

Data Collection Form 1: At time of mini screw / TAD placement (with instructions)

British Orthodontic Society

National Audit of Mini Screws / Temporary Anchorage Devices (TADs)

Data Collection Form 1: At time of mini screw / TAD placement

Please complete the data collection form below for online submission or to download the form as a PDF document for postal submission to BOS [click here](#).

For instructions and help to complete the data collection form, please point cursor to ? and \* denotes mandatory field.

?TAD audit registration number *	<input type="text"/>
?Patient date of birth *	<input type="text" value="6"/> <input type="text" value="6"/> <input type="text"/>
?Date of placement *	<input type="text" value="6"/> <input type="text" value="6"/> <input type="text"/>
?Unique patient identifier i.e. hospital / practice number *	<input type="text"/>
?Was written information on procedure given to patient? *	<input type="radio"/> Yes <input type="radio"/> No
?Is there documented evidence of discussion re procedure & risks? *	<input type="radio"/> Yes <input type="radio"/> No
?Signed consent form in patient record? *	<input type="radio"/> Yes <input type="radio"/> No
?Number of mini screws / TADs inserted (Please complete two audit sheets if more than 4) *	<input type="text"/>
TAD #1	
?Make of TAD e.g. Infinitas / Vector etc *	<input type="text"/>
?Length of screw *	<input type="text" value="0.00"/> mm
?Diameter of screw *	<input type="text" value="0.00"/> mm
Which jaw? *	<input type="radio"/> Maxilla <input type="radio"/> Mandible
Location *	<input type="radio"/> Lingual <input type="radio"/> Labial
?Adjacent teeth (FDI notation) *	<input type="text"/>
?Was local anaesthetic infiltration used? *	<input type="radio"/> Yes <input type="radio"/> No
?Was a flap raised / incision made? *	<input type="radio"/> Yes <input type="radio"/> No
?Was drilling with a pilot drill performed? *	<input type="radio"/> Yes <input type="radio"/> No
?Was drilling with a bur performed? *	<input type="radio"/> Yes <input type="radio"/> No
?Was a stent used? *	<input type="radio"/> Yes <input type="radio"/> No
?Was mini screw / TAD loaded immediately? *	<input type="radio"/> Yes <input type="radio"/> No
TAD #2	
Make of TAD	<input type="text"/>
Length of screw	<input type="text" value="0.00"/> mm
Diameter of screw	<input type="text" value="0.00"/> mm
Which jaw?	<input type="radio"/> Maxilla <input type="radio"/> Mandible
Location	<input type="radio"/> Lingual <input type="radio"/> Labial
Adjacent teeth (FDI notation)	<input type="text"/>
Was local anaesthetic infiltration used?	<input type="radio"/> Yes <input type="radio"/> No
Was a flap raised / incision made?	<input type="radio"/> Yes <input type="radio"/> No
Was drilling with a pilot drill performed?	<input type="radio"/> Yes

Was drilling with a bur performed?

No

Yes

Was s stent used?

No

Yes

Was mini screw / TAD loaded immediately?

No

Yes

No

TAD #3

Make of TAD

Length of screw

mm

Diameter of screw

mm

Which jaw?

Maxilla

Mandible

Location

Lingual

Labial

Adjacent teeth (FDI notation)

Was local anaesthetic infiltration used?

Yes

No

Was a flap raised / incision made?

Yes

No

Was drilling with a pilot drill performed?

Yes

No

Was drilling with a bur performed?

Yes

No

Was a stent used?

Yes

No

Was mini screw / TAD loaded immediately?

Yes

No

TAD #4

Make of TAD

Length of screw

mm

Diameter of screw

mm

Which jaw?

maxilla

Mandible

Location

Lingual

Labial

Adjacent teeth (FDI notation)

Was local anaesthetic infiltration used?

Yes

No

Was a flap raised / incision made?

Yes

No

Was drilling with a pilot drill performed?

Yes

No

Was drilling with a bur performed?

Yes

No

Was a stent used?

Yes

No

Was mini screw / TAD loaded immediately?

Yes

No

?Additional comment on placement

Email address \*

Submit