

X-Nav Dynamic Navigation Training – Participant Information Form

Part 1: Background and Experience

Name: _____

Contact Information (Email and Phone):

1. Current Level of Experience in Surgical Implant Procedures

- Single Implants: _____ cases
- Multiple Implants: _____ cases
- Full Arch Surgery: _____ cases

2. Experience with Dynamic Navigation (X-Nav):

- No Knowledge
- Beginner (limited knowledge)
- Intermediate (some understanding/theoretical exposure)

3. Familiarity with Different Dental Implant Systems and Components:

- Yes
- No

If yes, please specify: _____

4. Do you currently refer patients for dental implant treatment or perform implant-related procedures in your practice?

- Refer patients
- Perform procedures
- Both

Comments: _____

Part 2: Learning Objectives and Expectations

1. Primary Goals for Taking the X-Nav Dynamic Navigation Course (Select all that apply)

- Diagnosis and treatment planning
- Surgical techniques (single/multiple implants, immediate loading)
- Prosthetic considerations and restorations
- Managing and preventing complications

- Digital workflows and guided surgery
- Full-arch and full-mouth rehabilitation

Other Topics of Interest:

2. How do you plan to integrate the knowledge and skills gained from this course into your practice?

Part 3: Readiness and Commitment

1. Do you feel confident in your existing knowledge of oral anatomy and surgical principles to embark on implant training?

- Yes
- Somewhat
- No

2. What are the biggest challenges you anticipate during the course, and how do you plan to address them?

3. How do you envision the impact of completing this course on your professional development and practice growth?

Signature: _____

Date: _____