



Initial Implant Enquiry Proforma

Practice: _____

Dentist: _____

Date of referral: _____

Patient Name: _____

DOB: _____ Age: _____

Smoker: NO YES number per day: _____

Diabetic: NO YES type 1 type 2 well controlled/not well controlled

Other medical details:

Missing teeth (strike through)

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

BPE

Tissue tone: HEALTHY INFLAMED

Smile line: LOW (doesn't show gums *on broadest smile*)
 MEDIUM (shows some gum but tops of teeth hidden)
 HIGH (shows tops of teeth)

Oral hygiene: EXCELLENT GOOD POOR VERY POOR

Dental health: EXCELLENT MINOR WORK REQUIRED EXTENSIVE WORK REQUIRED

Hygiene support: 3 MONTHLY 6 MONTHLY 12 MONTHLY IRREGULAR NONE

Aesthetic demands: VERY HIGH HIGH MODERATE LOW

Occlusion (Angles):

Class 1

Class 2 div 1

Class 2 div 2

Class 3

Reason for tooth loss: CARIES / TRAUMA / FRACTURE / PERIODONTAL / ENDO

Date of tooth loss: _____

Please carry out the following:

Placement only

Placement and restoration only

All necessary treatment

Other comments (including patient's desires, relevant social history, any deadlines etc):
