

# PATIENT'S DENTAL IMPLANT RECORD

Your doctor has chosen to utilize the highest quality manufactured dental implants and restorative products for your dental procedure. Please remember to follow the instructions for care as presented by your doctor.

Patient's Name: \_\_\_\_\_

Oral Surgen: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Restorative Dentist: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dental Lab: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Implants & Abutments

Tooth #: \_\_\_\_\_

Implant's Sticker ↓

Implant Placement Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Abutment's Product Code ↓

Abutment Placement Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tooth #: \_\_\_\_\_

Implant's Sticker ↓

Implant Placement Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Abutment's Product Code ↓

Abutment Placement Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tooth #: \_\_\_\_\_

Implant's Sticker ↓

Implant Placement Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Abutment's Product Code ↓

Abutment Placement Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tooth #: \_\_\_\_\_

Implant's Sticker ↓

Implant Placement Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Abutment's Product Code ↓

Abutment Placement Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Abutment's Product Code ↓

Abutment Placement Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_