



Return your completed application to:

Ms. Annamarie Phalen, Associate Director  
Continuing Dental Education  
School of Dental Medicine  
325 Squire Hall  
716-829-2320

One application form per patient is required.

After application is submitted, please refer to the following website for  
information regarding REQUIRED patient and compliance documentation.  
[http://ubdentalalumni.org/ems/regengine/event\\_page.php](http://ubdentalalumni.org/ems/regengine/event_page.php)

Please Note: Procedures cannot be scheduled until all paperwork is complete.

Application (please print neatly):

Dentists Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_

Patients Name: \_\_\_\_\_  
*Last First Middle Initial*

Patients Date of Birth: \_\_\_\_\_

Surgical Procedure: \_\_\_\_\_  
(Including tooth site/area)  
\_\_\_\_\_  
\_\_\_\_\_

Implant System: \_\_\_\_\_

Materials Supplied by Dentist: \_\_\_\_\_  
(Indicate if Radiographs/casts have been sent)  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Date of Procedure: \_\_\_\_\_  
*Dentist will be notified when scheduled date is confirmed.*

Please list any Additional Information that you would like us to know:

Fee for INDIVIDUALIZED TRAINING PROGRAM:

Surgery Fee: \$1,400.00  
CDE Certification Fee: \$295.00  
Total: \$1,695.00

Fees listed are subject to change, depending on the  
procedure. All invoices will be sent to Dentist via  
Dental Continuing Education at the SDM.

IMPORTANT: Email and instant messaging are not private communications mechanisms and should NOT be  
used to transmit PHI. This information is part of the HIPAA Electronic Data Security Standard approved by the SDM Executive Council.