



CAMBRIDGE ACADEMY OF
DENTAL IMPLANTOLOGY

IMPLANT ASSESSMENT & TREATMENT PLANNING FORM

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: MRS X

Address: 123 ABC Street
ANTOWN

Home telephone: X

Work telephone: X

Mobile: X

Patient email: X

Dentist's Name X Dr. SMITH

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 | <input checked="" type="checkbox"/> |
| Clinical photographs | <input checked="" type="checkbox"/> |
| Study casts | <input checked="" type="checkbox"/> |
| Occlusal records | <input checked="" type="checkbox"/> |
| Completed <u>ALL</u> sections of this form* | <input checked="" type="checkbox"/> |

* 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) -

FEMALE 53 yrs NON SMOKER

OFFICE MANAGER

ALCOHOL - 10u/week. REGULAR ATTENDER

History of patient's presenting complaint -

• MISSING. U1, REMOVED 2/12 ago

• U1 ROOT FILLED 6 yrs AGO. POST + CROWN AT TIME

RECENT LOOSE POST → ROOT FRACTURE.

• PT HAS P1 - ACRYLIC, NO FLANGE

• MISSING $\overline{6/6}$

What areas are you considering for implant treatment -

||

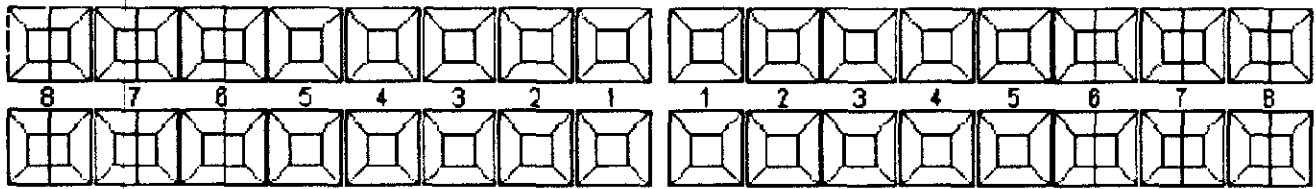
Medical History

Patient Name MRS X
 Date of birth xx/xx/xx
 Dentist's Name DR SMITH

	Yes	No	Please give details.....
Have you ever had the following...			
Hayfever or eczema		X	
High blood pressure		X	
Bronchitis, asthma or any other chest or breathing problems		X	
Anaemia		X	
Epilepsy		X	
Kidney problems		X	
An allergic reaction		X	
Fainting attacks, giddiness or blackouts		X	
Gastric problems	X		GASTRITIS - OMEPRAZOLE
Depressive illness, anxiety or other psychological problems		X	
Drug or alcohol dependence		X	
Hepatitis, jaundice or HIV		X	
Arthritis		X	
Sinus problems		X	
A bad reaction to a general or local anaesthetic		X	
Severe headaches		X	
Heart valve or joint replacements		X	
Women only - are you pregnant or currently trying to get pregnant		X	
Do you bruise or bleed easily?		X	
Do you play contact sports?		X	
Have you ever smoked?		X	
How many units of alcohol would you drink in an average week?	X		10
Medication			
Please list any medication that you have taken in the last 2 years	X	/	OMEPRazole
Do you or your family have -			
Diabetes		X	
Heart disease		X	
Thyroid disease		X	
Osteoporosis		X	
Are there any other issues we should know about?			

