



## Welcome to the Young Dentist Endodontic Award 2012

**Deadline for applications : 2 September 2012**

*This new award is for all UK dentists who graduated in the last three years,  
whether you are in your Foundation Year or just starting your career.  
We welcome your application.*

### THE APPLICATION PROCESS

- Please complete the application form with your personal details. Your details will be kept separate from your application so judging is anonymous.
- Please complete the case report. You are invited to submit **one** endodontic case which you believe shows your aptitude for endodontics and illustrates why you could be a worthy winner. Your entry should be accompanied by radiographs.
- Please refer to the checklist in this document to ensure you've sent all the necessary details.

**The winners will be presented with their award  
at the Harley Street Centre for Endodontics  
10th Anniversary celebration evening at the Royal Society of Medicine  
on 11 October 2012.**

121 Harley Street • London • W1G 6AX

Tel: 020 7935 6393 • Fax: 020 7935 6060 • Email: [info@julianwebber.com](mailto:info@julianwebber.com) • Web: [www.roottreatmentuk.com](http://www.roottreatmentuk.com)

MR. JULIAN WEBBER BDS • MS • DGD • FICD • DR. TREVOR LAMB BDS • P Dip Dent • Dip Dent (SA) • FICD

Specialists in Endodontics



## APPLICATION FORM YOUNG DENTIST ENDODONTIC AWARD 2012

**Please complete the following form and send with your case by email:  
info@julianwebber.com or post:  
APPLICATIONS, Harley Street Centre for Endodontics,  
121, Harley Street, London W1G 6AX.**

Mr/ Mrs/ Ms/ Miss/ Dr/ Other (please specify )

Name

House number and street name

Town and Country

Postcode  Telephone

Email

Date of birth

Stage of career (ie Foundation Year, Associate)

**Declaration : I verify that I graduated in the last three years and all the endodontic treatment procedures submitted for this award are my own work  tick here**

How did you find out about the Young Dentist Endodontic Award?

Dental meeting  Local Deanery  Dental press  Word of mouth

Other (please specify)

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## CASE REPORT

### YOUNG DENTIST ENDODONTIC AWARD 2012

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Patient Age	<input type="text" value="30"/>	Date Case Started	<input type="text" value="09-08-2010"/>
Patient Gender	<input type="text" value="Female"/>	Date Case Finished	<input type="text" value="03-09-2010"/>
		Date of Last Recall (if any)	<input type="text" value="14-03-2011"/>

A. Tooth #

B. Procedure Category (tick one)

Conventional

Retreatment

Surgical

CHIEF COMPLAINT:

#### C. MEDICAL HISTORY

Nothing Abnormal Detected ( NAD) , All systems checked,  
No allergies  
No medications

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## D. DENTAL HISTORY

- Regular attender at Studental for four years.
- Her last visit (15/04/10) at the practice was an emergency appointment with a different dentist in the practice. This was in relation to pain from the UR6, especially to cold. There was no pain on biting or hot. She was taking painkillers before sleeping as a precaution. At worst, the subjective pain rating varied from 5-7/10. A periapical taken at the visit showed a deep filling present and nothing abnormal was detected periapically or at the Periodontal Ligament (PDL). The dentist informed Miss F. that the UR6 was likely to need Root Canal Treatment (RCT) in future if the symptoms worsened. Treatment performed at the emergency was simply smoothing and application of Duraphat to the UR6.
- Brushes twice a day with electric toothbrush.
- Balanced diet

## E. CLINICAL EVALUATION (Diagnostic Procedures)

### Examination findings

1.E/O : TMJ ( NAD), Lymph Nodes ( NAD), Muscles of mastications ( NAD), Facial symmetry ( NAD)  
2.I/O : Lips ( NAD), Tongue ( NAD), Soft/Hard Palate ( NAD), Floor of the mouth ( NAD)  
Gingivae (Healthy, minimal plaque and BOP. Round hard lump, 2 mm in diameter, present adjacent to the buccal aspect of the UR6, 8mm from the gingival margin. Tender to touch. NAD palatally)

