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| **Case No. ( )** |
| **Patient** | **Name** |  |
| **Sex** | Male / Female |
| **Age** |  |
| **Implant(s) Position** |  |
| **Missing Teeth** |  |
| **First Visit** |  |
| **Implant Surgery** |  |
| **Orthodontic Treatment** |  |
| **Final Restoration** |  |
| **First Recall** |  |
| **Chief Complaint** |  |
| **Implant & Ortho Materials** |  |
| **Case Outline** |  |
| **Treatment Plan** |  |
| **Treatment** |  |
| **Conclusion** |  |