

LIVE IMPLANT TRAINING SURGICAL LEVEL QUESTIONNAIRE

Doctors please take a few minutes and answer this questionnaire so we can determine your level of experience and match your surgical skills with the patients that will be assigned to each one of you. Honesty is a must and your answer will ensure that your training will be successful.

Overselling your self is a common mistake. If we assign you complex cases that are above what you can perform, you will surely fall into one or more of the following mistakes:

1. You will not be able to complete those surgeries since your manual and mental preparedness are not properly matched.
2. You will become distressed and as a consequence will make surgical errors
3. Your learning pattern will be disrupted and your overall teaching experience will not be an enjoyable or fruitful one.

SECTION A - EDUCATION, WORK AND CREDENTIALS

Full name with prefix as it will appear on your certificate

Name of Dental School attended, State attended and year of graduation

Are you an associate, owner or work for a DSO?

GP or specialist _____ especial interest in some specific field _____

Please list implant maxi-courses, surgical residency, GPR, special training? Duration of training, head instructor and # of CE hours and credentials received

Are you member, Fellow, Master or Diplomat of any of the following implant academies?

Academy of Osseo integration _____

American Academy Implant Dentistry _____

International Congress Oral Implantology _____

American Academy Implant Prosthodontic _____

SECTION B - GENERAL ORAL SURGERY EXPERIENCE

**In your practice do you perform any of the following procedures and with?
What frequency?**

1...simple extractions? _____

2...complex surgical extractions? _____

3...impacted wisdom teeth exodontia? _____

4...full arch alveoloplasty? _____

- 5...Apicoectomies? _____
- 6...Endo-micro surgeries with microscopes? _____
- 7...Osseous and periodontal surgeries? _____
- 8...Muco-gingival and soft tissue grafts? _____
- 9...Guided bone regeneration? _____
- 10...Intra-crestal sinus elevations? _____
- 11...Lateral window sinus lifts? _____
- 12...Autogenous bone harvesting? _____
- 13...If you answered yes to #12 please explain who train you

- 14....Do you have hospital privileges? Name of hospital

- 15...Do you have IV or general anesthesia permits? Trained where?

- 16...Do you have advanced cardiac life support training?

- 17...Is your office prepared for medical emergencies?

- 19...What is the main scope of your practice?

SECTION C - SPECIFIC HANDS-ON EXPERIENCE WITH IMPLANTS

- 20...Are you placing implants now? _____Are you comfortable doing it? _____
- 21...How many have you placed? _____
- 22...What brand do you place? _____are you happy with it? _____
- 23...Are you performing free-handed surgeries? _____
- 24...Are you performing computer guided surgeries? _____
- 25...If not, are you interested in learning about it? _____
- 26...Do you own a CBCT? _____Or work closely with scanning center?

- 26...Do you possess a 3D software planner? _____which one? _____
- 27... Do you know how to convert dycom files into 3D models? _____
- 28...are you interested in learning how to plan "virtual surgeries"? _____

SECTION D - CONFIDENTIAL INFORMATION

- Have you ever been reprimanded by the dental board? License suspended or revoked? _____
- Do you have problems with alcoholism or drug addiction? _____
- Do you have licenses in which States? _____

SECTION E - SURGICAL LEVEL CLASSIFICATION

As a general rule Novice or beginners have placed less than 50 implants, Intermediates have placed between 50-100 implants and Advanced have placed over 200 implants.

How would you classify your surgical level?

Novice_____Intermediate_____Advanced_____

What are you looking to get out of this course?

I (print name) _____ have answered the above Questionnaire truthfully and to the best of my knowledge and will accept Dr Mongalo's placement of classification.

Attending Doctor Signature_____Date_____