### Tests undertaken

1. Sensibility testing using Endofrost  
> UR6 (-ve) ,UR75 ( +ve)
- 2.Tooth, TTP Result ,Mobility, Pocketing, Occlusion( High spots)

### Radiographic Interpretation and findings

• Periapical of the UR6 taken with a paralleling technique to assess signs for apical pathology, loss of lamina dura, root/canal morphology, periodontal bone support and caries.  
Radiological report (Grade II due to inability to visualise 2-3mm of apex )- UR6  
Date taken 9/8/10

## F. PRE-TREATMENT DIAGNOSIS:

Pulpal

Periradicular

## G. TREATMENT PLAN:

Recommended:      Emergency       Definitive

Alternative

Restorative

Post operative:

## PRE-OPERATIVE PROGNOSIS:

Excellent       Good       Guarded       Poor

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## H. CLINICAL PROCEDURES: Treatment Record

Date  Procedure

Date  Procedure

Date  Procedure

CANAL MB,DB,L,D,S ETC	WORKING LENGTH (MM)	FINAL APICAL SIZE*	FILE SYSTEM USED (HAND, ROTARY)**	OBTURATION MATERIALS AND TECHNIQUES***
MB 1	19 (Checked)	Size 30, 6% Taper	Gates -Gliddens ( 2-4 ),K-Files ( Size	Cold Lateral Condensation followed by
MB2 Not present				
DB	18	Size 30, 6% Taper	Same as above	Same as above
P	21	Size 30 ,6% Taper	Same as above	Same as above

\* Final apical size includes taper if rotary

\*\*Specify technique

\*\*\* Lateral Condensation, Warm vertical, ThermaFil, Single Point and Sealer

FINAL OUTCOME: Excellent  Good  Poor  Failed

I have the patient's permission to enter their details into the award. Please tick

**Why did you choose this case specifically for this award (no more than 200 words, on additional paper if required).**

The reason I chose this case is because I feel it demonstrates my ability to efficiently and effectively provide appropriate and quality overall care to my patients.

After completion of my undergraduate studies, I had minimum exposure to Endodontics and certainly feared providing root canal treatments to patients. At the start of my DF1 career, I made a few mistakes ranging from perforations and file separation which further knocked my confidence.

This case (although of minimal-moderate difficulty) for me symbolizes how, with the help of my trainer, I improved, refined, learnt new techniques, used a range of instruments and overcame my fear of providing Endodontic care. The aim of treatment provided to the patient was based on integrating the best evidence with clinical knowledge and patient preferences.

I have now developed a passion for Endodontics and thoroughly enjoy the challenges I once feared. It has also motivated me to consider embarking on further Post – Graduate studies to enhance my clinical skills using latest technology and knowledge.

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## CHECKLIST

Before you send us your entry, please check you have done the following:

- Filled in and signed the application form above.
- Provided radiographs, either digital or hand developed (copies are acceptable), clearly demonstrating all the canals treated
- Excluded any marks or words which could identify you or your patient
- Make sure a data release consent form has been read and agreed by the patient (sample below)

**THANK YOU AND GOOD LUCK!**

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# **SAMPLE CONSENT FORM**

## **CONSENT TO RELEASE DATA**

I hereby give my consent for my clinical data to be used by my dentist, for the purposes of entering into a professional dental competition. I permit my medical and dental history, referral correspondence, radiographic images, clinical photographs and clinical details of the treatment performed on my tooth/teeth to be used for the purposes of entering into the competition.

I understand that I will be provided with full anonymity from identification. My full name, my initials of my name, my full birth date, my address and my occupation will never be revealed.

I give permission for the organisers of the dental competition and all of their representatives including their media organisations the right to view and inspect such data and to publish such information, if any, in dental media and journals of their choosing if they so deem fit. If the data above is published in any media I understand that such data will be published under the terms and conditions of the publisher and I will abide by those terms.

In granting permission as I have done above, I understand that I forfeit all copyright ownership of the above data. Furthermore I understand that I am relinquishing my rights under the Data Protection Act (1998) by permitting this data release.

**PATIENT NAME** \_\_\_\_\_

**PATIENT ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**PATIENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_