

Patient: \_\_\_\_\_ Dentsyst: \_\_\_\_\_ Date: \_\_\_\_\_

	Date	Faculty Name & Signature	Resident Signature	Comments/Description
T.P. Presentation # & Location of Proposed Implant				
T.P. Presentation Proposed Restoration Inc. Non-Implant Pros.				
Was up and Stint				
Final Treatment Plan				
Financial Plan				
Placement Surgery				
Stage 2 Surgery				

Size	Quantity	Catalog Number	Description	Used/Returned

Date: \_\_\_\_\_

Appliance: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Quality Assessment Audit Date: \_\_\_\_\_

Signatures: \_\_\_\_\_

Faculty	Resident	Date
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1 copy (Patient's Chart)      2 copy (Supply Order)      3 copy (PCC)      4 copy (Resident's Portfolio)