



CHAIRSIDE IMPLANT SERVICES
We Come To You...Chairside!

Treatment Plan Rx

STEP 1: ENTER YOUR NAME & PATIENT'S NAME

Doctor's Name _____

Patient's Name _____

STEP 2: SELECT THE PROSTHESIS

FIXED PROSTHESIS

- Single Implant Supported Crown Tooth # _____
- Multiple Implant Supported Crowns/Bridge Tooth # _____
- Full Arch Case Tooth # _____

REMOVABLE PROSTHESIS

Maxillary

- 4 Implant/Clip-On Overdenture
- 6 Implant/Bar Overdenture

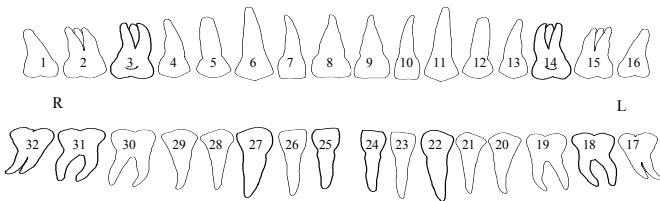
Mandibular

- 2 Implant/Clip-On Overdenture
- 4 Implant/Bar Overdenture

STEP 3: CHOOSE THE TYPE OF PLACEMENT

- Conventional Placement
(Implant is placed, then wait 3-6 months before restoring)
- Immediate Placement
(Implant is placed at the time of tooth extraction)
- Immediate Load
(Provisional restoration is placed the same day as implant placement)

STEP 4: CIRCLE THE IMPLANT LOCATIONS



STEP 5: WHAT DO YOU PLAN ON USING AS A TEMP

- Nothing
- Flipper
- Essix
- MD Bridge
- Denture
- Other

STEP 6: SEND THE FOLLOWING

CURRENT MEDICAL HISTORY *(taken within 30 days)*

- Included in box
- Submitted electronically, as pdf

RADIOGRAPHS *(Pan and PA)*

- Included in box
- Submitted electronically, as jpegs

PHOTOGRAPHS *(Complete Photo Series)*

- Included in box
- Submitted electronically, as jpegs

DIAGNOSTIC CASTS & BITE *(Full Periphery)*

- Included in box
- Submitted electronically (Cadent images only)

TREATMENT PLAN Rx *(This Form)*

- Included in box
- Submitted electronically, as pdf

INFORMED CONSENT *(Signed & Witnessed)*

- Included in box
- Submitted electronically, as pdf

STEP 7: SELECT THE SERVICE

- Conventional Chairside Implant Services
We will plan, provide & place the implants.
- Chairside Guidance Only
You will plan, provide & place the implants. We will assist and provide a second set of eyes. Available only for Dr. Forlano's students.

STEP 8: SIGN & DATE

Signature

Date

Please complete all sections to avoid a delay in processing your case.

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631-581-5121