**DEPARTMENT OF PROSTHODONTICS,**

**CROWN AND BRIDGE & ORAL IMPLANTOLOGY**

**POSTGRADUATE**

**CLINICAL - LOG BOOK:**

**Fixed Partial Denture&**

**Implantology**

**Batch:-----------**

**POSTGRADUATE CLINICAL LOG BOOK**

Name of the Department : **PROSTHODONTICS, CROWN AND**

 **BRIDGE & ORAL IMPLANTOLOGY**

Name of Student : **----------------------**

Postgraduate Degree : **MASTER OF DENTAL SURGERY**

Academic Year : **-----------------------**

Name and Designation of Guide :

Signature of the Student :

**CERTIFICATE**

This is Certified that the content of this Clinical Logbook is the bonafide work of Dr -------------- a postgraduate student of Department of Prosthodontics, Crown and Bridge & Oral Implantology, Institute of Dental Sciences, Bareilly UP, for the academic year -------- .

Signature, Name Signature, Name Signature, Name

And seal of Guide And seal of and seal of

 Professor & HOD Principal

 Date: Date: Date:

Place : Place: Place:

**DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE AND ORAL IMPLANTOLOGY,** INSTITUTE OF DENTAL SCIENCES, BAREILLY

**Case History & Diagnostic Chart: Crown And Fixed Partial Dentures**

Name:.....................................................Case&OPD No:..............................................

Age:................... Sex: M/F.................. Phone No:...........................................

Address:.......................................Occupation:.........................................

**Chief Complaints**:

1. ...........................................................................................................................................
2. ...........................................................................................................................................
3. ..........................................................................................................................................

**Medical history:**

**Dental history**:

Teeth Missing: ...............................................................................................................

Period of partial edentulism:............................................................................................

Cause of tooth/teeth lose / Caries/periodontal/trauma/other:.............................................

History of restorative or endodontic treatment.....................................................................

History of past and present prosthesis: .....................................................

Habits:........................................................................................................................

 (Pipe smoking/ tobacco chewing / tongue thrusting/ bruxism / other)

Patient expectations:.............................................(realistic/unreasonable)

**Examination:**

General examination: Gait:.........................................................................

Built:.........................................................................

**EXTRA ORAL EXAMINATION:**

Facial profile:.................................................(normal/ concave/ convex)

TMJ:........................................................... (normal/ clicking/ crepitation/ tenderness/ pain)

Movement of mandible :........................................ ( normal/ deviation)

Lip length:............................................................... (normal/short/long)

**INTRAORAL EXAMINATION:**

1. Dental examination:

Teeth present: 8 7 6 5 321 12345678

8765432 1 12345678

Carious teeth:................................................................................................................... Restored teeth:...............................................................................................................

Wear facets:....................................................................................................................

Fracture:..........................................................................................................................

Malformation:.................................................................................................................

Any wear of teeth e.g abrasion, erosion, attrition, abfraction.......................................

 ........................................................................................................................................

Any supra eruption:.......................................................................................................

Root stumps:..................................................................................................................

**Evaluation of prospective abutment teeth:**

**MESIAL ABUTMENT DISTAL ABUTMENT**

Crown morphology :

Crown height:

Rotation:

Inclination/ Tilting:

Vitality:

 Mobility:

 Drifting:

1. **PERIODONTAL EXAMINATION:**

Oral hygiene status:

Gingiva:

Color: ........................................................... Texture:......................................................

Position:.......................................................Contour:.....................................................

Consistency:.................................................

Periodontium: **MESIAL ABUTMENT** (mm)**DISTAL ABUTMENT**( mm)

Sulcus depth:

Labial/Buccal: .................................... ......................................

Lingual: ...........................................................................

Mesial: ................................... .......................................

Distal: .............................. .......................................

Any tooth mobility: ..............................................................

Any open contacts:.............................................................

Any furcation involvement: .................. .............................

Any high frenal attachments: ................................................

1. **OCCLUSION**

General alignment: Normal/ Crowding/ Spacing/ Rotation/ Supra eruption

Vertical overlap/Horizontal overlap:..........................................................................................

Type of occlusion.........................................................Canine guided/ Group function

Any protrusive interference:............................................................

Any working side interference:...............................................................................

Any balancing side interference:...........................................................................

