

Doctor Name: _____

Patient Name: _____

Circle One:
Upper | Lower

Date: _____

<p>Site #</p> <p>D: 3.0 3.4 3.8 4.2 4.6 5.8</p> <p>L: 7.5 9 10.5 12 15 18</p> <p>Insertion torque _____ Ncm</p> <p>Platform: 3.0 3.5 4.5 5.7</p> <p>Implant: Place Sticker Here</p> <p>Height: 1 2 3 4 5</p> <p>Torque _____ Ncm</p> <p>Abutment: Place Sticker Here</p>	<p>Site #</p> <p>D: 3.0 3.4 3.8 4.2 4.6 5.8</p> <p>L: 7.5 9 10.5 12 15 18</p> <p>Insertion torque _____ Ncm</p> <p>Platform: 3.0 3.5 4.5 5.7</p> <p>Implant: Place Sticker Here</p> <p>Height: 1 2 3 4 5</p> <p>Torque _____ Ncm</p> <p>Abutment: Place Sticker Here</p>	<p>Site #</p> <p>D: 3.0 3.4 3.8 4.2 4.6 5.8</p> <p>L: 7.5 9 10.5 12 15 18</p> <p>Insertion torque _____ Ncm</p> <p>Platform: 3.0 3.5 4.5 5.7</p> <p>Implant: Place Sticker Here</p> <p>Height: 1 2 3 4 5</p> <p>Torque _____ Ncm</p> <p>Abutment: Place Sticker Here</p>	<p>Site #</p> <p>D: 3.0 3.4 3.8 4.2 4.6 5.8</p> <p>L: 7.5 9 10.5 12 15 18</p> <p>Insertion torque _____ Ncm</p> <p>Platform: 3.0 3.5 4.5 5.7</p> <p>Implant: Place Sticker Here</p> <p>Height: 1 2 3 4 5</p> <p>Torque _____ Ncm</p> <p>Abutment: Place Sticker Here</p>
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