

SURGICAL DATE _____

IMPLANT SYSTEM/ REP _____

IMPLANTS NEEDED _____

SURGEON _____

PATIENT _____

SURGEON PHONE # _____

SURGICAL TECH _____

DOCTOR _____

TIME/HOURS _____

DOCTOR PHONE # _____

LOCATION _____

SERVICES PERFORMED

Maxilla- remove teeth and reduce bone ____ mm
 Implant sites placed (#) _____

Mandible- remove teeth and reduce bone ____ mm
 Implant sites placed (#) _____

Surgical Stent used troughed guided

Parts used (indicate quantity):

Implants Temporary Cylinders Extra Screws

Multi-Abutment used(indicate quantity and site(s) on lines) Additional Notes: _____

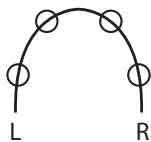
	Quantity	Site(s)	Quantity	Site(s)	Straight	Quantity	Site(s)	Quantity	Site(s)
<input type="checkbox"/> 30*	4.5	NP - 38896	_____	_____	<input type="checkbox"/> 1*	4.5		RP - 38887	_____
	3.5	NP - 38894	_____	_____		3.5	NP - 38884	_____	_____
								RP - 38885	_____
<input type="checkbox"/> 17*	2.5	NP - 38888	_____	_____		2.5	NP - 38881	_____	_____
								RP - 38882	_____
	3.5	NP - 38891	_____	_____		1.5	NP - 38878	_____	_____
								RP - 38879	_____

ADDITIONAL SERVICES

Impressions Upper / Lower (circle)

Interim Repair (indicate fracture point with line)
 [TAKE PHOTO OF REPAIR LOCATION]

Upper / Lower (circle)



Reline Hard / soft (circle)

Locators Number of housings _____

CHECKLIST/NOTES

- CHECK X-RAY FOR ABUTMENT SEATING PRIOR TO CONVERSION
- TAKE PHOTOS OF PATIENT FOR OUR RECORDS
- DID THE DOCTOR PROVIDE PARTS?
- WAS A JIG IMPRESSION TAKEN?
- CHECK CASE RESULTS

