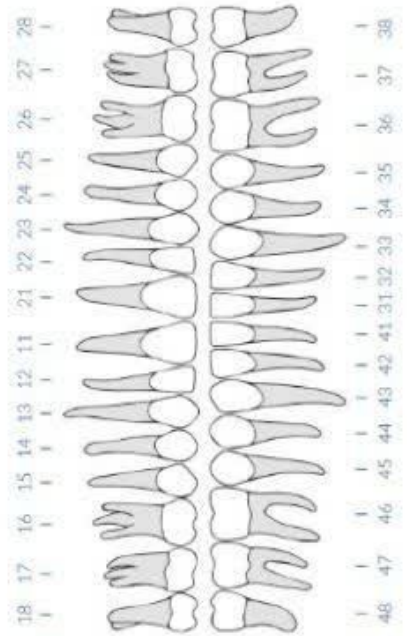


PATIENT

Name

Address

City

Country

Tel

Surgery date

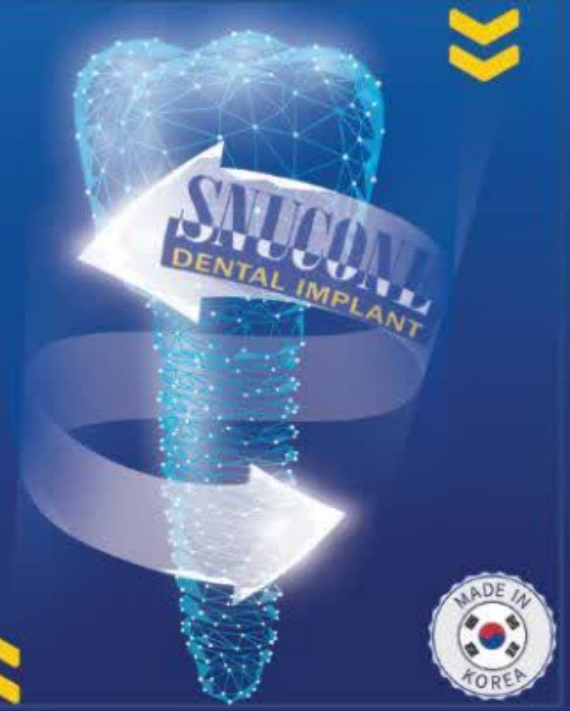
Notes

SNUCONE
DENTAL IMPLANT

SNUCONE IMPLANT

IMPLANT PASSPORT

FDA
APPROVED



IMPLANT

Ref no:
Lot no:
Type of implant:

Apply implant label

Date Position

Apply implant label

Date Position

Apply implant label

Date Position

PROSTHETIC

Product description

Apply prosthetic label

Date

Product description

Apply prosthetic label

Date

Product description

Apply prosthetic label

Date

IMPLANT

Apply implant label

Date Position

Apply implant label

Date Position

Apply implant label

Date Position

PROSTHETIC

Product description

Apply prosthetic label

Date

Product description

Apply prosthetic label

Date

Product description

Apply prosthetic label

Date