Non-Osseointegration Documentation Form

Please use for each patient one documentation form.
Please fill in all required information for the implants used and explanted.
Important: the form can not be processed if the batch-number of the explanted implant is not indicated.

Dealer: _____

Surgeon		Prosthodontist	
Customer-No.:	_____	Customer-No.	_____
Name	_____	Name:	_____
Address:	_____	Address:	_____
City:	_____	City:	_____
Phone:	_____	Phone:	_____
Fax:	_____	Fax:	_____
e-mail:	_____	e-mail:	_____

Patient

Initials first name:____ Initials surname: ____

Birthday: _____ (dd/mm/yyyy)

Sex: ☐ masculine ☐ feminine

General patient risk factors

- ☐ Acute periodontitis
- ☐ Alcoholism
- ☐ Allergies
- ☐ Allergy: nickel
- ☐ Allergy: penicillin
- ☐ Anaemia
- ☐ Anti-blood coagulation medication
- ☐ Anti-coagulant
- ☐ Anti-depressants
- ☐ Asthma
- ☐ Bisphosphonates
- ☐ Blood glucose
- ☐ Bruxism
- ☐ Cardiac arrhythmias
- ☐ Cardiac insufficiency
- ☐ Cardiac pacemaker
- ☐ Chronic periodontitis
- ☐ Clefts and craniofacial anomalies
- ☐ Coagulopathies
- ☐ Cortisone regularly
- ☐ Diabetes type 1 (insulin dependant)
- ☐ Diabetes type 2
- ☐ Drugs
- ☐ Dysgnathism
- ☐ Emotionally disturbed
- ☐ Endocarditis
- ☐ Epilepsy
- ☐ Fear
- ☐ Halitosis
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ HIV
- ☐ Hypertension
- ☐ Hypotension
- ☐ Malnutration
- ☐ Mucosal disorder
- ☐ Osteoporosis
- ☐ overly sensitive teeth
- ☐ Pregnancy
- ☐ Radiation treatment 1 - « 30 Gray)
- ☐ Radiation treatment 2 - (3D-50 Gray)
- ☐ Radiation treatment 3 - (> 50+ Gray)
- ☐ Reflux 1indigestion
- ☐ Rheumatism 1 arthritis
- ☐ Sedatives
- ☐ Sleep disorders
- ☐ Smoker 0 - no
- ☐ Smoker 1 - light (1-5 1day)
- ☐ Smoker 2 - medium [6-15 day)
- ☐ Smoker 3 - heavy (16+ day)
- ☐ Snoring
- ☐ Steroids
- ☐ Slress
- ☐ Trauma
- ☐ Tumor

Oral hygiene

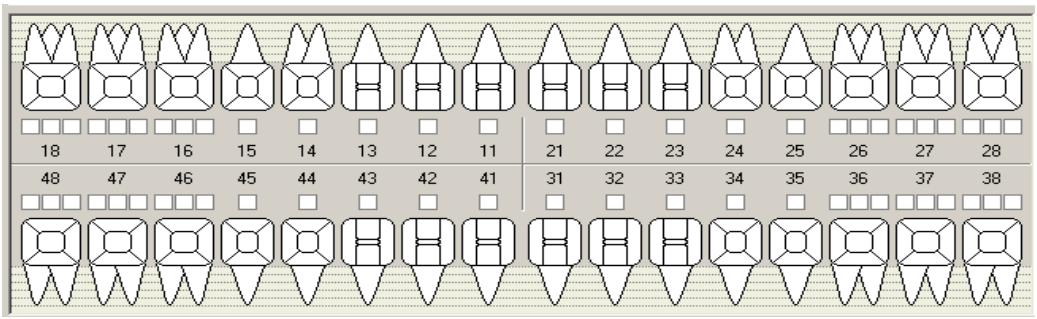
- ☐ normal
- ☐ slight inflammation
- ☐ medium inflammation
- ☐ heavy inflammation

Implantation

Implantation date: _____ (dd/mm/yyyy)

(please indicate all placed implants)

Position	Implant	REF	Batch-No:	Bone quality D1 – D4	Explanted
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐



Temporary Restoration

☐ without
☐ with splint
☐ with prosthesis
☐ with crown out of occlusion
☐ with bridge construction

Explantation

Date	Position	Granulation-tissue	Reason (Please use abbreviations)	**Possible Reasons**
		☐		BG = Granulation tissue
		☐		BR = Break
		☐		DN = Denture pressure
		☐		FB = Early loading
		☐		FP = Insufficient primary stability
		☐		KB = Jaw breakage
		☐		KN = Bone necrosis
		☐		KO = No osseointegration
		☐		NV = Nervverletzung
		☐		PD = Prothesendruck
		☐		RA = Smoking
		☐		SL = Spontaneous loss
		☐		ÜB = Overuse
		☐		

Comments: _____

_____

_____

Please send the documentation form together with an X-ray and the explanted implant to your local dealer. Thank you very much for your cooperation.