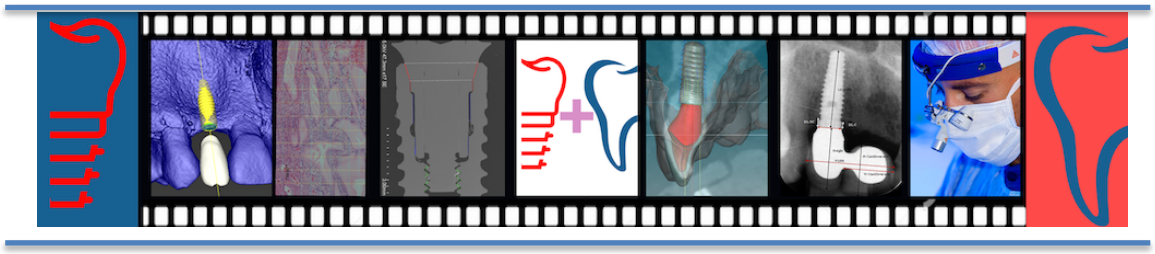

Peri-implant / Periodontal Surgery Treatment Planning Form

1. Patient Information

Name:	Pat Nr. .....
Date of Birth ...../...../.....	Student: .....
☐ Male ☐ Female	Lab Case Nr. .....

2. Data from Last Periodontal Examination

Date of last recall		CT Scan	❑Yes ❑No
Plaque Index		Optical Scan	❑Yes ❑No
Bleeding on Probing (%)		OPG	❑Yes ❑No
Periapical Radiograph	❑Yes ❑No		
Other remarks :			

3. Peri-implant / Periodontal / Mucogingival Surgery

Implants ..... and Teeth..... involved.

❑ Access Flap ❑ Gingivectomy ❑ Distal Wedge ❑ Crown lengthening ❑ Keratinised zone ❑ Recession Coverage	❑CT Graft ❑FG Graft ❑Xenoraft ❑Allograft	❑Regenerative ❑GTR ❑Emdogain ❑ Resective ❑Bone ❑Soft tissue	❑Peri-implantitis disinfection ❑ Ultrasonic ❑ Titanium Brush ❑ Photodynamic ❑ Air Flow ❑ Implantoplasty

Other Remarks :

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