



IMPLANT MAINTENANCE CHECKLIST

Hu-Friedy is pleased to partner with the Association of Dental Implant Auxiliaries and present a support guide to implant maintenance success.

1 REVIEW

Health history, pharmacology and dental health

- No concerns Pharmacology concern Systemic Health Concern Dental concern

2 ASSESS

Adequacy of patient self care

- Adequate Needs Improvement Poor

3 EVALUATE

Soft Tissue

Color: Pink Red Purple Cyanotic

Surface Texture: Stippled Glossy Fibrotic

Type: Keratinized Tissue Non-Keratinized Tissue

Size & Shape: Tight Enlarged Cratered

Bleeding: None Spontaneous With Pressure

Inflammation: None Slight Significant

Probing Depth: 0-3mm 4-5mm 5-7mm >7mm

Compare to last visit?

No change Decrease Increase

Exudate: None Slight Significant

Occlusion: Negative hx or signs Wears night guard

Wear facets Abfraction Parafunctional habits

Radiographic crestal bone levels

Review previous radiographs for comparison

Bone loss: None Slight Moderate Significant

Mobility: None Present

Evaluate the prosthesis and components for adequacy: are the components intact? Yes No

Do o-rings, clips or attachments need replacement?

Yes No

Patient's Care of Removable Prosthesis:

Adequate Needs Improvement Poor

3 REVIEW

Atraumatically remove all soft and hard deposits on abutments and restorations

Development of patient specific oral hygiene routine instructions

Determination of appropriate re-care interval:

_____ months

Documentation

Communication

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