Slide in centric...............................................................Lateral/ forward/ both/ none

**RADIOGRAPHIC EXAMINATION:**

**MESIAL ABUTMENT DISTAL ABUTMENT**

Crown/root ratio1:1/<1:1/>1:1 1:1/<1:1/>1:1

No. Of roots .......................................................

Root Morphology ( Short / long) ................... ........................

Slender/ bifurcated/hypercementosis ...................................

Axial Inclination of teeth ................... ........................

Estimated degree of non parallelism............... ........................

Presence of apical pathology or

root resorption ....................... ...........................

Quality of supporting bone ...................... ..........................

Width of periodontal ligament ....................... ...........................

Continuity of lamina dura ..........................................

Any horizontal/ vertical bone loss ............. ...........................

Any root furcation involvement ......................................

Pre existing restorations and their

Relations to dental pulp ................ ...................

Status of root canal fillings and

pulpal morphology ............................ .......................

Residual root or rarefied area

Underlying edentulous space ...................................................

Other findings ...................................................

**DIAGNOSTIC CASTS:**

Any supra eruption.................................................................................................

Any tooth/teeth migration.......................................................................................

Axial inclination(tipping).......................................................................................

Wear facets.............................................................................................................

Dimension of edentulous space (mm).................. mesiodistal and occlusoglngival

Edentulous ridge shape: high well rounded / knife edge / low well rounded / depressed

**Sibert’s Class (I), (II), (III)**

Dimensions of abutments ( mm) Mesial abutment Distal abutment

Occlusogingival ................ ......................

Mesiodistal ................ ................

Buccolingual ............... ..................

**Diagnosis:**

**Treatment plan**:

Pre- Prosthetic phase:

Periodontal treatment:......................................................................................................

Endodontic treatment:.....................................................................................................

Orthodontic treatment:.....................................................................................................

Surgical treatment:.......................................................................................................

**Prognosis:**

Retention ............................................................................................................

Resistance .........................................................................................................

Esthetics ................................................................................................................

Patient comfort..................................................................................................................

**Consent of the patient:**

I agree to the above treatment plan

**Date:Patient’s Signature**

 ......................

**Prosthetic phase: Clinical and Lab steps**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Clinical steps** | **Material , technique and remarks** | **Sign** |
|  | Impression for diagnostic cast |  |  |
|  | Tooth preparation |  |  |
|  | Gingival retraction |  |  |
|  | Final impression |  |  |
|  | Jaw relation |  |  |
|  | Inter occlusal records temporization |  |  |
|  | Try in |  |  |
|  | Adjustment |  |  |
|  | Cementation |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Laboratory steps** | **Material , technique and remarks**  | **Sign** |
|  | Diagnostic casts mounted  |  |  |
|  | Custom tray |  |  |
|  | Working model |  |  |
|  | Wax pattern |  |  |
|  | Investing |  |  |
|  | Casting |  |  |
|  | Finishing |  |  |
|  | Ceramic firing |  |  |
|  | Glazing |  |  |
|  |  |  |  |

**Post Prosthetic phase:**...........................................................................................

**Follow up** :............................................................................................................

**IMPLANTOLOGY:**

**Partially Edentulous**

**Patient**

**INSTITUTE OF DENTAL SCIENCES, BAREILLY, DEPT. OF PROSTHODONTICS AND CROWN & BRIDGE INCLUDING IMPLANTOLOGY**

CASE HISTORY &IMPLANT SUPPORTED PROSTHESIS: PARTIALLY EDENTULOUS PATIENT

1. **Patient Data:**

**Name: OPD No: Date:**

 **Age: Sex: Occupation: Marital Status:**

 **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Contact No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Chief complaint & History of presenting illness:**

**Chief complaint:**

 **Treatment need:**

1. **Medical History:**

**General health:**

**Pathology/Systemic diseases**:

Diabetes / Thyroid / other Endocrinal diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Epilepsy / other CNS diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hypertension/ other CVS diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuberculosis / AIDS / Hepatitis / other Infectious diseases:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asthma / other Respiratory diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arthritis / other Bone & Joint diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kidney dysfunction / other Genito-urinary diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anaemia / Bleeding disorders / other Haematopoietic diseases:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jaundice / other GIT diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication (Present history):**

