







Implant Parts Checklist

Patient: _____ Appt Date/Time: _____	
Implant Brand	<input type="checkbox"/> Nobel Replace <input type="checkbox"/> Nobel Active <input type="checkbox"/> Brannemark <input type="checkbox"/> Straumann Bone Level <input type="checkbox"/> Straumann Tissue Level <input type="checkbox"/> Zimmer Screw Vent <input type="checkbox"/> Biomet 3i Certain <input type="checkbox"/> Dentsply Astra Tech <input type="checkbox"/> MIS <input type="checkbox"/> Implant Direct Legacy <input type="checkbox"/> Trilobe <input type="checkbox"/> Swish <input type="checkbox"/> Interactive <input type="checkbox"/> Adin <input type="checkbox"/> Megagen <input type="checkbox"/> Hiossen <input type="checkbox"/> OCO Biomedical <input type="checkbox"/> Other _____
Interface Diameter <i>The diameter of the restorative platform. This is different than the implant length.</i>	Tooth #: _____ Implant Interface Size: _____ Tooth #: _____ Implant Interface Size: _____ Tooth #: _____ Implant Interface Size: _____
Impression Coping	<input type="checkbox"/> Closed Tray + Screw  <input type="checkbox"/> Open Tray + Screw 
Temporization	<input type="checkbox"/> Healing Cap <input type="checkbox"/> Temporary Abutment <input type="checkbox"/> Temporary Crown <input type="checkbox"/> Acrylic Flipper <input type="checkbox"/> Flexi Flipper
Lab Parts	<input type="checkbox"/> Implant Analog  <input type="checkbox"/> Lab Fabricated CAD/CAM Abutment  <input type="checkbox"/> Pre-Fabricated Abutment  <input type="checkbox"/> Engaging UCLA Abutment <i>For custom abutments or single unit screw retained crowns</i>  <input type="checkbox"/> Non-Engaging UCLA Abutment <i>For screw retained bridges only</i> 