

# Dental Implant Placement Checklist: Surgical Protocol & Recovery

 Show only Checklist

Display Style  
Default 

## 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)

## Abutment Type

- Stock
- Custom
- Angled

## Abutment Height (mm)

## Impression Date

### Impression 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

### Occlusion - Angle (degrees)

### **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)**

---