

Common treatment options

Primary responsibility: Clinician/Surgeon

Timing: Upon schedule

Location: Chairside

Patient/date:

Non-surgical options			Surgical options		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reinforce oral hygiene	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Open flap debridement and implant surface decontamination
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Perform professional cleaning, debridement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Smoothing implant surface, implantoplasty
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Decontaminate abutment/Implant surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Osteoplasty
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Increase recall frequency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Soft tissue plasty
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Apply antimicrobials (antibiotics, antiseptics)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Implant removal (consider retreatment)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Change inappropriate prosthetic material (aging, corrosion, biocompatibility)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Redesign prosthesis to facilitate cleaning			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adjust gaps (at connection level)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remove cement remnants			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Retighten/replace loose screws			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check and adjust occlusal load distribution (night guards, ...)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Promote behaviour change (excessive tobacco, alcohol, drug)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Control systemic factors (refer patient to physician)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ensure patient compliance			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Consider referral to a(nother) specialist			

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.