



Lynn Pierri DDS, MS

Caring Without Compromise™

IMPLANT QUESTIONNAIRE

In an effort to better serve you and your patients, our office would greatly appreciate your feedback on the following questions. Please fax back to (631) 360-0087 at your earliest convenience.

We know your time is valuable and thank you in advance for your cooperation.

PLEASE PRINT CLEARLY:

Name _____ **Fax** _____

1. Which dental implant systems do you prefer? (Please rank by number)

- Straumann (*impression coping & analog or solid abutment impression kit included*) _____
- Nobel Biocare (*impression coping & analog Included*) _____
- Astra _____
- Biohorizons (*with stock Abutment included*) _____
- 3i Biomet _____
- Thommen _____
- Sterngold _____
- Zimmer _____
- Other: _____

2. Occasionally, bone quantity and/or quality necessitate the use of a specific implant system's unique features. In this case, are you willing to work with other systems as necessary? Yes No

3. To ensure proper implant placement, a scannographic stent in barium (Materialise Simplant™) or radiographic guide with gutta percha (Nobel Biocare™) is fabricated for a CT scan.

- Do you wish to fabricate your own scan stent?
- Yes, I will fabricate my own scan stent
 - No, I want Dr. Pierri to fabricate the scan stent
 - I will decide on a case-by-case basis

4. Would you like to review the computerized study prior to SurgiGuide™ or NobelGuide™ fabrication?
Yes No

5. How do you prefer we share our computerized implant studies with you?

_____ Download over the internet from our secure server
Please provide email address for notifications: _____

_____ Receive screenshots of the computerized study via: Email US Mail
Please provide email address for notifications: _____

_____ Receive a CD-ROM in the mail



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6. As a courtesy, we would like to provide you with the impression post and implant analog. This will avoid us from picking the wrong abutment for your patient in the event a stock abutment was not the correct choice.

This would especially apply when implant angulations dictate the use of a custom abutment or where you may prefer an Atlantis abutment, Zirconia abutment or locator case.

Do you want us to provide the impression post and implant analog? Yes No

7. Would you like to be listed on our website as an affiliated prosthetic implant dentist? Yes No
If yes, would you like us to create a link for your website on www.lynnpierriddsms.com? Yes No

My website address is: www._____

8. How do you prefer we contact you?

E-Mail Yes No Email: _____

Phone Yes No Phone: _____

Fax Yes No Fax: _____

U.S. Mail Yes No

Thank you! We hope the information you provided will help us build a better working relationship with your office in the very near future.

If you have any questions or concerns, please call my office at (631) 360-0266 or on my cell at (631) 804-8048 after hours.

Warmest Personal Regards,

Lynn Pierri, DDS, MS