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The 2006 Dental Implant Yearbook

The Finnish Dental Implant Register

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Figure 1a. Dental implants placed in different Health Care Districts in 2002–2006

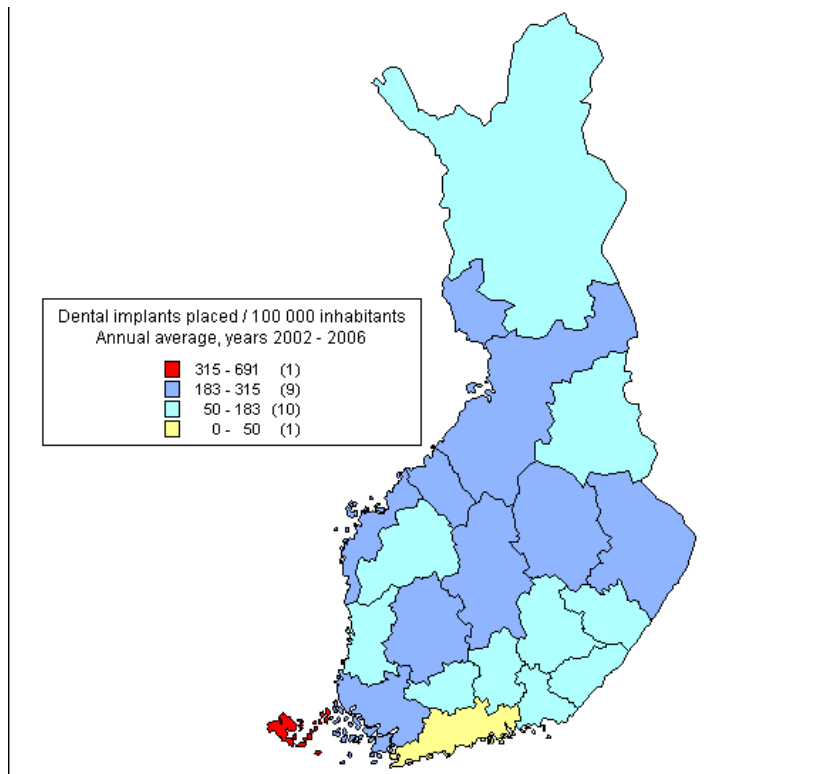


Figure 1b. Dental implants placed in different municipalities in 2002–2006

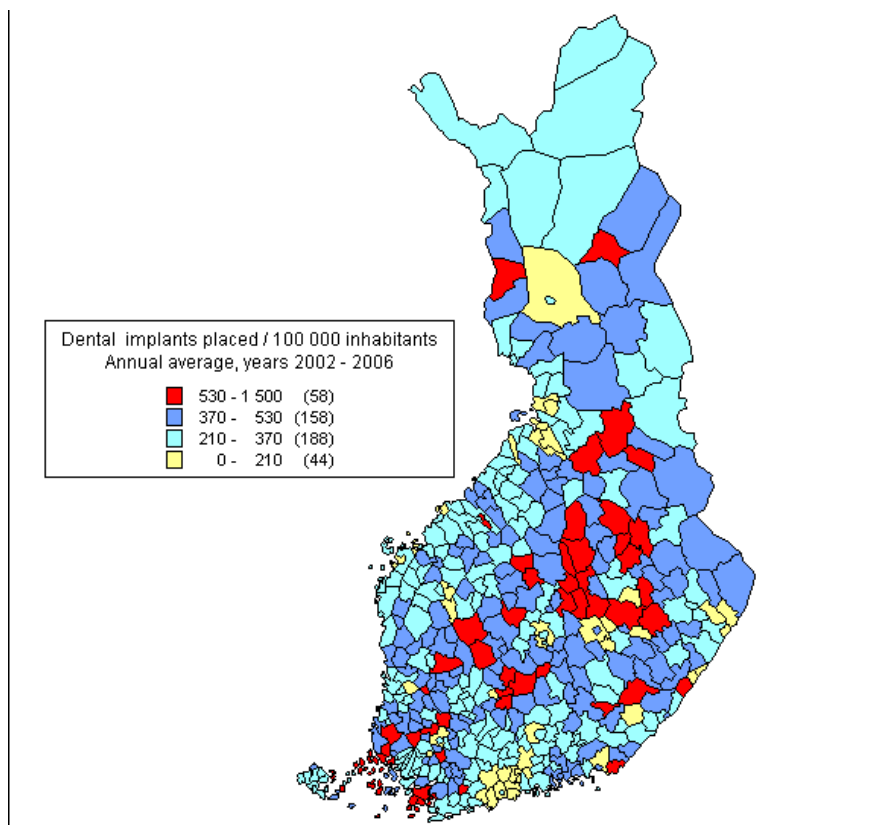


Figure 2: Implants placed, Health care district 2002 - 2006

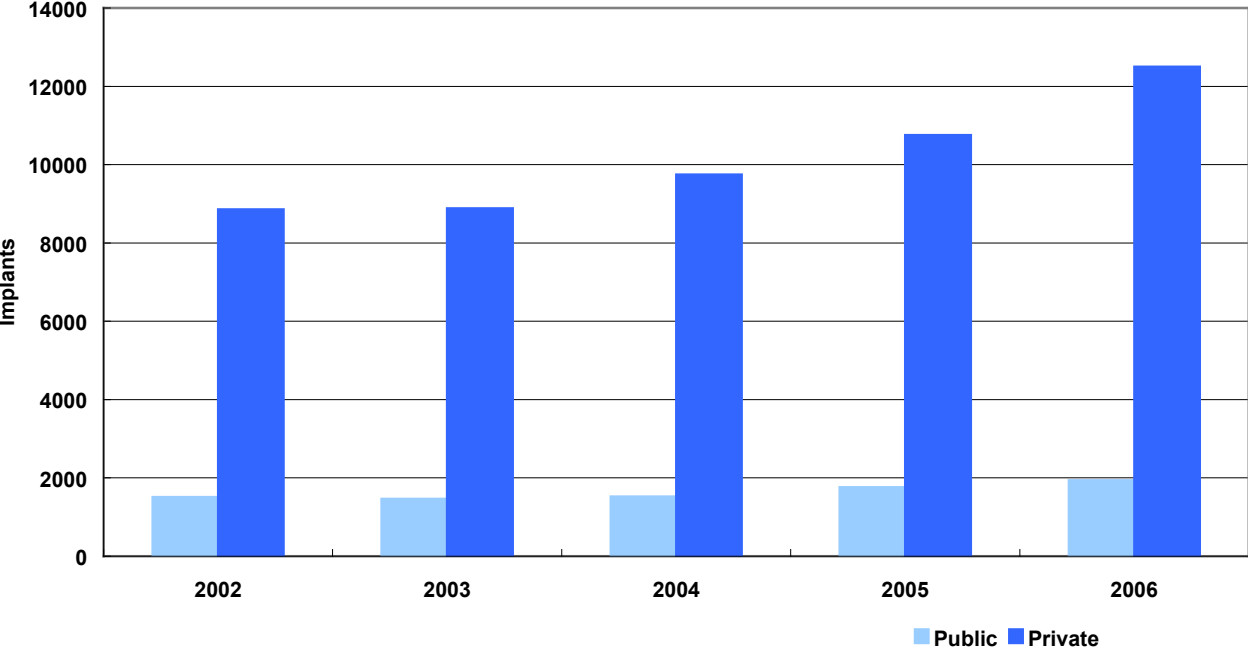


Figure 3: Number of operations and implants placed 1994 - 2006

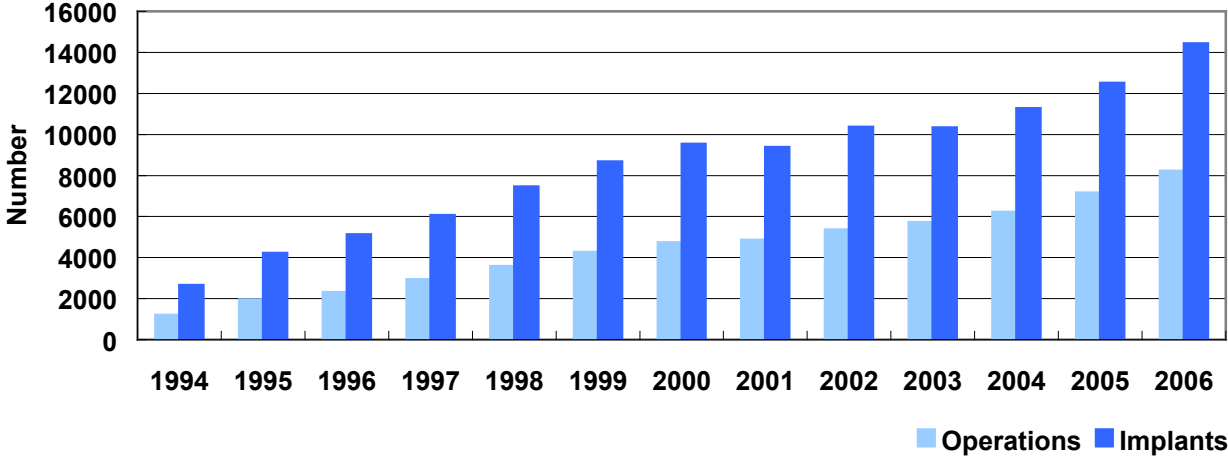


Figure 4a: Implants placed by age group, female 2002 - 2006

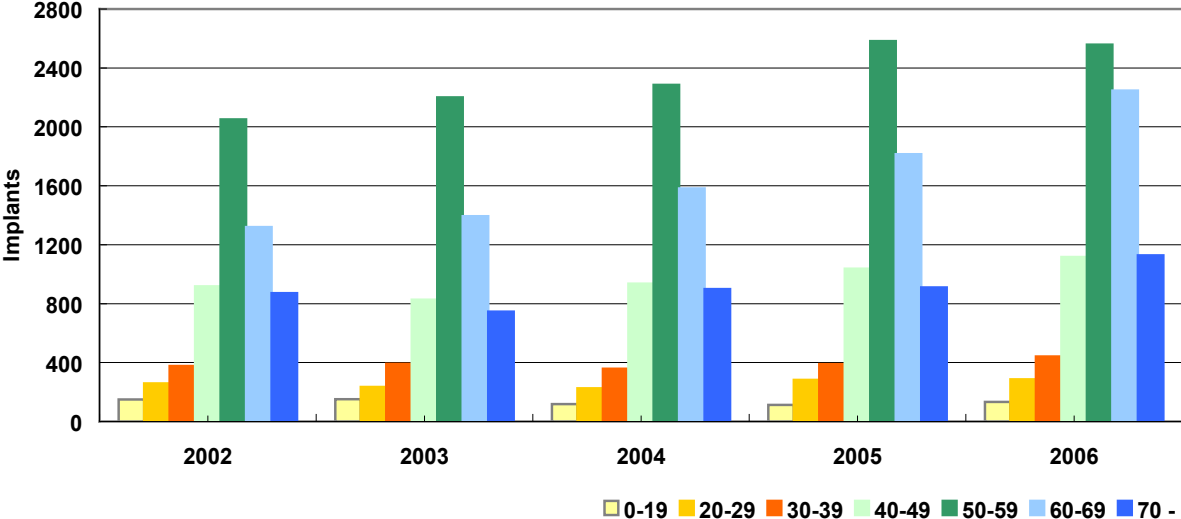


Figure 4b: Implants placed by age group, male 2002 - 2006

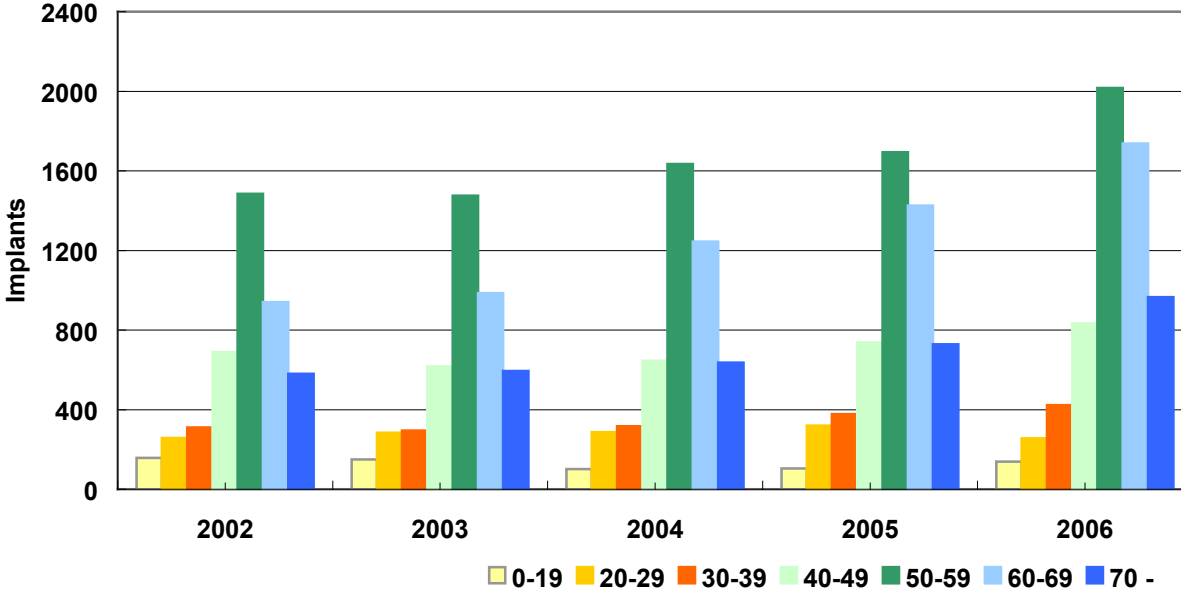


Figure 5a: Implants placed in the maxilla by tooth 2002 - 2006

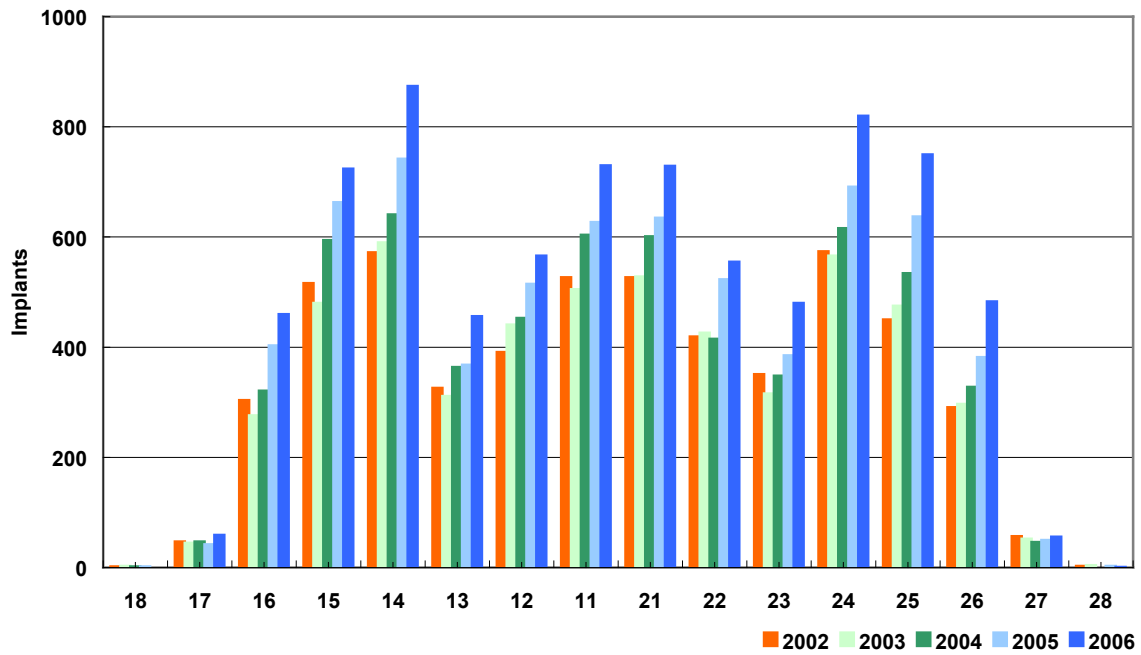


Figure 5b: Implants placed in the mandible by tooth 2002 - 2006

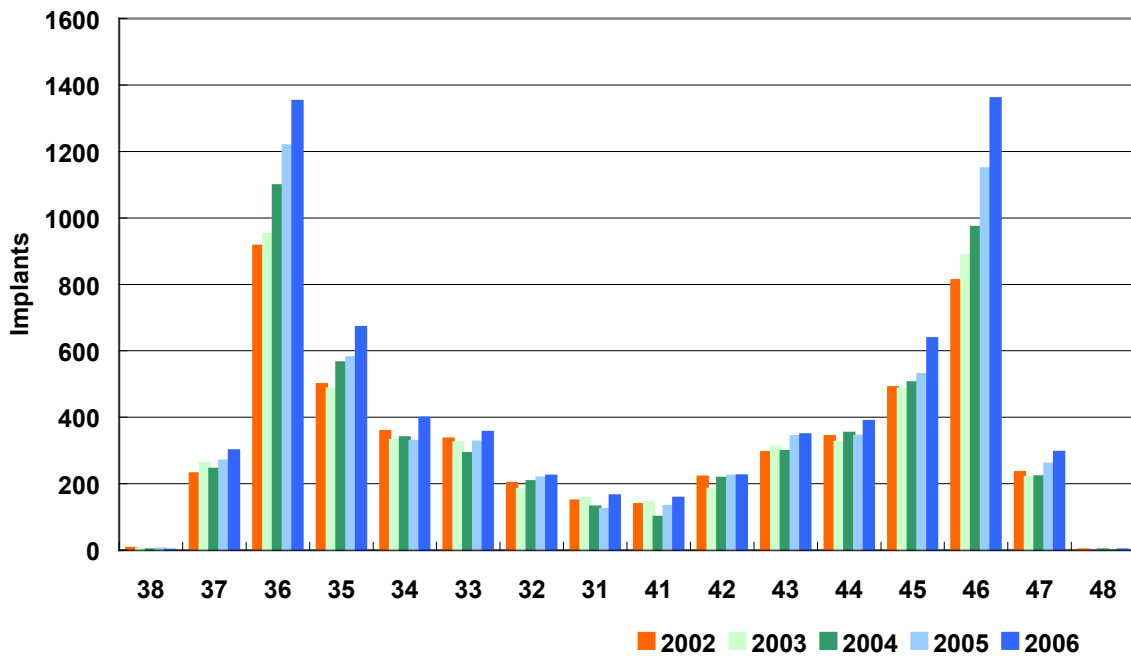


Figure 6a: Implants placed per operation in the maxilla 2002 - 2006

