



dental implant patient record

smile big, eat what you want, be a confident you!



This form is used to record important information about your dental treatment for you and your implant team. Bring this form to any follow-up visits to help facilitate the long-term success of your implants.

patient details

<input type="text"/>	<input type="text"/>	<input type="text"/>
patient name	city/state	phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
address line 1	postal code	initial date of surgical procedure
<input type="text"/>	<input type="text"/>	
address line 2	country	

post-implant care

Dental implant treatments can change your life. With the same routine care you would give natural teeth, they can be expected to last for the rest of your life. Ask your dental professional for personalized and detailed care instructions.

- Following surgery, go easy on your new implants by eating soft foods, leaving the wound(s) undisturbed, and getting some rest. You can return to normal activities within a day or two, but your dentist may recommend a softer diet for a few weeks.
- Good oral hygiene is essential to healing. Brush your teeth carefully with a soft toothbrush after every meal, particularly after breakfast and before bedtime.
- Follow the advice of your dental professional when it comes to regular checkups and professional teeth cleaning after your implant treatment.

dental surgeon information

restorative clinician information

our office proudly uses



For more information, visit us online at patients.biohorizons.com

dental implants look and feel like your natural teeth and can last a lifetime



surgical treatment details

Please enter implant product details in the fields below or attach patient label from the implant package.

part #: _____
description: _____

platform: _____
lot #: _____

tooth # _____ date _____

part #: _____
description: _____

platform: _____
lot #: _____

tooth # _____ date _____

part #: _____
description: _____

platform: _____
lot #: _____

tooth # _____ date _____

part #: _____
description: _____

platform: _____
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tooth # _____ date _____

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tooth # _____ date _____

part #: _____
description: _____

platform: _____
lot #: _____

tooth # _____ date _____

part #: _____
description: _____

platform: _____
lot #: _____

tooth # _____ date _____

patient name _____



restorative treatment details

Please enter abutment product details in the fields below or attach patient label from the abutment package.

part #: _____
description: _____

lot #: _____

tooth # _____ date _____

part #: _____
description: _____

lot #: _____

tooth # _____ date _____

part #: _____
description: _____

lot #: _____

tooth # _____ date _____

part #: _____
description: _____

lot #: _____

tooth # _____ date _____

part #: _____
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tooth # _____ date _____

part #: _____
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tooth # _____ date _____

part #: _____
description: _____

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tooth # _____ date _____

part #: _____
description: _____

lot #: _____

tooth # _____ date _____

part #: _____
description: _____

lot #: _____

tooth # _____ date _____