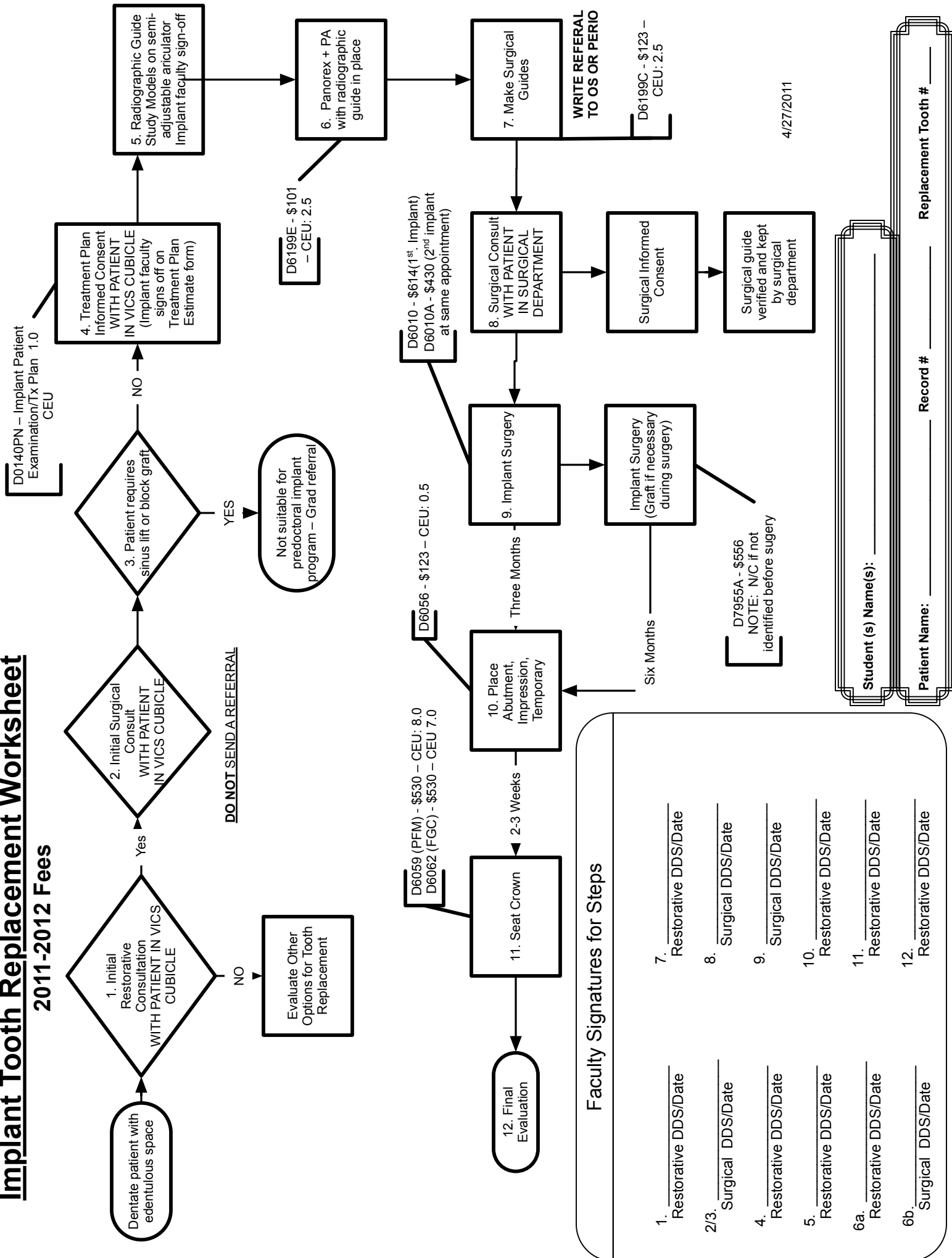


Implant Tooth Replacement Worksheet

2011-2012 Fees



4/27/2011

Faculty Signatures for Steps

1. _____	Restorative DDS/Date
2/3. _____	Surgical DDS/Date
4. _____	Restorative DDS/Date
5. _____	Restorative DDS/Date
6a. _____	Restorative DDS/Date
6b. _____	Surgical DDS/Date
7. _____	Restorative DDS/Date
8. _____	Surgical DDS/Date
9. _____	Surgical DDS/Date
10. _____	Restorative DDS/Date
11. _____	Restorative DDS/Date
12. _____	Restorative DDS/Date

Student (s) Name(s): _____

Patient Name: _____ Record # _____ Replacement Tooth # _____