

## PatientPass

Safety and aesthetics  
for a good feeling.



# Important!

Dear patient,

please take good care of your PatientPass. Bring it with you to all your checkups. It is used to document your checkup appointments. Thank you.

Your practice team



Practice stamp, date, signature

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# Personal data.

First name

Last name

Street, house number

City, postal code

Date of birth

Insurance

Known allergies



### **Important dos and don'ts.**

We want your implants to heal quickly and complication-free after placement and keep treatment as short as possible. For this to happen, it is important that you carefully follow the rules listed in the following sections. During our doctor-patient consultation, we have discussed the most important dos and don'ts. As a reminder, you can find them on the next pages.

# Introduction.

## Important information.

### **Other important information can be found here.**

- Pages 12–23** This section is used to document important information about your implants. You will need it, if you have to see a dentist while you are on vacation or if you move away and see a new dentist.
- Pages 24–31** This section lists important tips and advice on how to clean and take care of your restoration.
- Pages 32–43** This section is used to document all your checkups, same as in the bonus booklets from your health insurances.



### **Immediately after the surgery.**

- Cool the operated area externally.
- Avoid physical stress such as sport or heavy lifting.
- Do not smoke.
- Do not drink coffee, black tea, coca cola or alcohol.
- Start eating soft food once the local anaesthetic has worn off.

# Introduction.

## Dos and don'ts after surgery.

### First week after the surgery.

- Do not chew in the region of the implant.
- Do not wear your denture if it presses on the implant.
- Do not use mouthwash or an electric toothbrush in the region of the implant.
- Clean your teeth regularly, but avoid the implant region.
- Ask your dentist, which mouth rinse you may use.



- Rinse your mouth carefully with warm water after each meal.
- Avoid physical stress.
- If there is any pain or if the implant becomes visible, consult your dentist immediately.
- Do not hesitate to ask your dentist. Your dentist will be happy to help you.

#### **After suture removal.**

- Clean the region of implant according to the dentist's instructions.
- Do not touch the implant region with your tongue or fingers.

# Introduction.

## Dos and don'ts after surgery.

### **After implant exposure.**

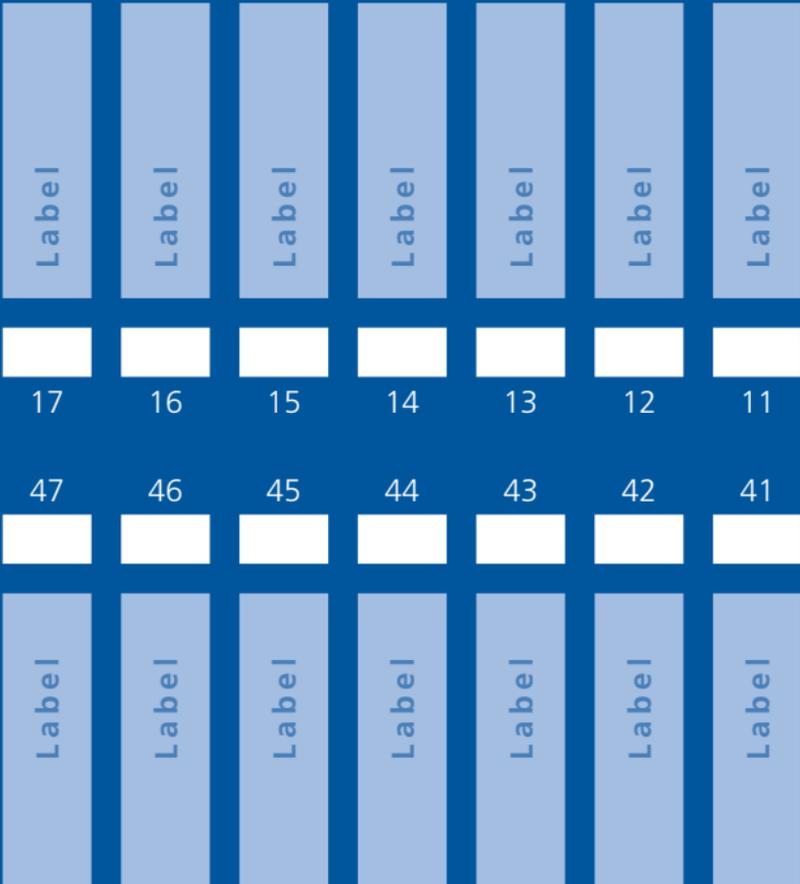
- Adhere to the instructions given in the section 'First week after the surgery'.

