



Certification in Implant Dentistry Case Presentation Template

85 W. Algonquin Road, Suite 550, Arlington Heights, IL 60005

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APPLICANT INFORMATION

Last Name

First Name

Middle Initial

E-Mail Address

APPLICATION INSTRUCTIONS

Applicants must submit four (4) case presentations, using the AO Case Presentation Template (CPT), covering the following categories: single tooth, fixed partial denture (fixed bridge), full-arch fixed reconstruction, and overdenture. One of the cases presented should fulfill an immediate temporization/loading protocol.

To submit each case presentation, please complete and submit this form to certificate@osseo.org.

CASE DETAILS

Case Title (i.e. Case Study #1 – Single Tooth)

Clinician Name

Team Member Name(s) and Specialty (if applicable)

Summary

Background (up to 60 words of why you think this case is important)

Case Presentation (presenting features, dental/social/family history, etc.)

Investigations/Evidence-based Research to Support Your Treatment (limit the literature review to 4-5 key articles)

Outcome and Follow-Up (provide 150-word description of the final treatment outcome and whether the goals of your treatment have been achieved)

Discussion (include a brief review – 100 words or less – of any complications or problems and how they were handled)

Learning Points/Take-Home Messages (3-5 bullet points)

IMAGES AND DESCRIPTIONS – SUBMISSION INSTRUCTIONS

No more than 20 images should be included for the entire case presentation. Please be certain that none of the photo images capture/display any patient identification information to insure complete patient privacy (please block out the patients' eyes, if applicable).

Please review the Sample Case Study samples at www.osseo.org/certificate for the suggested format.

Please provide pertinent clinical photographs and/or radiographs of an appropriate selection of the following:

Pre-treatment Dental Status

Five intraoral photographs to include:

- Frontal view;
- Occlusal maxilla;
- Occlusal mandible,
- Right lateral;
- Left lateral.

Full face frontal view and patient profile view (please block out the patients' eyes). Please provide appropriate captions for each image (no more than 30 words per caption).

Diagnostic Evaluation

- Full-mouth periapical radiographs;
- Selected CBCT of areas to be treated;
- Diagnostic mounted casts, full dental charting to include periodontal charting, and full extra oral and intraoral evaluation.

Please provide appropriate captions for each image (no more than 30 words per caption).

Pre-Implant Provisional Prosthetics and/or Surgery

- One (1) image of implant position;
- One (1) image of laboratory or clinical fabrication of provisional;
- One (1) final image of provisional in the mouth with occlusal or incisal edge viewed in MIP (maximum intercuspal position);
- A final radiograph of the provisional in place.

Please provide appropriate captions for each image (no more than 30 words per caption).

Please Provide a 50-Word Description of the Provisional Made and the Rationale for the Provisional

Implant Surgery

- Please provide no more than four (4) images of the surgical procedure.

Please provide appropriate captions for each image (no more than 30 words per caption).

NOTE: For those clinicians restricting their practice to the restorative aspects only, please state that the work is that of your surgical teammate and provide their name.

Please Describe the Surgical Procedure in 100 Words or Less

Stage 2 Surgical Procedure and Provisional:

- Provide two (2) images of the uncovering of a two-stage surgical implant procedure and the final provisional;
- Provide a final radiograph of the provisional in position.

Please provide appropriate captions for each image (no more than 30 words per caption).

Definitive Restoration:

- Please provide 4-6 images only of key steps in the fabrication of the definitive restoration, to include the final restoration. The final restoration should be viewed in the occlusal, buccal, and lingual views.
- Please provide final radiographs of the final restoration in the patient’s mouth.

Please provide appropriate captions for each image (no more than 30 words per caption).

NOTE: For those clinicians restricting their practice to the restorative aspects only, please state that the work is that of your surgical teammate and provide their name.

Statement of Truth

I, _____ (name) attest to being the providing clinician for all of the treatment indicated in the above case presentation. I further confirm that all clinical photographs and radiographs are original and have not been tampered with or materially altered in any way to enhance the appearance or outcome of the case presented.

Signature: _____ Date: _____

Please save this document and return all completed materials to certificate@osseo.org

For questions or more information, please contact:
Academy of Osseointegration,
Attn: AO Certificate Program
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