MII Study Club—Case Review Form

Remember to include a case outline on a separate sheet.

Participant Name: _____ Practice Name: _____

Participant Phone: _____ Participant Email: _____

Degree: DDS / DMD / MS / MD Specialty: _____Year of Graduation: _____

Dental School(s): _____

Case Purpose: ☐ Presentation ☐ Review **Records**: ☐ Radiographs ☐ Photographs ☐ Other: _____

Patient Initials or First Name: _____ M / F Age: _____ Ethnicity: _____

Other Significant Information (Medical, Dental, etc.): _____

_____

_____

Area of Interest:

- ☐ Tooth #: _____ Region: ☐ UR ☐ UL ☐ LR ☐ LL
- ☐ Max Arch ☐ Mand Arch ☐ Full Mouth

Restorative Procedures Performed or Planned:

- ☐ Fixed Prosthesis: ☐ Screw retained restoration ☐ Cement retained restoration
  - ☐ Other: _____
- ☐ Removable Prosthesis: ☐ Bar ☐ Abutment ☐ Style/manufacturer: _____

Surgical Procedures Performed or Planned: ☐ Extraction ☐ Alveoloplasty ☐ Other: _____

- ☐ Location: _____

Implant Procedures Performed or Planned: ☐ One stage approach ☐ Two stage approach

- ☐ Implant fixture location: _____
- ☐ Once piece implant fixture location: _____
- ☐ Temporary implant fixture location: _____
- ☐ Implant uncover (2nd stage) location: _____

Grafting Procedures Performed or Planned:

- ☐ Hard Tissue Augmentation: ☐ Onlay graft ☐ Ridge expansion ☐ Other: _____
  - ☐ GBR ☐ Particulate ☐ Autograft ☐ Xenograft ☐ Allograft ☐ Alloplast
  - ☐ Block ☐ Autograft ☐ Xenograft ☐ Allograft ☐ Alloplast ☐ Plate
  - ☐ Horizontal amount: _____ mm ☐ Vertical amount: _____ mm
- ☐ Soft Tissue Augmentation: ☐ Autograft ☐ Allograft ☐ Xenograft
  - ☐ Pre-implant placement ☐ With implant placement ☐ Prior to uncovery ☐ At uncovery

Case Status: ☐ Received case outline ☐ Received case records

☐ Accepted Topic: _____ Presentation Date: _____ Time: _____

☐ Modifications Required ☐ Remove / Add information or records: _____

☐ Provide scientific reference or rationale: _____

☐ Other: _____

☐ Rejected Reason for rejection: ☐ inappropriate implant case ☐ Patient records are unsatisfactory

☐ Other: _____

Reviewed by: _____ Date: _____