



MY IMPLANT

Smiles that last a lifetime

HIOSSEN
IMPLANT

CONGRATULATIONS

Dear patient,

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

This passport is used to document important information and will follow you throughout your journey from implant surgery to finishing the prosthesis. This passport will function as a record of your implantation and will provide doctors with 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

IMPLANT DATA 1

Date of Placement

Position No.

Implant Label

PROSTHESIS **Abutment**

Description

Date.

Abutment Label

PROSTHESIS **Sleeve/Cap**

Description

Date.

Sleeve/Cap Label

IMPLANT DATA 2

Date of Placement

Position No.

Implant Label

PROSTHESIS **Abutment**

Description

Date.

Abutment Label

PROSTHESIS **Sleeve/Cap**

Description

Date.

Sleeve/Cap Label

IMPLANT DATA 3

Date of Placement

Position No.

Implant Label

PROSTHESIS **Abutment**

Description

Date.

Abutment Label

PROSTHESIS **Sleeve/Cap**

Description

Date.

Sleeve/Cap Label

IMPLANT DATA 4

Date of Placement

Position No.

Implant Label

PROSTHESIS **Abutment**

Description

Date.

Abutment Label

PROSTHESIS **Sleeve/Cap**

Description

Date.

Sleeve/Cap Label

IMPLANT DATA 5

Date of Placement

Position No.

Implant Label

PROSTHESIS **Abutment**

Description

Date.

Abutment Label

PROSTHESIS **Sleeve/Cap**

Description

Date.

Sleeve/Cap Label

IMPLANT DATA 6

Date of Placement

Position No.

Implant Label

PROSTHESIS **Abutment**

Description

Date.

Abutment Label

PROSTHESIS **Sleeve/Cap**

Description

Date.

Sleeve/Cap Label

IMPLANT DATA 7

Date of Placement

Position No.

Implant Label

PROSTHESIS **Abutment**

Description

Date.

Abutment Label

PROSTHESIS **Sleeve/Cap**

Description

Date.

Sleeve/Cap Label

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