



MY IMPLANT

Smile that last a lifetime

HIOSSSEN
IMPLANT

CONGRATULATION

Dear patient,

Congratulations on reaching the first milestone in your journey to restore the functions and aesthetics of your smile.

This passport is used to document important information and will follow you throughout this journey from implant surgery to finishing the prosthesis. Records from this passport allows you to save traces of the operation and allow doctors to have all of the necessary information.

Sincerely yours,

Hiossen, Inc.

PATIENT INFORMATION

First Name

Last Name

Date of Birth



























Address

City, state, zip code

E-mail



TOOTH SCHEME

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16										
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28										
																									
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38										
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17										

ADA System FDI System

IMPLANT DATA 1

Date of Placement

Position no.

Traceability lable

PROSTHESIS **Abutment**

Discription of
the artical

Date.

Traceability lable

PROSTHESIS **Sleeve/Cap**

Discription of
the artical

Date.

Traceability lable

IMPLANT DATA 2

Date of Placement

Position no.

Traceability lable

PROSTHESIS **Abutment**

Discription of
the artical

Date.

Traceability lable

PROSTHESIS **Sleeve/Cap**

Discription of
the artical

Date.

Traceability lable

IMPLANT DATA 3

Date of Placement

Position no.

Traceability lable

PROSTHESIS **Abutment**

Discription of
the artical

Date.

Traceability lable

PROSTHESIS **Sleeve/Cap**

Discription of
the artical

Date.

Traceability lable

IMPLANT DATA 4

Date of Placement

Position no.

Traceability lable

PROSTHESIS **Abutment**

Discription of
the artical

Date.

Traceability lable

PROSTHESIS **Sleeve/Cap**

Discription of
the artical

Date.

Traceability lable

IMPLANT DATA 5

Date of Placement

Position no.

Traceability lable

PROSTHESIS **Abutment**

Discription of
the artical

Date.

Traceability lable

PROSTHESIS **Sleeve/Cap**

Discription of
the artical

Date.

Traceability lable

IMPLANT DATA 6

Date of Placement

Position no.

Traceability lable

PROSTHESIS **Abutment**

Discription of
the artical

Date.

Traceability lable

PROSTHESIS **Sleeve/Cap**

Discription of
the artical

Date.

Traceability lable

IMPLANT DATA 7

Date of Placement

Position no.

Traceability lable

PROSTHESIS **Abutment**

Discription of
the artical

Date.

Traceability lable

PROSTHESIS **Sleeve/Cap**

Discription of
the artical

Date.


Traceability lable


HIOSSEN IMPLANT


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