Dental Assessment

Full dental charting:- "PRINT OUT YOUR CHART"



List ALL non implant related treatment required:

- HYGIENIST - OHI / SCALING
- UR2 - REPLACE MESIAL COMPOSITE
- ULL - REPLACE CROWN

Suspect teeth:

- LLS - POST CROWN
- LR8 - IMPACTED

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

- UR2 - VITAL TO ETCHYL CHLORIDE, NON MOBILE - 0
- UL1 - NON-VITAL, ROOT FILLED, GRADE 0 MOBILE

Periodontal Assessment

BPE CHART

1	0	1
1	1	3

PRINT OUT 6 POINT

Oral hygiene status:

VERY GOOD

GOOD

FAIR

POOR

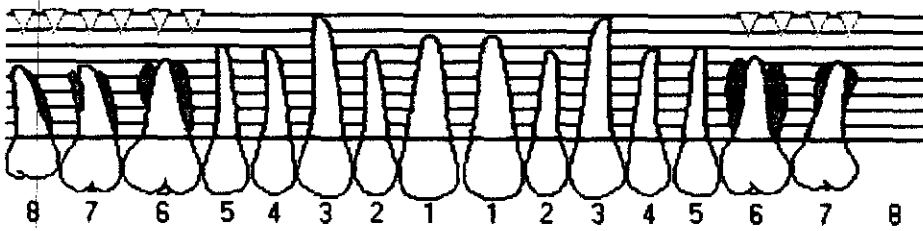
DREADFUL

POCKET CHART

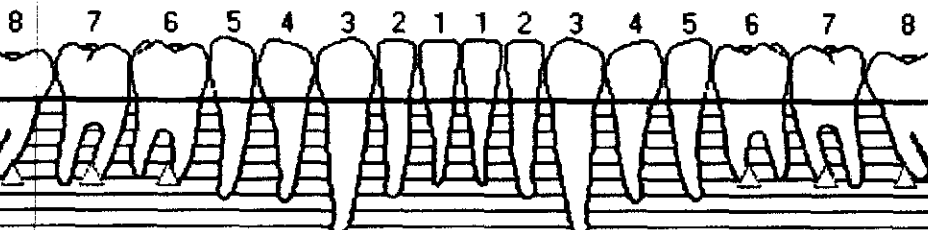
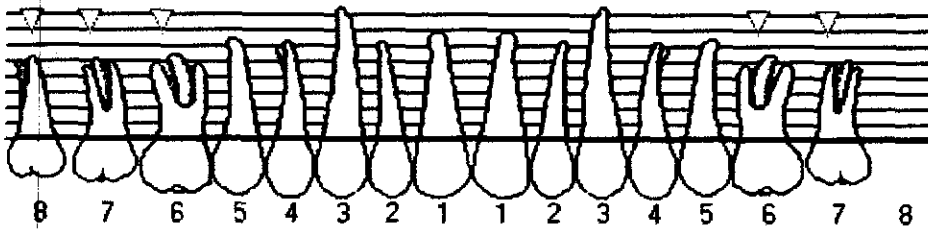
If any areas score '3' or above in BPE please complete a full periodontal examination for that sextant on the following charts:-

