



CAMBRIDGE ACADEMY OF
DENTAL IMPLANTOLOGY

IMPLANT ASSESSMENT & TREATMENT PLANNING FORM

UK IMPLANTOLOGY YEAR COURSE

This form and all required artefacts are to be completed and submitted to the training centre. You will then be appointed a case supervisor who will treatment plan the case with you.

Patient name: _____

Address: _____

Home telephone: _____

Work telephone: _____

Mobile: _____

Patient email: _____

Dentist name: _____

Practice address: _____

Practice telephone: _____

Dentist email: _____

CHECKLIST

Before sending this form to the training centre please ensure that all of the following items are enclosed. Send the form and all required artefacts in a well padded container by Registered Post.

- Copies* of radiographs
- Clinical photographs
- Copies* of study casts
- Occlusal records
- Completed ALL sections of this form**
- Please confirm that the patient has consented to the sharing of their information

** **Do not** send original radiographs or casts. Only send radiograph copies and copies of casts as these are disposed of after completion of case assessment. Digital photos of radiographs taken on a viewer are perfectly acceptable.

** **An incomplete form will fail to meet the competency requirements of the General Dental Council, so will be returned for resubmission.**

POST IN WELL PADDED PACKAGE USING REGISTERED POST TO:-

**UK Implantology Year Course
Cavendish House
183 Arbury Road
Cambridge
CB4 2JJ**

Clinical History

Brief description of patient's social history (age, sex, occupation, etc) -

History of patient's presenting complaint -

What areas are you considering for implant treatment –

Medical History

Patient Name _____

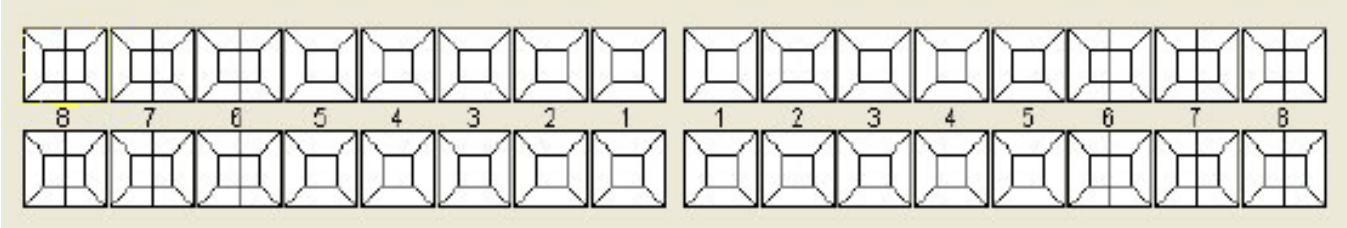
Date of birth _____

Dentist's Name _____

	Yes	No	Please give details.....
Have you ever had the following...			
Hayfever or eczema			
High blood pressure			
Bronchitis, asthma or any other chest or breathing problems			
Anaemia			
Epilepsy			
Kidney problems			
An allergic reaction			
Fainting attacks, giddiness or blackouts			
Gastric problems			
Depressive illness, anxiety or other psychological problems			
Drug or alcohol dependence			
Hepatitis, jaundice or HIV			
Arthritis			
Sinus problems			
A bad reaction to a general or local anaesthetic			
Severe headaches			
Heart valve or joint replacements			
Women only – are you pregnant or currently trying to get pregnant			
Do you bruise or bleed easily?			
Do you play contact sports?			
Have you ever smoked?			
How many units of alcohol would you drink in an average week?			
Medication			
Please list any medication that you have taken in the last 2 years			
Do you or your family have -			
Diabetes			
Heart disease			
Thyroid disease			
Osteoporosis			
Are there any other issues we should know about?			

