|  |
| --- |
|  |

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)