

PATIENT INFORMATION

Last Name:

First Name:

Address:

Phone number:

Date of birth:

E-mail:

Note:



Your dentist is a GDT partner. Introduced in more than 100 countries around the world, GDT enjoys a worldwide reputation for striving for excellence, which guarantees a high degree of trust with each new development. GDT products comply with all quality standards (ISO 9001: 2008, ISO 13458: 2003).

GDT Implants  
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Customer support:  
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1.800.390.1105

DENTAL  
IMPLANT  
PASSPORT



PATIENT

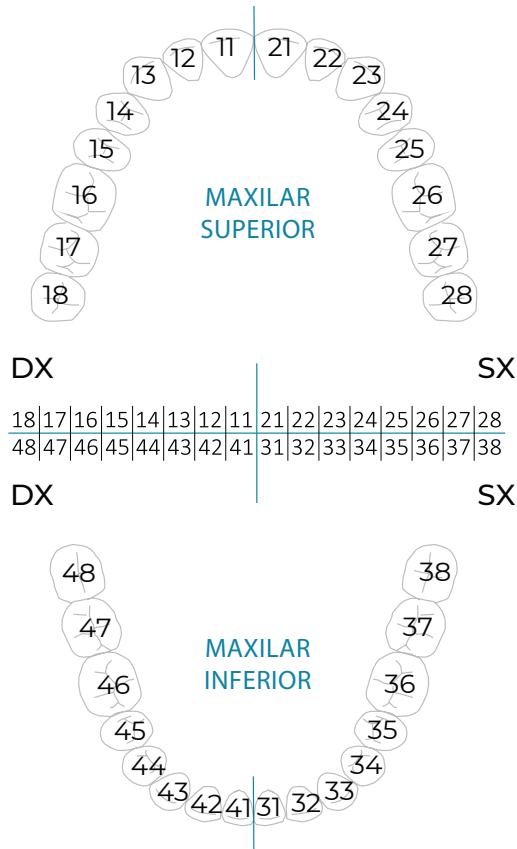
Dear patient,  
Your trusted dentist has just completed an implantology procedure to restore the functionality and aesthetics of your smile. The passport used to record important information about your prosthesis is your guarantee from the implant team about the nature and quality of the components used. This certificate allows you to save the trace of the operation, therefore, in case of unexpected operations, each implantologist can have all the necessary information. Keeping to work time is largely left to the care you provide, following the advice of your dentist and the instructions contained in this document.

Please fill in your personal information below and bring it to all subsequent visits.

Sincerely yours,  
GDT Team

For more detailed information visit GDT website [www.gdentalt.com](http://www.gdentalt.com)

IMPLANT POSITION



IMPLANT IDENTIFICATION

Date: .....

Tooth No.: ..... Label of Identification

Observation: .....

Date: .....

Tooth No.: ..... Label of Identification

Observation: .....

Date: .....

Tooth No.: ..... Label of Identification

Observation: .....

IMPLANT IDENTIFICATION

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