



STAGE 4

Implant Surgery 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 surgery periapical radiographs (as PDF or JPEG files)
- Clinical photographs of the completed surgery (taken at review appointment)
- Copies of the 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: _____

Any additional information:

TO BE COMPLETED BY STUDENT:

Reflective Commentary

TO BE COMPLETED BY LOCAL MENTOR:

INDICATORS	TICK IF COMPETENCY MET
Efficient pre-operative planning and preparation	
Correct instrument identification & selection	
Correct use of instruments	
Procedure performed in correct sequence of stages	
Significance of anatomical structures appreciated	
Correct application of treatment plan	
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: _____