Implanted Medical Device Registration Application

APPLICANT DETAILS:

Facility name: Nobel Biocare AB

License No: 556002-0231

Address: located at Box 5190, SE-402 26, Västra Hamngatan 1, 411 17, Göteborg, Sweden,

Focal point Name: Rehab Soliman

Mobile number: 00971552105321

Email: rehab.soliman@envistaco.com

DEVICE DETAILS:

Product name: .....

.....

Ref. Number: .....

Product Category (specialty):

.....

Product Classification: .....

MANUFACTURER DETAILS:

Name: .....

Reg. Number: .....

Country: .....

Address: .....

Email: .....

Land line: .....

Website (if exist): .....

P.O Box : .....

Applicant Signature: .....

Stamp Date: .....

Stamp