

INITIAL CONSULT DATE: / /

Patient Name: _____

RESTORATIVE DOCTOR COMMENTS:

DESIRED OUTCOME:

- IMMEDIATE PLACEMENT AFTER EXTRACTION
- IMMEDIATE TEMPORARY
- ONE PIECE IMPLANT-TEMPORARY OR HEALING COLLAR
- PLACE HEALING COLLAR AT UNCOVERING
- PLACE FINAL ABUTMENT AT UNCOVERING WITH TEMPORARY
- OVERDENTURE
 - LOCATORS
 - BAR

RESTORATIVE DOCTOR WILL SUPPLY:

SURGICAL GUIDE

or

DIAGNOSTIC WAX UP

BONE GRAFT (IF NECESSARY)

Dr. Griffin Comments:

IMPLANT PLACED (TOOTH NUMBER AND STICKER)

HEALING COLLAR PLACED (TOOTH NUMBER AND STICKER)