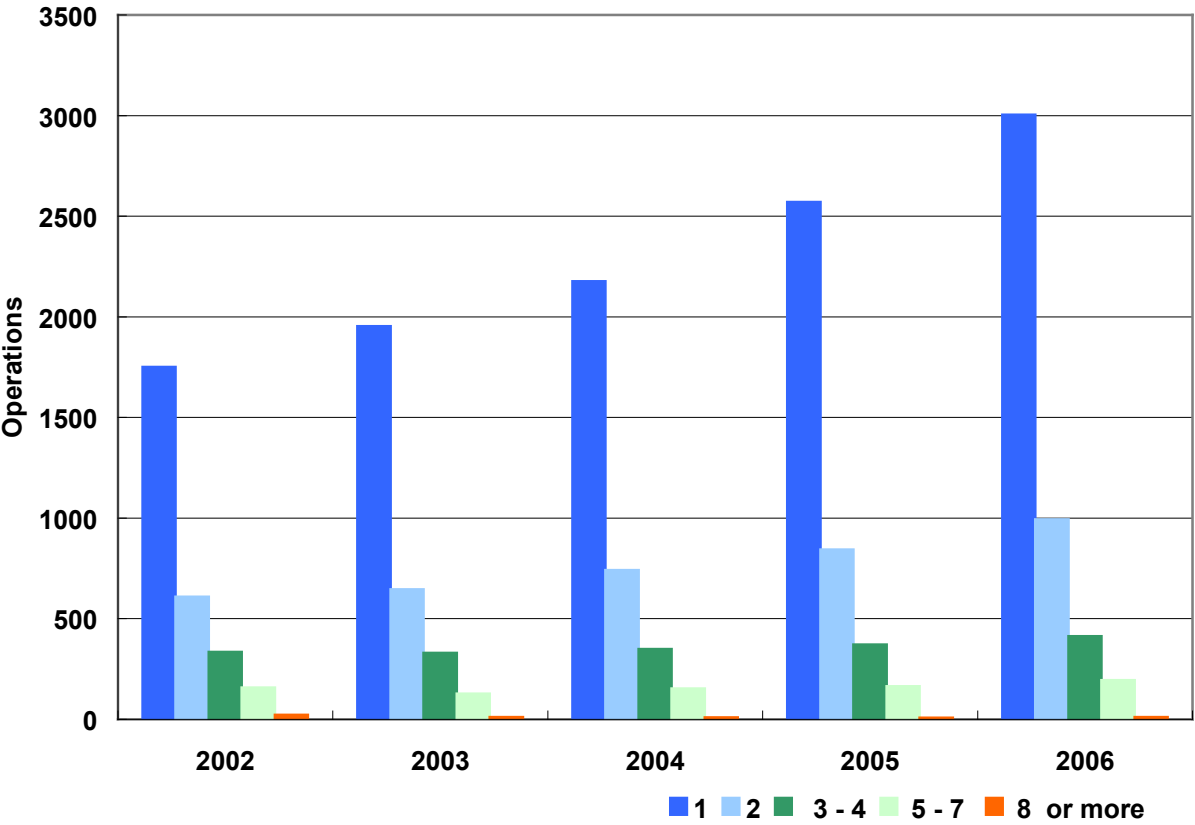


Figure 6b: Implants placed per operation in the mandible 2002 - 2006

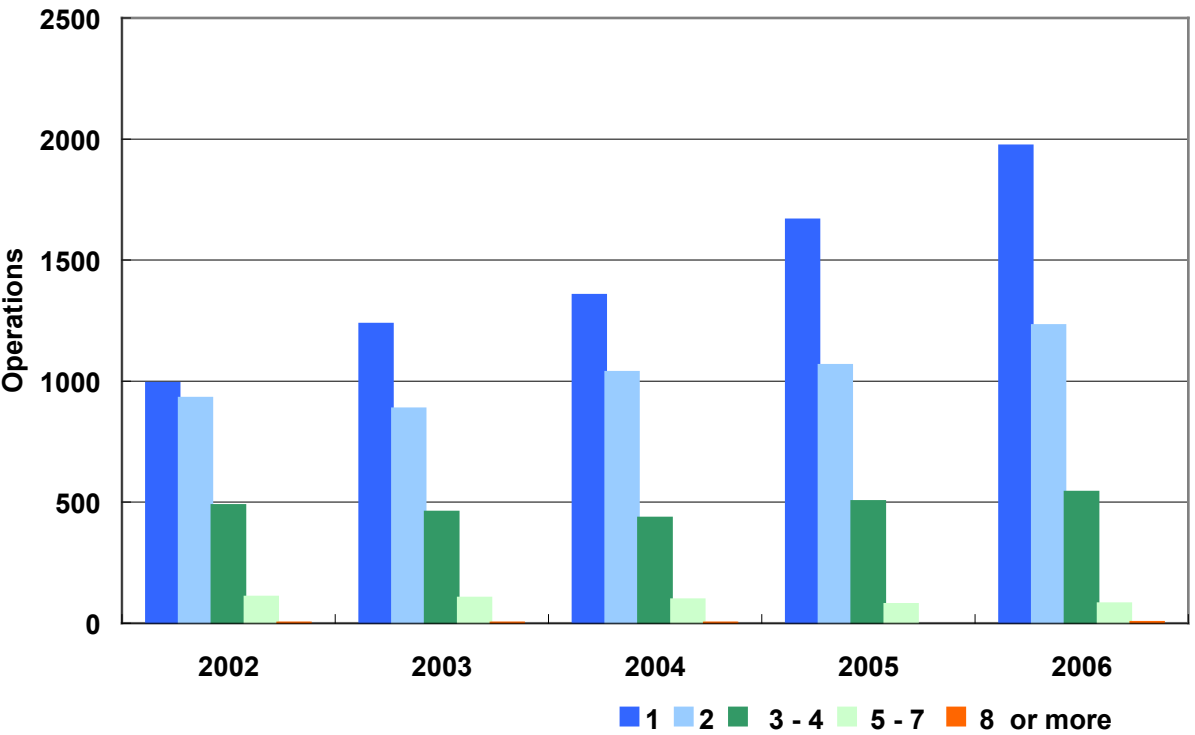


Figure 7: Implantation method 2002 - 2006

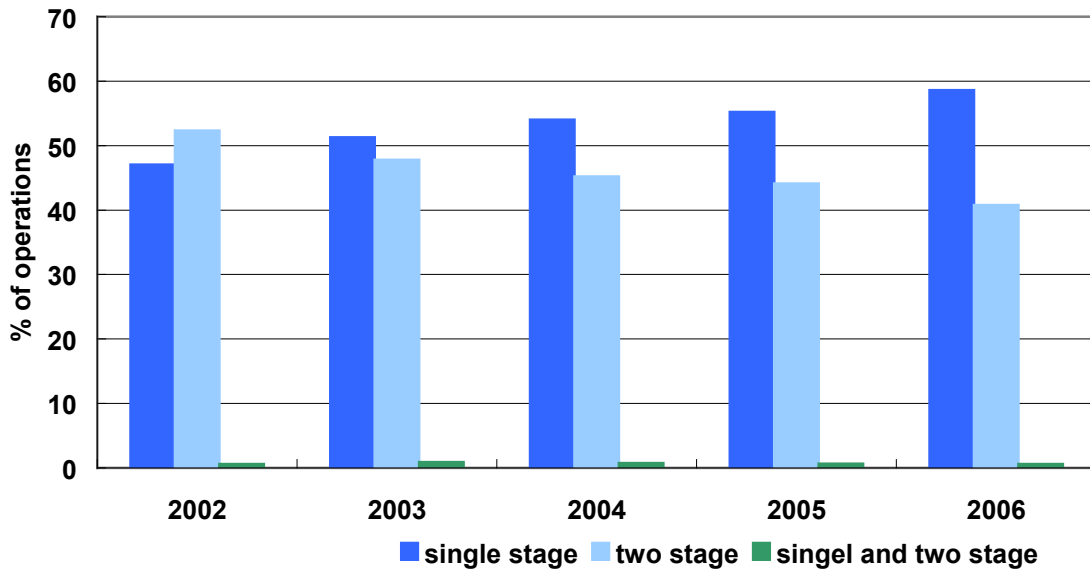


Figure 8: Supportive technique 2002 - 2006

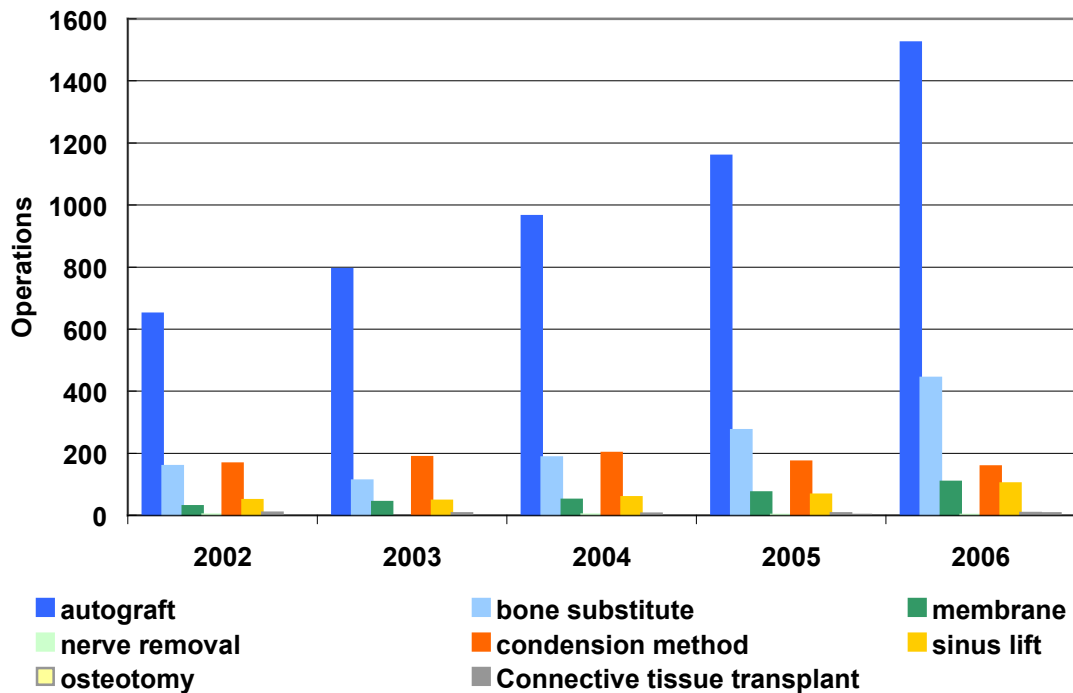


Figure 9: Time after tooth extraction in months 2002 - 2006

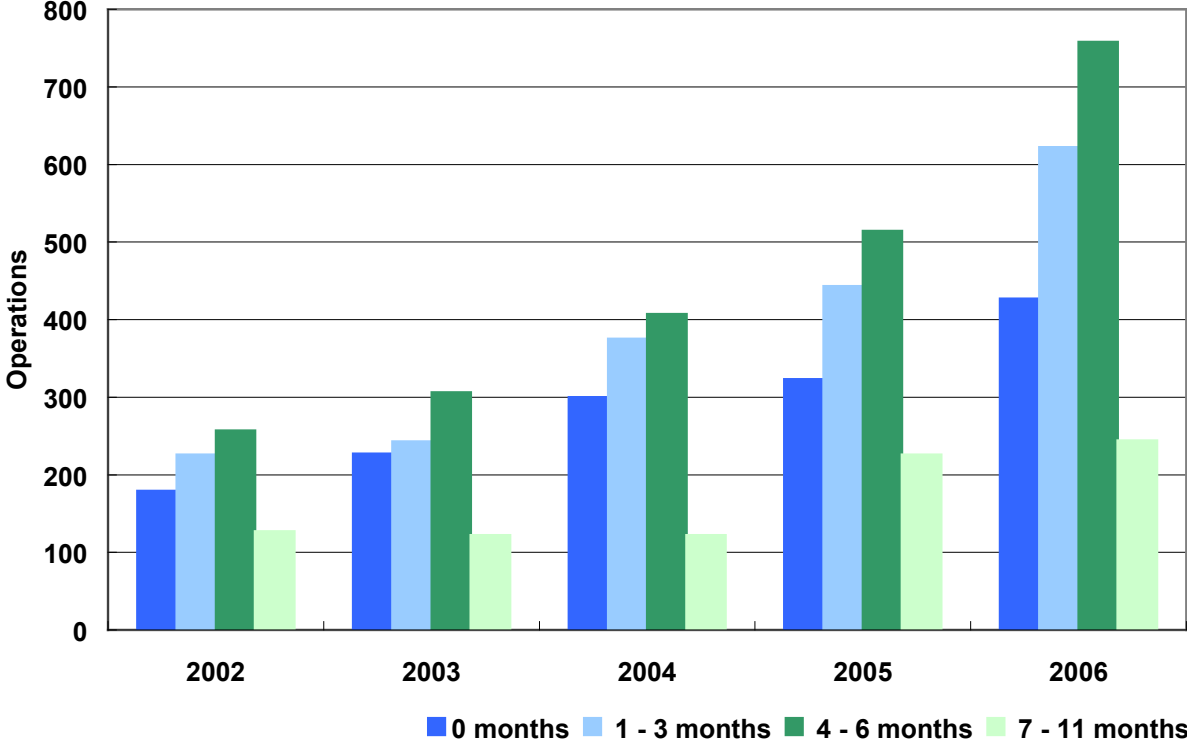


Figure 10a: Length of the inserted implant, maxilla 2002 - 2006

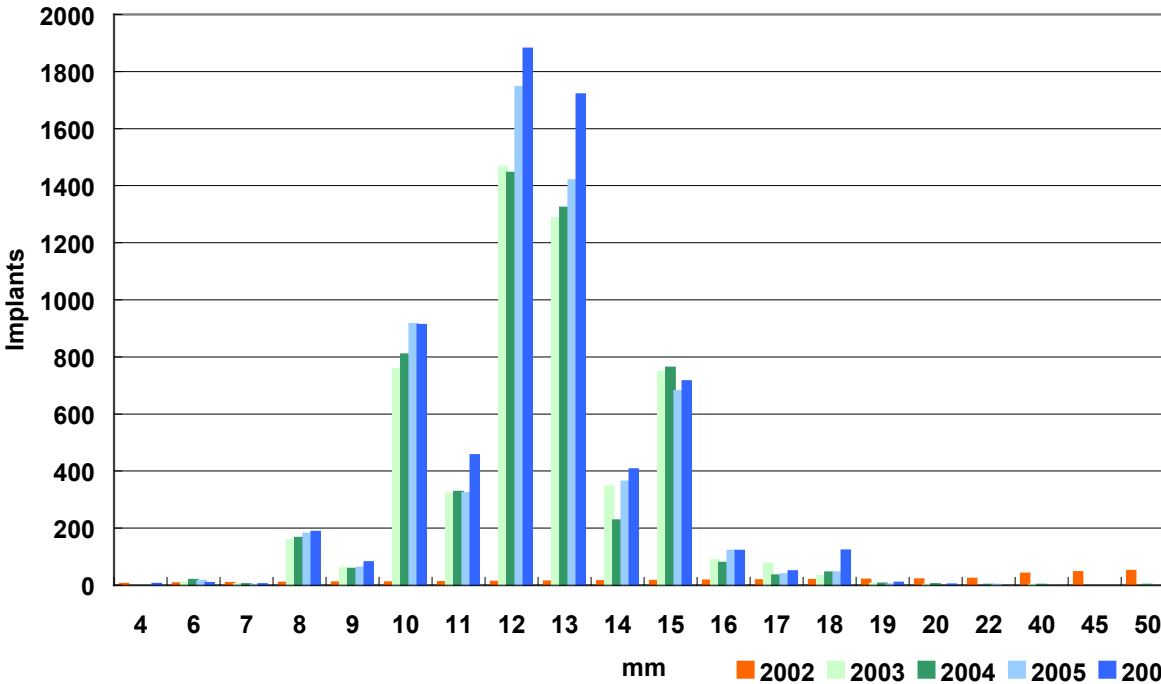


Figure 10b: Length of the inserted implant, mandible 2002 - 2006

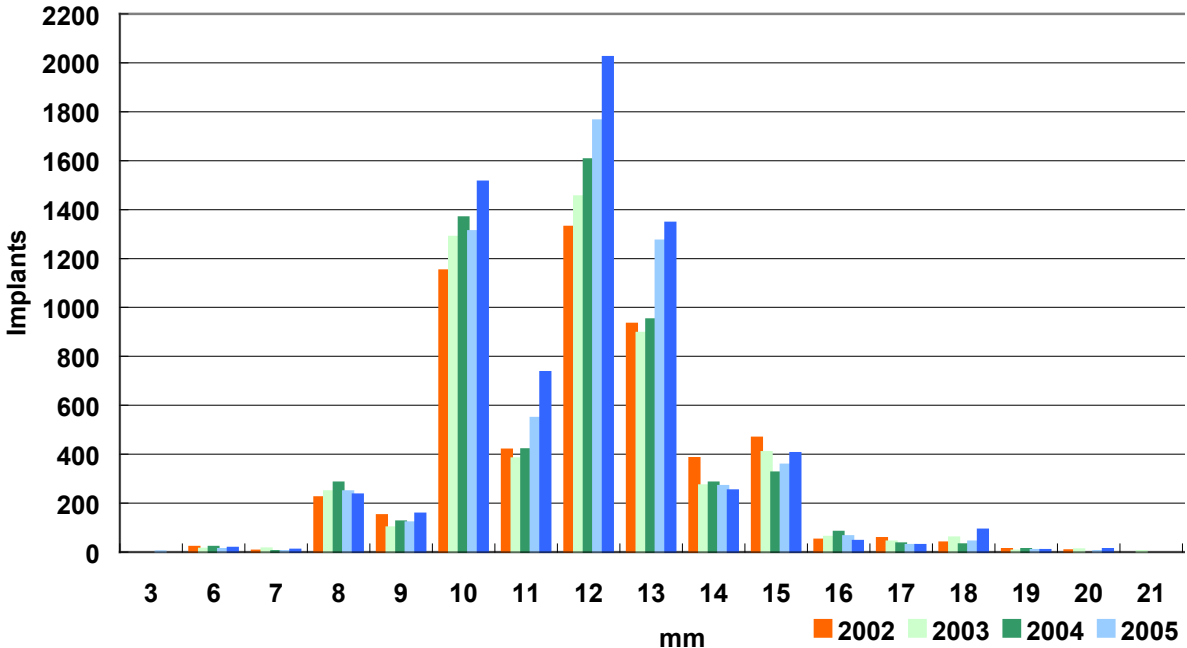


Figure 11: Reason for the operation 2002 - 2006

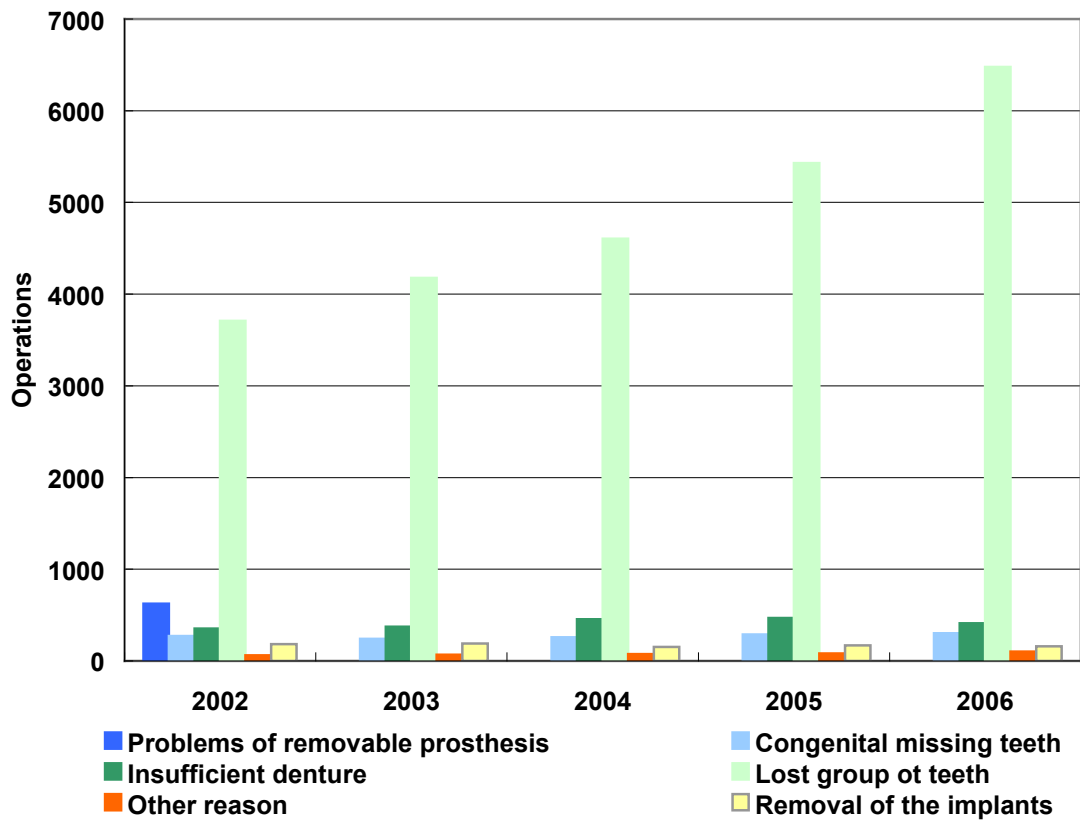


Figure 12: Primary complications, per cent of primary operations 2002 - 2006

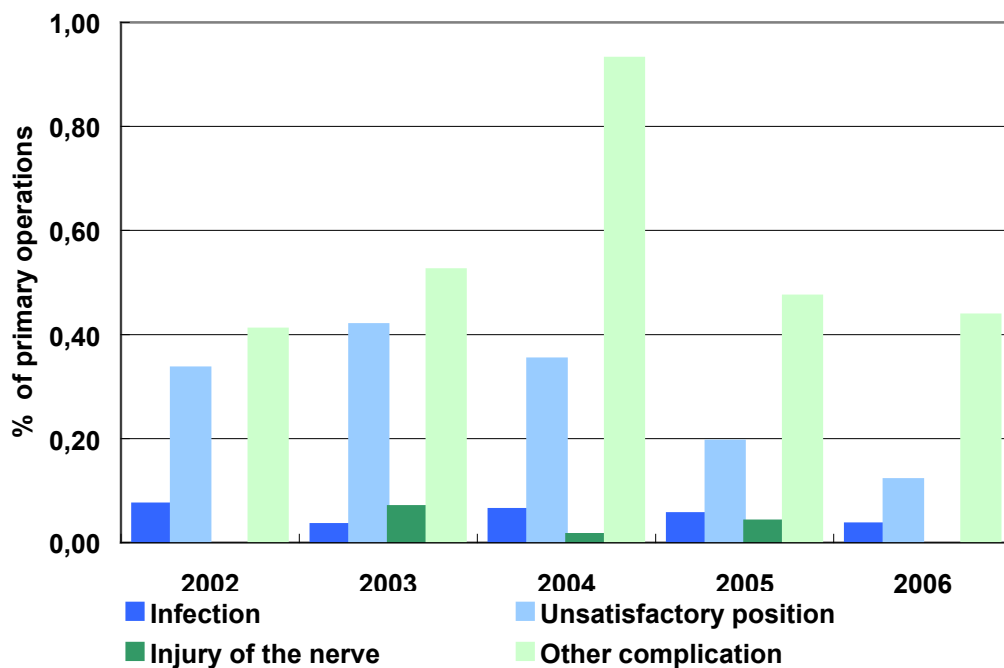


Figure 13: Reason for removal of the implant 2002 - 2006

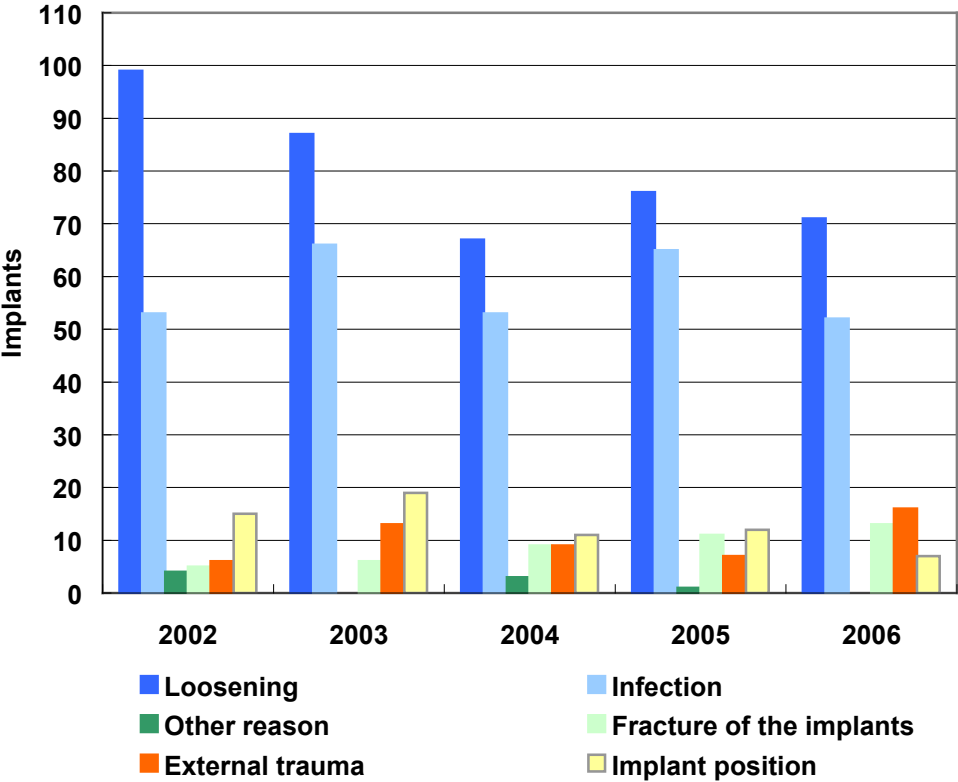


Figure 14a: Implants removed from the maxilla by tooth 2002 - 2006

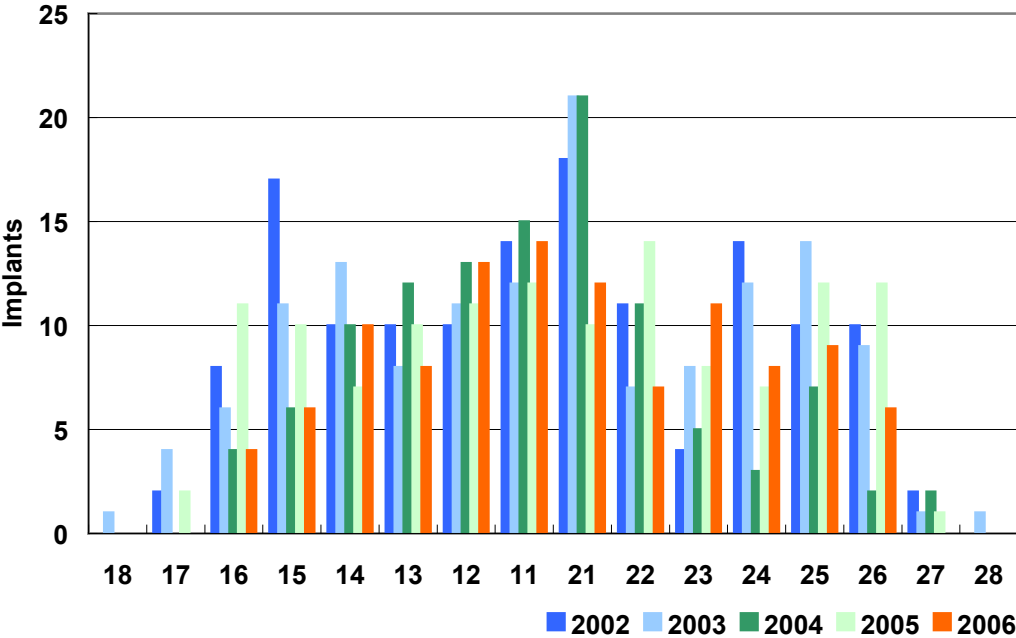


Figure 14b: Implants removed from the mandible by tooth 2002 - 2006

