

3DCG RECORDING FORM

Patient Name					
Type of implants					
<p>Bone sounding sites</p> <div data-bbox="203 569 672 999"> <p>C4</p> </div> <div data-bbox="203 1041 672 1451"> <p>C5</p> </div>	<div data-bbox="771 548 1453 1123"> </div>				
Tooth #					
Soft tissue thickness pos. 1 buccal deep					
Soft tissue thickness pos. 2 buccal high					
Soft tissue thickness pos. 3 occlusal					
Soft tissue thickness pos. 4 lingual high					
Soft tissue thickness pos. 5 lingual deep					