**Case Study Submittal Form**

*The purpose of this document is to generate the content for your case before you upload it. This tool is helpful to save your work and work on your case ahead of uploading it to the website.*

**SECTION 1 OF 12  
About Your Case**

**1. What is the title of your case?**

**2. Cover Photo**

**3. Relevant Categories (choose all that apply)**

|  |  |  |
| --- | --- | --- |
| * Complete Dentures * Partial Dentures * Stud Implant Assisted Dentures * Survey Crowns and Partial Dentures * Stud Implant Assisted Partial Dentures * Implant and Bar Assisted Dentures * Implant and Bar Assisted Partial Dentures * Semi-precision Attachment Partial Dentures | * Dental Implants * Traditional Fixed Prosthetics * Implant Fixed Prosthetics * Teeth Retained Crowns * Implant Retained Crowns * Esthetic Implants * Esthetic Crowns * Esthetic Composites * Composite * Full Mouth Reconstruction * Partial Mouth Reconstruction * Esthetic Reconstruction * Full Mouth Implant Retained Reconstruction | * Dental Questions * Unusual Situations * Smile Designs * Cancer Patients * Xerostomia/Dry Mouth * Caries * Radiation Therapy * Erosion * Worn Dentition * Loss of Vertical Dimension * Failing Dentition * Periodontal Disease |

**SECTION 2 OF 12  
Diagnostic Photos & Images**

**1. Upload diagnostic photos**

**2. Upload initial radiograph**

**3. Upload CBCT**

**4. Upload perio charting**

**5. Upload digital impressions**

**6. Upload any other relevant images**

**SECTION 3 OF 12  
About Your Patient**

**1. Patient Initials**

**2. Occupation**

**3. Other pertinent background information:**

**SECTION 4 OF 12  
Patient Expectation**

**1. Quote in the patient's own words their dental treatment expectations:**

**SECTION 5 OF 12  
Dental History**

**1. Description of patient's past history of dental care.**

**2. Timing of past dental care**

**3. Description of any favorable or unfavorable dental care.**

**SECTION 6 OF 12  
Medical History**

**1. Medical history and possible dental implications:**

**2. Medications:**

**SECTION 7 OF 12  
Dental Diagnoses**

**1. List any TMJ diagnoses/findings**

**2. List any oral conditions/findings**

**3. List any occlusion diagnoses**

**4. List any dental diagnoses**

**5. List any periodontal diagnoses**

**6. List any aesthetic diagnoses (lip length, lip mobility, symmetry, proportion, tooth size, etc)**

**SECTION 8 OF 12  
Key Barriers to Treatment**

**1. Describe an obstacle that must be addressed to reach the patient's expectation**

**2. Describe an obstacle that must be addressed to reach the patient's expectation**

**3. Describe an obstacle that must be addressed to reach the patient's expectation**

**SECTION 9 OF 12  
Proposed Treatment Plans**

**1. Treatment Option 1**

**2. Treatment Option 2**

**3. Treatment Option 3**

**SECTION 10 OF 12  
Proposed Treatment Sequence**

**1. List proposed treatment sequence**

**SECTION 11 OF 12  
Additional Notes**

**1. Additional Notes**

**SECTION 12 OF 12  
Additional Resources and Downloads**

**1. Additional Resources**

**2. Additional Downloads**