

Osseointegration Foundation
Charitable Grant

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Corporation Fed ID: [REDACTED]
SSN Patient - [REDACTED]

Dental Team -

Implant surgeon: Albert Yoo, DDS

Restorative dentist: Joseph Magotch, DDS

Laboratory technician: Stephen F. Balshi, MBE



Preferred Implant System: Neoss

Preferred Grafting Materials: Lifenet cortical freeze dried bone allograft (distributed by Straumann)

Preferred Barrier Methods: Vicryl mesh (Ethicon)

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Patient: [REDACTED]

FAMILY HISTORY

(Mother) [REDACTED]

Had meningitis when she was 2/3 years of age. Diagnosed with epilepsy at age 15. Currently taking Dilantin to control seizures. Has taken Depokote intermittently. Hospitalized in September 2008 and October 2009 after having several seizures within a 24 hour period. Divorced in 1986 when [REDACTED] was a baby. Graduated high school and has had some college. Has worked as a substitute teacher and teacher's aide. Currently unable to work and collecting disability.

(Father) [REDACTED]

Graduated high school and college. Separated in 1986 and legally divorced in 1990. He remarried in 1999. Currently working for the state of New Jersey as a social worker. He lives in Woodbridge with his wife, son, stepchildren and other relatives.

(1/2 Brother) [REDACTED]

MEDICAL HISTORY

- Born on August 10, 1985. Full term birth delivered by C-section. Spent a couple of days in intensive care after swallowing amniotic fluid.
- Diagnosed with Juvenile Diabetes at age 7
- Allergic to nuts and strawberries
- Diagnosed with High Functioning Autism in July 2005
- Suffered facial lacerations from a car accident in 1999
- Enlarged urethra opening as outpatient in 1994
- Had carbuncle removed in 2004 at Clara Maas hospital
- In year 2004, [REDACTED] became obsessed with eating sugary foods. He was hospitalized with Diabetic Ketoacidosis (DKA) in July 2008 and June 2009.

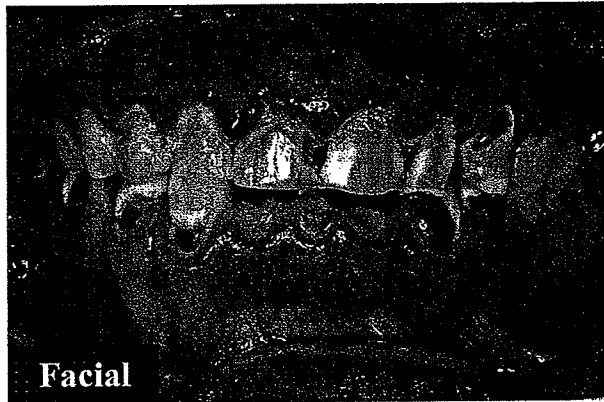
EDUCATION HISTORY

- Attended St. Rocco's daycare for kindergarten and St Rocco's Grade school for grades 1 through 8. Accepted into Seton Hall Prep in 2000. Attended Seton Hall Prep until junior year and transferred to Our Lady of Good Counsel High School. Academic and behavioral issues led to [REDACTED] leaving Seton Hall Prep.
- [REDACTED] graduated from Our Lady of Good Counsel High School located in Newark, NJ in 2004.
- He took some college courses at Essex County College and Berkeley College in 2005 to 2006, respectively. He was unable to continue the courses due to his obsessive and repetitive behaviors. He would go to the bathroom and lose all track of time and never return to class. He was obsessed with certain websites and would not leave the computer room. He spent his time repeatedly printing the same information from the websites that he was obsessed with. He would decide that he wanted to go visit someone or someplace and would leave the school.

