**DEPARTMENT OF PROSTHODONTICS,**

**CROWN AND BRIDGE & ORAL IMPLANTOLOGY**



**POSTGRADUATE**

**CLINICAL - LOG BOOK:**

**Removable Partial Denture**

**Batch MAY 2018 - 2021**

**POSTGRADUATE CLINICAL LOG BOOK**

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

**BRIDGE & ORAL IMPLANTOLOGY**

Name of Student : **Dr. VAIBHAV BUDAKOTI**

Postgraduate Degree : **MASTER OF DENTAL SURGERY**

Academic Year : 2018-2021

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. VAIBHAV BUDAKOTI** a postgraduate student of Department of Prosthodontics, Crown and Bridge & Oral Implantology, Institute of Dental Sciences, Bareilly UP, for the academic year 2018 – 2021.

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:

**Deparment Of Prosthodontics, Institute Of Dental Sciences, Bareilly, UP.**

**History, Examination, Diagnosis And Treatment Planning: Removable Partially Edentulous Patient.**

* **Personal data:**

Name ……………………… Age & Sex ……………………OPD No………………..

Occupation:……………………….. Phone No. …………………….

Address …………………………………………………………………………………

* **Chief complaint:**
* **General Health and medical history:** Good / Fair / Poor
* **Mental status:**

1. Expectancy: Normar / High / Low
2. Attitude: Normal / Nervous / Critical
3. Intelligence: High / Average / Low

* **Edentulous history**

1. Teeth lost due to: Periodontal Disease / Dental Caries / Trauma
2. Period of semi-edentulous-ness: 1 to 6 month / 1 year / over 1 year
3. Condition of previous denture: Satisfactory / Unsatisfactory

4. Why are dentures required: Esthetics / Speech / Mastication

* **EXTRA ORAL EXAMINATION:**

**Esthetic opportunity**: Favorable/Unfavorable/Not Applicable

**Lip length and Support:** Normal / Long / Short

**T.M. Joints:** Normal / Abnormal

**Mouth Opening: ….. cm**

* **Intra Oral Examination:**

Location of edentulous space : ………………… Anterior/ Posterior

Kennedy’s Classification: Class – I / Class – II / Class – III / Class– IV

Modification spaces:

1. **Condition of Edentulous areas**
2. Span - Normal / Reduced / Increased
3. Vertical Space - Normal / Reduced
4. **Condition of Edentulous areas**
5. Form - Normal / Narrow / Resorbed / Undercut
6. Mucosa - Normal / Thin / Flabby
7. Sulcus depth - Normal / Reduced
8. Tori (Palatinus / Mandibularis) Absent / Present

1. **Shape of palate:**
2. **Condition of remaining teeth**
3. Pulp Calcification - Well calcified / Hypoplastic
4. Presence of - Attrition / Abrasion / Erosion
5. Dental Caries - Absent / Mid / Modearate / Severe
6. Periodontal disease - Absent / Mid / Modearate / Severe
7. Tooth position - Normal / Extrusion / Migration / Mobility
8. Any other dental pathology - No evidence / Fractured teeth / Non vital teeth / Dis-coloured teeth
9. Previous dental restorations - Nil / Restoration / Crown / Bridges
10. Occlusion - Normal / Deranged
11. Hypoplasia
12. Discloration
13. Extrusion
14. Fracture
15. Fixed bridge
16. Crown
17. Recession
18. **Cast Analysis – Diagnostic cast**
19. On articulator-
20. Interridge space - Normal / Reduced
21. Occlusal palne - Normal / Correctable / Doubtful correctability
22. Interocclusal space - Adequate / Inadequate for occlusal rests
23. Anomalies not observed - Absent / Present

clinically

1. **On surveyor**: **Diagnostic cast**
2. Most suitable abutment 1\_\_\_\_\_\_\_, 2\_\_\_\_\_\_\_, 3\_\_\_\_\_\_\_ 4\_\_\_\_\_\_\_, other \_\_\_\_\_\_\_
3. Favorable retentive - Present / Absent

undercuts

1. Opportunity to develop - Favourable / Unfavourable

guiding planes

1. tooth alterations required - Yes / No
2. **Radiological Examination**
3. Ridges - Normal / Retained roots / Periapical pathology
4. Abutment teeth
5. Alveolar support - Very good / Good / Adequate
6. Crown/ root ratio - Favourable / Unfavourable
7. Vitality - Vital / Non Vital

* **Any other investigation**
* **Prognosis: Good/Fair/Poor Good/Fair/Poor**

**1. support 2. stability**

**3. retention 4. Phonetics**

**5. Mastication 6. Esthetics**

* **Diagnosis:**

**Acrylic Partial Denture/ Cast Partial Denture/ Wrought Wire Partial Denture**

* **Treatment plan / mouth preparation for removable partial denture:**

1. Pre-prosthetic dental treatment
2. Extractions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Elimination of other oral pathology
4. Pre-prosthetic surgery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Periodontal treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Restorations \_\_\_\_\_\_\_\_\_\_ Fillings / Crowns / Bridges \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. RCT and Full veneer crown:
8. Occlusal Equilibration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Preparation of abutment teeth
10. Elimination / Creation of undercuts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Creation of guiding planes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Preparation of occlusal rest seats \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Duration of treatment …………………………………….
14. Number of visits …………………………………
15. **Design for Acrylic Partial Denture:**

Major Connector:

Minor Connector:

Rests

Direct Retainer

Indirect Retainer

Denture Base:

Teeth Replacement:

Patient Agreement:

I agree to above treatment.

Signature Of patients Date

|  |
| --- |
| **TREATMET PROGRESS RECORD - REMOVABLE PARTIAL DENTURE** |

Patient’s Name………………………Age/Sex ……… OPD No. ………………………

Student’s Name ………………………, Roll Number ………………………

**CLINICAL AND LAB PROCEDURES**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Steps | Remarks | Initials of Instructor |
|  | Case History & Examination |  |  |
|  | Primary Impressions – study model |  |  |
|  | Surveying of diagnostic cast |  |  |
|  | Tentative designing |  |  |
|  | Mouth Preparation |  |  |
|  | Selection & Modification of Trays |  |  |
|  | Final Impression |  |  |
|  | Final/ master cast |  |  |
|  | Surveying of master cast |  |  |
|  | Blockout of undercuts |  |  |
|  | Design transfer over master cast |  |  |
|  | Duplication of master cast |  |  |
|  | Bee Wax dip of refractory cast |  |  |
|  | Wax pattern on refractory cast |  |  |
|  | Investing and casting |  |  |
|  | Metal trial |  |  |
|  | Functional impression |  |  |
|  | Temporary base with occlusion rim |  |  |
|  | Vertical & Centric Jaw Relation |  |  |
|  | Arrangement of teeth |  |  |
|  | Try in |  |  |
|  | Waxing, carving, flasking, dewaxing, packing, curing, deflasking, finishing and polishing |  |  |
|  | Denture Insertion |  |  |
|  | Follow up |  |  |

Received removable partial dentures Signature of Student

Signature of Patient Signature of Instructor

Date: Place:

**Key Notes**

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