

The following information will help you to complete the implant card patient individually

Please ensure you have the right Implant Card file according to the REF of the implanted creos™ xenoprotect.

Please print out this sheet and fill in the fields according to the instructions in the table adjacent.

Please cut the card along the dotted red line, fold it at the solid black line and hand the completed card over to the patient.

Symbol	Information	These fields are completed by the healthcare provider before the implant card is handed over to the patient. This can be done handwritten, by machine, stamp or label.
	Patient identification	Please fill in patients name here.
	Implantation date	Please fill in the date creos™ xenoprotect was implanted in the patient.
	Health care center or doctor	Please fill in the name and address of the implanting healthcare provider.
	Documentation label	This label contains LOT-specific information. 3 of these labels are included in each pack of creos™ xenoprotect. Please stick one of those labels to the designated field on the Implant Card.

International Implant Card

Patient Name or ID _____

Date of Implantation _____

Name & Address of Healthcare Provider _____

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REF N1520

UDI UDI - DI (01) 0 4250830 90005 6

Patients and healthcare provider will find more information at: www.matricel.com/patient

MD **creos™ xenoprotect** 15 x 20 mm

en	dental barrier membrane	fi	hammassuojakalvo
de	dentale barriere membran	ru	стоматологическая барьерная мембрана
fr	membrane barrière dentaire	it	danty barjerinè membrana
es	membrana de barrera dental	nl	dentale barriere membraan
pt	membrana de barreira dentária	hu	fogászati gôt membrán
it	membrana barriera dentale	pl	blona zaporowa dentystryczna
sv	dentala barriär membran		
da	dental barriere membran		

More information you can also find online at matricel.com/patient

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