Implant Tooth Replacement Worksheet
2011-2012 Fees

1. Initial Restorative Consultation
   WITH PATIENT IN VICS CUBICLE

2. Initial Surgical Consult
   WITH PATIENT IN VICS CUBICLE

3. Patient requires sinus lift or block graft

4. Treatment Plan Informed Consent
   WITH PATIENT IN VICS CUBICLE
   (Implant faculty signs off on Treatment Plan Estimate form)

5. Radiographic Guide
   Study Models on semi-adjustable articulator
   Implant faculty sign-off

6. Panorex + PA with radiographic guide in place

7. Make Surgical Guides

8. Surgical Consult
   WITH PATIENT IN SURGICAL DEPARTMENT

9. Implant Surgery
   Implant Surgery (Graft if necessary during surgery)

10. Place Abutment, Impression, Temporary
    Three Months

11. Seat Crown
    2-3 Weeks

12. Final Evaluation

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 # ___