

# Implant Assessment Checklist



## Patient:

Medical history  
Presenting complaint  
Happy with existing dentition?  
OH regime

## Date:

Social history  
Expectations  
Hyg frequency

Diagnoses - perio, dental, occlusal, parafunction

Options: N D B I O

Patient specific considerations

Special investigations needed

## Timeline

Routine treatment

Extraction, augmentation & PRF                      Sedation

Implant placement - ABs, procedure, bone, PRF, temp

Post-op warnings - swelling, bleeding, bruising, pain

Post-op care - sw mouthwash, ice pack, ibuprofen, soft diet

Risks            Inadequate bone                      Vital structures

                                 Failure to integrate                      Medical factors

Uncovering - healing period

Impressions/scans

Finish - remakes, gum line, papilla, porcelain, screw hole

Total time estimate

## Long term risks

Success rates

Recession

Gum disease

Maintenance - crown/screw hole

## Other factors affecting implant success

Smoking

Parafunction

Systemic illness

Inability to clean effectively

## Patient responsibilities

Home maintenance - TBI, ID cleaning

Clinical reviews annually, hygienist

