



**CHECKLIST FOR ELECTRONIC 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 Examination Number in the space provided at the end of the checklist.

**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 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
- A signed patient release form for the case is submitted for my case report
- 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 \_\_\_\_\_

**Candidate number:** \_\_\_\_\_

**Patient:**

**Case Type:** Case of my choice

## **MEDICAL HISTORY**

Insert a scanned copy medical history with patient's signature. Click on the sample history below, go to INSERT picture and choose a scanned copy of the medical history. BE SURE SCAN is LEGIBLE.

**Insert Medical History here**

# Treatment Consent Form

## **PATIENT EXAMINATION**

### **History**

[Describe the chief complaint and secondary complaints. Be sure to describe the patient's medical history as well as any laboratory findings (e.g. CBC, SMA, PTT, INR) and current medications, as applicable.]

### **Clinical Examination**

[Describe the existing dentition, adjacent soft tissues, periodontal charting, lip line, temporomandibular joint function, parafunctional habits, hard and soft tissue anatomy of edentulous areas and other findings.]

### **Radiographic Examination**

[Describe the findings and limitations.]

### **Preoperative diagnosis**

[Describe the preoperative diagnosis.]

## **DEVELOPMENT OF TREATMENT PLAN**

### **Treatment goals**

[Describe the preoperative diagnosis.]

### **Evaluation of existing natural dentition**

[Evaluation of existing natural dentition]

**Interarch relationships**

[Interarch relationships]

**Evaluation of edentulous ridge**

[Evaluation of edentulous ridge]

**Prosthetic restoration selection**

[Prosthetic restoration selection]

**Hard and soft tissue modifications**

[Hard and soft tissue modifications]

**Implant selection rationale**

[Implant selection rationale]

## **SURGICAL AND PROSTHETIC REPORT**

### **Surgical procedures**

[In a written, detailed operative report, describe the type and amount of anesthesia, instruments and materials used, suture type and techniques, surgical and postoperative complications.]

### **Prosthetic procedures**

[Prosthetic procedures]

## **CLINICAL RESUME**

### **Comparison of preoperative and postoperative diagnoses**

[Comparison of preoperative and postoperative diagnoses]

### **Type of patient instructions**

[Type of patient instructions given (e.g. preoperative, postoperative, diet, temporization, prosthetic)]

### **Complications**

[Complications]

### **Patient acceptance and prognosis**

[Patient acceptance and prognosis]

## **RELEASE OF INFORMATION**

Submit the release of information form for this case that the patient signed. Please scan the originals and upload into the case file associated with that patient.

## **PHOTOGRAPHS AND RADIOGRAPHS**

Submit photographs and radiographs, as appropriated, for this case in the Photograph and Radiograph templates.