

COMPLETE IF PERFORMING RESTORATIVE OR SURGICAL PLACEMENT OF IMPLANTS

1. Describe the formal training received in Implantology. Attach descriptions of all courses you attended, dates, name and location of teaching facility. Include a list of continuing education you have attended in the last two (2) years.

2. Has your training been classroom, clinical or both? _____

3. When did you begin placing implants? _____

4. Do you give your input on the following procedures?:

Documentation of the patient's condition	Yes <input type="checkbox"/> No <input type="checkbox"/>	Whether more bone will need to be grown/grafted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Study Casts (mounted or mountable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Evaluation of the interocclusal distance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend placement on stent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Evaluation of potentially severe angulation problems, dehiscences, and depressions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which implant system should be used	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Where the implant will lie in relation to opposing dentition	Yes <input type="checkbox"/> No <input type="checkbox"/>		

5. Are you the Restorative DDS Surgical DDS Oral Surgeon

6. Are you affiliated with a professional implant organization? Yes No **If YES, list the organizations:**

RESTORATIVE IMPLANTS

1. How many patients a month involve restorative implants? _____ **If none, go to the next section.**
2. Are radiographs, panoramic x-rays, CT scans or other supporting documentation obtained prior to treatment? Yes No
3. Check which procedures you do on a regular basis:
- Take full arch impressions Obtain an accurate occlusal record Consult with lab about radiographs
- Work with a lab experienced with implants
4. What is your standard length of time between preparation of endosseous implants and loading? _____

SURGICAL IMPLANTS

1. How many patients a month involve surgical implants? _____
2. List percentages of the following types of implant procedures you perform: Subperiosteal _____
Transosteal _____ Endosseous (blade or plate form) _____ Endosseous (root form) _____
3. What type of implants do you use in your practice? _____

4. How many implants have you placed in the last 24 months? _____
5. How many implant patients did you treat in the last 24 months? _____
6. Estimate how many patients will you place implants for in the next 24 months? _____
7. What are your criteria for selecting implant candidates?

8. a. Do you perform any surgical procedures in connection with the surgical placements of implants? Yes No
 b. If Yes, please explain: _____

9. Attach copies of your Informed Consent forms and patient education material you provide prior to placing implants and after completion.

I understand information submitted herein becomes a part of my Professional Liability Application and is subject to the same conditions.

Your signature: _____ Date: _____

Name (please print): _____

Attach copy of your Continuing Education Courses in Implants