



<b>TREATMENT PLANNING AND DOCUMENTATION PROTOCOL</b>		
<b>NOTCH Dental Implant System</b>		
Version 01, created on 23.05.2024	Author: Meinolf Skudlarek	
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## 1 TREATMENT PLANNING




#	Category	Name of dentist	Date
01	Pre-operative data collection / Screening		
02	Implant placement		
03	Suture removal		
04	Provisional restoration, if applicable		
05	Final restoration		
06	6-month follow-up		
07	12-month follow-up		
08	30-month follow-up		
09	60-month follow-up		

## 2 PATIENT INFORMATION

<b>Patient ID<sup>i</sup> or name</b>				
<b>Patient Implant number<sup>ii</sup></b>	1	2	3	4
<b>Age</b>	years (please note)			
<b>Sex</b>	male	female	diverse	
<b>Pregnancy</b>	pregnant	non-pregnant	not applicable	
<b>Smoking behaviour</b>	non-smoker	light smoker (<10cig/day)	heavy smoker (>10cig/day)	
<b>Oral hygiene</b>	good	fair	poor	
<b>Oral prophylaxis</b>	twice a year	once a year	none	
<b>Contraindications</b>	recent myocardial inarction			
	heart valve prosthesis			
	kidney diseases			
	treatment of severe osteomalcia			
	generalized secondary osteoporosis			
	uncontrolled diabetes mellitus			
	actual radiotherapy			
	chronic or severe alcoholism			
	severe hormonal disorders			
	drug addiction			
	long-term use of immunosuppressants			
	severe connective tissue diseases			
	severe blood diseases			
none of the aforementioned contraindications is present				


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### 3 DEVICE INFORMATION

Implant type			
	SMART	UNIQUE	SHORT
REF			
LOT	Expiry date		
Platform	NP	RP	

### 4 IMPLANT PLACEMENT

Date																
Use of anaesthesia <i>(type, amount)</i>																
Position of Implant	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Drill speed	rpm <i>(please note)</i>															
Irrigation	yes								no							
Implant placement	manual driven								handpiece driven							
Insertion torque	Ncm <i>(please note)</i>															
Implant placement level	tissue level					crestal					subcrestal					
Implant stability <i>(measurement using W&amp;H_Osstell device if available)</i>	<60					60 – 70					>70					
Receptor site	native					grafted					sinus lift					
Notes <i>(soft / hard tissue etc.)</i>																

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## 5 SUTURE REMOVAL

<b>Not applicable due to immediate restoration?</b>										
<b>Date</b>										
<b>Pain VAS 1 – 10<sup>iii</sup></b> (1: lowest, 10: highest)										
	1	2	3	4	5	6	7	8	9	10
<b>Swelling</b>	yes					no				
<b>Postoperative infections</b>	yes					no				
<b>Loss of graft materials</b>	yes					no				
<b>Loss of cover screw</b>	yes					no				
<b>Implant mobility</b>	yes					no				

## 6 PROVISIONAL / FINAL RESTORATION

<b>Date</b>			
<b>Abutment type</b>			
<b>REF</b>			
<b>LOT</b>			
<b>Gingiva height</b>	mm (please note)		
<b>Crown type</b>			
<b>Implant stability</b> (measurement using W&H_Osstell device if available)	<60	60 – 70	>70

## 7 FOLLOW UP 6 MONTHS

<b>Date</b>										
<b>Oral hygiene</b>	good			fair			poor			
<b>Bone gain<sup>iv</sup></b>	no			yes			mm (please note)			
<b>Bone loss</b>	0 mm			1 – 2 mm			2 – 4 mm			
<b>Pain VAS 1 – 10<sup>iii</sup></b> (1: lowest, 10: highest)										
	1	2	3	4	5	6	7	8	9	10
<b>Implant mobility</b>	yes					no				
<b>Inflammation</b>	yes					no				
<b>Bleeding on probing</b>	yes					no				

## 8 FOLLOW UP 12 MONTHS

<b>Date</b>											
<b>Oral hygiene</b>		good			fair			poor			
<b>Bone gain<sup>iv</sup></b>		no			yes			mm (please note)			
<b>Bone loss</b>		0 mm			1 – 2 mm			2 – 4 mm			
<b>Pain VAS 1 – 10<sup>iii</sup></b> (1: lowest, 10: highest)											
		1	2	3	4	5	6	7	8	9	10
<b>Implant mobility</b>		yes					no				
<b>Contact integrity</b>	<b>Loose Abutment Screw</b>	n/a			intact			lost			
	<b>Loose Prosthetic Screw</b>	n/a			intact			lost			
	<b>Short Prosthesis Margin</b>	n/a			intact			lost			
<b>Inflammation</b>		yes					no				
<b>Bleeding on probing</b>		yes					no				

## 9 FOLLOW UP 30 MONTHS

<b>Date</b>											
<b>Oral hygiene</b>		good			fair			poor			
<b>Bone gain<sup>iv</sup></b>		no			yes			mm (please note)			
<b>Bone loss<sup>iii</sup></b>		0 mm			1 – 2 mm			2 – 4 mm			
<b>Pain VAS 1 – 10</b> (1: lowest, 10: highest)											
		1	2	3	4	5	6	7	8	9	10
<b>Implant mobility</b>		yes					no				
<b>Contact integrity</b>	<b>Loose Abutment Screw</b>	n/a			intact			lost			
	<b>Loose Prosthetic Screw</b>	n/a			intact			lost			
	<b>Short Prosthesis Margin</b>	n/a			intact			lost			
<b>Inflammation</b>		yes					no				
<b>Bleeding on probing</b>		yes					no				

## 10 FOLLOW UP 60 MONTHS

<b>Date</b>											
<b>Oral hygiene</b>		good			fair			poor			
<b>Bone gain<sup>iv</sup></b>		no			yes			mm ( <i>please note</i> )			
<b>Bone loss</b>		0 mm			1 – 2 mm			2 – 4 mm			
<b>Pain VAS 1 – 10<sup>iii</sup></b> (1: lowest, 10: highest)											
		1	2	3	4	5	6	7	8	9	10
<b>Implant mobility</b>		yes					no				
<b>Contact integrity</b>	<b>Loose Abutment Screw</b>	n/a			Intact			lost			
	<b>Loose Prosthetic Screw</b>	n/a			Intact			lost			
	<b>Short Prosthesis Margin</b>	n/a			Intact			lost			
<b>Inflammation</b>		yes					no				
<b>Bleeding on probing</b>		yes					no				

### NOTES

i Please use a unique Patient ID for every patient.

ii Please use a separate protocol for each implant placed in one patient.

iii The **Visual Analog Scale** for pain is a straight line with one end (1) meaning no pain and the other end (10) meaning the worst pain imaginable. Your patient names a point on the line that matches the amount of pain he or she feels.

iv If answered „yes“, please note the value in the last column.