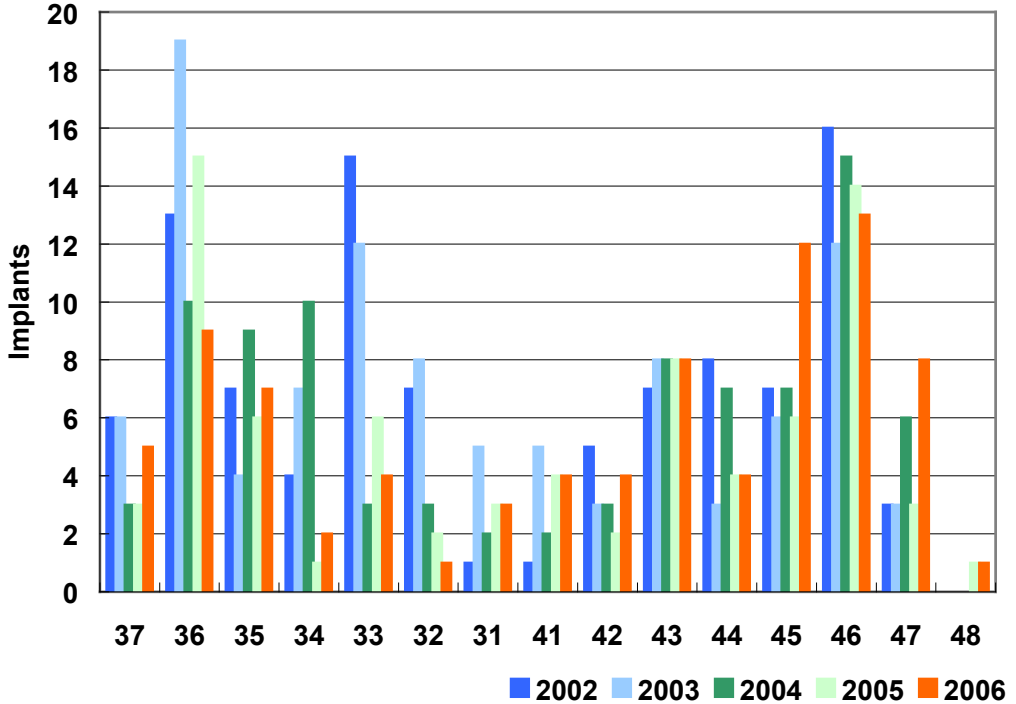


Figure 15a: Length of the removed implant, maxilla 2002 - 2006

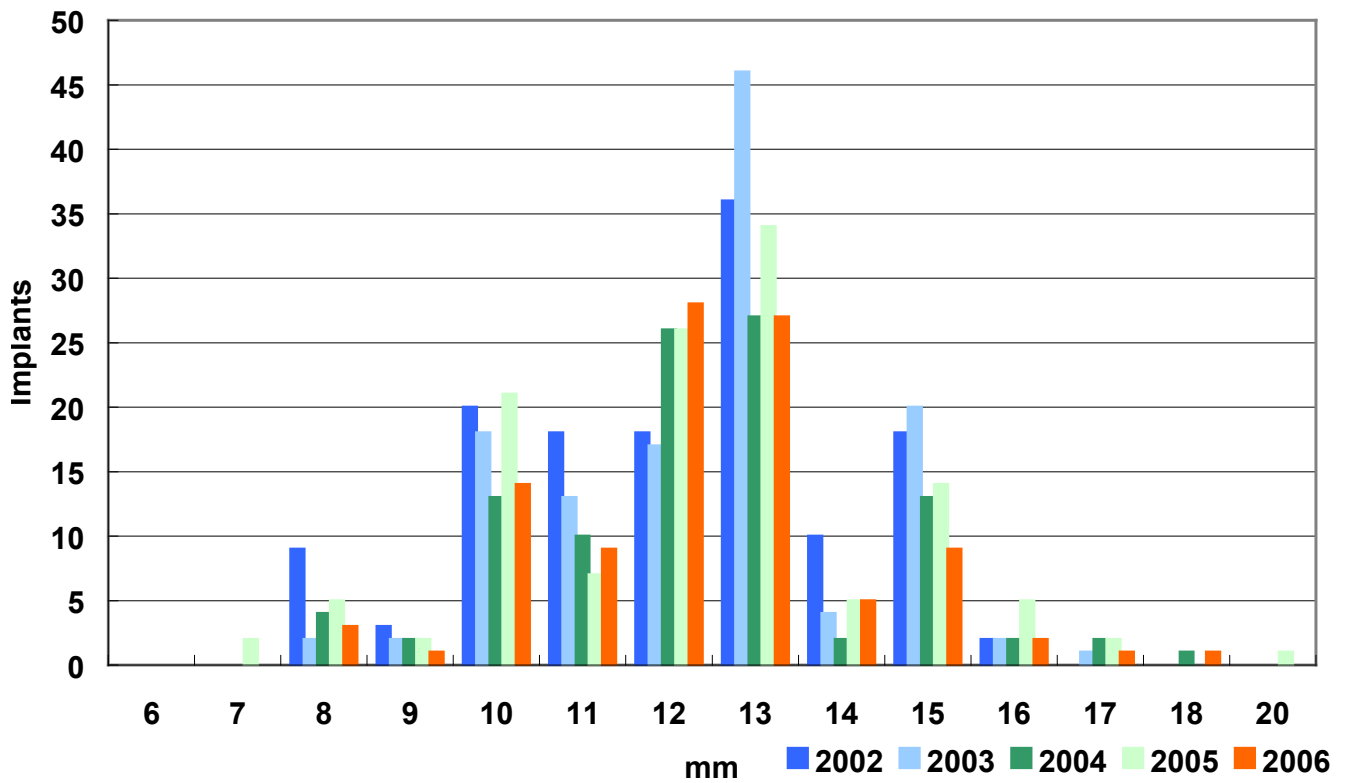


Figure 15b: Length of the removed implant, mandible 2002 - 2006

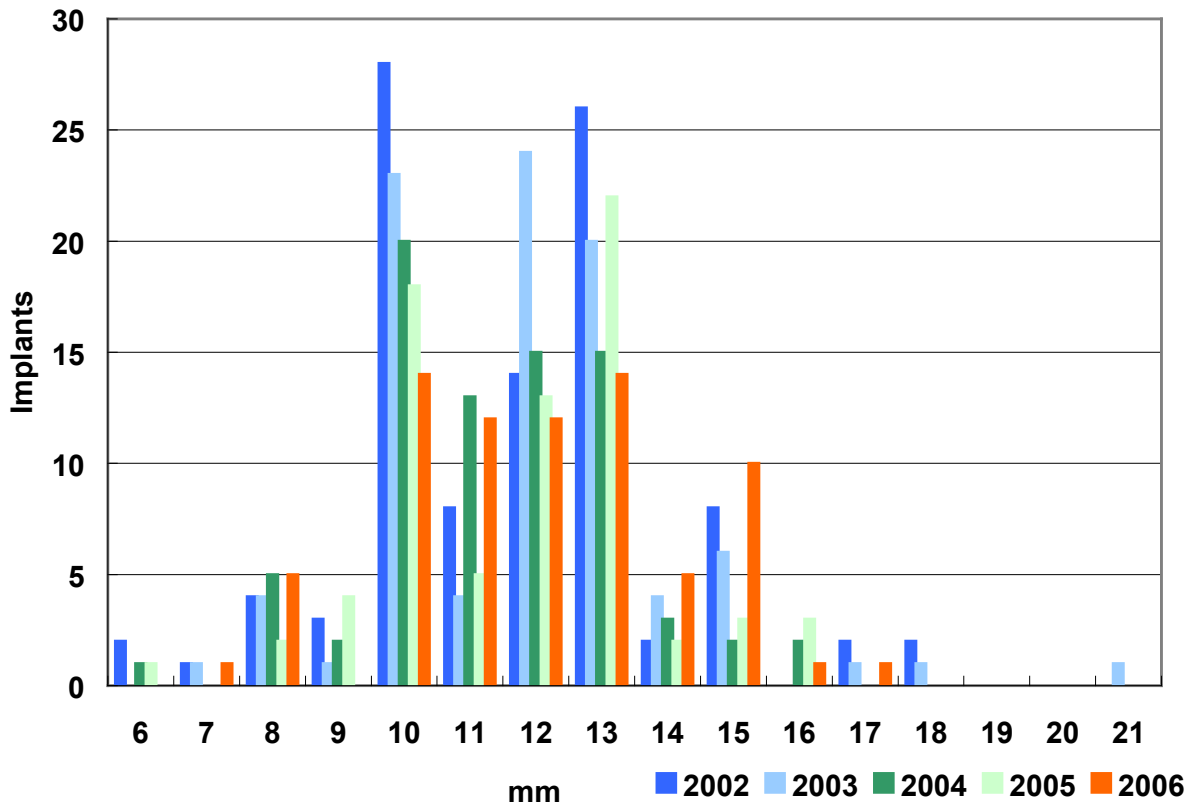


Figure 16a: Implants removed by age group, female, 2002 - 2006

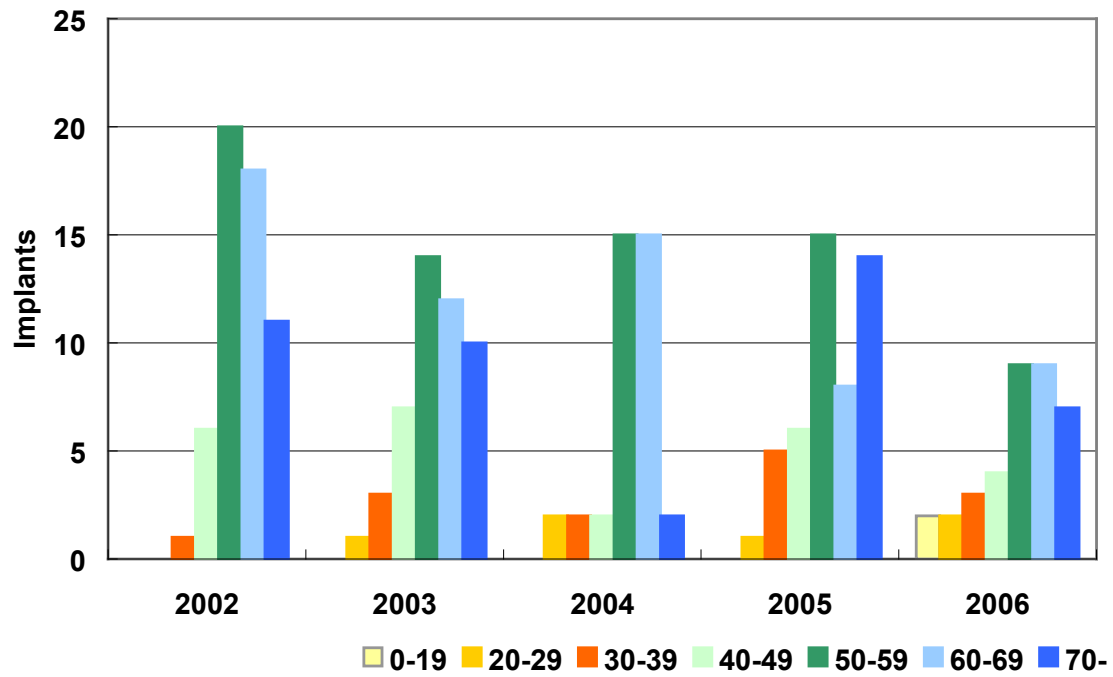


Figure 16a: Implants removed by age group, male, 2002 - 2006

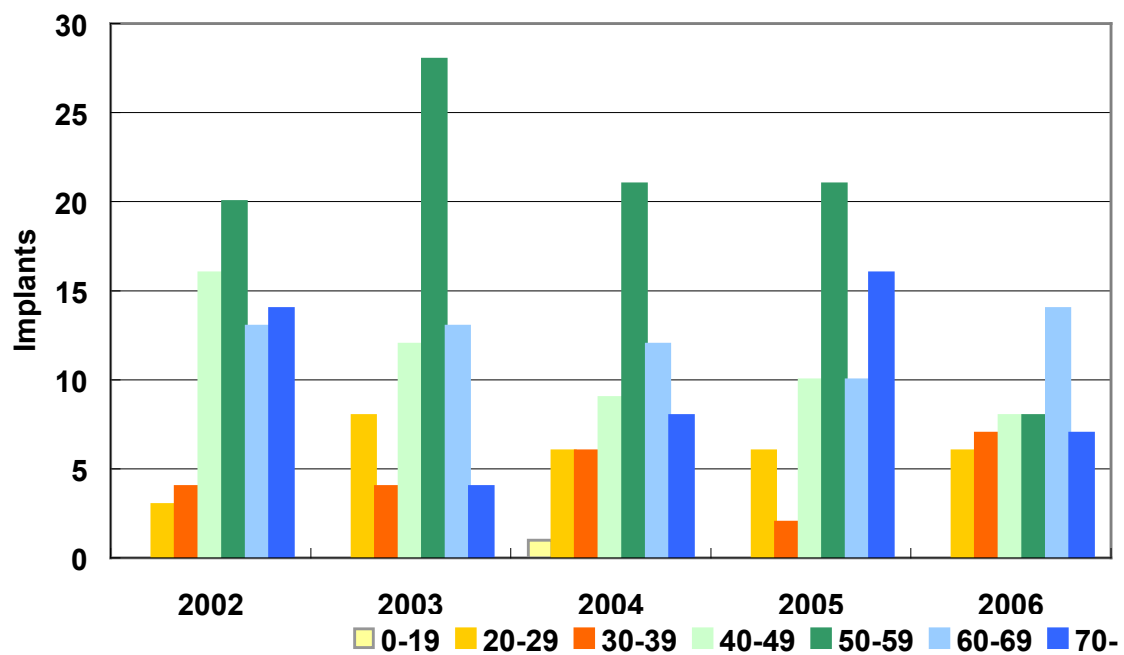


Figure 17: Service life of removed implant 2002 - 2006

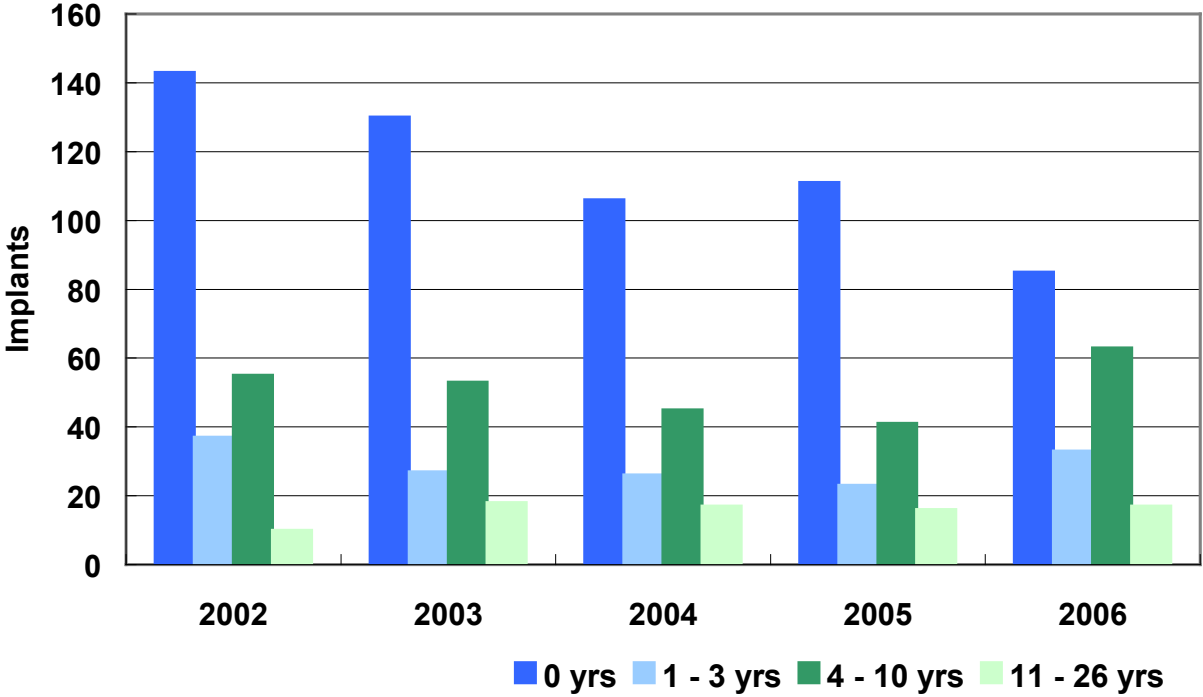


Table 1. Dental implants placed in different health care districts

Health care district	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Total
Varsinais-Suomi	226	397	480	484	562	621	663	713	830	913	917	1059	1024	8889
Satakunta	94	107	145	194	206	237	263	214	261	285	252	334	441	3033
Kanta-Häme	34	50	92	96	100	107	116	140	216	157	172	207	188	1675
Pirkanmaa	98	212	261	416	522	698	731	884	898	851	828	968	991	8358
Päijät-Häme	71	135	186	216	280	279	239	141	209	230	204	212	256	2658
Kymenlaakso	37	36	91	126	165	240	240	234	214	265	208	239	261	2356