Draw in level of gingival margin and probing depths -

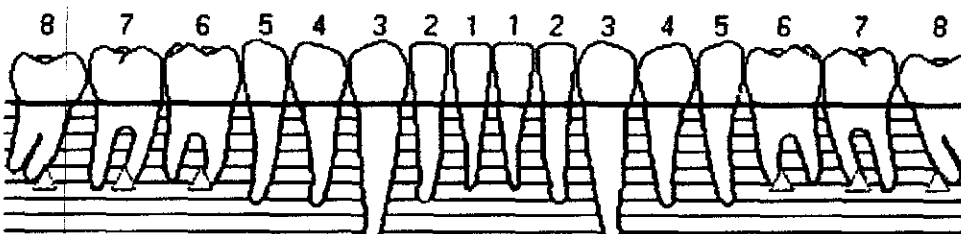
Palatal



Buccal

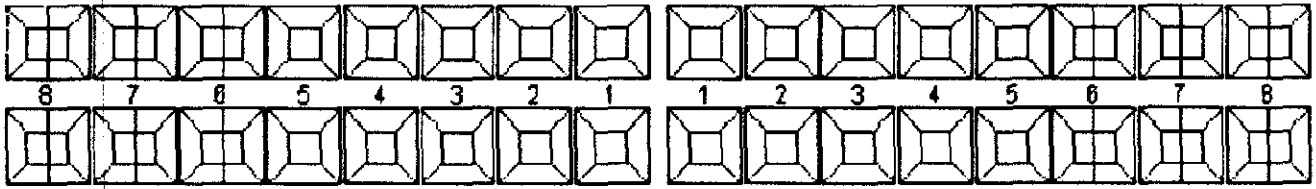


Lingual

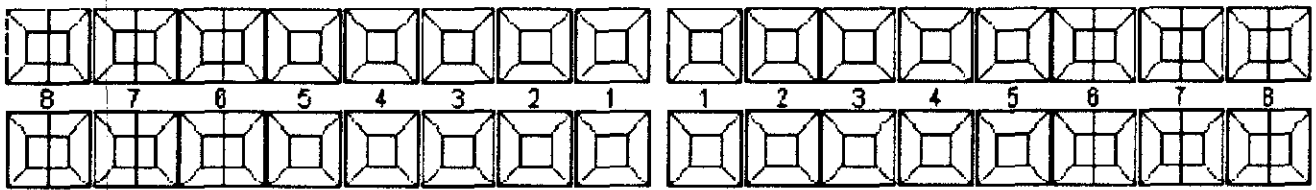


Buccal

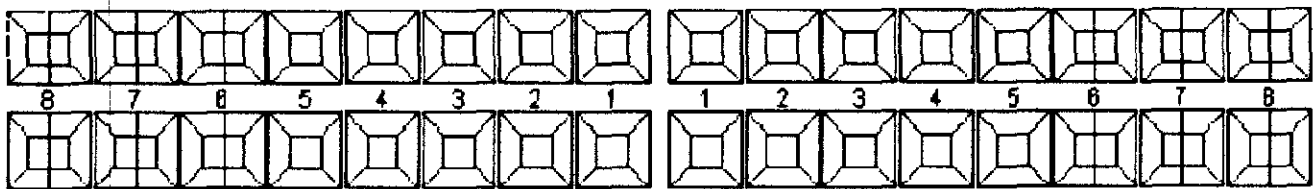
Bleeding points - SEE POCKET CHART



Mobile teeth - NIL

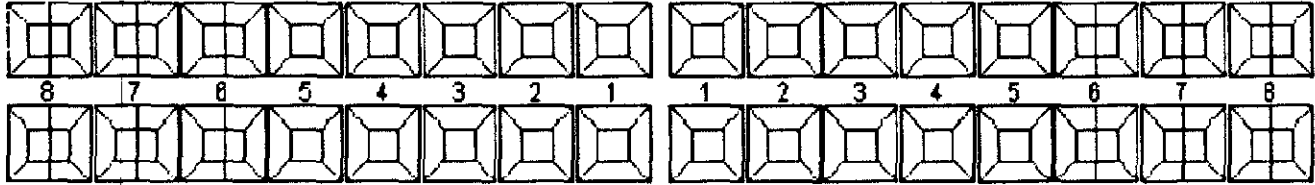


Furcation involvement - NIL



Tooth Wear & Intraoral Soft Tissue Assessment

Indicate teeth with evidence of pathological wear: NIL



