Active Chairside Conversion Check List

Date: _____ Time In: _____

Location: _____ Time Out: _____

Patient: _____ Conversion Specialist: _____

Surgeon Doctor: _____ Guided: _____

Restorative Doctor: _____ Non-Guided: _____

Implant System: _____

Implant Placement

Description								
Implants				Multi Unit Abutments				Identification
Site	Size	Torque	Platform	Angle	Collar HT	Load	Sleep	Sticker Labels
		NCM						
		NCM						
		NCM						
		NCM						
		NCM						
		NCM						
		NCM						
		NCM						
		NCM						
		NCM						
		NCM						
		NCM						

Notes: