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  $ __________