

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 uncover At uncover

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: _____