Etelä-Karjala	32	46	55	98	62	88	84	117	106	90	68	95	100	1041
Etelä-Savo	27	78	112	110	104	153	129	103	150	157	148	156	150	1577
Itä-Savo	23	19	55	47	47	47	66	81	66	39	63	44	70	667
Pohjois-Karjala	119	162	74	54	71	183	133	257	261	232	336	329	435	2646
Pohjois-Savo	260	384	545	418	428	407	379	420	464	447	478	470	579	5679
Keski-Suomi	112	259	313	328	401	374	430	377	410	522	479	495	641	5141
Etelä-Pohjanmaa	63	42	93	101	119	173	158	173	128	154	207	209	207	1827
Vaasa	192	212	222	348	261	285	333	256	315	337	402	442	498	4103
Keski-Pohjanmaa	32	131	111	104	142	204	173	202	155	196	234	261	247	2192
Pohjois-Pohjanmaa	122	240	285	447	466	566	582	644	662	608	716	830	968	7136
Kainuu	71	73	96	86	87	79	97	57	129	145	110	124	167	1321
Länsi-Pohja	34	51	48	103	144	107	120	91	106	134	186	143	156	1423
Lappi	58	72	130	104	221	181	197	234	240	251	189	181	201	2259
Åland	16	41	54	64	62	128	161	128	145	143	173	208	260	1583
HUS	903	1425	1641	2057	2933	3486	4151	3833	4262	4062	4795	5392	6455	45395
Total	2624	4172	5089	6001	7383	8643	9445	9299	10227	10218	11165	12398	14295	110959

Table 2a. Implants placed in maxilla

