company:	
Policy number:	



ADA SYSTEM

FDI SYSTEM

IMPLANT	
Ref no:	Lot no: Length:
Type of implant:	STL: <input type="checkbox"/> NN <input type="checkbox"/> NNC <input type="checkbox"/> RN <input type="checkbox"/> WN BL: <input type="checkbox"/> NC <input type="checkbox"/> RC PURE: <input type="checkbox"/> RD <input type="checkbox"/> ND
Surface:	<input type="checkbox"/> SLActive® <input type="checkbox"/> SLA® <input type="checkbox"/> ZLA®
Date of placement:	Tooth pos.: <input type="checkbox"/> ADA <input type="checkbox"/> FDI
Practice stamp	

RESTORATION Abutment	
Ref no:	Lot no:
Type of implant:	
Date of placement:	

RESTORATION Coping	
Ref no:	Lot no:
Type of implant:	
Date of placement:	
Practice stamp	

LABORATORY	
Material used:	

STL: Straumann® Soft Tissue Level Implant – BL: Straumann® Bone Level Implant – PURE: Straumann® PURE Ceramic Implant

IMPLANT	
Ref no:	Lot no: Length:
Type of implant:	STL: <input type="checkbox"/> NN <input type="checkbox"/> NNC <input type="checkbox"/> RN <input type="checkbox"/> WN BL: <input type="checkbox"/> NC <input type="checkbox"/> RC PURE: <input type="checkbox"/> RD <input type="checkbox"/> ND
Surface:	<input type="checkbox"/> SLActive® <input type="checkbox"/> SLA® <input type="checkbox"/> ZLA®
Date of placement:	Tooth pos.: <input type="checkbox"/> ADA <input type="checkbox"/> FDI
Practice stamp	

RESTORATION Abutment	
Ref no:	Lot no:
Type of implant:	
Date of placement:	

RESTORATION Coping	
Ref no:	Lot no:
Type of implant:	
Date of placement:	
Practice stamp	

LABORATORY	
Material used:	

STL: Straumann® Soft Tissue Level Implant – BL: Straumann® Bone Level Implant – PURE: Straumann® PURE Ceramic Implant

IMPLANT	
Ref no:	Lot no: Length:
Type of implant:	STL: <input type="checkbox"/> NN <input type="checkbox"/> NNC <input type="checkbox"/> RN <input type="checkbox"/> WN BL: <input type="checkbox"/> NC <input type="checkbox"/> RC PURE: <input type="checkbox"/> RD <input type="checkbox"/> ND
Surface:	<input type="checkbox"/> SLActive® <input type="checkbox"/> SLA® <input type="checkbox"/> ZLA®
Date of placement:	Tooth pos.: <input type="checkbox"/> ADA <input type="checkbox"/> FDI
Practice stamp	

RESTORATION Abutment	
Ref no:	Lot no:
Type of implant:	
Date of placement:	

RESTORATION Coping	
Ref no:	Lot no:
Type of implant:	
Date of placement:	
Practice stamp	

LABORATORY	
Material used:	

STL: Straumann® Soft Tissue Level Implant – BL: Straumann® Bone Level Implant – PURE: Straumann® PURE Ceramic Implant

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Surface:	<input type="checkbox"/> SLActive® <input type="checkbox"/> SLA® <input type="checkbox"/> ZLA®
Date of placement:	Tooth pos.: <input type="checkbox"/> ADA <input type="checkbox"/> FDI
Practice stamp	

RESTORATION Abutment	
Ref no:	Lot no:
Type of implant:	
Date of placement:	

RESTORATION Coping	
Ref no:	Lot no:
Type of implant:	
Date of placement:	
Practice stamp	

LABORATORY	
Material used:	

STL: Straumann® Soft Tissue Level Implant – BL: Straumann® Bone Level Implant – PURE: Straumann® PURE Ceramic Implant

Original components of the Straumann® Dental Implant System are manufactured to a high degree of precision and comply with stringent quality standards. The use of original parts is important for the quality and longevity of your implant treatments. Straumann® implants are subject to a lifelong guarantee provided that original Straumann® components are used throughout the entire treatment process and the other guarantee conditions are met.



