

Date of issue: _____

Patient:

First Name:			
Name:			
Date of Birth:			
Medical insurance:	Private: <input type="checkbox"/>	State: <input type="checkbox"/>	Other: <input type="checkbox"/>
Name of insurance company:			

Dental practice:

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Localization of implant:

18	17	16	15	14	13	12	11		21	22	23	24	25	26	27	28
∅	∅	∅	∅	∅	∅	∅	∅		∅	∅	∅	∅	∅	∅	∅	∅
L	L	L	L	L	L	L	L		L	L	L	L	L	L	L	L
Implant dimensions ¹ (label) Labels included in implant packaging can be used in documentation after implant insertion.																
∅	∅	∅	∅	∅	∅	∅	∅		∅	∅	∅	∅	∅	∅	∅	∅
L	L	L	L	L	L	L	L		L	L	L	L	L	L	L	L
Implant dimensions ¹ (label) Labels included in implant packaging can be used in documentation after implant insertion.																
48	47	46	45	44	43	42	41		31	32	33	34	35	36	37	38

Data relating to implant-borne restoration:

Operator _____

Medication Pre-operative _____ Post-operative _____

Anesthesia / quantity Block anesthesia _____ Infiltration anesthesia _____

Bone quality D1 (dense compact bone) D3 (thin, porous compact bone / wide-meshed cancellous bone)

D2 (porous compact bone / dense cancellous bone) D4 (almost no compact bone / wide-meshed cancellous bone)

Augmentation / augmentation material _____

Sinus lift / augmentation material _____

Bone transplant / donor site _____

Membrane _____

Bone Condensing _____

Bone Spreading _____

Other _____

Complications:

Perforation of maxillary sinus Damage to mandibular canal Wound infection Other: _____

Perforation of nasal cavity Damage to neighboring structures Dehisced suture _____

¹ Implant dimensions / series of abutments (S-M-L concept)

Implant length	7.0 / 9.0 / 11.0 / 13.0 / 15.0 mm				
Implant diameter	3.3 mm	3.7 mm	4.2 mm	4.8 mm	5.5 mm
Series of abutments	S	M		L	

Connector geometry*: Conical Platform

All components are marked with the series of abutments S, M or L. Implants in ∅ 3.3 mm and ∅ 5.5 mm are not available in 7.0 mm length.

Comments:

¹Exclusively for tioLogic® TWINFIT.