Year	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Total
Straumann	512	848	885	895	1325	1490	1801	1731	1977	2007	2509	2668	3191	21839
Astra Implant	150	254	372	528	640	818	887	967	1060	1144	1177	1567	1586	11150
Brånemark	225	379	450	741	790	702	583	277	198	75	74	18	1	4513
3i Implant System	0	18	26	5	66	241	362	404	486	337	301	288	337	2871
Brånemark Ti Unite	0	0	0	0	0	0	7	161	428	451	432	501	510	2490
Osteofix	0	0	36	129	123	210	152	246	304	250	298	250	330	2328
Frialit II	33	50	62	138	217	219	319	341	297	177	97	54	77	2081
Xive	0	0	0	0	0	0	0	0	34	223	311	412	881	1861
Replace Select	0	0	0	0	0	0	99	32	85	169	357	410	362	1514
Impla-Med	95	153	183	141	100	63	65	58	67	133	104	93	129	1384
Hi Tec	0	44	133	166	242	183	74	24	14	25	32	56	49	1042
IMZ	220	196	131	97	117	97	26	43	8	12	0	4	1	952
Osfix	0	0	4	6	35	223	153	192	144	46	6	21	33	863
Replace	0	0	0	0	0	30	33	15	32	52	38	71	36	307
BiOsfix	0	0	0	0	0	0	37	64	58	21	19	45	59	303
Camlog	0	0	0	0	0	0	20	12	20	29	13	11	0	105
Frialit CELLplus	0	0	0	0	0	0	0	0	0	0	25	28	14	67
Impla	0	0	0	0	0	0	0	0	0	24	8	7	11	50
Frialoc	0	0	0	0	0	0	12	16	8	0	0	6	0	42
Imtec	0	16	0	0	0	0	0	0	0	0	5	11	0	32
Lifecon (Biomedical)	0	0	0	0	0	0	0	0	0	0	0	12	13	25
Imtec sendax	0	0	0	0	0	0	0	0	0	0	0	5	14	19
Restore Lifecore	0	0	16	2	0	0	0	0	0	0	0	0	0	18
Friatec	0	0	0	0	0	0	0	15	0	0	0	0	0	15
Brånemark Zygoma	0	0	0	0	0	1	4	2	1	3	0	0	1	12
Tilox	7	1	0	0	0	0	0	0	0	0	0	0	0	8
Cal Form	0	0	0	0	0	0	0	7	0	0	0	0	0	7
Allfit SSO	0	0	0	0	0	0	0	0	0	1	0	2	0	3
Integral	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Total	1242	1959	2298	2848	3655	4277	4634	4607	5221	5179	5806	6540	7636	55902

Table 2b. Implants placed in mandible

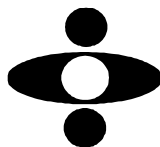
Year	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Total
Straumann	626	1055	1162	1191	1625	1923	1966	1868	2149	2481	2803	2743	3173	24765
Astra Implant	289	370	525	446	571	683	859	896	980	947	1032	1244	1387	10229
Brånemark	300	424	461	855	806	660	711	471	370	114	49	10	1	5232
Osteofix	0	8	68	149	192	246	280	269	317	304	273	334	308	2748
3i Implant System	1	9	10	0	54	156	293	341	310	267	239	239	264	2183
Brånemark Ti Unite	0	0	0	0	0	0	8	231	335	322	322	312	314	1844
Xive	0	0	0	0	0	0	0	0	9	178	202	445	667	1501
Osfix	0	12	136	93	49	339	289	213	143	42	18	27	42	1403
Replace Select	0	0	0	0	0	0	81	43	57	128	242	316	371	1238
Frialit II	5	12	31	95	139	135	116	134	136	105	52	39	28	1027
Impla-Med	44	90	116	101	60	63	74	69	85	65	75	64	96	1002
IMZ	150	195	171	132	158	77	47	34	10	9	10	9	0	1002
Hi Tec	0	67	130	152	154	110	78	28	28	49	45	53	44	938
Frialoc	0	0	0	0	0	0	28	104	114	33	5	3	0	287
Replace	0	0	0	0	0	16	27	24	39	57	24	60	19	266
BiOsfix	0	0	0	0	0	0	19	40	48	20	13	32	43	215
Camlog	0	0	0	0	0	0	24	3	12	15	20	14	0	88
Impla	0	0	0	0	0	0	0	0	0	26	16	3	16	61
Frialit CELLplus	0	0	0	0	0	0	0	0	0	0	17	15	13	45
Imtec	0	14	0	0	0	0	0	0	0	3	3	9	0	29
Restore Lifecore	0	0	18	1	0	1	0	0	0	0	0	0	0	20
Imtec sendax	0	0	0	0	0	0	0	0	0	0	0	3	7	10
Allfit SSO	0	0	0	0	0	0	0	0	1	0	3	2	4	10
Tiolox	2	2	0	0	0	0	0	0	0	0	0	0	0	4
Cresco	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Friatec	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Lifecon (Biomedical)	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Brånemark Zygoma	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Total	1417	2258	2830	3215	3808	4409	4900	4770	5143	5166	5463	5976	6799	56154

