ChecklistGuro

# Dental Implant Placement Checklist: Surgical Protocol & Recovery

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## Pre-Operative Assessment

Review patient history, imaging (CBCT, Pano), and consent forms. Confirm medical clearance and allergies.

**Appointment Date**

Enter date...

**Medical History Review**

Write something...

**Allergies**

- [ ] No Known Allergies
- [ ] Medications
- [ ] Latex
- [ ] Other

**Blood Pressure (Systolic)**

Enter a number...

**Blood Pressure (Diastolic)**

Enter a number...

**Radiographic Imaging (CBCT/Pano)**

Upload File

**Informed Consent Status**

- [ ] Signed and on File
- [ ] To be Signed

# Surgical Site Preparation

Ensure proper anesthesia, sterile field, and equipment setup. Verify implant site marking and surgical guide placement (if applicable).

### Anesthesia Type

- [ ] Local Anesthesia
- [ ] Sedation
- [ ] General Anesthesia

### Anesthesia Dosage (mg)

Write something...

### Sterile Field Status

- [ ] Confirmed
- [ ] Pending

### Pre-op Radiograph Review

Upload File

### Surgical Guide Present?

- [ ] Yes
- [ ] No

**Guide Placement Verified (Y/N)**

Write something...

**Preparation Start Time**

Enter time...

# Implant Osteotomy

Accurate osteotomy creation based on surgical plan. Verify depth and diameter. Irrigation and hemostasis.

**Osteotomy Depth (mm)**

Enter a number...

**Osteotomy Diameter (mm)**

Enter a number...

**Drill Speed (RPM)**

- [ ] Low
- [ ] Medium
- [ ] High

**Irrigation Solution Used**

- [ ] Saline
- [ ] EDTA
- [ ] Hydrogen Peroxide

**Notes on Bone Density and Quality**

Write something...

**Number of Drill Passes**

Enter a number...

# Implant Placement

Correct angulation, depth, and primary stability. Verify tactile and radiographic assessment.

**Implant Depth (mm)**

Enter a number...

**Angle of Placement (degrees)**

Enter a number...

**Implant Brand**

- [ ] Straumann
- [ ] Nobel Biocare
- [ ] Bio-Tech
- [ ] Osstem
- [ ] Other

**Implant Diameter (mm)**

- [ ] 3.5
- [ ] 4.0
- [ ] 5.0
- [ ] 6.0
- [ ] Other

**Initial Torque Value (Ncm)**

Enter a number...

**Observations during Placement**

Write something...

**Primary Stability (hand test)**

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor

# Wound Closure & Dressing

Appropriate suturing technique. Application of protective dressing. Patient education on post-operative care.

**Suture Type**

- [ ] Silk
- [ ] Nylon
- [ ] Chromic Gut
- [ ] Vicryl Rapide

**Number of Sutures**

Enter a number...

**Suture Technique**

- [ ] Simple Interrupted
- [ ] Continuous
- [ ] Mattress

**Dressing Type**

- [ ] Gauze
- [ ] Non-Adherent Pad
- [ ] Biopatch

**Dressing Instructions Provided**

Write something...

**Dressing Change Time (if applicable)**

Enter time...

# Post-Operative Instructions

Provide detailed verbal and written instructions regarding pain management, diet, oral hygiene, and follow-up appointments.

**Detailed Pain Management Instructions**

Write something...

**Dietary Restrictions and Recommendations**

Write something...

**Oral Hygiene Instructions (Specific to Implant Site)**

Write something...

**Prescription Refill Date (Pain Medication)**

Enter a number...

**Follow-up Appointment Date**

Enter date...

**Scheduled Appointment Time (Follow-up)**

Enter time...

**Potential Complication Signs & Symptoms (Checklist)**

- [ ] Increased Pain
- [ ] Swelling
- [ ] Bleeding
- [ ] Fever
- [ ] Purulent Discharge

# Initial Healing Phase (Weeks 1-3)

Monitor for signs of infection, inflammation, or implant failure. Assess soft tissue healing.

**Date of Initial Post-Op Assessment**

Enter date...

**Vital Signs - Temperature (°C)**

Enter a number...

**Vital Signs - Blood Pressure (mmHg)**

Enter a number...

**Presence of Swelling?**

- [ ] None
- [ ] Mild
- [ ] Moderate
- [ ] Severe

**Presence of Pain?**

- [ ] None
- [ ] Mild
- [ ] Moderate
- [ ] Severe

**Pain Management Notes (if applicable)**

Write something...

**Signs of Infection?**

- [ ] No
- [ ] Yes - Describe in notes

**Additional Notes/Observations**

Write something...

## Osseointegration Assessment (Typically 3-6 months)

Radiographic evaluation to confirm osseointegration. Assess peri-implant bone levels.

**Radiographic Assessment Date**

Enter date...

**Peri-implant Bone Level (mm) - Mesial**

Enter a number...

**Peri-implant Bone Level (mm) - Distal**

Enter a number...

**Bone Density Appearance**

- [ ] Cortical
- [ ] Cancellous
- [ ] Mixed

**Presence of Fibrous Tissue**

- [ ] Yes
- [ ] No
- [ ] Questionable

**Radiographic Image (Panoramic/CBCT)**

Upload File

**Clinical Notes (e.g., presence of inflammation, exudate)**

Write something...

# Prosthetic Component Placement

Confirmation of stability and accuracy. Impression taking and abutment selection.

**Impression Type**

- [ ] Digital
- [ ] Alginate
- [ ] PVS

**Impression Depth (mm)**

Enter a number...

**Abutment Type**

- [ ] Stock
- [ ] Custom
- [ ] Angled

**Abutment Height (mm)**

Enter a number...

**Impression Date**

Enter date...

**Impression Time**

Enter time...

**Master Cast Status**

- [ ] Created
- [ ] Sent to Lab

## Final Restoration & Patient Education

Delivery of final restoration. Review occlusion, aesthetics, and maintenance. Long-term follow-up plan.

**Restoration Material**

Write something...

**Occlusion - Angle (degrees)**

Enter a number...

**Aesthetic Notes (Color Matching, Contouring)**

Write something...

**Maintenance Instructions Provided**

- [ ] Brushing Technique
- [ ] Flossing Technique
- [ ] Recall Appointments
- [ ] Professional Cleaning

**Next Recall Appointment**

Enter date...

**Patient Concerns/Questions**

Write something...

**Patient Signature (Acknowledgement)**