

Implantology Commitment Protocol

I, _____

Commit to:

- ☐ Fill out my medical questionnaire accurately, without omitting any information, and provide a complete list of my medications.
- ☐ I understand my responsibility regarding the control of my blood sugar levels and nicotine consumption.
- ☐ Maintain impeccable oral hygiene during the 4-month healing phase:
 - Use chlorhexidine mouthwash for 2 weeks;
 - Gently brush with a post-surgical brush as demonstrated;
After the prosthetic phase, I commit to regularly maintaining my oral health at home and attending regular dental follow-ups at the clinic. If these follow-ups are done outside the clinic, an annual occlusion check is recommended.
- ☐ Take the prescribed medication as directed.
- ☐ Avoid chewing on the implant during the 4-month healing period.
- ☐ Do not chew gum.

I recognize the importance of my involvement in the success of this treatment.

Patient : _____ Date : _____

Professional : _____ Date : _____