

# OCCLUSION and ESTHETICS:

## PARTICIPANT'S PROFILE – DENTIST

Dear friends,

Your completion of this profile will provide in-depth information about preferences in regard to esthetic and occlusal supplies and materials in your area.

Your assistance in completion would be appreciated.

**Name:**

College Registration Number – for CDE reporting purposes:

Address

Postal Code

E-mail address:

Telephone numbers Office \_\_\_\_\_ Home \_\_\_\_\_

If you are an associate in a practice, please indicate the name of the principle dentist and the location of the practice.

Best time and place to call:

Dental School

Year of graduation

Internships, hospital positions, or other graduate training:

Study club memberships: Current and past:

Please indicate club name, mentor, and nature and frequency of sessions.

Courses relating to esthetics attended:

Courses relating to Occlusion and TM Disorders attended.

Do you belong to any Cosmetic , Esthetic, Restorative or Occlusion dental organizations?  
Which?

Do you have a digital camera?      Yes   No    Do you have aother type of clinical camera?  
Do you have a video camera ?      Yes   No      Do you have a DVD player?                      Yes   No

Type of anterior restorative resin currently used?

How long have you used it ?

Previous anterior resin/s used?

Dentin bonding agent most frequently used? \_\_\_\_\_ Second choice if 2 or more:

Base or foundation material regularly used ? \_\_\_\_\_

Are you using posterior composite restorative material?

Brand of pcr material used: \_\_\_\_\_

% of posterior composites placed compared to alloy?                      Fee differential compared to alloy.

% of use of rubber dam for routine restorations

Impression materials usually used:

Heavy body: \_\_\_\_\_                      Light body: \_\_\_\_\_

Crown and bridge laboratory used most frequently: \_\_\_\_\_

Technician's name:

Do you have a resin tinting/staining kit : Yes   No                      Manufacturer?:

**Have you placed any?**

All-ceramic crowns:                      Which??

Empress Esthetic restorations:                      Processed composites:                      Which?

All ceramic bridges:                      Type: \_\_\_\_\_

What type of articulator do you have?  
Facebow?

How often do you use it.

Occlusal splints or appliances used?  
How often?

Which type?

Implants: Do you surgically place implants?  
How many per year?  
Comments.

Implant supported restorations?

Crown and bridge cement routinely used? \_\_\_\_\_

Insurance dealings: Direct with patient \_\_\_\_\_  
Accept insurance assignment \_\_\_\_\_

Comments:

Please complete and return to [jnasedkin@telus.net](mailto:jnasedkin@telus.net)  
or by mail, not MediTrans to : Occlusion and Esthetics 8-2298 Pine St. Vancouver V6J 5G4.