Dental Assessment

Full dental charting:-



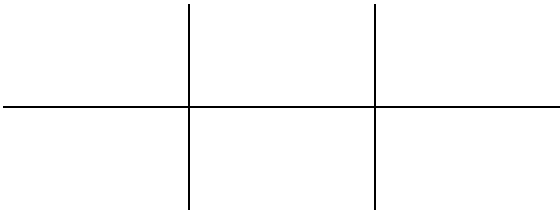
List ALL non implant related treatment required:

Suspect teeth:

Condition of teeth adjacent to edentulous space (check vitality, mobility etc):

Periodontal Assessment

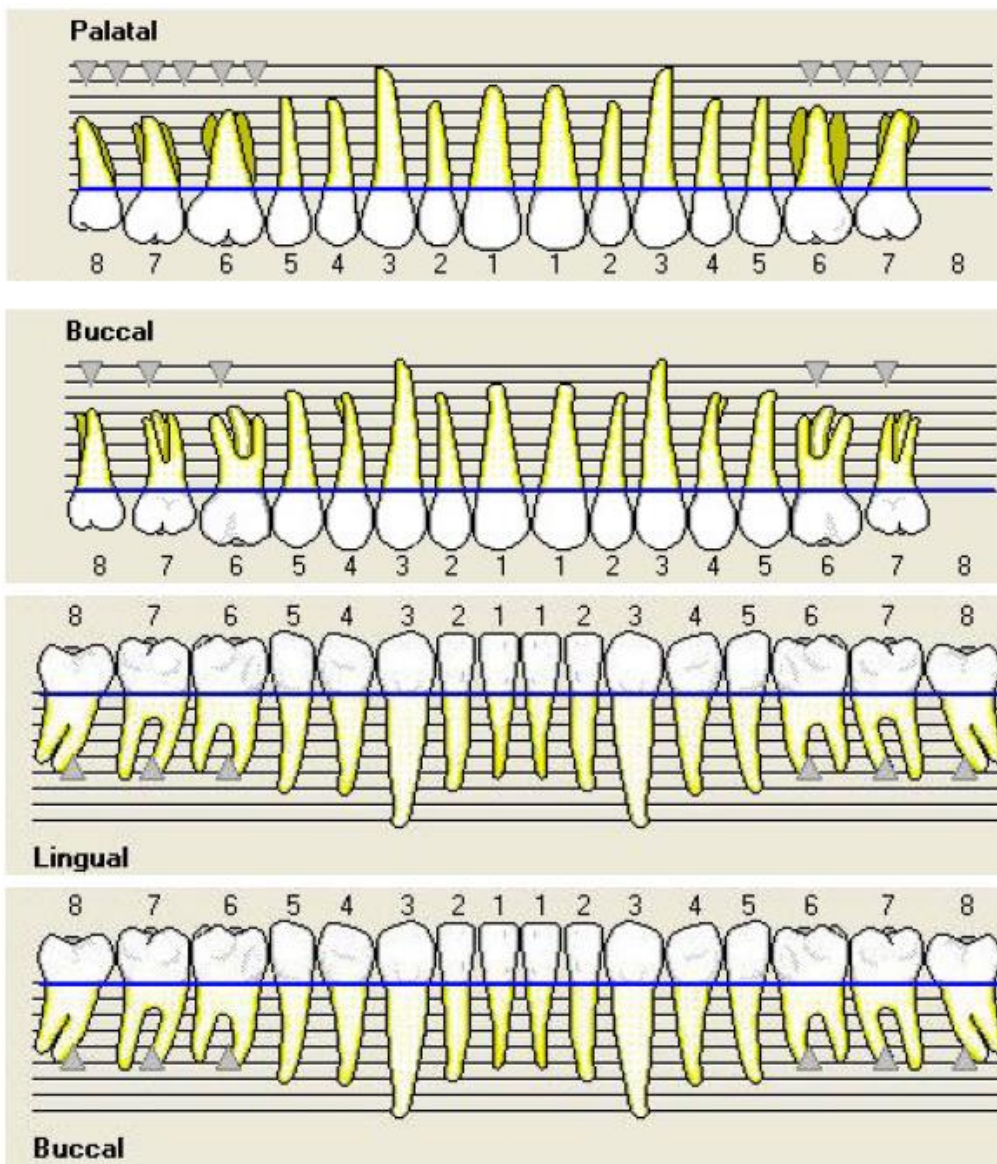
BPE CHART



