AMERICAN ACADEMY OF IMPLANT DENTISTRY
300 S Wacker Drive, Suite 2700 Chicago IL 60606 312/335-1550

CHECKLIST FOR CASE REPORTS FOR THE FELLOW EXAMINATION

Instructions: Place an "x" before each item that is included in the case report. To verify that you have personally reviewed this report and checklist for accuracy, write your Candidate Number in the space provided at the end of the checklist. Include this checklist in each of your written case reports as the first page.

This case meets the following written case report requirement for Fellowship:

☐ Edentulous mandible or maxilla with a full arch removable implant overdenture, utilizing two (2) or more implants.

☐ Edentulous posterior maxilla with pneumatized maxillary sinus requiring at least five (5) mm of sinus augmentation and two (2) or more implants and their restorations.

☐ Anterior maxilla with one (1) or more root form implants and its restoration.

☐ Any extraction with immediate implant placement or extraction with ridge preservation and delayed implant placement and its restoration.

☐ Edentulous mandible or maxilla with four (4) or more root form implants supporting a fixed complete implant prosthesis.

This case report includes the following as specified in the *Guidelines for Case Reports for Fellow Membership*:

☐ A narrative (prose) written report

☐ My written report includes the following sections:

- ☐ Patient Examination
- ☐ Development of the Treatment Plan
- ☐ Surgical and Prosthetic Report
- ☐ Clinical Resume

☐ A health history with the patient's signature

☐ Treatment consent form with the patient's signature

☐ The three required radiographs. (Note: Four radiographs are required for each case that has been in function for more than one year.)

☐ Each radiograph is labeled as specified

☐ The required post-completion photographs

☐ Each photograph is labeled as specified

☐ With the exception of the patient release form, my name, office name, and office address do not appear anywhere in this case report.

My candidate number is _____