

IMPLANT SURGICAL NOTATION

PROCEDURE MAXILLA/ MANDIBLE

Bone Graft: Allograft: _____ DFDB: _____ Xenografts: _____
 Alloplast: _____ HA Resorb: _____ Non Resorb: _____
 Autogenous bone _____ Origin: _____
 Antibiotic: _____
 Membrane: _____ Fixation: _____
 Other: _____ Screws#: _____ length: _____

Sinus Graft: Left SA2 SA3 SA4 Graft: Alloplast: _____ Non-Resorb: _____
 Right SA2 SA3 SA4 Allograft: _____ Resorb: _____
 Window: _____ Autogenous Bone: _____ Origin: _____
 Membrane evaluation: _____ Antibiotic: _____
 Perforation/Repair: _____ Membrane: _____
 Xenografts: _____

Suture: Type: _____ Material: _____ Y N Patient tolerated the procedure well
 End of procedure: _____: _____ AM PM Y N Released with vital signs within normal limits
 Estimated blood loss: _____ cc. Y N Given post-operative instructions and medications
 Post-operative x-rays: _____ Estimated healing time: _____

Notes:

Signature of the Doctor

Date