Mouth dryness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Menopause: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pregnancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neoplasm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radiation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospitalization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anesthesia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Personal History:**

***Diet history*:**

**Diet habits**:Veg / Non-Veg

**Any Habits:** Pan / Tobacco chewing / Smoking / Alcohol / Recreational drugs / Others

**Any Abrasive or Erosive Diet Habits:** Citrus foods / Fruit juices / Carbonated

drinks / Pickles / Vinegar

**Parafunctional habits:**

**Type:** Bruxism / Pen biting / Pipe smoking / Holding objects between teeth

**Frequency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Duration:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Oral Hygiene:***

**Type of tooth brush:** Soft/Medium/Hard

**Frequency & Time of tooth brushing:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Socio-psychologic History:**

**Family Status**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Status**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personality:** Philosophical/ Exacting /Hysterical/ Indifferent

1. **Dental History:**

|  |  |  |
| --- | --- | --- |
| **Extraction history:** | **Reason (Periodontal / Caries / Other)** | Year |
| Maxillary anterior |  |  |
| Maxillary left posterior |  |  |
| Maxillary right posterior |  |  |
| Mandibular anterior |  |  |
| Mandibular left posterior |  |  |
| Mandibular right posterior | \_\_\_\_\_\_\_\_\_\_ | \_ |

**Age of present prostheses**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duration of missing teeth/immediate:** Maxillary: \_\_\_\_\_\_\_\_\_\_Mandibular: \_\_\_\_\_\_\_\_\_\_\_

**Number and type of previous prostheses:**

Removable partial denture: Maxillary: \_\_\_\_\_\_\_\_\_\_\_\_\_ Mandibular: \_\_\_\_\_\_\_\_\_

Fixed partial denture: Maxillary: \_\_\_\_\_\_\_\_\_\_\_\_ Mandibular: \_\_\_\_\_\_\_\_\_\_\_\_

**Earlier denture experience:** satisfactory / unsatisfactory

**Expectations:** Mastication / Speech / Appearance / Comfort / Professional

**Pre-extraction records:** Casts / Measurements / Photographs / Old dentures

1. **Clinical examination:**
2. **EXTRAORAL EXAMINATION: Physical characteristics-**

**Cosmetic index:** 1 - High cosmetic index/ 2- Mid cosmetic index/ 3- Low Cosmetic index

**Personality:** Delicate / Average / Vigorous

**Facial expression:** Tense / Average / Pleasing

**Complexion:** Skin color: \_\_\_\_\_\_\_\_\_\_\_ Skin texture: \_\_\_\_\_\_\_\_\_\_\_

**Neuromuscular evaluation:**

**Coordination:** Class 1–Excellent/ Class 2–Fair/ Class 3–Poor

**Speech:** Normal / Affected

**Facial form:**

**Front:** Square/ Tapering/ Square-tapering/ Ovoid

**Profile:**

Class 1–Normal / Class 2–Retrognathic / Class 3–Prognathic

**Height:** Normal / Decreased / Increased

**Symmetry:** Symmetrical / Asymmetrical

**Lip:** Thin / Full / Tense / Active

**Lip contour:** Adequately supported / unsupported

Maxillary:\_\_\_\_\_\_\_\_ Mandibular: \_\_\_\_\_\_\_\_\_\_

**Mobility:** Class 1–normal/ Class 2–reduced mobility/ Class 3–paralysis

**Length:**Long/Medium/Short

**Smile line:** Incisal 1-3rd/ Middle 1-3rd/ Cervical 1-3rd/ Gummy Smile

**TMJ:**

 Comfort/Crepitus/Clicking/Smoothness/Locking:

 Deviation: \_\_\_\_\_mm

Protrusive: Limited / Unlimited

Left Lateral: Limited / Unlimited

Right Lateral: Limited / Unlimited

Mouth opening: \_\_\_\_\_\_mm

**Lymph node:** Palpable / Not palpable

1. **INTRAORAL EXAMINATION:**

**Partially Edenulous:**

1. **Implant site:**

 **Partial Edentulous space area no.**

 **Bone character**: D1/ D2/ D3/ D4

 **Recent extraction:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Attached gingiva:**Favourable–3 mm / Adequate–1–2 mm / Unfavourable–None

