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IMPLANT PREFERENCE FORM

PATIENT NAME:	TODAYS DATE:	
RESTORING DENTIST:	APPOINTMENT DATE:	
1. TOOTH #/SITE #:		
2. PREFERRED BRAND OF IMPLANT (CIRCLE):		
STRAUMANN/ITI:	NOBEL BIOCARE:	● OTHER: _____
● BONE LEVEL	● BRANEMARK	
● TISSUE LEVEL	● REPLACE	
	● ACTIVE	
3. FINAL RESTORATION (CIRCLE): CEMENT RETAINED SCREW RETAINED		
4. PREFERRED ABUTMENT TYPE (CIRCLE): STOCK OR CUSTOM		
YES	NO	I PREFER DR. LA PUMA TO PROVIDE/PLACE THE FINAL ABUTMENT (POSTERIOR TO CUSPIDS).
FOR MAXILLARY ANTERIOR IMPLANTS WE ENCOURAGE THE USE OF LAB-MODIFIED OR CUSTOM ABUTMENTS.		
YES	NO	I PREFER DR. LA PUMA TO PLACE THE LAB-MODIFIED/CUSTOM ABUTMENT
YES	NO	I PREFER DR. LA PUMA TO PROVIDE LABORATORY MATERIALS.
IF YES, ALL MATIERALS REQUESTED: _____		
(I.E., IMPRESSION COPING, IMPLANT ANALOG, PROVISIONAL ABUTMENT)		
IF REQUESTING IMPRESSION COPING (CIRCLE): OPEN TRAY CLOSED TRAY SCANBODY		
5. PROVISIONALIZATION (CIRCLE): NONE TREATMENT RPD (IMMEDIATE/REMOTE) ACRYLIC CROWN		
YES	NO	I REQUEST FIXTURE LEVEL IMPRESSIONS (FOR PROVISIONALIZTION AND/OR DIAGNOSTIC PURPOSES)

THIS FORM WILL HELP ENSURE THE EFFICIENT CARE OF YOUR PATIENT.

PLEASE FAX THE COMPLETED FORM BACK TO DR. LA PUMA AT YOUR EARLIEST CONVENIENCE. THANKS, MIKE