LABELS

ADDITIONAL INFORMATION

_____

_____

_____

_____

Implant-supported rehabilitation

PATIENT

Name: _____

Date of birth (D-M-Y): _____

DENTISTS

PREPARATORY SURGERY

Name: _____ Permit No.: _____

IMPLANT PLACEMENT

Name: _____ Permit No.: _____

PROSTHODONTIC RESTORATION

Name: _____ Permit No.: _____

Keep this form in a safe place, as it contains important information on the treatment you received. This information will be required for any future assessment or treatment concerning your prosthesis or its implant support. Please show it to any dentist you consult.

LE DENTISTE,
LE DOCTEUR QUI VEILLE
SUR VOTRE BOUCHE

Ordre des dentistes du Québec

Ordre des dentistes du Québec

Grafts

Position	Date (D-M-Y)	Autogeneic	Allogeneic	Xenogeneic	Preparatory	At placement	Manufacturer	Product name	Batch	Origin	Membrane				PRF
											None	Collagen	Titanium	Other: _____	

Implants

Position	Date (D-M-Y)	Immediate	Delayed placement Number of months	Manufacturer	Model	Batch	Titanium	Other: _____	Length (mm)	Diameter (mm)	Platform (mm)	Internal connection	External connection	Torque	Loading		
															Immediate	Delayed	Integration time

Abutments

Position	Date (D-M-Y)	Healing	Permanent	Height (mm)	Diameter (mm)	Platform	Model	Batch	Cemented	Lag screw	One piece	Milled	Cylindrical	Triangular	Coded	Other: _____	Titanium	Other: _____	Torque

Prosthodontic restoration

				Cementing		Retention			Composition			Connection		
Implant position	Single	Fixed bridge	Date (D-M-Y)	Temporary	Permanent	To implant	To abutment	Torque	Metal	Alloy: _____	Zirconia	Retention bar	Attachment	Laboratory