**ORAL IMPLANTOLOGY RESEARCH INSTITUTE**

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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(This is how your name will appear on your certificate)

**Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**P. O. Box: \_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_ Zip: Country: \_\_\_\_\_\_\_\_**

**Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BDS\_\_\_\_DMD\_\_\_DDS\_\_\_\_\_\_\_ Other\_\_\_\_ Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment of entire program – $13,333**

**Four payments of $3,333 scheduled quarterly for a period of 12 months**

An approximate increase of 10% registration fees per year is applicable due to inflation cost.

Please make checks payable to **Oral Implantology Research Institute**; in amount of $**13,333/Dhs. 48,000/** in full or four checks $**3,333/Dhs. 12,000/** four payments. Otherwise you can make the Telegraphic Transfer to the Institutes bank account directly by getting the details from our financial representative upon contacting us via an email.

Please enclose registration and profile forms with check or Bank TT receipt.

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**Years in practice**\_\_\_\_\_ years. Age: 40 or less\_\_\_ 41-50\_\_\_\_\_ over 50\_\_\_\_\_

Dental School / Year of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Specialty Post Doctoral University/Year of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**FOR RESTORATIVE DENTISTS AND PROTHODONTISTS:**

1. Approximate number of patients that you refer to a surgical specialist per month for implant placement:

 0 \_\_\_ 1-5\_\_\_ 6-10\_\_\_ >10 \_\_\_

2. Approximate number of implants that you restore per month:

 0\_\_\_ 1-5\_\_\_ 6-10\_\_\_>10 \_\_\_

3. Of the implants that you restore what percentage are ideally placed?

 0-25%\_\_\_26-50%\_\_\_51-75%\_\_\_>75%\_\_\_

4. Approximate number of implants that you surgically place and restore per month:

 0\_\_\_\_1-5\_\_\_ 6-10\_\_\_ >10\_\_\_

5. Do you anticipate surgically placing implants in the future?

 0-1 Year\_\_\_ 1-2 Years\_\_\_2-5 Years\_\_\_ never\_\_\_

6. Which implant systems do you most commonly restore? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR IMPLANT SURGEONS AND DENTISTS PLACING IMPLANTS:**

1. Approximate number of new patients referred to you per month for implant evaluation:

 0-1\_\_\_11-20\_\_\_21-30\_\_\_>30\_\_\_

2. Approximate number of implants that you surgically place per month:

 0\_\_\_1-5\_\_\_6-10\_ \_>10\_\_\_

3. Of the implants that you surgically place what percentage do you feel are ideally positioned?

 0-25%\_\_\_26-50%\_\_\_51-75%\_\_\_>75%\_\_\_

4. Do you anticipate performing final restorations for your cases?

 0-1 Year\_\_\_1-2 Years\_\_ 2-5 Years\_\_ Never\_\_\_

5. Which implant systems do you most commonly use?

6. Of the implants that you surgically place what percentage do you perform restorative pre-planning?

 0-25%\_\_\_26-50%\_\_\_51-75%\_\_\_ 75%\_\_\_

7. When you perform restorative pre-planning prior to implant placement what methods do you employ?

Stint \_\_\_\_ CAT Scan\_\_\_\_ Computer aided system\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**AREAS OF PRIMARY INTEREST:**

* Treatment planning and developing a team approach
* Image guided navigation technology
* Marketing implant dentistry
* Implant surgical placement
* Implant prosthetics and laboratory aspects
* Augmentation-soft and hard tissues
* Esthetic periodontal surgical enhancements
* Immediate implant placement, loading and functions

Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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