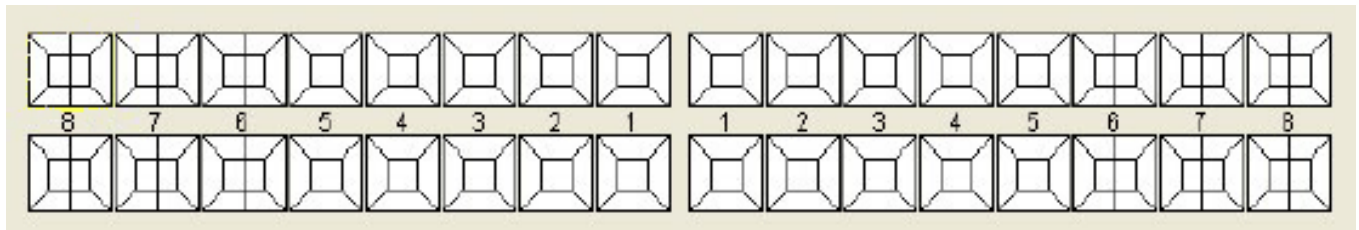
Oral hygiene status: VERY GOOD GOOD FAIR POOR DREADFUL

If any areas score '3' or above in BPE please complete a full periodontal examination for that sextant on the following charts:-

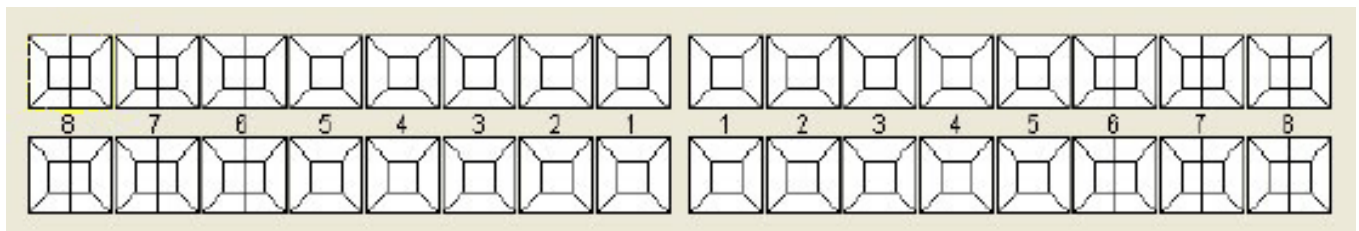
Draw in level of gingival margin and probing depths -