Congratulations to your new teeth. With this solution by Straumann you will be able to enjoy a new quality of life – with peace of mind included.

#### WORLDWIDE LEADER, WORLDWIDE TRUST

Clinicians in over 70 countries have placed millions of Straumann implants – so you can rest assured that, no matter where life takes you, care for your Straumann dental implants is nearby.

#### LONG-TERM COMMITMENT TO DENTISTS AND PATIENTS

We provide a lifetime guarantee for implants should they have to be replaced, and tiered guarantee plans for prosthetic components. We ensure the availability of the necessary parts to service and restore any implant placed for many years to come.

**Note:** In your own interest, please comply with your doctor's follow-up schedule.

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IMPLANT				
Ref no:	Lot no:	Length:		
Type of implant:	STL: <input type="checkbox"/> NN <input type="checkbox"/> NNC <input type="checkbox"/> RN <input type="checkbox"/> WN			
	BL: <input type="checkbox"/> NC <input type="checkbox"/> RC			
	PURE: <input type="checkbox"/> RD <input type="checkbox"/> ND			
Surface:	<input type="checkbox"/> SLActive*	<input type="checkbox"/> SLA*	<input type="checkbox"/> ZLA*	
Date of placement:	Tooth pos.:	<input type="checkbox"/> ADA	<input type="checkbox"/> FDI	
Practice stamp				

RESTORATION Abutment	
Ref no:	Lot no:
Type of implant:	
Date of placement:	

RESTORATION Coping	
Ref no:	Lot no:
Type of implant:	
Date of placement:	
Practice stamp	

LABORATORY
Material used:

STL: Straumann® Soft Tissue Level Implant – BL: Straumann® Bone Level Implant – PURE: Straumann® PURE Ceramic Implant

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Type of implant:	STL: <input type="checkbox"/> NN <input type="checkbox"/> NNC <input type="checkbox"/> RN <input type="checkbox"/> WN			
	BL: <input type="checkbox"/> NC <input type="checkbox"/> RC			
	PURE: <input type="checkbox"/> RD <input type="checkbox"/> ND			
Surface:	<input type="checkbox"/> SLActive*	<input type="checkbox"/> SLA*	<input type="checkbox"/> ZLA*	
Date of placement:	Tooth pos.:	<input type="checkbox"/> ADA	<input type="checkbox"/> FDI	
Practice stamp				

RESTORATION Abutment	
Ref no:	Lot no:
Type of implant:	
Date of placement:	

RESTORATION Coping	
Ref no:	Lot no:
Type of implant:	
Date of placement:	
Practice stamp	

LABORATORY
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STL: Straumann® Soft Tissue Level Implant – BL: Straumann® Bone Level Implant – PURE: Straumann® PURE Ceramic Implant

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	BL: <input type="checkbox"/> NC <input type="checkbox"/> RC			
	PURE: <input type="checkbox"/> RD <input type="checkbox"/> ND			
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Date of placement:	Tooth pos.:	<input type="checkbox"/> ADA	<input type="checkbox"/> FDI	
Practice stamp				

RESTORATION Abutment	
Ref no:	Lot no:
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RESTORATION Coping	
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LABORATORY
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	BL: <input type="checkbox"/> NC <input type="checkbox"/> RC			
	PURE: <input type="checkbox"/> RD <input type="checkbox"/> ND			
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Date of placement:	Tooth pos.:	<input type="checkbox"/> ADA	<input type="checkbox"/> FDI	
Practice stamp				

RESTORATION Abutment	
Ref no:	Lot no:
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RESTORATION Coping	
Ref no:	Lot no:
Type of implant:	
Date of placement:	
Practice stamp	

LABORATORY
Material used:

STL: Straumann® Soft Tissue Level Implant – BL: Straumann® Bone Level Implant – PURE: Straumann® PURE Ceramic Implant



Implant  
Passport