 **Interarch space:** Favourable / Adequate / Unfavourable

 **Tissue support area:** Favourable / Adequate / Unfavourable

**Soft and Hard tissue anatomy:**

* 1. **Deficiencies: b. Limitations:**
1. **Existing Dentition:**

****

**3. Relationship to anatomical structures:**

1. Inferior alveolar canal: **------------------------**
2. Mental foramen: **--------------------------**
3. Maxillary sinus: **--------------------------**
4. Nasal cavity: **--------------------------------**

**Parallelism of adjacent teeth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occlusal scheme:**

Molar relation: \_\_\_\_\_\_\_\_\_\_\_\_ Left: \_\_\_\_\_\_\_\_\_\_\_\_ Right: \_\_\_\_\_\_\_\_\_\_\_

1. **Initial periodontal examination:**

**Gingival inflammation:** Slight/ Moderate / Severe

 **Soft plaque build-up:** Slight/ Moderate / Severe

 **Hard calculus build-up:** Slight/ Moderate / Severe

 **Stains:** Light/ Moderate / Severe

1. **General dental considerations:**

 **Occlusal plane:** Favourable / Adequate /Unfavourable

 **Opposing dentition:** Removable / Combination /Fixed

1. **Existing Prosthesis:** Favourable / Adequate / Unfavourable

**Pontics:** 1 / 2 / 3 or more

 **Resting lip line:** Low / Normal / High

 **High Lip Line (Smile) :**Low / Normal / High

 **Low Lip line (Speech) :**Low / Normal / High

 **Arch position:** Class I / II / III

 **Arch form (Ant-Post):** Tapering / Ovoid / Square

 **Crown Height Space: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Investigations:**

 **Diagnostic casts:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Photographs (case related):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Radiographs:** OPG / IOPA / Full mouth series / CT scan / CBCT scan / Lateral cephalograms / Transcranial / MRI scan

 **Abutment teeth:** Crown Ratio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bone support:\_\_\_\_\_\_\_\_\_\_\_\_

**Blood investigations:**

Complete Blood Count: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RBS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vital signs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PTT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special investigations:**

**Bone mapping (On the model):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Length: alveolar crest to apically** | **Width: Mesio-distal** | **Width: Bucco-lingual** |
|  |  |  |  |

**Evaluation of available bone (radiographically):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Length: alveolar crest to apically** | **Width: Mesio-distal** | **Width: Bucco-lingual** |
|  |  |  |  |

1. **Diagnosis:**

**Maxillary:**

 **Mandibular:**

 **Implant treatment:** Favourable / Unfavourable

1. **Treatment plan:**

 Artificial Graft: \_\_\_\_\_\_\_\_Artificial membrane: \_\_\_\_\_\_\_\_

 Preoperative medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Surgical template Preparation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anesthesia: L.A. /G.A.

 Flap and Suture: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROSTHETIC PHASE:**

1. **Planned Rehabilitation:**
2. **Cost:**
3. **Impression:**

|  |  |
| --- | --- |
| Trays selected |  |
| Impression material used |  |
| Impression technique used |  |
| Important observations &Special Problems |  |

1. **Maxiilomandibular relation:**

**Orientation relation:** yes/no**Vertical Relation:** yes/no **Centric relation:** yes/no

1. **Important observations & Special Problems:**
2. **Articulator: mean value/ hanau wide view**
3. **Healing abutments used: yes/no**
4. **Specification of Abutments:**
5. **Provisional restoration: yes/no**
6. **Type of Permanent restoration:**
7. **Teeth selection:** Shade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Material: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. **Prognosis:**

Name &Signature of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name &Signature of Doctor: \_\_\_\_\_\_\_\_\_

Date: Name And Signature of HOD:\_\_\_\_\_\_\_\_\_

**IMPLANTOLOGY:**

**Completely Edentulous**

**Patient**

**INSTITUTE OF DENTAL SCIENCES, BAREILLY, DEPT. OF PROSTHODONTICS AND CROWN & BRIDGE INCLUDFING IMPLANTOLOGY**

Case History: Implant Supported Overdentures and Fixed Full MouthRehabilitation

1. **Patient Data:**

**Name:OPD No.: Date:**

 **Age: Sex: Occupation: Marital Status:**

 **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Chief complaint & History of presenting illness:**

**Chief complaint:**

 **Treatment need:**

1. **Medical History:**

**General health:**

**Pathology/Systemic diseases**:

Diabetes / Thyroid / other Endocrinal diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Epilepsy / other CNS diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hypertension/ other CVS diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuberculosis / AIDS / Hepatitis / other Infectious diseases:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asthma / other Respiratory diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arthritis / other Bone & Joint diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kidney dysfunction / other Genito-urinary diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anaemia / Bleeding disorders / other Haematopoietic diseases:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jaundice / other GIT diseases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication (present history):**