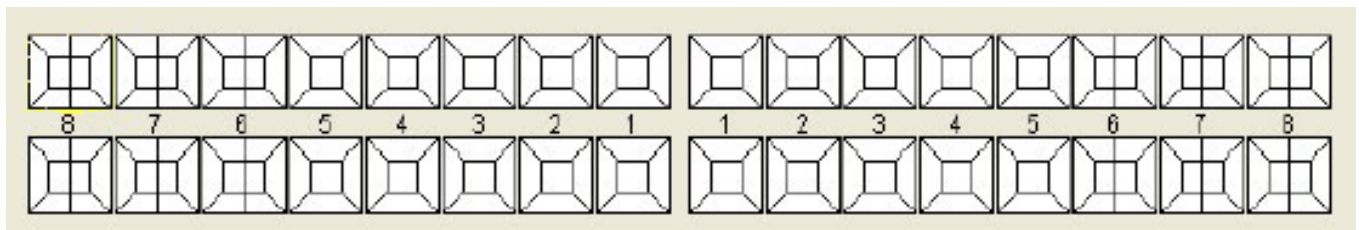
Bleeding points –



Mobile teeth –

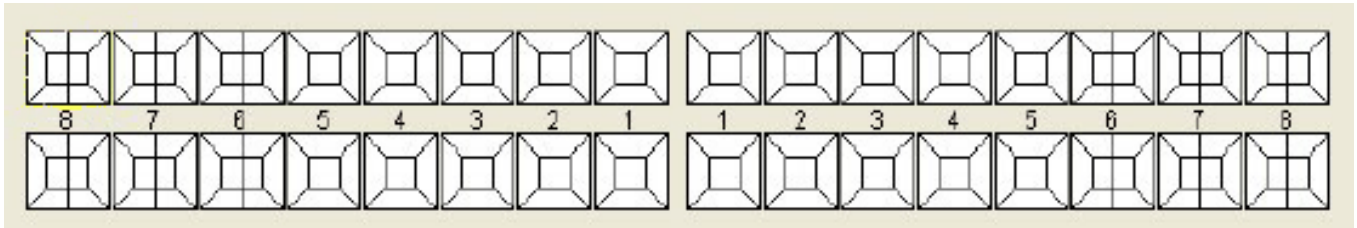


Furcation involvement –



Tooth Wear & Intraoral Soft Tissue Assessment

Indicate teeth with evidence of pathological wear:



Likely aetiological factor(s) of tooth wear (please circle) :

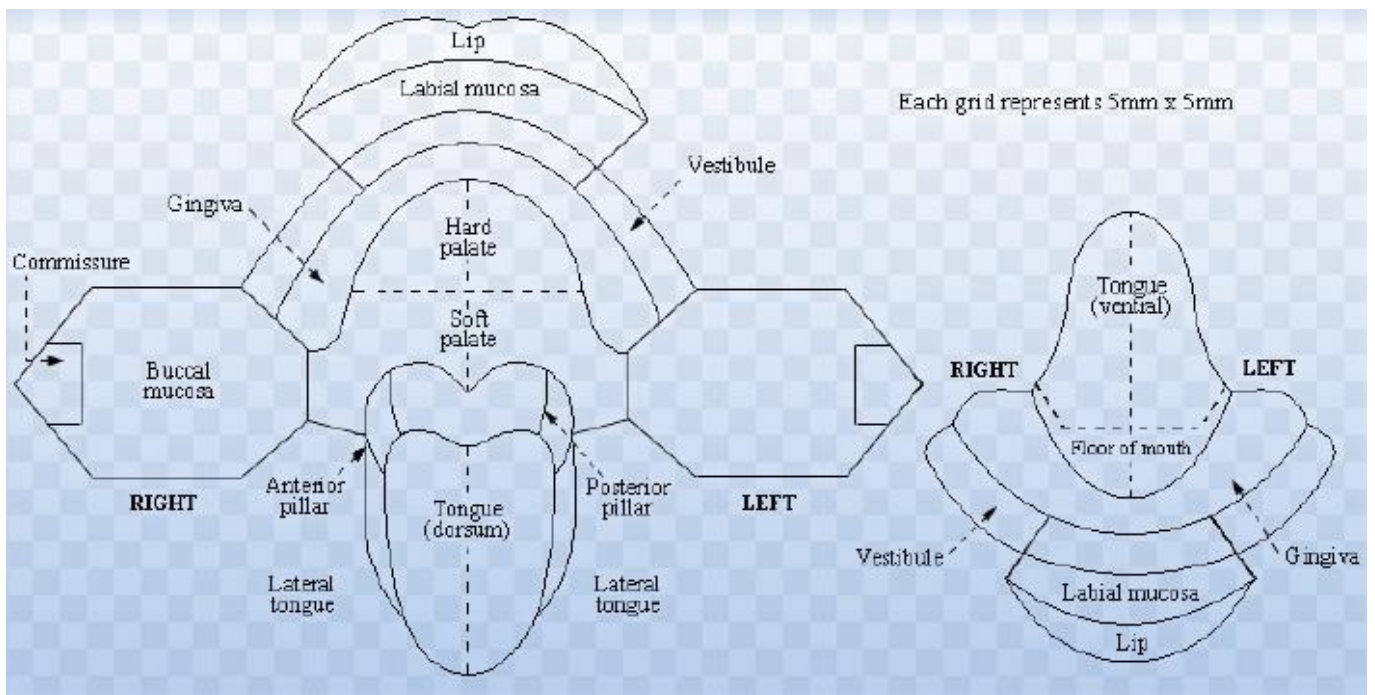
Attrition

Abrasion

Abfraction

Erosion

Indicate any soft tissue lesions below:



