





Instruction for completion of Patient Implant Card

1. Name of the patient or patient ID. To be filled by the healthcare institution/provider.
2. Date of implantation. To be filled by the healthcare institution/provider.
3. Name and address of the healthcare institution/provider. To be filled by the healthcare institution/provider.

BIOTECHNI International Implant Card	
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	www.biotechni.com
PIC leaflet	