
SAVING SMILES

Dental Implant Rehabilitation Program

Patient Nomination Form

Questions / Submit to Christine@VisageFaceMD.com

Deadline July 31, 2026

Selection; August 2026

Purpose:

The SAVING SMILES program is intended to identify patients who may benefit from dental implant rehabilitation based on clinical need, overall health, and the impact that treatment may have on function, confidence, and quality of life.

Please complete all sections as thoroughly as possible. Submission of this form does not guarantee acceptance into the program.

1. Nominator Information

Name of person submitting nomination: _____

Relationship to patient:

Treating Dentist

- Specialist
- Physician
- Hygienist
- Office Team Member
- Family Member
- Self-Nomination
- Other: _____

Practice/Organization Name (if applicable): _____

Phone: _____

Email: _____

Preferred method of contact:

Phone

Email

2. Patient Information

Patient Full Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Has the patient been informed of this nomination?

Yes

No

Has the patient consented to be contacted?

Yes

No

3. Current Dental Condition

What best describes the patient's current situation?

Missing one tooth

Missing multiple teeth

Edentulous upper arch

Edentulous lower arch

- Fully edentulous
- Failing dentition
- Failing bridge/partial/denture
- Severe functional compromise
- Other: _____

How long has the patient had this dental condition?

Is the patient currently wearing a prosthesis?

- No
- Partial denture
- Complete denture
- Bridge
- Temporary prosthesis
- Other: _____

If yes, is it functional and comfortable?

- Yes
- No

Please explain: _____

4. General Health Screening

Would you consider the patient's general health to be stable enough for evaluation for implant rehabilitation?

Yes

No

Unsure

Known medical conditions (check all that apply):

None significant

Diabetes

Hypertension

Heart disease

Osteoporosis

Autoimmune disorder

History of radiation therapy to head/neck

History of cancer treatment

Bleeding disorder

Smoking/nicotine use

Substance use disorder

Other: _____

Is the patient under regular medical care?

Yes

No

Unsure

Any factors that may affect healing or surgical candidacy?

Does the patient demonstrate reasonable ability to maintain oral hygiene and follow postoperative instructions?

Yes

No

Unsure

5. Why This Patient Is Suited for the Program

Please describe why this patient would be a strong candidate for the SAVING SMILES program.

(Examples: severe functional limitations, inability to chew, speech concerns, facial/dental collapse, psychosocial hardship, denture intolerance, major quality-of-life impact, strong motivation, good long-term prognosis, compelling personal story.)

How does the patient's current dental condition affect daily life?

Difficulty chewing

Poor nutrition

- Speech difficulty
- Pain/discomfort
- Social embarrassment
- Employment/professional impact
- Emotional distress/loss of confidence
- Difficulty wearing dentures
- Other: _____

Please elaborate:

Why would implant rehabilitation be meaningful for this patient at this time?

6. Financial / Social Considerations

Is financial limitation a major barrier to receiving ideal treatment?

- Yes
- No
- Unsure

Are there other social or personal circumstances that should be considered?

7. Motivation and Commitment

Does the patient appear motivated to proceed with treatment if selected?

Yes

No

Unsure

Does the patient appear likely to attend appointments and comply with follow-up care?

Yes

No

Unsure

Does the patient understand that treatment planning, timing, and eligibility are determined by the clinical team?

Yes

No

8. Supporting Documentation

Please attach, if available:

- Recent panoramic x-ray / CBCT
 - Intraoral photographs
 - Referral letter
 - Medical summary
 - Narrative statement from nominator
 - Patient statement / personal story
 - Other: _____
-

9. Optional Patient Story

Please share any additional information about the patient's story, resilience, hardship, or circumstances that make this nomination especially compelling.

10. Acknowledgment

I understand that:

- Submission of this nomination form does not guarantee selection.
- Final acceptance into the SAVING SMILES program is based on clinical judgment, health considerations, treatment feasibility, and program resources.
- Additional records, consultation, and medical clearance may be required.
- The patient must consent to evaluation and treatment discussions.

Name of person submitting form: _____

Signature: _____

Date: _____

Optional Internal Review Section

Clinical team use only

Date received: _____

Reviewed by: _____

Initial screening:

Appropriate for consultation

Needs more information

Not currently a candidate

Reasons / notes:

If you want, I can also turn this into a more polished fillable office-style version, a Google Form layout, or a shorter one-page nomination form.

