

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 <sup>1</sup> (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 <sup>1</sup> (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      \_\_\_\_\_

**<sup>1</sup> 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:**

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<sup>1</sup>Exclusively for tioLogic® TWINFIT.