

Date :.....

No :.....

App :.....

Clinical Assessment Dental Implant



نویان طب
Noyan Teb

Dentist Profile :

Full name :

M.C.No:

Phone Number :

City :

Province :

Country :

Address :

Laboratory/ Prosthesis Information:

M.C No :

Dentist Name (Prosthesis) :

Tel :

Laboratory Center :

Patient Profile :

Gender :

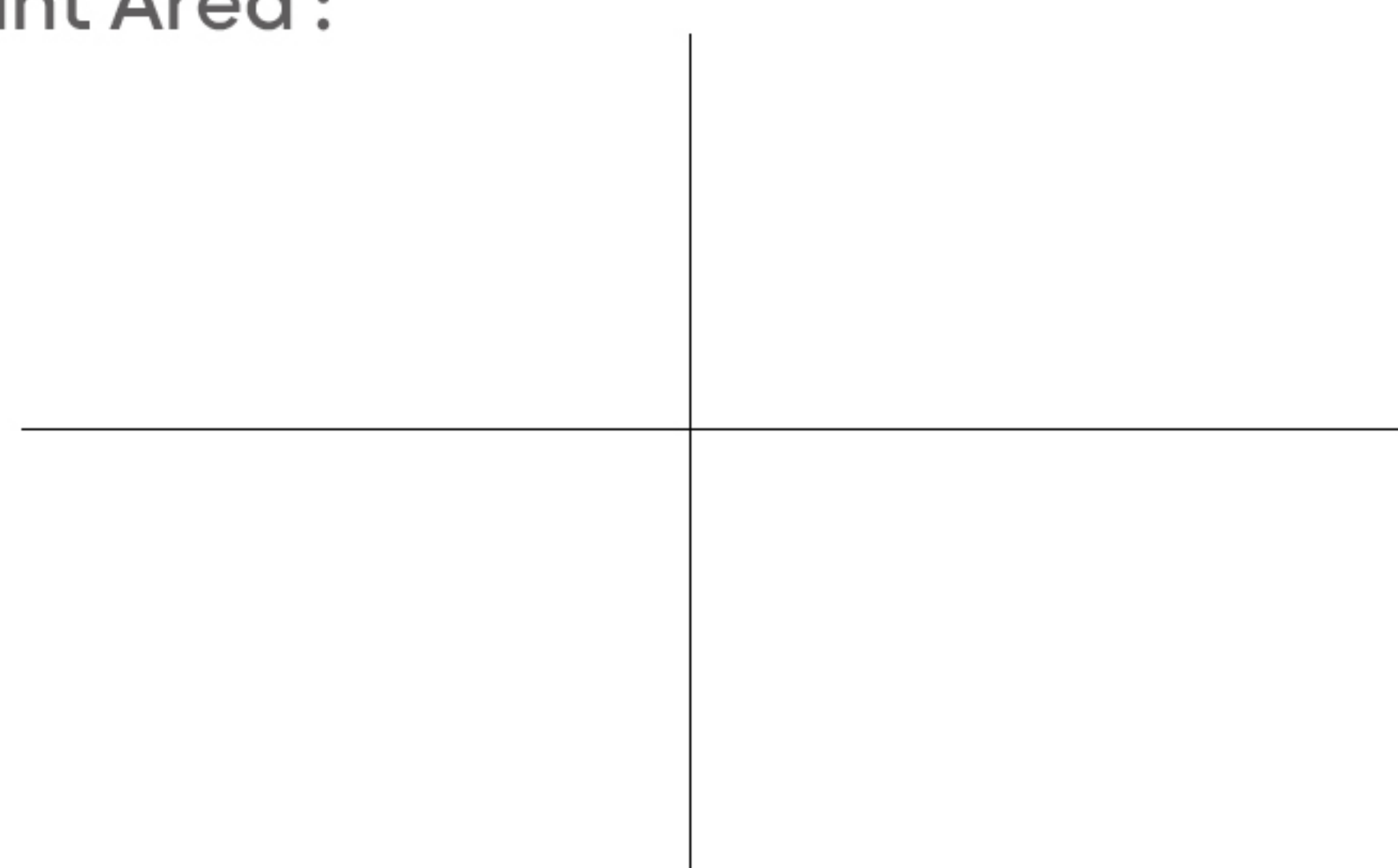
Full Name :

Country | Province | City :

Age :

Patient's Health Conditions :

Implant Area :



Description :

Date :

No :

App :

Clinical Assessment Dental Implant



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Patient implant Profile :

Size & Number of abutments :

1.

2.

3.

4.

Size & Number of Fixtures :

1.

2.

3.

4.

The Surgical Path and Closing of Healing & its Duration :

Prosthetic Treatment Path & its duration :

Follow-up Treatment :

Treatment Team Members :