

## Questionnaire

In order to help you in receiving advanced knowledge in a specific interesting field of dentistry that concerns you. Kindly fill the requested information and fax it to the address mentioned at the end.

Name: .....

Address:.....

Office No. .... Fax No ..... Mobile No.....

Email Address:.....

1. I am: - Dentist: G.P. - Specialist (specify).....  
- Dental Technician - Dental Assistant

2. Year of Graduation from Dental School: .....

3. Your currently working in which one of the following sector:

- Government: Hospital                      PHC
- Private:       Hospital                      Dental clinic
- Laboratory
- University Lecturer
- Dental Company

4. Please indicate the number of dentists in your practice:

- 1                      - 2                      - 3 to 5                      - 6 to 9                      - 10 or more

5. Kindly indicate how many hours per week you spend providing direct patient care:

- Less than 20 hrs                      - 20 to 29                      - 30 to 39
- 40 to 49                      - 50 or more

6. Which best describes your area of interest in the field of dentistry:

- Prosthodontics                      - Endodontics                      - Periodontology                      - Pediatric Dentistry
- Conservative                      - Cosmetic Dentistry                      - Implantology                      - Maxillofacial Surgery
- Orthodontics                      - Other: .....

7. Which best describes your area of interest in the field of Dental Techniques?

- Complete denture
- Removable partial denture
- Construction elements
- Combined fixed-removable constructions
- Implant-bone tooth replacement
- New technologies and materials

**For further information please contact CAPP at:**  
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