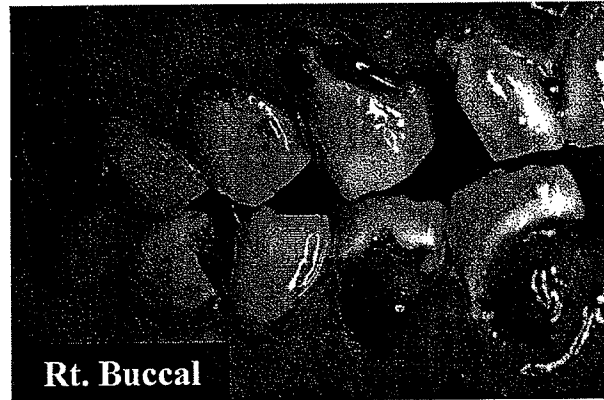
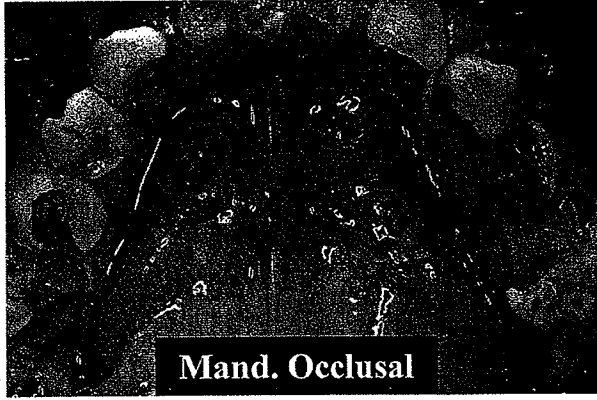
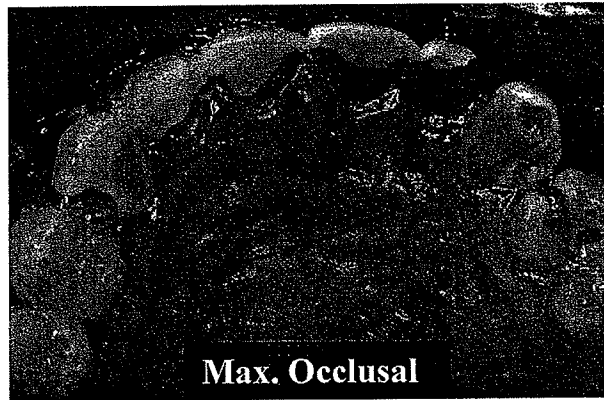
SOCIAL HISTORY

- [REDACTED] lives with his mother and grandparents.
- While growing up, [REDACTED] father would visit him at least once or twice a month. Since [REDACTED] graduated from high school, [REDACTED] father has interacted with him on a very limited basis. [REDACTED] generally calls him once or twice per month and leaves messages. They may talk on the phone once every three months. His father is well aware of [REDACTED] medical and social status but has taken very little interest in his well being. When he removed him from his medical benefits plan in 2008, he did not notify his mother. She attempted to refill his diabetic medication at the pharmacy and was told by the pharmacist that [REDACTED] insurance was no longer valid. Since then, the family has had to subsidize his medication and medical care. His grandparents are almost eighty years of age. His grandmother was officially diagnosed with dementia in early 2009 but the condition most likely began in 2007. His grandfather is diabetic. He was diagnosed with diabetes in his late 40's. His grandfather also has difficulty walking since breaking his hip and requires the use of a cane. No one in their household has the ability to drive.
- [REDACTED] doesn't have many friends, does not adapt to change very well, talks out loud to himself, and writes all the time. He has a pleasant disposition and can be overly friendly with strangers.

PATIENT DIAGNOSIS & TREATMENT PLAN:

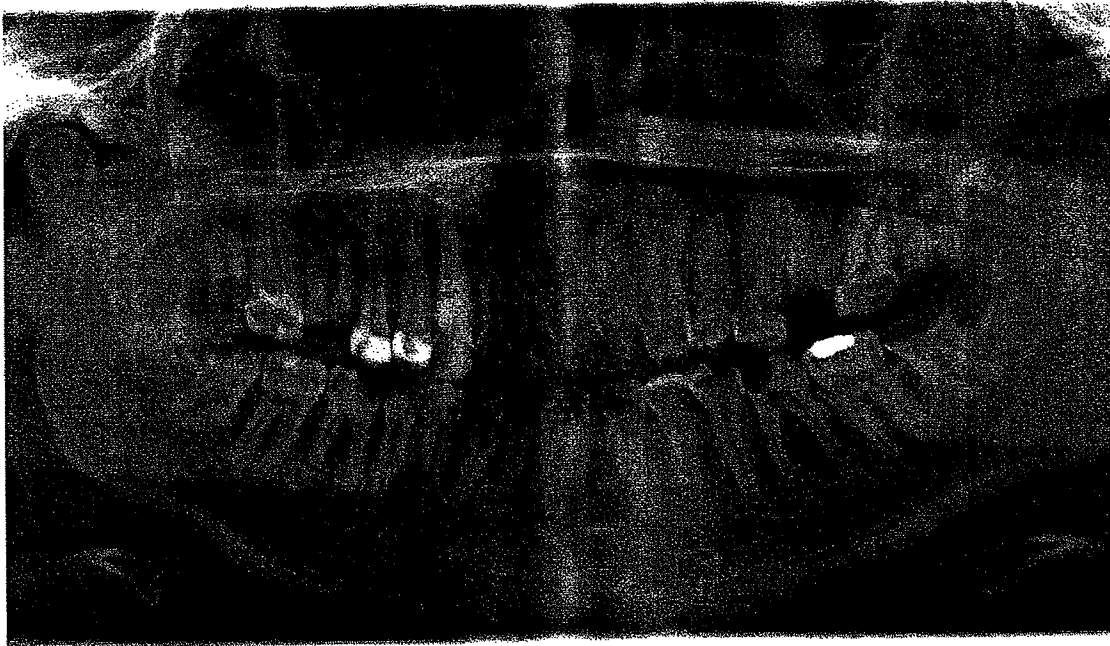


**Clinical
examination &
photos**



Note rampant decay (deep carious lesions with pulpal involvement, smooth surface decay) and severe gingival inflammation (spontaneous bleeding, marginal erythema).

