

Implant Passport

Patient

Name

Street

ZIP Code

City

Phone

Email

Your implants

Date	Site (ADA)	Implant (Typ, Size, etc.)

To maintain longterm success of your implants, it is recommended to visit your dentists at least twice a year for a professional tooth cleaning.

Please consult your dentist immediately, if you experience anything unusual around your implant.

Please present this implant passport every time you are seeing a physician or a dentist.

Signature of the patient
