**DEPARTMENT OF PROSTHODONTICS,**

**CROWN AND BRIDGE & ORAL IMPLANTOLOGY**



**POSTGRADUATE**

**CLINICAL - LOG BOOK:**

**Complete Denture**

**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 thisClinical 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

 Student HOD & seal Principal & seal

 Date: Date: Date:

 Place : Place: Place:

**Deparment of prosthodontics, Institute of dental sciences, Bareilly, UP.**

**Case History: Complete denture Patient**

 **Name: O.P. D. No. Age. Sex.**

 Chief Complaint:

 Occupation:

 Address:

 Religion: Contact No:

**A. General Examination**

 **1. DENTAL HISTORY**

 1. Cause of loss of teeth - Periodontal disease/ Carries /Trauma /Miscellaneous

 2. Period of Edentulousness: Maxilla Mandible

 3. Pre- treatment Records/Extract records :

 4. Diagnostic Casts

 5. Personality of Patient - Philosophical/Indifferent / Exacting / Skeptical

6. Sequence of tooth loss

Maxillary

 Right Posterior Anterior Left Posterior

Right Posterior Anterior Left Posterior

**2. MEDICAL HISTORY**

Patient suffers/suffered/ from any following number of disease

 1. Diabetes /Bronchial asthma/ peptic ulcer Yes/No

 2. Diseases of the Joints- Rheumatoid arthritis

 3. Cardiovascular disease: Hypertension/ Coronary heart disease

 4. Diseases of the Skin

 5. Neurological Disorders/Impairment

 6. Oral Malignancies

1. Any other relevant findings- AIDS/menopause/hepatitis/radiationtherapy/Renal history/Preganancy
* Mastication **•**Esthetics
* Phonetics**•** Others

**3. FAMILY HISTORY:**

**4. NUTRITIONAL HISTORY**

Food habit : Veg. / Non-Veg.

 Pan chewing : Duration / Frequency

 Smoking /Alcohal:

 Parafunctional habits / others :

**5. History of Previous Denture:**

Number of denture (With duration): Maxillary Mandibular

 Type of material (Used) Base Teeth

 Reason of replacement:

**B. CLINICAL EXAMINATION:**

Gait/ pulse / respiration / temp. / Deformity

**C. EXTRAORAL EXAMINATION**

**Facial examination**

 1. Facial form Square / Tapering / ovoid / Mix

 2. Facial Profile Straight / Retrognathic / Prognathic

 3. Muscle Tone Normal/Hyperactive/Flaccid

 Class 1/ Class2/ Class 3

 4. Lip Examination Lip fullness / Compatibility / Shape

 5. TMJ Examination Normal / Abnormal

 6. Neuromuscular Examination Speech /Co - ordination

 7. Complexion

 8. Mandibular movement Normal/abnormal

9. Facial deformity Congenital/ acquired

1. Wrinkles/Lymph node

11. SpeechRidge Relation - Class- I/ Class – II/Class - III

1. Ridge Parallelism- Class- I/ Class – II/ Class – III
2. Inter- arch Space - Class- I/ Class – II/ Class - III

**D. INTRAORAL EXAMINATION**

**General**

1. Existing teeth (If any)

 2. Mucosa - Resilient/Firm/hyper plastic/inflamed

Clour:

 3. Saliva Amount /Consistency /Serous/Mucous/Mix

**MAXILLA**

 1. Residual Alveolar Ridge- bulbous/flabby mobile/spiny/knife edged

 2. Arch Size - Small/ Medium/Large

 3. Arch Form - U/V/ Square Shaped

 4. Ridge Contour

 5. Contour of palate - U/V/ Square Shaped

 6. Soft palate - Class- I, Class - II, Class - III

 7. Palatal Throat Form - Class- I, Class - II, Class - III

 8. Tori

 9. Gag. Reflex

 10. Frenal attachments – Normal/ High

**MANDIBLE**

1. Residual alveolar Ridge Normal /V-Shaped/atrophic
2. Tongue Position - Class- I/ Class - II/ Class - III ,
3. Size - Small /Medium / large
4. Lateral Throat Form - Class- I/ Class - II/ Class - III
5. Bony Undercuts - unilateral/bilateral
6. Tori- unilateral/bilateral
7. Frenum Attachment Normal / High
8. Floor of the Mouth ( SLFS) Normal/draping
9. Mylohyoid ridge - prominent/sharp/ not prominent
10. Genial tubercle- normal/prominent
11. Border attachments Maxilla Mandible