Mouth dryness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Menopause: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pregnancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neoplasm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radiation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospitalization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anesthesia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Personal History:**

***Diet history*:**

**Diet habits**:Veg / Non-Veg

**Any Habits:** Pan / Tobacco chewing / Smoking / Alcohol / Recreational drugs / Others

**Any Abrasive or Erosive Diet Habits:** Citrus foods / Fruit juices / Carbonated drinks / Pickles / Vinegar

**Parafunctional habits:**

**Type:** Bruxism / Pen biting / Pipe smoking / Holding objects between teeth

**Frequency: Duration:**

***Oral Hygiene:***

**Type of tooth brush:** Soft/Medium/Hard

**Frequency & Time of tooth brushing:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Socio-psychologic History:**

**Family Status**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Status**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personality:** Philosophical/ Exacting /Hysterical/ Indifferent

1. **Dental History:**

|  |  |  |
| --- | --- | --- |
| **Extraction history:** | **Reason (Periodontal / Caries / Other)** | Year |
| Maxillary anterior |  |  |
| Maxillary left posterior |  |  |
| Maxillary right posterior |  |  |
| Mandibular anterior |  |  |
| Mandibular left posterior |  |  |
| Mandibular right posterior | \_\_\_\_\_\_\_\_\_\_ | \_ |

**Age of present prostheses**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duration of edentulism/immediate:** Maxillary: \_\_\_\_\_\_\_\_Mandibular:\_\_\_\_\_\_\_\_

**Number and type of previous prostheses:**

Removable partial denture: Maxillary: \_\_\_\_\_\_\_\_\_\_\_\_ Mandibular: \_\_\_\_\_\_\_\_\_\_

Fixed partial denture: Maxillary: \_\_\_\_\_\_\_\_\_\_\_\_ Mandibular: \_\_\_\_\_\_\_\_\_\_\_\_

**Earlier denture experience:** satisfactory/ unsatisfactory

**Expectations:** Mastication / Speech / Appearance / Comfort / Professional: \_\_\_\_

**Pre-extraction records:** Casts / Measurements / Photographs / Old dentures:

1. **Clinical examination:**
2. **EXTRAORAL EXAMINATION: Physical characteristics-**

**Cosmetic index:** 1 - High cosmetic index/ 2- Mid cosmetic index/ 3- Low Cosmetic index

**Personality:** Delicate / Average / Vigorous

**Facial expression:** Tense / Average / Pleasing

**Complexion:** Skin color: \_\_\_\_\_\_\_\_\_\_\_ Skin texture: \_\_\_\_\_\_\_\_\_\_\_

**Neuromuscular evaluation:**

**Coordination:** Class 1–Excellent/ Class 2–Fair/ Class 3–Poor

**Speech:** Normal / Affected

**Facial form:**

**Front:** Square/ Tapering/ Square-tapering/ Ovoid

**Profile:**

Class 1–Normal / Class 2–Retrognathic / Class 3–Prognathic

**Height:** Normal / Decreased / Increased

**Symmetry:** Symmetrical / Asymmetrical

**Lip:** Thin / Full / Tense / Active

**Lip contour:** Adequately supported / unsupported

Maxillary:\_\_\_\_\_\_\_\_ Mandibular: \_\_\_\_\_

**Mobility:** Class 1–normal/ Class 2–reduced mobility/ Class 3–paralysis

**Length:** Long/Medium/Short \_\_\_\_\_\_\_\_\_\_\_\_\_

**Smile line:** Incisal 1-3rd/ Middle 1-3rd/ Cervical 1-3rd/ Gummy Smile

**TMJ:**

 Comfort/Crepitus/Clicking/ Smoothness/Locking

Deviation: \_\_\_\_\_\_mm

Protrusive: Limited / Unlimited Left Lateral: Limited / Unlimited

Right Lateral: Limited / Unlimited

Mouth opening: \_\_\_\_\_\_mm

 **Lymph node:** Palpable / Not palpable

1. **INTRAORAL EXAMINATION:**

***Completely edentulous***

**Arch size:** (Class 1–Large/ Class 2 - Medium/ Class 3–Small)

Maxillary: \_\_\_\_\_\_\_\_\_\_\_ Mandibular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Arch form:** (Class 1–Square / Class 2–Tapering / Class 3–Ovoid)

