



Dental Implant Program Patient Profile

The NFED currently cooperates with several schools of dentistry to provide dental implants for individuals affected by ectodermal dysplasia at reduced fees. This program is possible only through the generosity and cooperation of the participating dental schools, their staff members, and several implant companies. It is the patient's responsibility to make an informed decision as to the appropriateness of care and to make suitable arrangements for payment of associated fees.

Individuals wanting to participate in the NFED's Dental Implant Program must complete this form, the attached survey, submit a current photograph at least 2" x 3" in size and provide a letter from the applicant's physician confirming the diagnosis.

Patient Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone number at work _____ Telephone number at home _____

Fax number _____ E-mail address _____

Name of the ectodermal dysplasia by which you are affected: _____

Name of dentist currently providing care _____

Address _____

City _____ State _____ Zip Code _____

Business telephone number _____ May we contact your dentist? _____

Number of natural teeth in the upper jaw _____ in the lower jaw _____

When were your last prosthetics made? _____

Will insurance pay any portion of the cost of care? _____

Will you apply to the NFED's Treatment Assistance Program for financial assistance for the cost of implants? _____

Check the line which best estimates your household income: less than \$25,000 _____

\$25,000-\$40,000 _____ \$40,000-\$60,000 _____ \$60,000-\$80,000 _____

More than \$80,000 _____

Please indicate the number of persons in your household _____

How many of them are affected by ectodermal dysplasia? _____

Name of person completing this form _____

Telephone number at work _____ telephone number at home _____

The NFED will contact all individuals when we receive the application. Approved applicants will be referred to a contact person at the appropriate university. You will be responsible for making contact with the university to arrange an appointment for an intra-oral evaluation. In turn, your name will also be shared with the university staff.

Please return to: National Foundation for Ectodermal Dysplasias
P.O. Box 114, 410 E. Main St.
Mascoutah, IL 62258-0114

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