Mucosal Assessment

Classification of mucosal biotype in region of interest:

Thin

Average

Thick

Width of keratinized attached mucosa on alveolar ridge/around tooth to be extracted:

Narrow

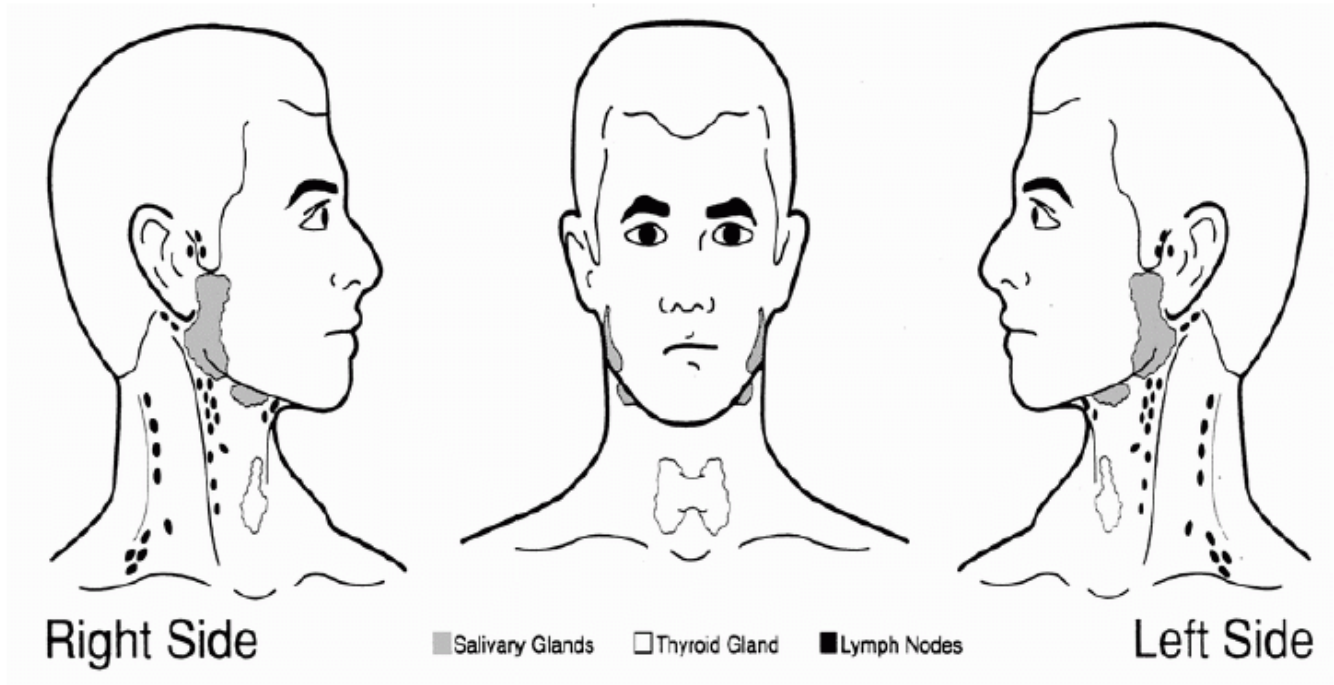
Average

Wide

General condition of mucosa and position of mucogingival junction

Extraoral Assessment

Indicate any pathology on chart below and provide details in box:



Details of pathological findings:

TMJ & Occlusion

TMJ examination:

	RIGHT SIDE	LEFT SIDE
Tenderness to palpation		
Click on opening/closing		
Pain on opening/closing		
Crepitus		

Muscles of mastication:

Lateral pterygoids	
Masseters	
Temporalis	

Working contacts:

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Non-working contacts:

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Protrusive guidance:

--	--

CRCP and slides into ICP:

--	--

Noted Risk Factors

Suspect teeth:

--	--

Anatomical proximity:

- | | | |
|--|---|---|
| <input type="checkbox"/> Inferior dental nerve | <input type="checkbox"/> Mental foramen | <input type="checkbox"/> Palatine nerve |
| <input type="checkbox"/> Incisive canal | <input type="checkbox"/> Maxillary sinus | <input type="checkbox"/> Floor of nose |
| <input type="checkbox"/> Tuberosities | <input type="checkbox"/> Genial tubercles | <input type="checkbox"/> Tori |

Local risk factors:

- | | | |
|--|---|--|
| <input type="checkbox"/> High smile line | <input type="checkbox"/> Poor attached gingivae | <input type="checkbox"/> Poor papillae |
|--|---|--|

Available bone as determined from the radiograph (mm):

Depth	
Mesiodistal width	
Labiolingual width*	

- Labiolingual dimensions can only be determined if the case has had a CT scan taken

Bone level at adjacent teeth (as determined on the radiograph):

	Mesial of space	Distal of space
< 5mm to contact point		
5-6mm to contact point		
> 7mm to contact point		

Clinical width of edentulous space (mm):

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Patient's aesthetic expectations (circle):

LOW MEDIUM HIGH

Radiography & Photography

DO NOT TAKE A CBCT SCAN UNTIL THE CASE HAS FIRST BEEN ASSESSED BY YOUR SUPERVISOR

Photographic views taken (circle) -

Occlusal Labial RHS buccal LHS buccal RHS facial LHS facial Front facial

Photographic & smile line comments :

Radiographic images taken –

Periapicals OPT CBCT scan Other (please specify)

Radiographic report :

Overall diagnosis for this case (list all diagnoses including perio, occlusion, caries, space etc) –

Treatment Plan

THIS SECTION TO BE COMPLETED ONLY AFTER DISCUSSION OF CASE WITH SUPERVISOR

Planned extractions-

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Planned implant positions-

--	--

Expected implant sizes:

Implant position	Length	Width

Specific Risks:

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Surgical procedure:

