

DENTAL IMPLANT CASE CHECKLIST

Patient: _____ Surgeon: _____

DOB: _____ Age: _____ M F Surgery Date: _____

Implant System: Astra Tech BioHorizons Nobel Straumann GUIDED
Other: _____

Immediate 1-Stage 2-Stage

Referring Doctor: _____ General DDS: _____

Restoring DDS: _____ Pre-Surgery Hygiene visit: _____

Surgical Guide: Work-Up Date: _____ Classic Guide OptiGuide DigitalGuide Other
Lab: _____ Delivery Date: _____

Flipper/Provisional: DDS US Impression Date: _____ None
Lab: _____ Delivery Date: _____

Implant Site(s):

Site	Type	Width	Height	CS/HA/Abut	

Place: Cover Screw(s) Healing Abutment(s) Restorable Abutment(s) Type: _____

Impressions: Coping Blue Velvet Triad CEREC

Bone Grafting: Type: MFDCCP (Symbios Allograft) Xenograft Gel/Paste _____

Barrier Membrane: ePFTE Collagen MB Collagen plug Collagen Tape Cyanoacrylate

Antibiotics: Amoxicillin Cephalexin Clindamycin Other: _____

Second Stage- place: Healing Abutment Stock Abutment Custom Abutment/Provisional
CEREC