

IMPLANT TREATMENT PLANNING

- REMOVE HEALING CAP/ABUTMENT AND PLACE IMPRESSION COPING FINGER TIGHT.
- X-RAY/RADIOGRAPH TO ENSURE IMPRESSION COPING IS FULLY ENGAGED
- OPEN TRAY (DIRECT) IMPRESSION TECHNIQUE PREFERRED
- MEDIUM BODY IMPRESSION MATERIAL PREFERRED
– LET SET FOR FULL RECOMMENDED TIME
- UNSCREW PIN THROUGH TOP OF TRAY
– DO NOT REMOVE IMPRESSION COPING
- OPPOSING FULL ARCH IMPRESSION
- DIAGNOSTIC WAX-UP/TEMP MODEL, IF APPLICABLE
- BITE REGISTRATION
- SHADE/DETAILED MAP, IF APPLICABLE
- PHOTOS, IF AVAILABLE
- IMPLANT COMPANY_____;
IMPLANT SYSTEM_____;
IMPLANT SIZE/DIAMETER_____;
- ADJACENT DENTITION: NATURAL OR CROWNED
(TYPE OF CROWN)_____
- PATIENT'S AND/OR DOCTOR'S
EXPECTATIONS_____
- MISCELLANEOUS_____
- PLEASE HAVE A SALES/TECHNICAL REPRESENTATIVE CALL ME.