

Implantation Protocol

Date: _____ Begin of Surgery: _____ End of Surgery: _____

PATIENT

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____

Insurance: private public other Company: _____

Notes: _____

Oral hygiene: good bad Risk factors: _____

Vitamin D3 level, tested? yes no If yes, value: _____ng/ml

LDL level, tested? yes no If yes, value: _____g/l

Vitamin C Infusion? yes no Single Shot i.V.? yes no

SUPPLEMENTS

Which supplements were taken for how long?

Before surgery

- BASIC IMMUNE _____/ period of time _____/ period of time
- _____/ period of time _____/ period of time
- _____/ period of time

After surgery

- BASIC IMMUNE _____/ period of time _____/ period of time
- _____/ period of time _____/ period of time
- _____/ period of time

IMPLANTATION

Surgeon: _____ Dental assistant: _____

Referral Dentist: _____ Prosthodontist: _____

Medication:

Pre-operative: _____ Nerve block anesthesia: _____

Post-operative: _____ Infiltration anaesthesia: _____

Implant position:

Implant Ø:

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Implant Length:

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Implant Type:

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Implant Ø:

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Implant Length:

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Implant Type:

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Implant Type/ Implant Diameters:

SDS1.2: 3.3/ 3.8/ 4.6/ 5.4 mm SDS2.2: 3.8/ 4.6/ 5.4 mm

Implant Lengths: 8/ 11/ 14 mm

Access: flap Direction of Incision: _____

flapless

Time of Implantation: Immediate Implant Placement

Delayed Immediate Implant Placement Late Implant Placement

Bone Quality: D1 D2 D3 (D4)

What surgical equipment was used?

Piezo Ozon Laser

Explantation Set _____ _____

Osteotomy Steps:

Final Osteotomy with Instrument: _____

Insertion depth: tissue level
Insertion Torque: by machine ____Ncm manually ____Ncm

Additional operative measures:

- Augmentation/ Material: _____
- Sinuslift (internal/ external)/ Material: _____
- Bone Spreading: _____
- Other: _____
- none

Intraoperative Complications:

- Perforation maxillary/ nasal sinus
- Residual inflammation
- Other: _____
- none
- Inferior alveolar nerve injury
- Cavitation (NICO)
- Foreign body

Percussion sound checked teeth _____ Percussion sound _____(bright/ clear/ dull)

Perio test ____ (yes/ no)

PRF membrane embedded ____pieces Metronidazol used ____ (yes/ no)

Suture Material _____ Numbers _____

Parallelisation Implants teeth _____ preped

Provisionals teeth _____ Material _____ cemented with _____

Occlusion checked Long-term temporaries bonded to adjacent teeth ____ (yes/ no)

Healing injection with _____ (Procaine/ Traumeel) each _____ml

Moulding part ____ (yes/ no)

OPG (Orthopantomogram) before surgery after surgery

Wellness after surgery

* Arnica cream/ tissue in the surgical area

* Hilotherm therapy: _____ min with _____ °C

* Infusions:

Photos before OP

- Profile
- Portrait
- intraoral
- occlusal/ lateral

Photos after OP

- Profile
- Portrait
- intraoral
- occlusal/ lateral

Additional information:

Signature of Surgeon

Materials used (labels with lot number etc.: Implant/ Bone graft material/ Membranes/ etc.):