**INSTITUTE OF DENTAL SCIENCES, BAREILLY**

**DEPT. OF PROSTHODONTICS AND CROWN & BRIDGE**

Case History Proforma – Implant Supported Overdentures And

Fixed Full Mouth Rehabilitation

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: Type1 / Type2 /Type 3 / Type4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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** | **Height** | **Width** |
|  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Length** | **Height** | **Width** |
|  |  |  |  |

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

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