



DENTAL IMPLANT REGISTRY

admin@dentalimplantregistries.com
dentalimplantregistry.org.au

IMPLANT REGISTRATION FORM

Please use this form to assist the DIR team in registering your patient's implant details

Patient Title:

First Name: Surname:

DOB/...../.....

Patient Email Address:

(Please ensure that an email address is provided.
If the patient does not have an email address please write "No Email")

Patient Phone Number:

Country Of Birth:

Postcode/Zip:

.Suburb:

I confirm that I have obtained the patient's consent to register their implant details.

.....

(Signature)



Tooth Number (Please circle below):

Upper Right								Upper Left							
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
Lower Right								Lower Left							

Did this implant require a bone graft? YES NO

What is this implant for? (please tick below):

- Single Fixed Crown
- Multiple Implant Bridge (fixed Partial Denture)
- Overdenture (Removable Prosthesis, Unsplinted)
- Overdenture (Removable Prosthesis, Splinted)
- Full Arch Fixed Restoration
- Other (please specify).....

Date of Implant Procedure:

Implant Comments (if required):

Lot/Batch No#:

Implant Manufacturer:

Implant Reference Number:

Treating Dentist Name:

Dental Practice Name:

* The above patient information is being collected by the owner and operator of the Dental Implant Register, Implant Registries Pty Ltd ACN 34 600 442 313 of Level 6, 211 Victoria Square, Adelaide SA 5000.
 Implant Registries can be contacted via email at admin@dentalimplantregistries.com
 You can gain access to your personal information stored in the Dental Implant Register by logging in to your record if you are a registered user of our website, or by contacting us if you are not a registered user.