Documentation form for non-osseointegration

Please use a separate documentation form for each patient. Please complete all the information on the implants placed and explanted.

Attention: Processing is not possible without batch numbers.

Surgeon		**Prosthodontist**	
Customer no.:	_____	Customer no.	_____

(Only complete if no customer number exists at bredent medical)

Name	_____	Name:	_____
Street:	_____	Street:	_____
Location:	_____	City:	_____
Telephone:	_____	Telephone:	_____
Fax:	_____	Fax:	_____
Email:	_____	Email:	_____

Patient (please note our privacy policy)

First name (initials):_____ Surname (initials): _____

Date of birth: _____ (dd/mm/yyyy)

Gender: ☐ male ☐ female

General risk factors of the patient

- ☐ Acute periodontitis
- ☐ Alcoholism
- ☐ Allergy: Nickel
- ☐ Allergy: Penicillin
- ☐ Allergies
- ☐ Adult-onset diabetes
- ☐ Anaemia
- ☐ Anxiety
- ☐ Antidepressants
- ☐ Asthma
- ☐ Tranquillisers
- ☐ Irradiation 1 - (30 Gray)
- ☐ Irradiation 2 - (30–50 Gray)
- ☐ Irradiation 3 - (>50 Gray)
- ☐ Bisphosphonates
- ☐ Anticoagulants Medication
- ☐ Blood sugar
- ☐ Cortisone on a regular basis
- ☐ Cytotoxic medication
- ☐ Diabetes requiring insulin
- ☐ Drugs
- ☐ Dysgnathy
- ☐ Endocarditis
- ☐ Epilepsy
- ☐ Anticoagulant
- ☐ Halitosis
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Cardiac arrhythmias
- ☐ Cardiac insufficiency
- ☐ Pacemaker
- ☐ HIV
- ☐ Hypertension
- ☐ Hypotension
- ☐ Osteoporosis
- ☐ Psychological problems
- ☐ Smoker 0 - no
- ☐ Smoker 1 – casual (1–5/ day)
- ☐ Smoker 2 – moderate (6–15/ day)
- ☐ Smoker 3 – heavy (16+/ day)
- ☐ Acid reflux Heartburn
- ☐ Rheumatoid arthritis
- ☐ Thyroid disorders
- ☐ Sleep disorders
- ☐ Mucosal disorders
- ☐ Snoring
- ☐ Pregnancy
- ☐ Fissures and craniofacial malformations
- ☐ Steroids
- ☐ Stress
- ☐ Trauma
- ☐ Tumour

☐ Bruxism
☐ Chronic periodontitis
☐ Coagulopathies
☐ Malnutration
☐ Hypersensitive teeth
☐ Xerostomia

Oral hygiene status

☐ Normal
☐ Mild inflammation

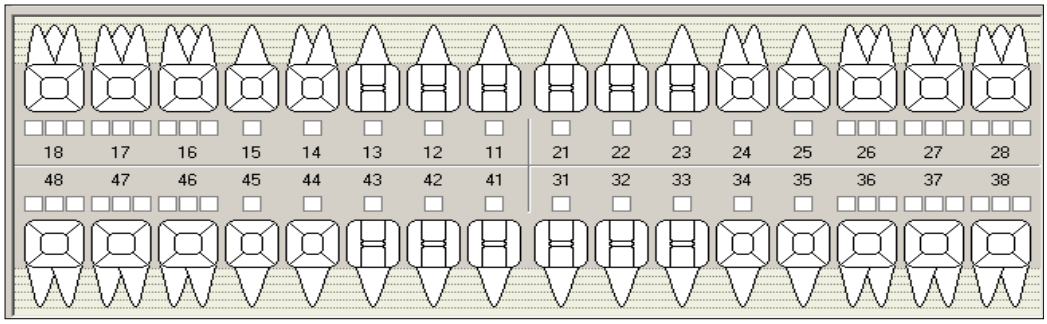
☐ Moderate inflammation

☐ Severe inflammation

Implantation

Implantation date: _____ (dd/mm/yyyy)
(Please indicate all implants placed – either in the table or on the graphic)

Position	Implant	REF	Lot number:	Bone quality: D1 – D4	Explanted
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐



Temporary restoration

☐ Without
☐ Without splint
☐ With prosthesis
☐ With crowns/bridges except occlusion
☐ With crowns/bridges with load

Explantation

Date	Position	Granulation tissue	Causes (Please indicate abbreviation)	**Possible causes of loss** BG = Bindegewebseinheilung [connective tissue healing] BR = Breakage DN = Drucknekrose [pressure necrosis] FB = Frühbelastung [early loading] FP = Fehlende Primärstabilität [lack of primary stability] KB = Kieferbruch [fracture of the jaw] KN = Knochennekrose [bone necrosis] KO = Keine Osseointegration [no osseointegration] NV = Nervverletzung [nerve injury] PD = Prothesendruck [prosthesis pressure] PI = Provisorisches Implantat [temporary implant] RA = Rauchen [smoking] SL = Spontaneous loss ÜB = Überlastung [overload]
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Comments: _____

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