

CT assessment prior to implant surgery

Patient's name:

Date assessed:

Date re-assessed:

Site:

Stent in situ/tooth in situ:

Mesio-distal width – between teeth at the crown:

Mesio-distal width – between the teeth at the CEJs:

Bucco-palatal shape: rounded/knife edge/hour glass

Bucco-palatal width at implant neck:

Bucco-palatal width at implant base:

Vertical height:

Important anatomy:

Any other findings:

Implant possible? Yes/ Yes with simultaneous GBR/ Yes with pre-surgical GBR/ No



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