

Implant Care & Maintenance Record

My implant information

Ask your dental office to help complete this page. Copy system details from office records rather than guessing. Use extra copies as needed.

Name: _____ Date: _____

1. What I have

- ☐ Single implant crown
- ☐ Fixed implant bridge or full-arch restoration
- ☐ Removable implant-supported denture
- ☐ Not sure - ask my dental team

Location / tooth numbers (ask the office to confirm):

2. Details supplied by my dental office

Implant manufacturer and system / model:

Placement date(s) / other component details:

Where I keep implant cards or supporting records:

3. My dental contacts

Treating office / clinician:

Phone / after-hours contact:

Implant Care & Maintenance Record

My care and follow-up plan

For long-term maintenance. While healing after surgery, follow your surgeon's separate instructions. Do not remove a fixed restoration yourself.

1. Cleaning directions from my dental team

Recommended brush and other cleaning tools:

Interdental brush size / water-flosser tip or setting:

Technique, cleaning frequency, and areas to reach:

Areas I find difficult to clean / help I need:

2. Professional maintenance

Recommended visit interval / next appointment:

Plan reviewed by / date:

3. Questions or changes to report

Record what changed, where, and when it began.

If an implant feels loose or painful, contact your dental provider promptly. Do not wait to finish this record or try to repair it yourself.

Reference: FDA, Dental Implants: What You Should Know. This record organizes instructions; it does not replace professional care.