

WORLD INTELLECTUAL
PROPERTY ORGANIZATION
WIPO 2017 GENEVA
GOLD MEDAL
AWARD



MANUFACTURER OF
THE YEAR AWARD
FROM USA

Post-Implant Care

- In case of bleeding after treatment, application should be made slowly with a sterile tampon.
- You should not eat or drink anything for the first 2 hours after the operation.
- Extremely hot and cold drinks should be avoided for the first 24 hours.
- Teeth should not be brushed or mouthwash should be used on the evening of the surgery.
- Care should be taken not to consume buttermilk, milk and acidic drinks until your stitches are removed.
- Swelling may occur in the operation area. On the first day, ice should be applied intermittently (applying for 3 minutes and resting for 2 minutes) on the operation area.
- The medication prescribed by your doctor should be used as recommended.
- Care should be taken to avoid pressure on the implant area.
- Smoking and alcohol use negatively affect the success of implantology as well as general human health.
- It is necessary to go to the dentist for regular check-ups at least every 6 months.
- Teeth should be brushed regularly, and dental floss and an interdental brush should be used in addition to the normal toothbrush. Oral and dental health should be constantly protected.

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MDR (Medical Device Regulation) is the latest regulation that sets standards for the safety and performance of medical devices in the European Union market.

Product safety quality management systems in previous standards;

- Scientific Clinical Studies
- Long-Term Case Follow-Ups
- Additional obligations such as Market Surveillance Statistics have been introduced.

The EU Commission has made it mandatory for dental implant manufacturers to complete all these processes and obtain the MDR certificate by the end of 2027.

By successfully completing all these processes, MODE was entitled to receive the MDR certificate in May 2023 and became the first Turkish Implant brand to enter the EU Commission EUDAMED list.

Patient Information

Name Surname _____

ID _____

Date of Birth _____

City _____

Contact _____

E-Mail _____

Dentist Information
(Stamp/Signature)

Implant Application

Date	Implant Type (H/Diameter)	Lot Number

Prosthesis Application

Date	Abutment Type (H/Diameter)	Lot Number

