



dental implant patient record



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

_____ name

_____ city/state

_____ phone number

_____ address line 1

_____ postal code

_____ initial date of surgical procedure

_____ 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 not disturbing the wound, eating soft foods 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

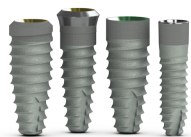
For more information, contact BioHorizons Customer Care:
visit us online at patients.biohorizons.com

For contact information in additional markets,
[email customer care@biohorizons.com](mailto:email_customer care@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:	part #: description:	part #: description:	part #: description:	part #: description:	part #: description:
platform: lot #:	platform: lot #:	platform: lot #:	platform: lot #:	platform: lot #:	platform: lot #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
tooth #	date	tooth #	date	tooth #	date



restorative treatment details

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

part #: description:	part #: description:	part #: description:	part #: description:	part #: description:	part #: description:
lot #:	lot #:	lot #:	lot #:	lot #:	lot #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
tooth #	date	tooth #	date	tooth #	date