


































Instrument		Before surgery			Used		After surgery		
Image	Description	Control	Cleaned	Sterile	Yes	Number	Control	Cleaned	Sterile
<b>Rose drill / Pilot</b>									
	P35601								
	T35602								
<b>Small drill</b>									
	T35608								
	T35610								
	T35612								
	T35614								
<b>Regular drill</b>									
	T36608								
	T36610								
	T36612								
	T36614								
<b>Zeradrill</b>									
	T37608								
	T37610								
	T37612								
<b>Extension</b>									
	T35622								
	T36622								
	T37622								
<b>Zeratap</b>									
	T35620								
	T36620								
	T37620								
<b>Depth gauges</b>									
	Ø2.3mm								
	Small								
	Regular								
	Wide								
<b>Pickup</b>									
	XT36620								
	XT36625								
	XT36622								
<b>Tools</b>									
	C7650								
	XT38619								
	XT38623								
	XT38628								
	XT35651								
	XT36651								
	XT37651								
<b>Date / Signature</b>									

Please tick off at each item:	
✓	OK / Yes
X	Not OK

We herewith confirm that the above-mentioned works have been executed correctly and according to the protocol and have been documented truly.

COMPANY.....  
ADDRESS.....  
TELEPHONE.....  
DELIVERY DATE.....  
DATE.....

NAME.....  
ZIP CODE/CITY.....  
CUSTOMER NUMBER.....  
SURGERY DATE.....  
SIGNATURE.....