

IMPLANT PLACEMENT STANDARDS OF CARE EVALUATION FORM

Resident's Name: _____
 Patient's Name: _____
 Month: _____ Procedure: _____
 Sites: _____ Implant System: _____
 Type of surgical guide: _____

	Acceptable	Incomplete/ Needs Impr.	Not performed	Unacceptable
Pre-surgical Procedure				
1. Review patient's medical, dental history and medication interaction	_____	_____	_____	_____
2. Diagnostic casts, diagnostic wax up and radiographic guide	_____	_____	_____	_____
3. Case presentation & treatment plan	_____	_____	_____	_____
4. Ordering implant/parts in advance	_____	_____	_____	_____
5. Surgical guide	_____	_____	_____	_____
Surgical Procedure				
6. Anesthesia	_____	_____	_____	_____
7. Flapping	_____	_____	_____	_____
8. Osteotomy	_____	_____	_____	_____
9. Implant Placement	_____	_____	_____	_____
10. Suture	_____	_____	_____	_____
Post-surgical Procedure				
11. Follow up	_____	_____	_____	_____
12. Suture removal	_____	_____	_____	_____

Comments: