

National Casualty Company

Home Office Address: 902 Ann Street, Suite A • Madison, Wisconsin 53713-2404
Property/Casualty Division: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

IMPLANT SUPPLEMENT

IF YOU DO NOT PERFORM RESTORATIVE OR SURGICAL IMPLANTS, DO NOT CONTINUE.

1. Name: _____
2. How long have you been performing implant procedures? _____
3. List any implant study groups below:

School/Course/Sponsor	Location	Date Completed	Hours

4. Do you have an informed consent form specific to implants? Yes No
If "Yes," attach a copy.
5. Do you use the "team" approach? Yes No
If "Yes," are you the team leader? Yes No
6. Length of time working together as a team: _____
7. Do you give your input on the following procedures:
Documentation of the patient's condition? Yes No
Whether more bone will need to be grown/grafted? Yes No
Study casts (mounted or mountable)? Yes No
Evaluation of the interocclusal distance? Yes No
Recommended placement on stent? Yes No
Which implant system should be used? Yes No
Where the implant will lie in relation to opposing dentition? Yes No
Evaluation of potentially severe angulation problems, dehiscences and depressions? Yes No
8. Are you the: Restorative DDS Surgical DDS Oral Surgeon
9. Are you affiliated with a professional implant organization? Yes No
If "Yes," list the organization(s):

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

Restorative Implants (continued)

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 (ramus frame) _____ %
- Endosseous (root form) _____ %

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

Your signature

Date

Name (please print)

ATTACH A COPY OF CONTINUING EDUCATION IN IMPLANTS