

DIAGNOSTIC RECORDS FOR IMPLANT DENTISTRY

Patient: _____

Date: _____

1. **Diagnostic Impressions:** Max _____ Mand _____
With Removable Prosthesis _____ Without _____
Unmounted Models _____ Mounted Models _____ Articulator _____

2. **Bite Registration** Partial _____ Full Arch _____
VDO _____ mm

3. **Face Bow Mounting** Yes _____ No _____

4. **Radiographs:** Panorex _____ Cephs _____
Bite Wings: Left _____ Right _____ (Horizontal/Vertical)
Periapical: Area _____
Others: _____

5. **Photographs:** (Digital / intraoral) Camera
Current Shade _____ Desired Shade _____
With Removable Prosthesis _____ Without _____

Non-retracted Views:

- a. Full face frontal horizontal, 1 : 10 x 2 _____
- b. Full face frontal vertical, 1 : 10 x 2 _____
- c. Full smile frontal, 1 : 2 x 2 _____
- d. Full smile right lateral, 1 : 2 x 2 _____
- e. Full smile left lateral, 1 : 2 x 2 _____

Retracted Views:

- a. Upper and lower teeth closed into occlusion frontal,
1 : 2 x 2 _____
- b. Upper and lower teeth slightly parted so all incisal edges show frontal,
1 : 2 x 2 _____
- c. Upper and lower teeth slightly parted so all incisal edges show right lateral,
1 : 2 x 2 _____
- d. Upper and lower teeth slightly parted so all incisal edges show left lateral,
1 : 2 x 2 _____
- e. Treated arch in view only frontal, 1 : 1 x 2 _____
- f. Treated arch in view only right lateral, 1 : 1 x 2 _____
- g. Treated arch in view only left lateral, 1 : 1 x 2 _____
- h. Upper occlusal view (use mirror), 1 : 1 x 2 _____
- i. Lower occlusal view (use mirror), 1 : 1 x 2 _____
- j. Others: _____

6. Implant Diagnostic Charting _____

7. Periodontal Charting _____

8. Full Mouth Dental Charting _____