



# Implant Dentistry @ HKU



香港大學  
THE UNIVERSITY OF HONG KONG

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## Peri-implant / Periodontal Surgery Treatment Planning Form

### 1. Patient Information

Name: .....	Pat Nr. ....
Date of Birth ..... / ..... / .....	Student: .....
<input type="checkbox"/> Male <input type="checkbox"/> Female	Lab Case Nr. ....

### 2. Data from Last Periodontal Examination

Date of last recall		CT Scan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plaque Index		Optical Scan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding on Probing (%)		OPG	<input type="checkbox"/> Yes <input type="checkbox"/> No
Periapical Radiograph	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other remarks :			

### 3. Peri-implant / Periodontal / Mucogingival Surgery

Implants ..... and Teeth..... involved.			
<input type="checkbox"/> Access Flap <input type="checkbox"/> Gingivectomy <input type="checkbox"/> Distal Wedge <input type="checkbox"/> Crown lengthening <input type="checkbox"/> Recession Coverage	<input type="checkbox"/> CT Graft <input type="checkbox"/> FG Graft	<input type="checkbox"/> Regenerative <input type="checkbox"/> GTR <input type="checkbox"/> Emdogain  <input type="checkbox"/> Resective <input type="checkbox"/> Bone <input type="checkbox"/> Soft tissue	<input type="checkbox"/> Peri-implantitis disinfection <input type="checkbox"/> Ultrasonic <input type="checkbox"/> Titanium Brush <input type="checkbox"/> Photodynamic <input type="checkbox"/> Implantoplasty
Other Remarks : ..... ..... ..... ..... .....			

Approved by: Name ..... Date: ..... / ..... / ..... Signature: ..