### **After prosthetic fitting.**

- Adhere to the cleaning and care advice provided by your dentist.
- Regularly attend the agreed checkup appointments.

# Restoration 1

## Implant



Abbreviations: S = Single tooth; BR = Bridge; B = Resilient bar/Bar attachment; MB = Milled bar;

Date			Signature			
Label	Label	Label	Label	Label	Label	Label
21	22	23	24	25	26	27
31	32	33	34	35	36	37
Label	Label	Label	Label	Label	Label	Label

T = Telescope; K = Ball abutment; L = LOCATOR®; A = AngleFix

# Restoration 1

## Notes

Notes about the implant


Date

--

Signature

--

Notes about the prosthetic restoration


Date

--

Signature

--

# Prosthetics

Date fitted

Date, Signature

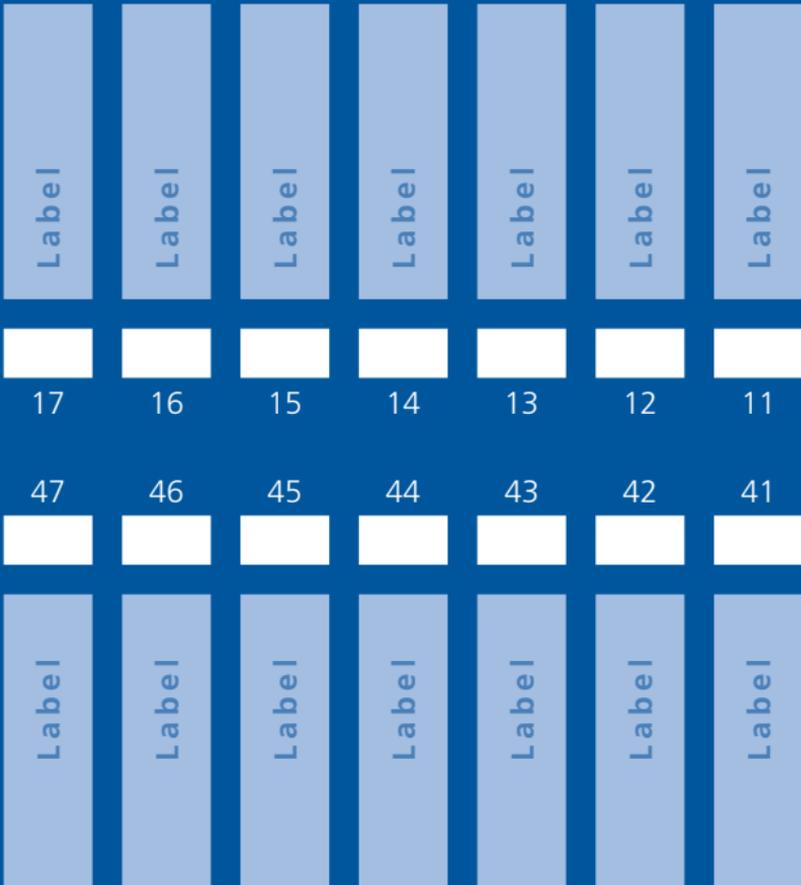
Abutments used

Alloy used (name, manufacturer)

Ceramic used (name, manufacturer; shade)

# Restoration 2

## Implant



Abbreviations: S = Single tooth; BR = Bridge; B = Resilient bar/Bar attachment; MB = Milled bar;

