



**BOS National Audit of mini screws / temporary anchorage devices (TADs)**

**DATA COLLECTION SHEET 1: AT TIME OF MINI-SCREW / TAD PLACEMENT**

TAD Audit Registration Number		Patient Date of Birth dd/mm/yy	/ /
Date of placement dd/mm/yy	/ /	Unique patient identifier i.e. hospital / practice number	
Was written information on procedure given to patient?	Yes / No	Is there documented evidence of discussion re procedure & risks?	Yes / No
Signed consent form in patient record?	Yes / No	Number of mini-screws / TADs inserted if more than 4 complete two audit sheets	

		TAD #1	TAD #2	TAD #3	TAD #4
Make of TAD e.g. Infinitas / Vector etc					
Length of screw					
Diameter of screw					
TAD location	Which jaw?	Max / Mand	Max / Mand	Max / Mand	Max / Mand
	Lingual or Labial?	Lingual / Labial	Lingual / Labial	Lingual / Labial	Lingual / Labial
	Adjacent teeth FDI notation				
Was local anaesthetic infiltration used?		Yes / No	Yes / No	Yes / No	Yes / No
Was a flap raised / incision made?		Yes / No	Yes / No	Yes / No	Yes / No
Was drilling with a pilot drill performed?		Yes / No	Yes / No	Yes / No	Yes / No
Was drilling with a bur performed?		Yes / No	Yes / No	Yes / No	Yes / No
Was a stent or guide used?		Yes / No	Yes / No	Yes / No	Yes / No
Was mini-screw / TAD loaded immediately?		Yes / No	Yes / No	Yes / No	Yes / No
<i>Additional comment on placement</i>					

Delete responses as appropriate

When sheet completed send to TAD Audit, BOS, 12 Bridewell Place, London EC4V 6AP