*ADD HEADING*

**SCAN REPORT**

| **PATIENT NAME:**  **AGE/GENDER: /** | **AREA AND TYPE OF STUDY :** | **Date:** |
| --- | --- | --- |
| **Referred By:00** | **Resolution : microns** | **Exposure Parameters: KV , 8.00 ma** |

**Axial, sagittal and coronal sections were obtained, and lateral sections along the arch were made and assessed to make the following report…**

**Findings:**

***Canals traced:***

***Posterior superior alveolar canal in the left posterior maxilla in the lateral walls of maxillary sinuses parallel to the floor.***

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**DIMENSIONS OF BONE IN 17 to 27 REGION:**

* Slice number to distomesially represents right molar region,
* Slice number to distomesially represents right premolar region,
* Slice number to distomesially/ mesiodistally represents anterior (canine to canine) region,
* Slice number to mesiodistally represents left premolar region,
* Slice number to mesiodistally represents left molar region.

All the sections and measurements are made 1 mm apart from each other**.**

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| **REGION**  **[slice to ]** | ***Crestal bone: is thick, round and well formed.***  ***Buccal bone: is thin/thick and intact.***  ***Lingual bone: is thin/thick and intact.***  ***Cancellous bone: shows moderately dense/fine trabecular pattern.***  ***D1***  ***D2***  ***D3*** |  |
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¬ There is no evidence of bony pathology.

¬ The mesiodistal distance between 00 and 00 are 00mm, 00mm and 00mm at the level of CROWN, CEJ and MIDDLE 3RD of root respectively.

**Radiologic impression:**

¬ Completely/Partially edentulous mandible.

¬ Chronic generalized/localized periodontitis.

¬ Deficient/Sufficient bone dimension and good quality of bone of implant placement.

| **VIRTUAL IMPLANT** |
| --- |
| A virtual implant is placed from Nobel Biocare company based on the length and width of the bone available, this is just to give an idea and should not be consider final. |

| VIRTUAL IMPLANT | LENGTH | HEAD DIAMETER | APICAL DIAMETER | ANY REMARKS |
| --- | --- | --- | --- | --- |
| V1 |  |  |  |  |
| V2 |  |  |  |  |
|  |  |  |  |  |

**DISCLAIMER:**

***The radiographic findings must be correlated with clinical findings and appropriate diagnostic tests. This is a consultative report only and is not intended to be a definitive diagnosis or treatment plan. Above report cannot be used for medico-legal purpose.***

***Thank you for the referral of this patient and the opportunity to serve your practice.***