



# ICKERT DENTAL IMPLANT CENTRE

AESTHETIC AND RECONSTRUCTIVE DENTISTRY

Dr. Norman W. Ickert

Referring Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
month day year

## Medical Concerns

Autoimmune Concerns    Bisphosphonates    Diabetes    Smoker    Other

### Implants

- Surgical only, please return patient for prosthetics
- Surgical and prosthetics
- Prosthetics only

### Preferred Implant System

- Ankylos                       Astratech                       Biomet 3I
- Biohorizons                       Imtec                       Nobelbiocare
- Straumann                       Zimmer                       Other \_\_\_\_\_

### Grafting Procedures

- Soft Tissue
- Hard Tissue

**Surgical Extractions** \_\_\_\_\_

**Comprehensive Restorative Tx** \_\_\_\_\_

**Occlusal Concerns** \_\_\_\_\_

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Comments: \_\_\_\_\_