## Advanced Education in General Dentistry Implant Progress Form

Patient:		Dentsyst: _		Date:			
		Date	Faculty Name & Signature	Resident Signature	Commen	ts/Description	
T.P. Presentation	# &						
Location of Propo	sed						
Implant							
T.P. Presentation							
<b>Proposed Restora</b>	ation						
Inc. Non-Implant	Pros.						
Was up and Stint							
Final Treatment Plan							
Financial Plan							
Placement Surgery							
Stage 2 Surgery							
Fixture/Compo	nent Ord	er					
Size Quantity			Catalog Numb	er Descrip	tion	Used/Returned	
Complications	,		<u>'</u>	,			
Date:							
Appliance:				(	Completion Date:		
Quality Assessmen	t Audit Da	te:					
Signatures:							
	Faculty	/		Resident		Date	
1 copy (Patient's Chart) 2 copy (Supply Order)				3 copy (P	3 copy (PCC) 4 copy (Resident's Portfolio)		

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