



# Implant Passport

## Patient

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Name

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Street

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ZIP Code

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City

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Phone

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Email

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# 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

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