



CHAIRSIDE IMPLANT SERVICES
We Come To You...Chairside!

Post Op Reports



CHAIRSIDE IMPLANT SERVICES

We Come To You...Chairside!

631-581-5121

1-Week Post Op Report

Clinical Evaluation

DATE _____

DOCTORS NAME _____

PATIENTS NAME _____

Sutures

- Removed completely*
- Left in place (re-assessment required)*

Pain

- None*
- Discomfort (re-assessment required)*
- Pain (re-assessment required)*

Swelling

- None*
- Mild (re-assessment required)*
- Moderate (re-assessment required)*

Bruising

- None*
- Mild (re-assessment required)*
- Moderate (re-assessment required)*

Infection

- None*
- Mild (re-assessment required)*
- Moderate (re-assessment required)*

Comments

Signature

This 1-Week Post-Op should be performed 1 week after implant placement.

Please complete this form and send to:

Chairside Implant Services

375 East Main Street

East Islip, NY 11730

Fax: 631-581-5148

eMail: info@chairsideimplantservices.com



CHAIRSIDE IMPLANT SERVICES
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Re-Assessment Report

DATE _____

DOCTORS NAME _____

PATIENTS NAME _____

Sutures

- Removed completely*
- Left in place (re-assessment required)*

Pain

- None*
- Discomfort (re-assessment required)*
- Pain (re-assessment required)*

Swelling

- None*
- Mild (re-assessment required)*
- Moderate (re-assessment required)*

Bruising

- None*
- Mild (re-assessment required)*
- Moderate (re-assessment required)*

Infection

- None*
- Mild (re-assessment required)*
- Moderate (re-assessment required)*

Comments

Signature

*This Re-Assessment should be performed if necessary, as a follow up to the 1-week Post Op Report.
Please complete this form and send to:*

Chairside Implant Services
375 East Main Street
East Islip, NY 11730
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3-Month Post Op Report

Clinical & Radiographic Evaluation

DATE _____

DOCTORS NAME _____

PATIENTS NAME _____

Pain

- None*
- Discomfort (contact Chairside)*
- Pain (contact Chairside)*

Swelling

- None*
- Mild (contact Chairside)*
- Moderate (contact Chairside)*

Bruising

- None*
- Mild (contact Chairside)*
- Moderate (contact Chairside)*

Infection

- None*
- Mild (contact Chairside)*
- Moderate (contact Chairside)*

Radiographic Evaluation

- Within Normal Limits*
- Deviation From Normal (contact Chairside)*

Comments

Signature

This 3-Month Post-Op should be performed 3 months after implant placement.

Please send 3-month xray and this form to:

Chairside Implant Services

375 East Main Street

East Islip, NY 11730

Fax: 631-581-5148

eMail: info@chairsideimplantservices.com