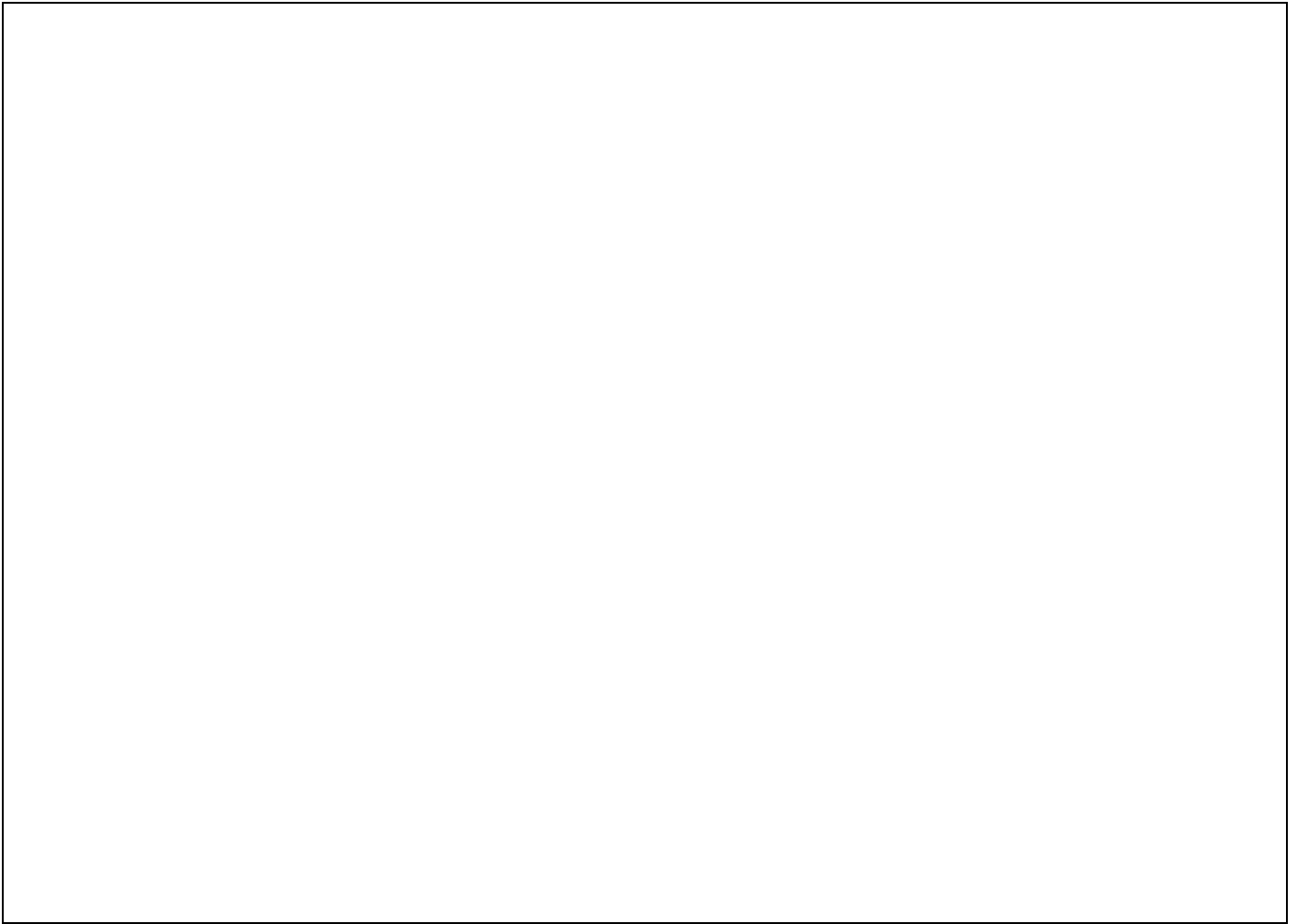
- Full mucoperiosteal flap Flapless Immediate insertion
- Delayed immediate insertion Fully delayed insertion CT Template

Temporisation:

- Removable partial denture Resin retained bridge None

Details of treatment plan (including treatment goals, risk factors, cautions etc):

Long term maintenance strategy:

A large, empty rectangular box with a thin black border, intended for the user to write their long-term maintenance strategy. The box occupies the majority of the page's vertical space below the header.

Categorisation of Case Complexity

	Straightforward	Complex	Designation (S/C)
Perception of case	You can easily visualize the end result and the treatment stages are predictable.	The end result cannot be easily visualized without extensive diagnostic and planning techniques and will include multiple stages to achieve the desired outcome. Complications are to be expected.	
Tooth position	The teeth to be replaced conform to the existing arch form and the adjacent teeth easily determine the optimal prosthetic tooth position.	There are no adjacent teeth, or those present are in an unsuitable position and there is a need to carry out extensive diagnostic procedures to determine the optimal tooth position for aesthetics and function.	
Implant surgery	The implant surgery procedure is without anatomically related risks and can be carried out without the need for significant hard tissue grafting (this includes onlay bone grafting and sinus grafting) and can be performed by an appropriately trained dentist.	The implant surgery is a more difficult procedure, with anatomically related risks and might require significant hard tissue grafting (this includes onlay bone grafting and sinus grafting). It should be performed by a surgically experienced dentist or oral surgeon.	
Soft tissue	There is no need for minor augmentation or alteration of the position of the peri-implant mucosa. Such intervention would not require significant grafting of hard/soft tissue.	There is a need to augment or significantly alter the position the peri-implant mucosa requiring significant amounts of hard/soft tissue.	
Occlusion	The teeth can be replaced conforming to the existing occlusal scheme and at the same vertical dimension	There is a need to substantially change the existing occlusal scheme or the occlusal vertical dimension.	
Aesthetics	The aesthetic requirements of the case are not high.	The aesthetic requirements of the case are high, as are the expectations of the patient.	
Overall Classification			

Overall classification: Straightforward

Complex