

## Selective market launch copaSKY 3.0

### Self-disclosure on participation in the selective market launch:

Name: .....

Address: .....

Practice: .....

Telephone: .....

Email: .....

I qualify as a participant for the selective market launch of copaSKY3.0 by:

Many years of experience in implantology

SKY user

copaSKY user

Many years of experience with narrow implants

miniSKY user

competitors: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

I support bredent medical GmbH & Co. KG in the market launch of this product:

I would be happy to answer the questionnaire (mandatory field)

I am available for an interview

I document my cases for publications

I agree that my data will be stored electronically and processed for the purpose of contacting me in connection with the copaSKY 3.0 selective market launch. My personal data will not be used for marketing purposes like letter post, e-mail and telephone advertising.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Feedback to product management:* [roland.benz@bredent.com](mailto:roland.benz@bredent.com)