

Dental Implant Planning Worksheet

Doctor's Name: _____

Date: _____

Patient's Name: _____

Pre-Surgical Planning

Consultation	_____	\$
Diagnostic Radiographs (Tomograms, CT Scans)	_____	\$
Panoramic & Periapical Radiographs	_____	\$
Diagnostic Wax Up & Surgical Stent	_____	\$
Associated Laboratory Fees	_____	\$

Total Pre-Surgical Planning Fee _____ \$ _____

Surgical Phase

Number of Implants _____ x \$ _____ = \$ _____

Temporary During Healing		
Lab Fees	_____	\$
Professional Fees	_____	\$

Total Surgical Phase Fee _____ \$ _____

Restorative Phase

Crown & Bridge

Parts _____	x # implants _____	=	\$ _____
Lab Fees _____	x # implants _____	=	\$ _____
Professional Fees _____	x # implants _____	=	\$ _____

Ball Retained Overdenture

Parts _____	x # implants _____	=	\$ _____
Lab Fees _____	x # implants _____	=	\$ _____
Professional Fees _____	x # implants _____	=	\$ _____

Implant Supported Bar Overdenture

Parts _____	x # implants _____	=	\$ _____
Lab Fees _____	x # implants _____	=	\$ _____
Professional Fees _____	x # implants _____	=	\$ _____

Denture Fee

Lab Fees	_____	\$
Professional Fees	_____	\$

Total Restorative Fee _____ \$ _____

Total Estimated Fee _____ \$ _____

