

# Dental Implant Extra



## Pre-facility Questionnaire

Please be aware the completion of this questionnaire is mandatory.

Name	<input type="text"/>
Practice	<input type="text"/>
Address	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Telephone No.	<input type="text"/>
Fax No.	<input type="text"/>
Email	<input type="text"/>

Please give details of other dentists that are involved in your implant service

Dentist Name
<input type="text"/>
<input type="text"/>
<input type="text"/>

Surgical Restorative

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about Dental Implant Extra?	<input type="text"/>
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Please return to :  
SMYLE Team  
CIGNA HealthCare  
1 Knowe Road  
GREENOCK  
PA15 4RJ

## General

1a In what year did you qualify as a dentist?

Year

1b Please list your qualifications as registered with The General Dental Council


1c Does your name appear on a GDC specialist list?

Yes

No

2 How many years have you been offering an implant service?

Year(s)

3 In broad terms, what implant specific training have you undertaken?

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4 Approximately how many implants have you a) Placed?

b) Restored?

5 Which implant procedures do you carry out?

Surgery

Prosthodontics

both

6 Is your implant service strictly "in house" or do you accept referrals?

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7 Which implants systems are currently used in your practice?

8 Please give details of your professional indemnity provider:

9 Have you been subject to any claim which has resulted in payment to a patient or which has been upheld by The General Dental Council?  
If Yes, please provide details on a separate sheet.

10 Please tell us your preferred method of communication:

E-mail  Telephone  Letter  Fax

Yes  No

11 Does your practice currently employ any of the following marketing tools for implants?

Patient awareness evenings

Dentist awareness evenings

Local advertising

Practice newsletter

Internet

Patient testimonials

# Remedial Treatment

1 Have you audited your success rate?  
If yes, please supply details.

Yes  No

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2 Since you have been practising implantology, how many implant patients have required remedial treatment?

Total patients

Repair

Replacement

3 Does your practice follow a protocol on remedial work (repair, replacement)?  
If yes, please detail your guidelines e.g. Patient pays again or work is completed free of charge.

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I confirm that all of the above information is correct to the best of my knowledge.

Signed

Date