Date			Signature			
Label	Label	Label	Label	Label	Label	Label
21	22	23	24	25	26	27
31	32	33	34	35	36	37
Label	Label	Label	Label	Label	Label	Label

T = Telescope; K = Ball abutment; L = LOCATOR®; A = AngleFix



# Restoration 2

## Notes

Notes about the implant


Date

--

Signature

--

Notes about the prosthetic restoration


Date

--

Signature

--

# Prosthetics

Date fitted

Date, Signature

Abutments used

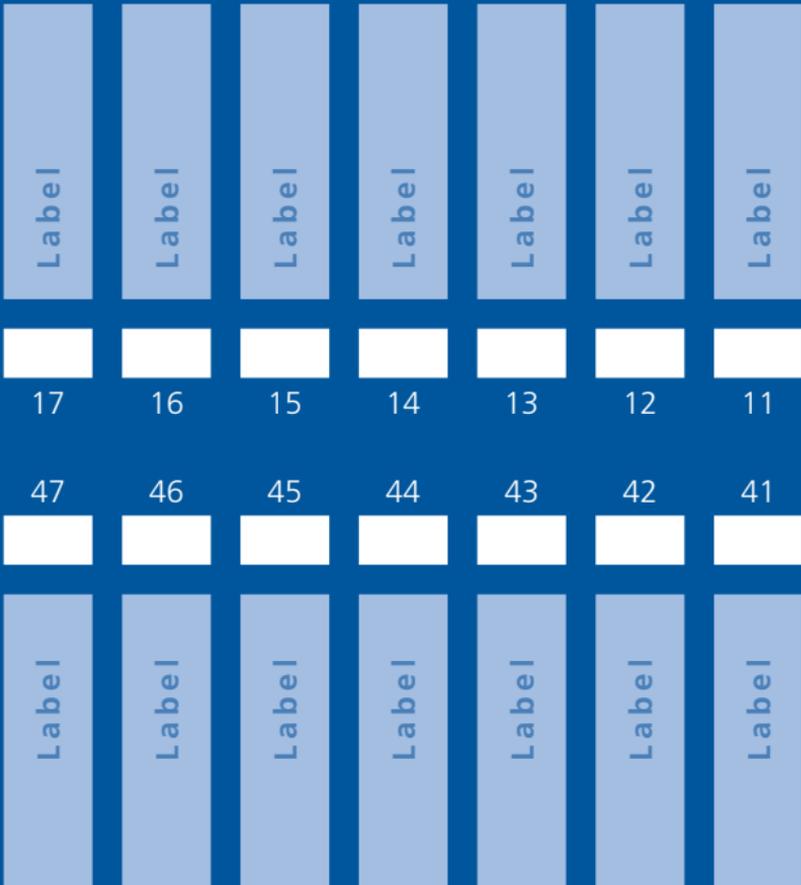
  
  
  
  
  
  

Alloy used (name, manufacturer)

Ceramic used (name, manufacturer; shade)

# Restoration 3

## Implant



Abbreviations: S = Single tooth; BR = Bridge; B = Resilient bar/Bar attachment; MB = Milled bar;

Date			Signature			
Label	Label	Label	Label	Label	Label	Label
21	22	23	24	25	26	27
31	32	33	34	35	36	37
Label	Label	Label	Label	Label	Label	Label

T = Telescope; K = Ball abutment; L = LOCATOR®; A = AngleFix

# Restoration 3

## Notes

Notes about the implant


Date

--

Signature

--

Notes about the prosthetic restoration


Date

--

Signature

--

# Prosthetics

Date fitted

Date, Signature

Abutments used

Alloy used (name, manufacturer)

Ceramic used (name, manufacturer; shade)



All about care.

Many years of satisfaction and comfort.



Your dentist has probably already stressed the importance of proper, consistent tooth care, especially with prosthetic restorations. The only way you will enjoy your implants for many years is conscientious, reliable oral hygiene. This sounds very time consuming, but it's not. The most important things to consider are listed below. Always follow the advice of your dentist, as your dentist knows what is best in your specific case.



