|  |
| --- |
|  |

Please use for each implant a separate sheet.

**Please anonymize patient data.**

|  |  |
| --- | --- |
| Name |   |
| Street  |   |
| City |   |
| Phone |   |
| Customer Nr. |   |

**Customer/Surgeon**

**Enclosure** Radiographs

|  |  |
| --- | --- |
| Implant: |  |
|  |  |
| Name |  |
| Article No. |   |
| LOT/batch No. |   |

|  |  |
| --- | --- |
|   | Before Implantation |
|  |  |  |
|   | After Implantation |
|  |  |  |
|   | After Explantation |

**Incident**

|  |  |  |  |
| --- | --- | --- | --- |
|   | No Osseointegration |   | No Primary stability |
|  |  |  |  |  |  |  |
|   | Others |  |  |  |  |

|  |  |
| --- | --- |
| **Implant position**(Mark postition please)  |  |

**Patient information Patient number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Oral hygiene |   | good |   | ordinary |   | worse |  |  |
|  |  |  |  |  |  |  |  |  |
| Quality of bone |   | I |   | II |   | III |   | IV |
|  |  |  |  |  |  |  |  |  |
| Patient past history |   | Smoker |   | Diabetic |   | Bruxismus |  |  |

Chewing/bite habit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Implantation \_\_\_\_\_\_\_\_\_\_\_\_ Prosthesis \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|   | Yes |   | No |

 Explantation \_\_\_\_\_\_\_\_\_\_\_\_ Imediate load

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phase of lost/ |   | Healing period |   | Reopening |
| Of Explantation |  |  |  |  |
|  |   | Befor prosthodontic load |   |  After prosthodontic load |
|   |  |  |  |  |
|  |  |  |  |  |
| **Augumentation** |   | Before OP (two stage) |   | None |
|  |  |  |  |  |
|  |   | Simultaneous with Implantation |  |  |

Used materials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Implant bed preparation** |   | Ablativ (drill) |   | Bone splitting |
|  |  |  |  |  |
|  |   | Bone spreading |   | Bone condensing |
|  |  |  |  |  |
|  |   | Bone taping |  |  |

Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Healing** |   | Subgingival |   | Transgingival |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prosthetics** |   | Implant borne |   | Combined Implant-/tooth borne |
|  |  |  |  |  |
|  |   | Single tooth |   | Full denture |
|  |  |  |  |  |
|  |   | Removable bridge |   | Fixed bridge |
|  |  |  |  |  |
|  |   | Removable partial denture |   |  |
|  |  |  |  |  |
|  |   | Cemented |   | Screw fixed |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Diagnostic before** |   | Mobility |   | Horizontal bone loss |
| **Explantation** |  |  |  |  |
|  |   | Osteolysis around implant |   | Okklusal overload |
|  |  |  |  |  |
|  |   | Periimplantitis |   | (surrounding) Tissue infection |

Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In case of pus formation: bact.diagnosis helpful)