


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)

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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

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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)

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)

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)

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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)
