



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

Implant Surgery and Restorative Treatment Planning Form

1. Patient Information Name: Patient Nr. Date of Birth / / <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of examination / / Student: Lab Case Nr.
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A. Initial Implant Consultation:

Date:	Supervised by:
Impressions for study models	<input type="checkbox"/> Yes <input type="checkbox"/> No
Optical Scan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Periapical Radiograph	<input type="checkbox"/> Yes <input type="checkbox"/> No
OPG	<input type="checkbox"/> Yes <input type="checkbox"/> No
CT Scan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radiographic stent required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	

B. Restorative Treatment Planning

Tooth/ region		Supervised by:	
Implants	Reconstruction	Temporary Prosthesis	Other remarks
<input type="checkbox"/> Single Unit <input type="checkbox"/> Multiple Unit <input type="checkbox"/> Full Arch Loading: <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed weeks	<input type="checkbox"/> Cement retained FDP <input type="checkbox"/> Screw retained FDP <input type="checkbox"/> Cantilever FDP <input type="checkbox"/> Overdenture <input type="checkbox"/> Locators <input type="checkbox"/> Bar retention <input type="checkbox"/> Other	<input type="checkbox"/> Immediate crown <input type="checkbox"/> prefab <input type="checkbox"/> chairside <input type="checkbox"/> Removable PD <input type="checkbox"/> No temporary <input type="checkbox"/> Existing Denture	<input type="checkbox"/> Aesthetic Zone <input type="checkbox"/> Thin Biotype <input type="checkbox"/> High Smile line <input type="checkbox"/> Recession
SAC Classification: <input type="checkbox"/> Straightforward		<input type="checkbox"/> Advanced <input type="checkbox"/> Complex	
Implant system:			
Temporary prosthesis required: <input type="checkbox"/> Yes, to be made by <input type="checkbox"/> No			
Approximate cost: HKD		Restorative plan approved (name, sign.)	

