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

TMJ/TMD SUPPLEMENT

IF YOU DO NOT PERFORM TMJ PROCEDURES, DO NOT COMPLETE THIS SECTION.

1. Name:_____

2. Which mechanical treatments do you perform?
   - ❑ occlusal adjustments
   - ❑ gnathology
   - ❑ jaw repositioning
   - ❑ joint or disc displacement
   - ❑ Other, please list: _____

3. Which surgical treatments do you perform?
   - ❑ orthognathic surgery
   - ❑ bone grafts
   - ❑ arthrostomy
   - ❑ Other, please list:_____

4. Is a treatment plan provided for each TMJ / TMD patient? ..... ❑ Yes ❑ No

5. Do you use an informed consent form? ..... ❑ Yes ❑ No
   If "Yes", please attach a copy.

6. What annual percentage of your patients are treated for TMJ/TMD? ..... _____ %

7. Have you ever used Proplabst ™ Teflon or Vitek TMJ/TMD implants? ..... ❑ Yes ❑ No
   If "Yes", when was the last implant completed?_____
   These implants are not covered by the policy.

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

_____ _____
Your Signature Date

_____
Your Name (Please Print)

ATTACH A COPY OF YOUR CONTINUING EDUCATION COURSES IN TMJ/TMD.