Table 2c. Implants placed, total

Year	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Total
Straumann	1 138	1 903	2 047	2 086	2 950	3 413	3 767	3 599	4 126	4 488	5 312	5 411	6 364	46 604
Astra Implant	439	624	897	974	1 211	1 501	1 746	1 863	2 040	2 091	2 209	2 811	2 973	21 379
Brånemark	525	803	911	1 596	1 596	1 362	1 294	748	568	189	123	28	2	9 745
3i Implant System	1	27	36	5	120	397	655	745	796	604	540	527	601	5 054
Osteofix	0	8	104	278	315	456	432	515	621	554	571	584	638	5 076
Brånemark Ti Unite	0	0	0	0	0	0	15	392	763	773	754	813	824	4 334
Xive	0	0	0	0	0	0	0	0	43	401	513	857	1 548	3 362
Frialit II	38	62	93	233	356	354	435	475	433	282	149	93	105	3 108
Replace Select	0	0	0	0	0	0	180	75	142	297	599	726	733	2 752
Impla-Med	139	243	299	242	160	126	139	127	152	198	179	157	225	2 386
Osfix	0	12	140	99	84	562	442	405	287	88	24	48	75	2 266
Hi Tec	0	111	263	318	396	293	152	52	42	74	77	109	93	1 980
IMZ	370	391	302	229	275	174	73	77	18	21	10	13	1	1 954
Replace	0	0	0	0	0	46	60	39	71	109	62	131	55	573
BiOsfix	0	0	0	0	0	0	56	104	106	41	32	77	102	518
Frialoc	0	0	0	0	0	0	40	120	122	33	5	9	0	329
Camlog	0	0	0	0	0	0	44	15	32	44	33	25	0	193
Frialit CELLplus	0	0	0	0	0	0	0	0	0	0	42	43	27	112
Impla	0	0	0	0	0	0	0	0	0	50	24	10	27	111
Imtec	0	30	0	0	0	0	0	0	0	3	8	20	0	61
Restore Lifecore	0	0	34	3	0	1	0	0	0	0	0	0	0	38
Imtec sendax	0	0	0	0	0	0	0	0	0	0	0	8	21	29
Lifecon (Biomedical)	0	0	0	0	0	0	0	0	0	0	0	12	15	27
Friatec	0	0	0	0	0	0	0	17	0	0	0	0	0	17
Allfit SSO	0	0	0	0	0	0	0	0	1	1	3	4	4	13
Brånemark Zygoma	0	0	0	0	0	1	4	2	1	4	0	0	1	13
Tilox	9	3	0	0	0	0	0	0	0	0	0	0	0	12
Cal Form	0	0	0	0	0	0	0	7	0	0	0	0	0	7
Cresco	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Integral	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Total	2 659	4 217	5 128	6 063	7 463	8 686	9 534	9 377	10 364	10 345	11 269	12 516	14 435	112 056

Table 3. Removed implants

Year	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Total
Straumann	16	10	26	32	29	33	58	56	59	76	68	71	67	601
Brånemark	16	32	33	58	55	79	61	41	22	27	14	7	10	455
Astra Implant	4	9	5	12	15	20	16	25	35	46	38	32	26	283
Frialit II	1	0	4	3	7	16	10	21	17	12	17	9	17	134
IMZ	5	4	9	10	9	10	19	20	8	16	6	11	7	134
3i Implant System	0	1	0	1	0	0	10	9	30	11	8	7	8	85
Osfix	0	0	0	2	1	7	9	14	15	9	7	2	10	76
Impla-Med	2	7	4	0	6	10	6	7	11	8	4	7	3	75
Hi Tec	0	0	5	6	4	1	14	11	17	4	2	1	0	65
Brånemark Ti Unite	0	0	0	0	0	0	0	2	8	9	11	22	9	61
Osteofix	0	0	0	7	1	3	1	7	5	7	7	1	8	47
Replace Select	0	0	0	0	0	0	0	3	0	2	6	16	9	36
Xive	0	0	0	0	0	0	0	0	0	5	7	2	9	23
Frialoc	0	0	0	0	0	0	0	0	10	0	0	6	0	16
BiOsfix	0	0	0	0	0	0	0	6	2	2	0	1	3	14
Replace	0	0	0	0	0	1	2	1	0	3	2	5	0	14
Impla	0	0	0	0	0	0	0	0	0	0	0	5	1	6
Biolox	1	0	0	0	0	0	0	0	1	1	0	0	0	3
Camlog	0	0	0	0	0	0	0	0	0	0	3	0	0	3
Imtec sendax	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Core-vent	0	0	0	0	2	0	0	0	0	0	0	0	0	2
Frialit CELLplus	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Cal Form	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Imtec	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Total	45	63	86	131	129	180	206	224	240	238	200	206	191	2139



Name of the dental office/hospital _____

Code

--	--	--	--	--

Address _____

Implantation performed by _____

Telephone number _____

A1. Social security number	<table border="1" style="display: inline-table; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																									Home commune _____
A2. Date of operation	<table border="1" style="display: inline-table; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																									
A3. Operation area	Maxilla Implant length mm <table border="1" style="display: inline-table; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																									
	17 16 15 14 13 12 11 21 22 23 24 25 26 27																									
	Tooth number 47 46 45 44 43 42 41 31 32 33 34 35 36 37																									
Mandible Implant length mm <table border="1" style="display: inline-table; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																										

B4. Trade name of the implant and type of the method used	Trade name: _____ Method _____ <input type="checkbox"/> 1 One-stage <input type="checkbox"/> 2 Two-stage
B5. Reason for implant installation	<input type="checkbox"/> 1 problems with removable dentures <input type="checkbox"/> 2 tooth/teeht missing congenitally <input type="checkbox"/> 3 too few remaining theet for proper masticatory function <input type="checkbox"/> 4 Loss of tooth or teeth <input type="checkbox"/> 5 other reason, specify? _____
B6. Prosthodontic treatment planned	<input type="checkbox"/> 1 fixed prosthesis <input type="checkbox"/> 2 removable over dentures
B7. Prophylactic antimicrobial drug therapy	Antimicrobial <input type="checkbox"/> 1 yes <input type="checkbox"/> 2 no Brand of antimicrobial _____
B8. Primary complications	<input type="checkbox"/> 1 infection <input type="checkbox"/> 2 inappropriate position of the fixture <input type="checkbox"/> 3 damage to nerve <input type="checkbox"/> 4 other complication, specify? _____
B9. General information	<input type="checkbox"/> 1 health status <input type="checkbox"/> 2 irradiation therapy given to the area of implantation <input type="checkbox"/> 3 regular daily smoking
B10. Information of the method used	<input type="checkbox"/> 1 autologous bone grafts <input type="checkbox"/> 2 bone substitute materials <input type="checkbox"/> 3 guided tissue regeneration _____ trade name _____ trade name

C11. Implant removal. Trade name and the date of lost implant	trade name: _____	Date	<table border="1" style="display: inline-table; text-align: center;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>					
	Date for removal							
C12. Reason for removal	<input type="checkbox"/> 1 loose implant <input type="checkbox"/> 2 infection <input type="checkbox"/> 3 trauma <input type="checkbox"/> 4 malposition of the fixture <input type="checkbox"/> 5 broken fixture <input type="checkbox"/> 6 other reason, pecify? _____							
C13. Remarks	_____ _____ Extraction of the tooth in question made less than 12 months earlier: ____ months							

INSTRUCTIONS TO FILL IN THE FORM

The form shall be mailed within ten days after the operation. The code number can be filled in if provided by the National Agency for Medicines.

One form is used for each patient and operation. All implants inserted in one operation are reported on the same form, within ten days after operation.

Give the name of the dental office/hospital in which the operation has been performed.

Please, note! Fill in always the inquiries marked with A. Sections B and C are used in connection with installation and removal of the implant, respectively. Copies of the form can be made if necessary.

Fill in always:

- A1. Give always the complete social security number but not the name of the patient.
Home commune=commune of residence.
- A2. Date of the operation is given as day/month/year (for example 010194).
- A3. Operation area. Mark the length of the each fixture in to the space corresponding to the tooth in question.

Fixture installation:

- B4. Give the trade name of the implant used. Indicate whether a one-stage or two stage procedure has been applied. In a two-stage method, the fixture is covered by the oral mucosa for the healing period.
- B5. Give the main (only one) reason for the implant treatment.
- B6. Prosthodontic treatment planned is given here.
- B7. If prophylactic antibiotics has been used give the trade name of medicine here.
- B8. Primary complications, i.e. complications occurring within ten days after the operation, are reported here. Removal of a fixture due to a complication more than ten days postoperatively are reported in section C of a separate form.
- B9. Other information. Give any disease considered relevant to the implant operation.
Indicate if the patient has been given irradiation therapy.
- B10. Information of the method used. Bone grafts and bone substitute materials (trade names) are reported here.
- C11. Give the trade name of removed or replaced fixture and the date when it was inserted.
Note! Section A shall be filled in completely also in connection of the implant removal.
Note! If the fixture is placed in an other location in connection of the implant removal this is considered as a new implantation and shall be reported in a separate form (section A and B).
- C12. Give the main reason causing removal of the fixture.
- C13. Remarks. Use the space to give additional information not to mentioned above.
If the implant installation is made less than 12 months after the extraction of the tooth to be replaced specify the time in months.