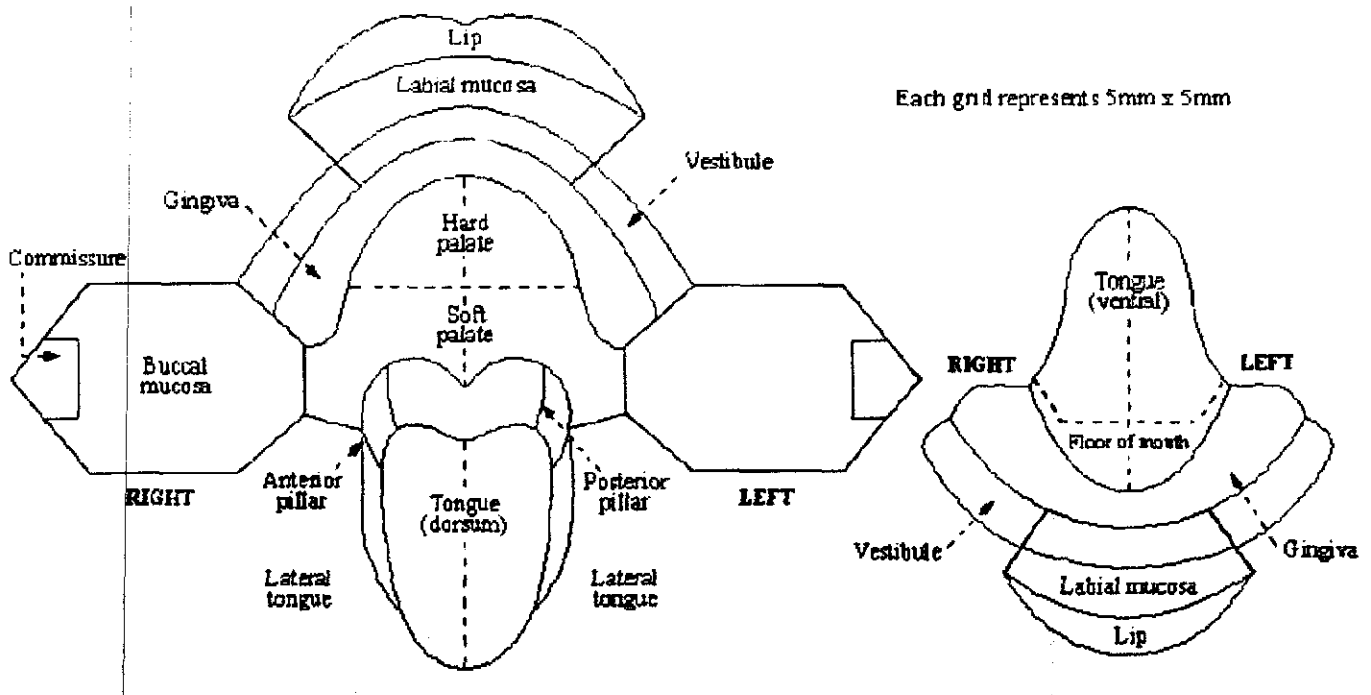
Likely aetiological factor(s) of tooth wear (please circle) :

- Attrition — MINOR — WITHIN NORMAL LIMITS
- Abrasion — NIL
- Abfraction — MINOR BUCCAL S 4 3 | 3 4 S
- Erosion — NIL

Indicate any soft tissue lesions below:

NIL

Each grid represents 5mm x 5mm



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

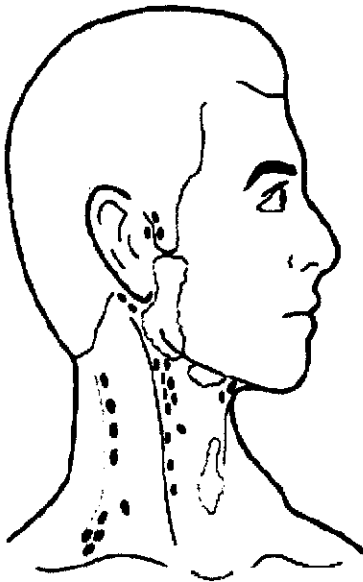
General condition of mucosa and position of mucogingival junction

