

## **CONSULTATION** Decide what is the

best treatment option, get fees and X-rays. Discuss which surgeon, and if local, sedation, or a GA is desired.

#### DATA COLLECTION

Tooth modification if needed, Impressions, colour, design, review treatment consent, **set surgery date** and make initial **payment** 

### PRE SURGERY CALL

Photos of your AuDentes Smile will be sent with a link for a short pre surgery video to watch to prepare you for surgery. We will call to answer questions. Make final payment.

# SURGERY

Follow instructions of surgeon prior to surgery. **Modified diet** for 4 months



3 hours with General Anesthetic



2 WEEK CHECK

Surgeon & Dentist

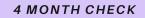
will check gum

healing & adjust

bite. Access holes

will be filled with

temporary fillings.



Implants' healing will be tested. Final fillings in access holes is placed. Return to regular diet 6-12 month follow up scheduled.

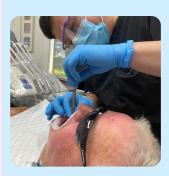












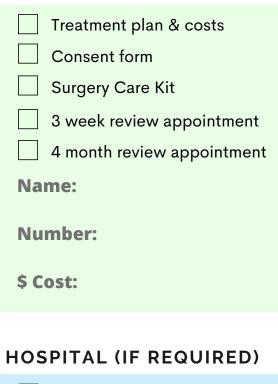


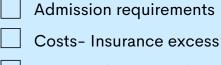
# NAME:

SURGERY DATE:



<b>RESTORATIVE DENTIST</b>
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Paperwork signs and sent in

All ?s answered

Name:

CHECKLIST

PATIENT

Number:

\$ Cost:

# SURGEON

Surgery date
Surgeon's costs
Consent form
2 week review appointment
4 month implant torque test
Name:
Number:
\$ Cost:
ANESTHETIST (IF REQUIRED
Pre & Post Op requirements
Anesthetist costs

Consent form

All ?s answered

Name:

Number:

\$ Cost: