

Implant Coordinator Workflow for Full-Arch Immediate Loading Cases

Patient: _____

Date: _____

Case presented by (Implant Coordinator):

Treatment

Maxilla			Mandible		
All-on-4			All-on-4		
Zygoma					
Quad Zygoma					
Teeth present?	Yes	No	Teeth present?	Yes	No
Denture present?	Yes	No	Denture present?	Yes	No

Date of surgery: _____

Preoperative instructions provided to patient	Date:	Rx sent to pharmacy	Date:
Financial discussion	Date:		
Total surgical fee	\$	Estimated insurance payment	\$
Estimated patient portion	\$		
First half of deposit	\$	Date received:	
Second half of deposit	\$	Due day of surgery	
Conversion prosthesis (denture)			
Doctor ordering denture:		Name of lab:	
Denture due date:			
Upper denture received date:		Lower denture received date:	
Parts			
Parts ordered?	Yes	No	Date ordered:
Parts arrived and ready:		Ordered by:	