



STAGE 5

Post Fit Report Form

This form is to be completed by the Student & Local Mentor

Dentist's Name _____

Patient Name: _____

Date of Birth: _____

CHECKLIST

Please submit this form electronically (as a single file PDF) along with the following files (PDF or JPEG):

- Post fit periapical radiograph(s) (as PDF or JPEG files)
- Post fit clinical photographs
- Copies of the post surgery clinical records (as a single PDF file)

PLEASE EMAIL TO:

info@CAofDI.com

Implant(s) placed

Sites placed: _____

Type: _____

Width: _____ Length: _____

Type: _____

Width: _____ Length: _____

Type: _____

Width: _____ Length: _____

Temporisation:

Healing abutment Cover Screw Immediate prosthesis

Impression stage:

Impression coping used: _____

Impression material used: _____

Occlusal recording medium: _____

Open Tray Closed Tray

Articulated: YES NO

Final prosthesis:

Prosthesis type: _____

Abutment used: _____

Cement used: _____

Patient happy? YES NO

PLEASE DETAIL YOUR LONG TERM MAINTENANCE PLAN:

TO BE COMPLETED BY LOCAL MENTOR:

| INDICATORS | TICK IF COMPETENCY MET |
|---|------------------------|
| Correct prosthesis design | |
| Correct instrument identification & selection | |
| Correct use of instruments | |
| Procedure performed in correct sequence of stages | |
| Significance of occlusion appreciated | |
| Correct choice of prosthesis | |
| Satisfactory soft & hard tissue management | |
| Satisfactory final treatment outcome | |

Procedure performed:-

Approximate amount of direct supervisor assistance:-

0% 25% <50% 75% >75%

Overall competency assessment –

Acceptable **Unacceptable**

Local Mentor's name: _____

Local Mentor's signature: _____

Date: _____