**New brushes clean more effectively.**

Keep cleaning your teeth the usual way after getting your prosthetics: 3 times daily is best, most important though is cleaning your teeth after breakfast and before going to bed. Clean your teeth from all sides and do not forget the occlusal surfaces. Your dentist will be happy to give you further tips on cleaning your teeth. A soft toothbrush is more suitable than a hard toothbrush. It is essential that you regularly replace your toothbrush with a new one. A toothbrush should ideally be replaced every 3 months. This also applies to the brush heads of electric toothbrushes.

## All about care.

### **A small brush is effective.**

It is also very important to carefully clean interdental spaces that are difficult to access. There are various aids available for this, for example interdental brushes. These brushes can easily reach interdental spaces. Take enough time to ensure thorough cleaning. Ask your dentist which interdental brushes he recommends.



### **An integral part of good oral hygiene.**

Dental floss should also be an integral part of your tooth cleaning equipment. With dental floss, you can clean areas that the small interdental brushes cannot reach. These concealed areas are particularly important to clean.

### **Mouthwash – yes or no?**

In general there is no reason why you shouldn't use a mouthwash. You should always ask your dentist, which mouthwash he recommends in your particular case. Your dentist knows best whether you should use a mouthwash and which solution is best for you.

## All about care.

### **Professional: Care in the practice.**

It does not matter how well you care for your teeth, professional care has more means available and is even better. We always recommend regular professional dental care appointments in addition to your own dental care. Professional dental care can, for instance, remove stubborn accretion, which is otherwise a good breeding ground for bacteria. Consult your practice team regarding professional dental care.



**Trust is good – control is better.**

It is important that you get regular checkups so that any problems that may arise can be solved in time. Your dentist will determine the schedule for your checkups, depending on the risk of inflammation in your particular case.

# Checkup.

## **Important!**

Get your dental practice to document your checkups in your Patient**Pass**. Ensure that the date of the examination is always recorded and that the pass is not simply stamped.

# Checkup.

Stamp

1

Date

Signature

Stamp

2

Date

Signature

Stamp

3

Date

Signature

Stamp

4

Date

Signature

Stamp

5

Date

Signature

Stamp

6

Date

Signature

Stamp

7

Date

Signature

Stamp

8

Date

Signature

# Checkup.

Stamp

9

Date

Signature

Stamp

10

Date

Signature

Stamp

11

Date

Signature

Stamp

12

Date

Signature

Stamp

13

Date

Signature

Stamp

14

Date

Signature

Stamp

15

Date

Signature

Stamp

16

Date

Signature

# Checkup.

Stamp

17

Date

Signature

Stamp

18

Date

Signature

Stamp

19

Date

Signature

Stamp

20

Date

Signature

Stamp

21

Date

Signature

Stamp

22

Date

Signature

Stamp

23

Date

Signature

Stamp

24

Date

Signature

# Checkup.

Stamp

25

Date

Signature

Stamp

26

Date

Signature

Stamp

27

Date

Signature

Stamp

28

Date

Signature

Stamp

29

Date

Signature

Stamp

30

Date

Signature

Stamp

31

Date

Signature

Stamp

32

Date

Signature

# Checkup.

Stamp

33

Date

Signature

Stamp

34

Date

Signature

Stamp

35

Date

Signature

Stamp

36

Date

Signature

Stamp

37

Date

Signature

Stamp

38

Date

Signature

Stamp

39

Date

Signature

Stamp

40

Date

Signature

# Control examination.

Stamp

41

Date

Signature

Stamp

42

Date

Signature

Stamp

43

Date

Signature

Stamp

44

Date

Signature

Stamp

45

Date

Signature

Stamp

46

Date

Signature

Stamp

47

Date

Signature

Stamp

48

Date

Signature



[www.dentaurum-implants.com](http://www.dentaurum-implants.com)