RADIOGRAPHIC EVALUATION -



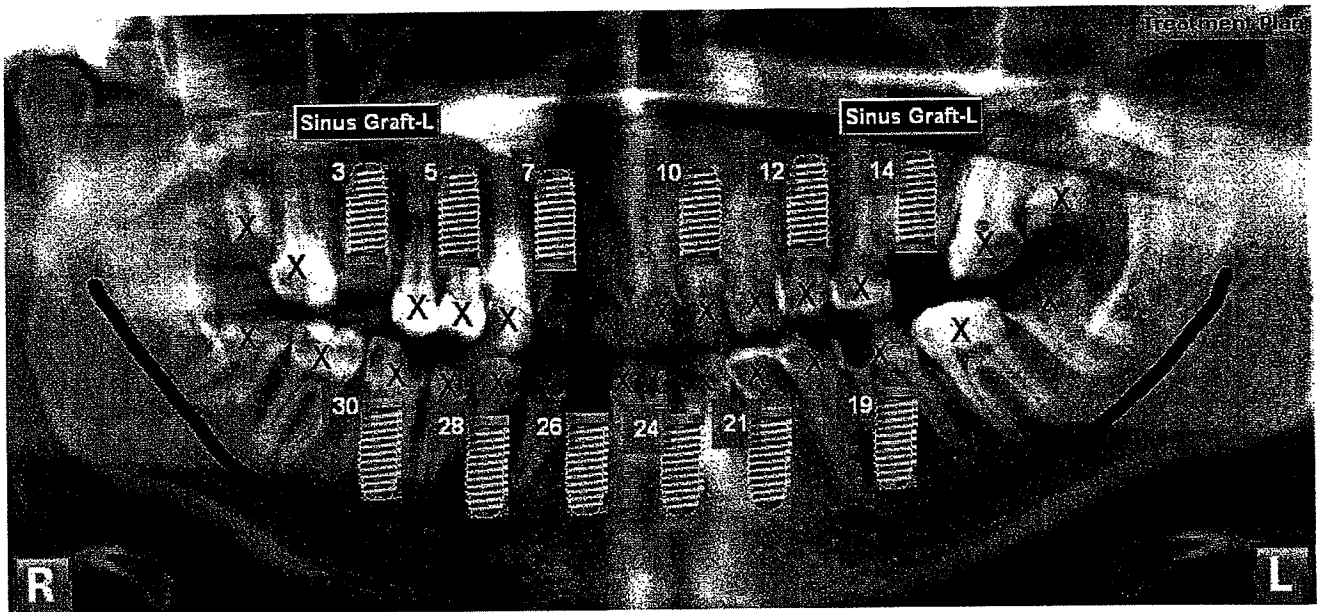
| | | | | | | | |
|---|------------------|----|------------------|----|------------------|----|---------------------------|
| 1 | Root tip, PARL | 9 | Decay into nerve | 17 | Decay into nerve | 25 | Decay into nerve |
| 2 | Decay into nerve | 10 | Decay into nerve | 18 | Decay, PARL | 26 | Decay into nerve |
| 3 | Root tip, PARL | 11 | Decay into nerve | 19 | Decay into nerve | 27 | Decay into nerve |
| 4 | Recurrent decay | 12 | Decay into nerve | 20 | Decay into nerve | 28 | Decay into nerve |
| 5 | Recurrent decay | 13 | Decay into nerve | 21 | Decay into nerve | 29 | Decay into nerve |
| 6 | Decay into nerve | 14 | Root tip | 22 | Decay into nerve | 30 | Decay into nerve, PARL |
| 7 | Decay into nerve | 15 | Decay into nerve | 23 | Decay into nerve | 31 | Decay into nerve |
| 8 | Decay into nerve | 16 | Root tip | 24 | Decay into nerve | 32 | Decay into nerve |

***PARL = periapical radiolucency**

DIAGNOSIS: Rampant decay + generalized severe gingivitis

PROGNOSIS: Hopeless (all dentition)

TREATMENT PLAN –



1. Extraction of maxillary dentition with immediate implant placement as outlined (with possible 1-2 additional fixtures) + bone augmentation of all sites (implants and extraction sockets)
2. Delivery of maxillary complete denture
3. Following 4-6 mos healing, uncover fixtures
4. Delivery of implant-retained maxillary fixed denture
5. Extraction of mandibular dentition with immediate implant placement as outlined (with possible 1-2 additional fixtures) + bone augmentation of all sites (implants and extraction sockets)
6. Delivery of mandibular complete denture
7. Following 3 mos healing, uncover fixtures
8. Delivery of implant-retained mandibular fixed denture

*All surgery will be performed under IV conscious sedation