ZENITH HIGHER THAN ADJACENT TEETH

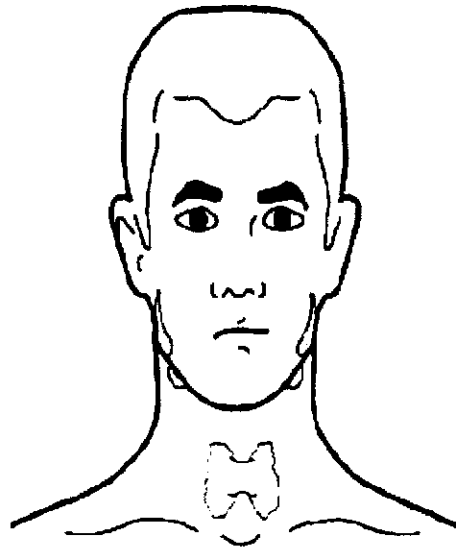
Extraoral Assessment

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

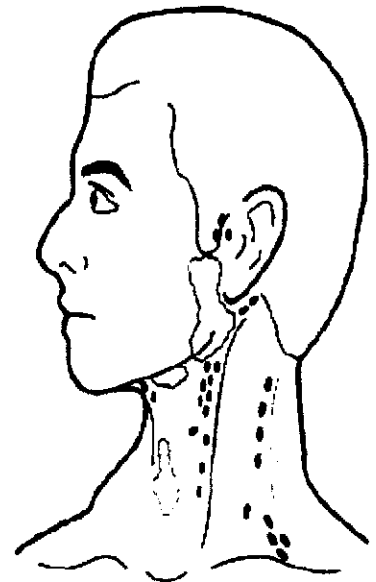
NIL



Right Side



Salivary Glands Thyroid Gland Lymph Nodes



Left Side

Details of pathological findings:

NIL

TMJ & Occlusion

TMJ examination:

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

Muscles of mastication:

Lateral pterygoids	NAD
Masseters	NAD
Temporalis	NAD

Working contacts:

5 4 3 5 4 3	3 4 5 3 4 5
-------------------------	-------------------------

Non-working contacts:

	7
	7

Protrusive guidance:

	1
	1

CRCP and slides into ICP:

	7
	7

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 :

LOW SMILE LINE

Radiographic images taken -

Periapicals OPT CBCT scan Other (please specify)

Radiographic report :

WRITE IN FULL REPORT - PRESENCE/ABSENCE {
CARRIES
PERIO BONE LOSS
ROOT FILLED TEETH

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

- 1) PRESENTING COMPLAINT - WHAT IS DIAGNOSIS
• VERTICAL ROOT FRACTURE 1), POSSIBLE HEAVY PROTRUSIVE CONTACT
- 2) PERIO : MILD GINGIVITIS. NO POCKETING > 3mm.
- 3) OCCLUSION : CLASS I, GROUP FUNCTION, CRCP $\frac{7}{7}$
- 4) GENERAL : UNRUPTED $\overline{8/8}$. ROOT FILLED $\underline{16}$.

Noted Risk Factors

Suspect teeth:

6

Anatomical proximity: -? what is relevant to your case?

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

Local risk factors:

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

Available bone (mm):

Depth		
Mesiodistal width		
Labiolingual width		

} — measure on casts to begin with

Bone level at adjacent teeth:

	LHS	RHS
< 5mm to contact point		
5-6mm to contact point		
> 7mm to contact point		

} — measure on bu/pa bone crest to contact point.

Width of edentulous space (mm):

— measure the mesio-distal pontic space

Patient's aesthetic expectations (circle):

- LOW MEDIUM HIGH

Treatment Plan

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

Planned extractions-

NIL

Planned implant positions-

1

Expected implant sizes: To be assessed from CBCT

Implant position	Length	Width

Specific Risks:

Thin ridge - recession.
Contact in protrusion?

