

Checklist for Implant Treatment

Patient Name _____

Patient Chart No. _____

Implant Consult (01701)
(Xrays extra)

Date _____

Implant Instructor _____
Signature and print name

Periodontal examination & treatment of active periodontal disease complete

Date _____

Periodontics Instructor _____
Signature and print name

Diagnostic Workup (01703) (single tooth)
(Code includes diagnostic models, wax up and surgical guide.)

Date _____

Implant Instructor _____
Signature and print name

Diagnostic Work up (01704) (multiple teeth)
(Cost includes diagnostic models, wax up and surgical guide.)

Date _____

Implant Instructor _____
Signature and print name

Implant System

- Nobel Replace CC NobelActive Nobel Speedy Groovy Astra Tech

Fixture Size(s)
Diameter and Length _____

Healing Abutment(s)
Diameter and Height _____

Surgical Consult
(Grad Perio or OMFS)

Date _____

Implant Surgeon (*signature and print name*) _____
(Grad Perio or OMFS)

Treatment Plan Signed

Date _____

Implant Instructor (*signature and print name*) _____

Surgical Guide Wax Up Approved

Date _____

Implant Instructor (*signature and print name*) _____

Surgical Guide Approved

Date _____

Implant Instructor (*signature and print name*) _____

Surgical Placement

Date _____

Implant Surgeon (*signature and print name*) _____

Fixture and Prosthetic Information (Please complete)

Site	Brand	Diameter	Length	Surgery Location	Surgery Date (mm/dd/yyyy)	Suggested Healing Time	Healing Abutment Height & Width	Locator Delivery Date (mm/dd/yyyy)	Final Impression Date (mm/dd/yyyy)	Final Prosthesis Delivery Date (mm/dd/yyyy)	Post Insertion Check		
											Date (mm/dd/yyyy)	Student (signature)	Faculty (signature)
				<input type="checkbox"/> School <input type="checkbox"/> VGH									
				<input type="checkbox"/> School <input type="checkbox"/> VGH									
				<input type="checkbox"/> School <input type="checkbox"/> VGH									
				<input type="checkbox"/> School <input type="checkbox"/> VGH									

Patient placed on Recall Yes Recall Date _____

No Patient referred back to private practice