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

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](http://www.bos.org.uk/Resources/BOS/Documents/Audit%20and%20research/TAD%20audit%20form%201.pdf).

\* denotes mandatory field.

|  |  |
| --- | --- |
| **TAD audit registration number \*** | This is the unique 4 digit identifier you were provided with when you registered. If you have forgotten your Registration Number, please contact the Project Lead via the link at Project home page for resent. |
| **Patient date of birth \*** |  |

|  |
| --- |
|   Note this is necessary for the Form 1 and Form 2 to be correctly linked. |
| **Date of placement \*** |  |

|  |
| --- |
|   This is the date the TAD was placed, not the date of data entry. |
| **Unique patient identifier i.e. hospital / practice number \*** | Please insert your local unique identifier. Again this is necessary to ensure Form 1 is correctly linked to Form 2. |
| **Was written information on procedure given to patient? \*** |

|  |
| --- |
| Yes |
| No |

Did you give a written instruction leaflet specifically containing information about TADs (do not include general orthodontic information leaflets), for example the BOS Patient Information Leaflet on TADs. |
| **Is there documented evidence of discussion re procedure & risks? \*** |

|  |
| --- |
| Yes |
| No |

Record if the discussion about TADs has been specifically noted in the clinical record. |
| **Signed consent form in patient record? \*** |

|  |
| --- |
| Yes |
| No |

The consent form must specifically include reference to the use of TADs, either as a separate procedure or as part of overall orthodontic treatment consent. |
| **Number of mini screws / TADs inserted (Please complete two audit sheets if more than 4) \*** | State the number of TADs placed on this occasion. If TADs are placed on two different visits, please complete separate Form 1 for each occasion. This will ensure that the duration the TAD is in place is correctly recorded. If you place more than 4 TADs on one occasion please complete a second Form 1 for that visit.  |
| **TAD #1** |
| **Make of TAD e.g. Infinitas / Vector etc \*** | Please record the manufacturer’s trade name for the type of TAD you have placed. |  |
| **Length of screw \*** | mmThis should be the length as given by the manufacturer, in mm. |  |
| **Diameter of screw \*** | mmThis should be the diameter as given by the manufacturer, in mm. For tapering screws give the maximum screw diameter, for example for a TAD tapering from 1.3mm to 1.2mm please record ‘1.3’. |  |
| **Which jaw? \*** |

|  |
| --- |
| Maxilla |
| Mandible |

 |  |
| **Location \*** |

|  |
| --- |
| Lingual |
| Labial |

 |  |
| **Adjacent teeth (FDI notation) \*** | Enter the teeth (FDI notation) adjacent to the TAD. For example, if placed between the upper left first and second premolars please enter ’24,25’. |  |
| **Was local anaesthetic infiltration used? \*** |

|  |
| --- |
| Yes |
| No |

Please indicate if LA infiltration was used. This includes the use of ‘pen’ needle-less injectors, but not the use of topical gel/paste alone. You do not need to record if you used topical in conjunction with infiltration. |  |
| **Was a flap raised / incision made? \*** |

|  |
| --- |
| Yes |
| No |

This does not include the use of a punch or bur to make a soft tissue puncture, and a positive answer here indicates a scalpel or similar was used to make an incision. |  |
| **Was drilling with a pilot drill performed? \*** |

|  |
| --- |
| Yes |
| No |

This does not include the preparation of a pilot hole with, for example, a round bur. This question relates to the use of a drill to prepare a hole to the full depth of the TAD. |  |
| **Was drilling with a bur performed? \*** |

|  |
| --- |
| Yes |
| No |

Record here if a pilot hole or notch was made with a bur. |  |
| **Was a stent used? \*** |

|  |
| --- |
| Yes |
| No |

Record here if a placement guide or stent was used to position the implant. This would include a removable vacuum formed type stent and also a wire guide prepared chairside through which the TAD was placed. If you answer ‘no’ this means you place the TAD ‘freehand’. |  |
| **Was mini screw / TAD loaded immediately? \*** |

|  |
| --- |
| Yes |
| No |

Record here if the TAD was attached to the orthodontic appliance. This would include the use of a laceback or tie-back as well as active elastics or springs. |  |
| **TAD #2** |
| **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 s stent used?** |

|  |
| --- |
| Yes |
| No |

 |  |
| **Was mini screw / TAD loaded immediately?** |

|  |
| --- |
| 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** | Add any additional relevant information in this free-text section. |  |
| **Email address \*** |  |  |