IMPLANT SURGERY REPORT

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**Patient: «patient» (Chart# «chart»)**

**Surgeon: «surgeon»**

**Date: «date»**

**Uncover: «uncover\_date»**

**Restore:** **«restore\_date»**

**IMPLANT TYPE:**

«implant»

«healing\_cap»

**RESTORATIVE PART TO ORDER:**

«restorative\_parts»

**REPORT:**

«report»

«restore»



**Please Recycle:** Please return your healing caps to us. We only want Zimmer Encodes and NobelBiocare conical connection metal healing caps. We will reimburse $10 for each returned healing cap. Thank you

**Anesthetic: «anesthetic»**

**Patient Tolerance: «tolerance»**

**Rx: «prescriptions»**