 Normal/high Normal/ high

12.Frenum attachments Maxilla Mandible

Labial:

 Buccal:

 Lingual:

**E. RADIOGRAPHIC EXAMINATION – O.P.G., IOPA X - Ray**

Bone-Quality/ Quantity :

 Retained Roots:

 Impacted teeth:

 Maxillary Floor:

Any Other Pathology:

**F. Examination of the Existing Prosthesis:**

Evaluation:Phonetics/ Stability/ Retention/ Extension/Hygiene

 Wear: Minimum/Moderate/ Severe

Centric relation: Correct/ Incorrect

 VDR: High/Normal/ Low

 Occlusal Plane Of orientation: Correct / Incorrect

**G. INVESTIGATION**

Hematological examination/urine analysis:

**H. DIAGNOSIS ANDTREATMENT PLANNING**

**Diagnosis:**

 **Prognosis**: Good/Fair/Poor

Support: :

Stability:

 Retention:

 Mastication:

Phonetics:

Esthetics:

 **Treatment plan :**

**Pre Surgical treatment:**

i. Extraction of retained roots

* 1. ii. Extraction of impacted teeth
	2. iii. Alveolectomy
	3. iv. Vestibuloplasty
	4. v. Ridge augmentation

Vi Elimination of Infection

Vii Elimination of Pathosis

**2. Prosthetic treatment:**

Course of duration to start and complete:

**I agree to above treatment plan. Patients Signature**

 **TREATMET PROGRESS RECORD: COMPLETE DENTURES**

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

Student Name …………………………Roll Number ………………………

**CLINICAL PROCEDURES&LABORATORY PROCEDURES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**  | **Steps**  | **Remarks**  | **Signature of instructor**  |
|  | Impression for study models  |  |  |
|  | Diagnostic cast  |  |  |
|  | Mouth preparation  |  |  |
|  | Primary impression  |  |  |
|  | Primary cast & Custom tray  |  |  |
|  | Final impression  |  |  |
|  | Master cast  |  |  |
|  | Denture base &Occlusal rims  |  |  |
|  | Face bow record  |  |  |
|  | Face bow transfer  |  |  |
|  | Vertical Jaw Relation  |  |  |
|  | Centric Jaw Relation  |  |  |
|  | Articulation  |  |  |
|  | Tracer attachment  |  |  |
|  | Graphic records  |  |  |
|  | Inter-occlusal record  |  |  |
|  | Programming of articulator  |  |  |
|  | Teeth selection  |  |  |
|  | Anterior teeth arrangement  |  |  |
|  | Anterior try-in  |  |  |
|  | Posterior teeth arrangement  |  |  |
|  | Characterization  |  |  |
| **Date** | **Steps** | **Remarks** | **Signature of instructer** |
|  | Try-in  |  |  |
|  | Patient's signature and date  |  |  |
|  | Flasking |  |  |
|  | Dewaxing  |  |  |
|  | Packing & curing  |  |  |
|  | Deflasking |  |  |
|  | Laboratory remount  |  |  |
|  | Finishing and polishing  |  |  |
|  | Denture delivery  |  |  |
|  | Patient's signature and date  |  |  |
|  | Follow up  |  |  |
|  | Clinical remount  |  |  |

I approve the set of upper and lower trial dentures **Patient’s Signature**

**Date:** -----------------------------------

I have received the set of upper and lower final dentures **Patient’s Signature**

**Date:**  -----------------------------------