

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 **\$ _____**

