**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:**  -----------------------------------