


































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

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