

IMPLANT PLACEMENT WORKSHEET



Patient Name: _____

Blood Pressure: _____ / _____. P: _____

Implant Size (check with Dr): _____

- Implant (in box) is ready
- Cover screw ready
- Surgical guide sterilized and ready

Implant Consent Form:

- signed by patient
- signed by doctor
- scanned in to chart

Any medical allergies? YES / NO _____

- Pre-op chlorhexidine mouth rinse for 1 min
- Pre-op chlorhexidine facial scrub
- Pre-op antibiotics (Amoxicillin for most, Clindamycin for patients allergic to Penicillin or Amoxicillin).
- Post-operative antibiotic prescription is printed and signed by Doctor
- Post-operative pain prescription is printed and signed by Doctor

READY!