

Clinical Pre-Treatment Consultation

Primary responsibility: Clinician/Surgeon

Timing: End of the pre-treatment consultation while patient is still present

Location: Consultation room and/or chairside



Medical history questionnaire taken and reviewed orally

Yes Not Applicable

Intraoral examination performed

Yes Not Applicable

Radiographic examination completed and radiographs in patient's file

Yes Not Applicable

Access and visibility of operative site confirmed

Yes Not Applicable

Direction of roots adjacent to the edentulous area(s) checked

Yes Not Applicable

Alveolar nerve located

Yes Not Applicable

Suitable implants and components identified

Yes Not Applicable

Provisional restoration(s) planned and laboratory alerted

Yes Not Applicable

Premedication prescribed

Yes Not Applicable

Patient Name: _____

Date: _____

Primary Responsible: _____

Comments: _____

This checklist shall not substitute appropriate medical verification prior to the intended procedure and shall be used as an additional informative tool only. FOR does not make any representation as to the accuracy, fitness or completeness of the checklist.