



Chester House
Harlands Road
Haywards Heath
West Sussex RH16 1LR

DX 300605 Haywards Heath 2

Telephone: +44 (0)1444 444957
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Dental Implant After Care - Monthly Bordereau

Dentist:

GDC Number:

Surgery:

Address:

Email Address:

Please complete this form with how many implants you have placed including the After Care cover during
Then return it to us within the next 14 days, otherwise the policy start date will be the date we receive this form. If you need to add more patients please photocopy page two.

Patient's Name: Date of Birth:/...../.....

Patient's Address: Postcode:

Is there an Oral Hygiene Programme in place? Y/N Is the patient orally fit? Y/N

Is the patient Diabetic? Y/N Is the patient a smoker? Y/N If yes, how many cigarettes/cigars smoked per day?

Does the implant incorporate either bone grafting or additional bone augmentation? Y/N

No. of Implants: Tooth No(s): Placement Date(s):

Manufacturer(s): Surgical Classification: Straightforward/Complex

Are any of the implants replacements? Y/N If yes, which ones:

Have any previous implants been placed? Y/N If yes, are they insured? Y/N

Patient's Name: Date of Birth:/...../.....

Patient's Address: Postcode:

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Practice Signature: Position:

Print Name: Date:/...../.....