



## Dental implant treatment record

From planning to loading and maintenance, with the lot number and expiry of every implant and material.

Patient name  
Phone

File no.  
Date

Date of birth  
Doctor

### Risk factors

- ☐ Smoking or shisha
- ☐ Head or neck radiotherapy
- ☐ Bruxism or clenching
- ☐ Diabetes (last HbA1c):
- ☐ Anticoagulants
- ☐ Poor oral hygiene
- ☐ Antiresorptive medication
- ☐ History of periodontitis
- ☐ Other:

Medical history reviewed on

Medical referral or opinion

### Site assessment

| Site (FDI) | Bone width (mm) | Bone height (mm) | Bone quality D1-D4 | Keratinised tissue (mm) | Tissue biotype | Notes |
|------------|-----------------|------------------|--------------------|-------------------------|----------------|-------|
|            |                 |                  |                    |                         |                |       |
|            |                 |                  |                    |                         |                |       |
|            |                 |                  |                    |                         |                |       |
|            |                 |                  |                    |                         |                |       |

CBCT reference and date

Planning software

Surgical guide

Planned restoration

- Placement timing
- ☐ Immediate
- ☐ Early
- ☐ Delayed
- Augmentation needed
- ☐ None
- ☐ At placement
- ☐ Sinus lift
- ☐ Staged

Consent signed on

Estimate given

Patient name ..... Date of surgery .....

Surgeon ..... Assistant .....

## Implants placed

| Site | System and brand | Ø (mm) | Length (mm) | Lot no. | Expiry | Insertion torque (Ncm) | Primary stability / ISQ | Cover screw or healing abutment (height) |
|------|------------------|--------|-------------|---------|--------|------------------------|-------------------------|------------------------------------------|
|      |                  |        |             |         |        |                        |                         |                                          |
|      |                  |        |             |         |        |                        |                         |                                          |
|      |                  |        |             |         |        |                        |                         |                                          |
|      |                  |        |             |         |        |                        |                         |                                          |

**Approach**   ☐ Flap   ☐ Flapless   ☐ Guided

**Healing**   ☐ Submerged   ☐ Non-submerged

## Grafting materials and membranes

| Type | Product and brand | Lot no. | Expiry | Site | Notes |
|------|-------------------|---------|--------|------|-------|
|      |                   |         |        |      |       |
|      |                   |         |        |      |       |
|      |                   |         |        |      |       |

Type: autograft, xenograft, allograft, synthetic or membrane.

## Implant and material labels

| Site: ...                              | Site: ...                              | Site: ...                              | Site: ...                              |
|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| Stick the implant label here           | Stick the implant label here           | Stick the implant label here           | Stick the implant label here           |
| Graft or membrane                      | Graft or membrane                      | Graft or membrane                      | Graft or membrane                      |
| Stick the graft or membrane label here | Stick the graft or membrane label here | Stick the graft or membrane label here | Stick the graft or membrane label here |

Closure and sutures ..... Written post-op instructions given .....

Suture removal ..... Surgical notes .....

Patient name ..... File no. ....

## Loading

**Loading protocol**   ☐ Immediate   ☐ Early   ☐ Conventional

Planned loading date ..... ISQ at uncovering .....

## Prosthetic stage

| Date | Stage              | Abutment type and lot | Screw torque (Ncm) | Screw or cement | Lab | Notes |
|------|--------------------|-----------------------|--------------------|-----------------|-----|-------|
|      | Impression or scan |                       |                    |                 |     |       |
|      | Try-in             |                       |                    |                 |     |       |
|      | Fit                |                       |                    |                 |     |       |
|      |                    |                       |                    |                 |     |       |

Radiograph at fit ..... Home care explained .....

## Maintenance reviews

| Date | Site | Deepest PD (mm) | BOP | Suppuration | Bone level on X-ray | Mobility | Action | Next review |
|------|------|-----------------|-----|-------------|---------------------|----------|--------|-------------|
|      |      |                 |     |             |                     |          |        |             |
|      |      |                 |     |             |                     |          |        |             |
|      |      |                 |     |             |                     |          |        |             |
|      |      |                 |     |             |                     |          |        |             |
|      |      |                 |     |             |                     |          |        |             |
|      |      |                 |     |             |                     |          |        |             |

.....  
Dentist's name and signature

.....  
Date

In Dentolize this document lives on the patient file: [dentolize.com](https://dentolize.com)