Implant Dentistry @ HKU

Master of Science in Implant Dentistry
Master of Dental Surgery in Implant Dentistry

Patient Examination and Treatment Planning Form

Examination

1. Patient Information **Name:** ..... **Patient Nr.** ..... **Date of Birth** ...../...../..... ☐ Male ☐ Female	**Date of examination** ...../...../..... **Student:** ..... **Lab Case Nr.** .....
2. Chief Complaint	
3. Medical History and Conditions ☐ Diabetes Mellitus ☐ Cardiovascular Disease ☐ Immunocompromise ☐ A/B Prophylaxis ..... ☐ Allergies ☐ Other **Smoking** N☐ **Y**☐ Cig/Day ..... ☐ Past ..... **Medications**	.....

This form aims only to compile information important for the treatment planning of patients with periodontal disease and does not replace the medical records. Please ensure that medical / dental history, systemic conditions and medications is adequately entered in the patients' records.

4. Dental History	
☐ Tooth Loss Reason	.....
☐ Periodontal Treatment	.....
☐ TMJ Disfunction	.....
☐ Parafunctions, Bruxism	.....
☐ Fixed PD	.....
☐ Removable PD	.....
☐ Other	.....
5. Periodontal Indices **BOP** ..... **%** **PI** ..... **%**	.....

Diagnosis

1. Periodontal Diagnosis	**2. Non- Periodontal diagnosis**
☐ Gingivitis ☐ L ☐ G	☐ Caries
☐ Periodontitis ☐ L ☐ G	☐ Periapical Pathology
☐ Mild ☐ Moderate ☐ Severe	☐ Non vital teeth (untreated)
☐ Mucogingival Problems	☐ Defective restorations
☐ Periodontal / Peri Implant Abscess	☐ Oral Pathology
☐ Peri-implant Mucositis	☐ Abscess
☐ Peri-implantitis	☐ TMJ Pathology
	☐ Orthodontic problems
Other	Other .....
.....	.....
.....	☐ Oral Soft tissues conditions
.....	.....
modified by:	.....
☐ Systemic Disease	**3. Other relevant information**
☐ Furcation involvement	.....
☐ Smoking	.....
☐ Diabetes Mellitus	.....
	.....

Prognosis

At patient level (**G**ood, **D**oubtful)

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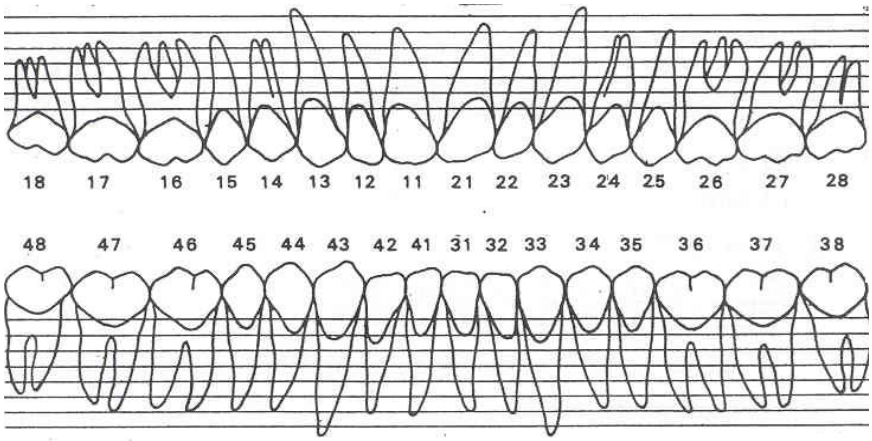
At tooth level (**S**ecure, **D**oubtful, **I**rrational to treat)



Please also mark in the chart:
- Caries
- Defective restorations, - Iatrogenic / retention

Other remarks:

Treatment Plan

1. Systemic Phase ☐ Consultation with Physician/ Specialist ☐ Change of medication ☐ Smoking cessation ☐ Further examinations ☐ Other	....

2. Hygienic Phase ☐ Oral Hygiene instruction ☐ Oral Hygiene control ☐ Iatrogenic factors removal ☐ Supragingival Calculus removal ☐ Scaling and root planning ☐ Splinting of mobile teeth ☐ Endodontic Treatment ☐ Caries excavation / restorations ☐ Extractions ☐ Other	....
Hyg. Phase completed | Date Sig	
3. Corrective Phase ☐ Access Surgery ☐ Recective Surgery ☐ Mucogingival Surgery ☐ Regenerative Surgery ☐ Root Amputation Surgery ☐ Implant Surgery ☐ Bone augmentation (Xenograft) ☐ Sinous augmentation	....
4. Restorative Phase ☐ Fixed DP on teeth ☐ Removable PD on teeth ☐ Fixed DP on Implants ☐ Removable DP on Implants ☐ Full Denture ☐ Michigan Splint ☐ **Tooth implant FDP** ☐ Other	....

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5. Supportive Periodontal / Peri-implant Treatment - Recall	.....

Possible candidate for:

- ☐ Simultaneous implant placement and GBR
- ☐ Sinus floor grafting
- ☐ Use of short implants due to anatomic conditions (4mm or 6mm)
  If yes, please state the site:
- ☐ Implant supported overdenture
- ☐ Full arch restoration
- ☐ Immediate implant placement 12-11-21-22
- ☐ Immediate implant placement canine/premolars
- ☐ Peri-implantitis treatment

Other research related:

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Approved by:

Date..... Name..... Signature .....

Other Considerations:

Diagnostic / systemic / patient centred

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Periodontal

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Restorative

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Prosthetic - Occlusion

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