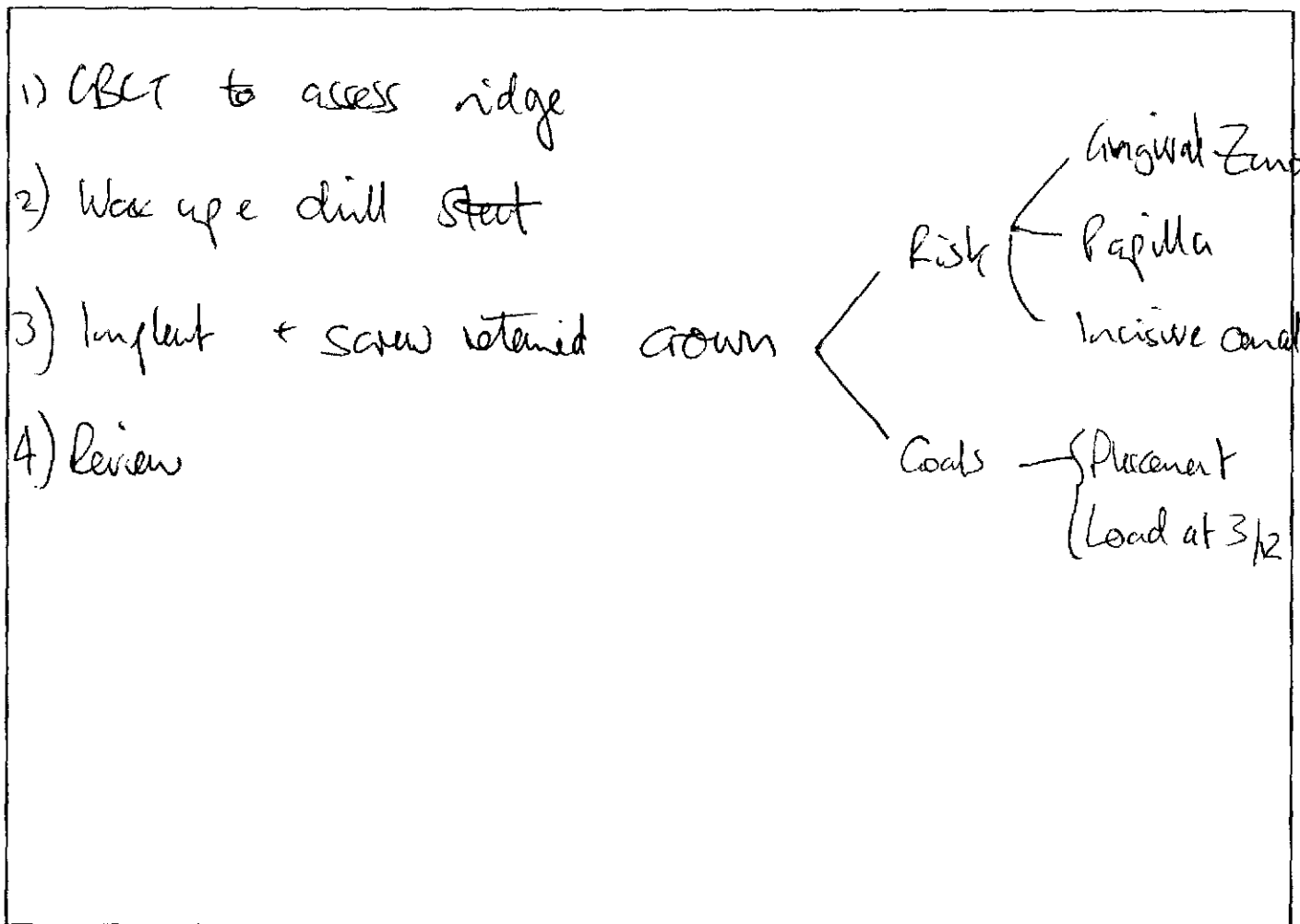
Surgical procedure:

- 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:

Annual Review — (1) Bone levels — periapical film

(2) Period — OAI + GPPC.

(3) Occlusion — ? changes to contacts;
guidance.

Categorisation of Case Complexity (GDC Regulations)

	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