**DENTAL IMPLANT TREATMENT GUIDE.**

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHIEF COMPLAINT AND TREATMENT OPTIONS:**

Patient’s chief complaint :

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Patient’s expectations in regard to an implant treatment plan:

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The benefit of a treatment plan involving implants to the patient when compared to other treatment options:

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Systemic medical conditions that relate to dental implant treatment for this patient:

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Pre- existing dental disease:

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Patient motivation and oral hygiene:

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Financial considerations:

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Evaluation of the advantages and disadvantages of alternative prostheses in relation to the presenting status of the surrounding teeth and soft tissues:

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**Dental implant pre-surgical assessment:**

Presence of oral pathologies:

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Anatomy and form of bony ridges:

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Characteristics of the soft tissues overlying prospective implant sites (keratinized/attached versus non-keratinized/non attached)

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Inter-arch relationships and their position relative to the remaining dentition:

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Is there adequate space for the placement of dental implants and the desired prosthesis?

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Occlusion:

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Quality, location and quantity of bone:

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Periodontal status of remaining dentition:

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Location of favorable implant sites:

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Ability to attain the design of the proposed prosthesis:

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Ability to address the patient’s chief complaints and expectation:

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Patient ability to maintain good oral hygiene and comply with maintenance visits:

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Prior to dental implant placement, assessment of the need for :

1) orthodontic treatment

2) surgical treatment

1. periodontal treatment
2. endodontic treatment
3. prosthodontic intervention

This patient needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ treatment prior to implant placement.

**CONCLUSIONS OF PRE-SURGICAL ASSESSMENT:**

Based on the prosthetic prescription for implants in the following positions:

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A pre-surgical assessment was performed and it was determined that the above prosthetic prescription can be fulfilled with what level of confidence?

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Implants are planned for the following sites based on the prosthetic treatment plan and the anatomical considerations:

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Biomechanical considerations and risk of overload of implant and prostheses:

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Esthetic considerations for implants placed in the esthetic zone:

Smile line is (high/moderate/low) exposing \_\_\_\_mms of gingival tissue. Patient’s esthetic tolerance is (high/low):

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Distance from projected inter-proximal contact point of the implant crown to the crest of alveolar bone is \_\_\_\_ mms. Anticipated degree of papillary fill of interpoximal space:

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Radiographic evaluation based on peri-apical, panoramic views:

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Are there specific anatomic challenges identified such as advanced alveolar bone loss or close approximation to sinus or inferior alveolar nerve ? Would this case benefit from CT scanning ?

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**MEDICAL CONSIDERATIONS:**

Based on the medical history, will this patient be expected to undergo the implant surgery safely ?

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Specific considerations for this patient as they relate to implant surgery:

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Based on the medical history, how is this patient’s expected healing response as it relates to successful integration of the dental implants ? Special considerations for history of smoking, use of bisphosphonates, presence of autoimmune disorders or uncontrolled diabetes:

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Is this patient taking or has taken medications taken that affect the healing response to dental implants?

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Sedation or general anesthesia recommendations based on patient preference, scope of treatment, and medical status:

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Is consultation with the patient’s physician indicated based on medical status?

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Is there a need for peri-operative medical management such as antibiotics or steroids?

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**FINALIZED TREATMENT PLAN AS FOLLOWS**:

Based on study models and diagnostic set-ups and anatomical considerations, this patient would best benefit from (fixed bridges, hybrid prosthesis, or implant supported denture):

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Would a surgical guide would be of benefit in this case ?

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What is the transitional strategy ? (A transitional removable prosthesis, transitional fixed prosthesis supported by adjacent teeth, or immediate loading of implants)

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Based on the above factors the level of complexity of this case (Straightforward or Complex):

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Proposed implant system:

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Record of discussion with patient as it relates to the proposed treatment:

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**THE FOLLOWING ISSUES WERE ADDRESSED TO OBTAIN INFORMED CONSENT:**

1) Patient’s diagnosis:

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2) Nature of the proposed dental implant treatment:

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1. Explanation of benefits and risks associated with dental implant treatment including the inherent risk of implants failing to osseointegrate:

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1. Alternative treatment options and their relative advantages and disadvantages:

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1. Total estimated cost of the dental implant treatment to include the surgical and restorative phases is:

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1. Expected post-surgical sequelea:

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1. The need to present for post treatment care and monitoring:

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1. The likely prognosis and lifespan of dental implant treatment:

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9) Patient’s responsibilities for the long term success of the treatment:

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10) Patient was advised of above findings and a copy of the findings and outlined treatment plan (Pages 1 to 7 of this document) was given to patient on date \_\_\_\_\_\_\_\_\_\_\_\_

11) Informed consent documents signed by patient on date \_\_\_\_\_\_\_\_\_\_\_\_

Surgical Notes in the chart to include:

1. Implant location size and shape, lot and catalog number
2. Difficulties encountered during placement if any
3. Materials used during surgery
4. Size and type of healing abutments placed
5. Osseintegration status
6. Specific instructions given to patient regarding post-surgical care

**POST SURGICAL FOLLOW-UP:**

Initial healing of implants as determined by clinical exam (to include absence of pain, infection, paresthesia):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Successful osseointegration of the dental implants as determined by palpation, percussion, torque testing and radiographs (to include confirmation of good implant position and stable peri-implant bone.)

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Report to prosthetic dentist prepared and sent on date \_\_\_\_\_\_\_\_\_\_\_\_\_

**POST-SURGICAL PRE-PROSTHETIC EVALUATION:**

Evaluation of the location and angulation of the dental implants in relation to the remaining dentition and the opposing arch, and their suitability to support the desired prosthesis:

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Is there a need for a transitional implant supported prosthesis? Need to further assess the case due to:

1) challenging esthetic or functional demands

1. significant changes to the occlusal scheme that are anticipated

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**FINAL PROSTHETIC TREATMENT:**

Master Cast impressions taken with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and seating of impression coping was verified clinically or radiographically:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified passive fit between the framework and the dental implants or prosthetic abutments:

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Verified proper shape of the prosthesis to provide adequate form, aesthetics, function and oral hygiene:

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Verified proper occlusion after torquing of the prosthetic and/or abutment screws:

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Record that patient has communicated acceptance of the definitive prosthesis prior to insertion:

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Prosthodontic notes in the chart to include:

1. Size and type of abutments used
2. Type of prosthesis and materials used
3. Type of connection (screw or cement)
4. Record of all components
5. Patient’s reported pain or discomfort at time of delivery of prosthesis
6. Specific instructions given to the patient regarding prosthodontic treatment

Post-insertion follow up of prosthesis to verify function, comfort, and patient satisfaction:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Assessment of phonetics, esthetics and occlusion \_\_\_\_ weeks after insertion:

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**MAINTENANCE PLAN FOR THE IMPLANT PROSTHESIS:**

Does the patient have a history of parafunction that would make him a candidate for bruxism appliance ?

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One year follow-up completed on date \_\_\_\_\_\_\_\_\_ and radiographs taken to evaluate stability of peri-implant bone with the following radiographic findings:

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Recall interval determined for this patient to be as follows:

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At each recall visit, clinical evaluation of the peri-implant soft and hard tissues with attention to the following factors:

Presence of inflammation

Probing depths

Bleeding on probing

Suppuration

Plaque levels and oral hygiene

Implant or prosthesis mobility

Patient’s voiced complaints

Identification and treatment proposal for implant complications identified on date\_\_\_\_\_\_\_\_\_\_\_:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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