


















Instrument		Before surgery			Used		After surgery		
Image	Description	Control	Cleaned	Sterile	Yes	Number	Control	Cleaned	Sterile
Rose drill / Pilot									
	P35601								
	P35602								
Profile drill									
	P35622								
	P36622								
P drill									
	P35633								
	P36633								
	P37633								
P screw tap									
	P35620								
	P36620								
	P37620								
Depth gauge									
	P35651								
	P36651								
P pickups									
	T38620								
	T38625								
	T38622								
Tools									
	C7650								
	T38626								
Date / Signature									

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

After surgery, return kit to:

Emerginova LLC
2730 SW 3rd Avenue
Suite 202-1
Miami Florida 33129 / USA