

**William B. Bohannon, D.D.S., M.D.**  
**A Professional Corporation**  
***Diplomate of the American Board of Oral & Maxillofacial Surgery***  
**Implant Treatment Plan**  
**For**  
**Samuel Bower**  
**9.22.17**

**Diagnosis**

- a. Impacted, failure to erupt, likely ankylosis, multiple failed surgeries to allow eruption of the canine, upper right canine (Tooth #6)
- b. Site Evaluation:
  - i. Good height, moderate width and volume of bone superiorly, poor width coronally
  - ii. Moderate attached gingiva (firm gum tissue), moderate biotype
  - iii. Adequate vertical bone strut an piriform
  - iv. Adequate keratinized tissue buccal
  - v. Impacted wisdom teeth #1,16,17,32.
- c. Occlusion
  - i. Good interarch space and occlusion

Reviewed steps of the implant procedure, timelines, risks, alternatives and failures with patient and his mother and he has elected to proceed with an implant as an empty space, a bridge or a removable partial denture is not acceptable. Due to the ankylosis, the defect left after the extraction will likely be significant and will require grafting to provide a good bony foundation for the future implant. Where the tooth failed to erupt at site #6 at the coronal portion of the socket, there is significant atrophy due to the partial edentulism present for years. This will require augmentation in order to accept a future implant. The patient should consider the removal of his wisdom teeth at the time of this procedure or in the near future.

**1<sup>st</sup> Step: Extraction and bone graft of the socket for alveolar ridge preservation and onlay bone grafting of defect at site #6.**

- a. Removal of tooth #6
  - b. Placement of banked allograft bone to the socket and a collagen membrane
  - c. Removal of cortical bone likely from the anterior chin or external oblique ridge
  - d. Rigidly fix bone to site 6 with cortical bone screws
  - e. Platelet rich plasma (autogenous) biological membrane to cover the graft
  - f. Local anesthesia with intravenous general anesthesia
- \*\*Allow 6-8 months of healing**

**2<sup>nd</sup> Step: Pre-Implant Work-Up – Dr. Bohannon**

- a. Obtain upper and lower model and bite registration
- b. Create radio-opaque scanning stent for CT
- c. Post-graft conebeam or panorex to determine if adequate bone consolidation is present and to plan the implant
- d. Lab to fabricate CT guided stent for implant placement

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**3<sup>rd</sup> Step: Case Evaluation - Dr. William Bohannon**

- a. Case review for treatment options
- b. Informed consent
- c. Try in stent for fit
- d. Pre-operative medications

**4<sup>th</sup> Step: Implant Placement- Dr. William Bohannon**

- a. Recover hardware from bone graft procedure
- b. Place Endosseous Implants at site #6 (Biomet 3i implant)
- c. Determine if primary stability is adequate for healing collar placement (step 5)
- d. Stability is determined by insertion torque and radiofrequency analysis
- e. Local Anesthesia
- \*\* Allow 120-180 days of healing

**5<sup>th</sup> Step: Uncover Implant – Dr. William Bohannon**

- a. Surgically expose implants at #6 and placement of an esthetic tissue healing collar
- b. Local Anesthesia
- c. Of note: this step may be performed at step 4 if criteria are met
- \*Allow 4-6 weeks of healing

**6<sup>th</sup> Step: Implant Crown – Dr. Karen Giannotti**

Final impression and delivery of final custom abutment and prosthesis  
*Fees are determined by the restorative clinician*