**INSTITUTE OF DENTAL SCIENCES, BAREILLY**

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

CASE HISTORY PROFORMA – IMPLANT SUPPORTED PROSTHESIS FOR PARTIALLY EDENTULOUS

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**: type1/type2/type3/type4

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

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

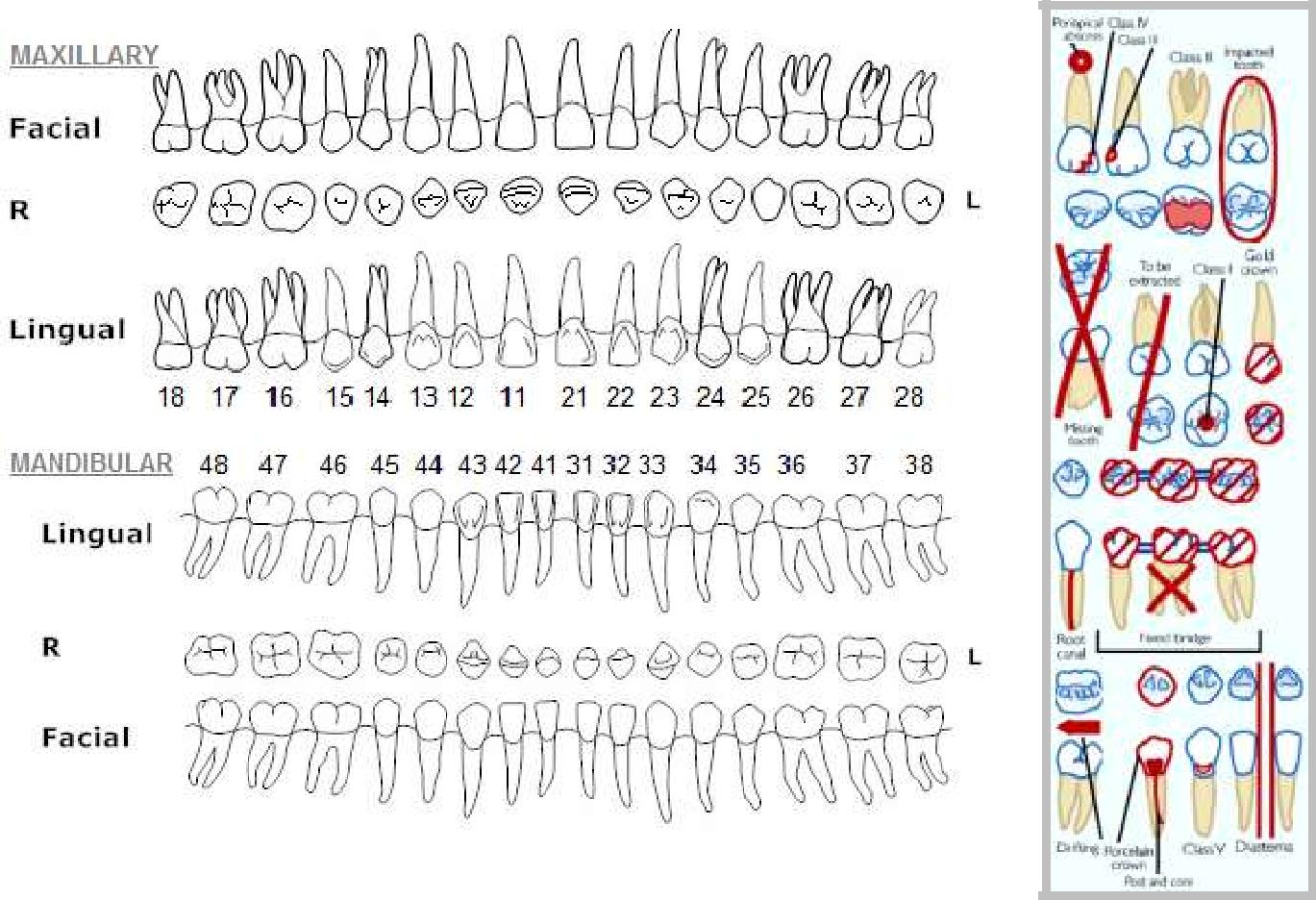
**Interarch space:** Favourable / Adequate / Unfavourable

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

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

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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