

MICROSURGICAL ENDODONTICS

In order to best facilitate the running of the course, please would you be so kind as to fill out the questionnaire below and post it to the address below. You can also fill it in and email it to info@proendo.co.uk.

The questionnaire can also be found on www.proendo.co.uk.

Dr G Zolty BDS MSc, Crescent Consulting rooms, 2 Crescent Road, Hale, WA15 9NA

Please note by returning this questionnaire I understand it is not a commitment to attend the course but it does register your interest. There are a limited number of spaces on the course, so registration will be on first-come-first served basis.

Title:.....Name:.....Surname:.....

Job Title:.....Organisation:.....

Address:.....

.....

City:.....Post Code:.....

Telephone:.....Mobile:.....

Email:.....

Any special requirements, including dietary, disabled facilities, etc

.....

How many years have you been registered as a dentist, specialist (endodontist, oral surgeon)?

Have you had any post graduate training in endodontics?

Have you had any post graduate training in surgical endodontics?.....

How many apicoectomies have you performed in the past year?

Do you place implants?

Do you perform periodontal surgery?

Do you have a stereomicroscope in your surgery?.....

Describe your dental practice. *HIGHLIGHT MOST CORRECT ANSWER*

Wholly NHS 50% NHS / 50% private 15% NHS / 75% private wholly private

Describe your dental practice. *HIGHLIGHT MOST CORRECT ANSWER*

One man/woman practice associate practice multiple practice organisation

Are you the principal practice owner?.....

Describe yourself. *HIGHLIGHT MOST CORRECT ANSWER*

General dentist practice limited to endodontics interested in endodontics specialist endodontist oral surgeon

Other information:

.....

IMPORTANT:

Please bring with you in suitable container extracted UPPER and LOWER MOLAR, UPPER and LOWER PREMOLAR, UPPER and LOWER INCISOR/CANINE.

Thank you. I look forward to meeting you.