 Maxillary\_\_\_\_\_\_\_\_\_\_\_\_\_ mandibular \_\_\_\_\_\_\_\_\_\_\_\_

**Ridge form:**

Maxillary:

 Mandibular:

1. **Residual alveolar ridge Height & Width:** Excessive / Deficient / Normal
2. **Severe undercuts:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Sharp bony projections:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Hypermobile tissue:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Tori:** Maxillary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mandibular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9**. **Genial tubercles:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10**. **Mylohyoid ridge:** Average / Sharp / Undercut

1. **Retained Root piece:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Interach space:** Class 1–Ideal / Class 2–Excessive/ Class 3–Insufficient
3. **Ridge parallelism:** Class 1 / Class 2 / Class 3
4. **Ridge relationship:** Class 1–Normal / Class 2–Retrognathic / Class 3–Prognathic **Posterior:** Normal / Crossbite
5. **Initial soft tissue examination:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Tongue size and function:** Class 1–Normal / Class 2–Changed form and function / Class 3–Excessively large andabnormal
7. **Gagging:** Normal / Exaggerated
8. **Oral Mucosa:** Normal resiliency/ Hard unyielding/ Displaceable/ Spongy/ Hyperemic/ Hyperplastic / Thick / Thin/Irriadiated / Pathologic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. **Available bone classification:**

Completely edentulous arches: Type I / II / III \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bone character: D1 / D2 / D3 / D4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Relationship to anatomical structures:**
	1. Inferior alveolar canal: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	2. Mental foramen: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	3. Maxillary sinus: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	4. Nasal cavity: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**22. Investigations:**

**Diagnostic casts:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photographs (case related)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Radiographs:** OPG / IOPA / Full mouth series / CT scan / CBCT scan / Lateral cephalograms / Transcranial / MRI scan

**Abutment teeth:** Crown Ratio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bone support:\_\_\_\_\_\_\_\_\_\_\_\_

**Blood investigations:**

Complete Blood Count: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RBS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vital signs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PTT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special investigations:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bone mapping (On the model):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Length: alveolar crest to apically** | **Width: Mesio-distal** | **Width: Bucco-lingual** |
|  |  |  |  |

**Evaluation of available bone (radiographically):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Length: alveolar crest to apically** | **Width: Mesio-distal** | **Width: Bucco-lingual** |
|  |  |  |  |

**Diagnosis:**

**Maxillary:**implant supported overdenture/ full mouth fixed prosthesis

 **Mandibular:** implant supported overdenture/ full mouth fixed prosthesis

 **Implant treatment:** Favourable / Unfavourable

**Treatment plan:**

 Number of implants:

 maxilla:

 mandible:

 Artificial Graft: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Artificial membrane: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Surgical osteotomy site:**

 Preoperative medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Surgical Template Preparation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anesthesia: L.A. /G.A.

 Flap and Suture: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROSTHETIC PHASE:**

**Planned Rehabilitation:**

**Cost:**

**Impression:**

|  |  |
| --- | --- |
| Trays selected |  |
| Impression material used |  |
| Impression technique used |  |
| Important observations &Special Problems |  |

**Maxiilomandibular relation:**

**Orientation relation:** yes/no

**Vertical Relation: yes/no**

**Centric relation: yes/no**

**Important observations & Special Problems:**

**Articulator: mean value/ hanau wide view**

**Healing abutments used: yes/no**

**Specification of Abutments:**

**Provisional restoration: yes/no**

**Type of Permanent restoration:**

**Teeth selection:**

Shade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Material: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prognosis:**

Name &Signature of Patient: \_\_\_\_\_\_\_\_\_\_\_\_ Name &Signature of Doctor: \_\_\_\_\_\_\_\_\_\_

Date: Name And Signature of HOD:\_\_\_\_\_\_\_\_\_\_\_

**Key Notes**

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