THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY,
CHENNAI – 600 032.

CRI LOG BOOK

Name : Mr./Ms ….....

Year ….....

Contents

Introduction 7

Instructions 8

Instruments Required 9
Oral Medicine & Radiology 13
Conservative Dentistry & Endodontics 39
Oral & Maxillofacial Surgery 61
Orthodontics & Dentofacial Orthopaedics 107
Pedodontics & Preventive Dentistry 125
Periodontics 141
Prosthodontics 163
Public Health Dentistry 199
Oral & Maxillofacial Pathology 245
Appendix

a.Code of Ethics
b.Tooth designation for dental purposes-two digit system
c.Oral hygiene index
d.Management of shock
e.Deciduous dentition
f.Permanent dentition
g.Infectious diseases
h.Application of preventive measures to dental health
i.Screening test for latent system diseases which have been used in dentistry
j.Blood values
k.Aid for Resuscitation of a patient
l.Summary of some legal restrictions on the use of drugs in relation to dentistry
m.Biopsy
n.Guidelines in the management of diabetic patient
o.Focal sepsis
p.Nutritive value of some common foodstuffs
q.Drugs contraindicated during pregnancy

INTRODUCTION

Health is defined in the constitution of WHO as a state of complete physical, mental and social well-being not merely the absence of disease or infirmity. This definition applies to all individuals and therefore encompasses specific parts of the organism such as the oral cavity.

A previous WHO expert Committee considered that Dental health is concerned with the functional efficiency, not only of the teeth and supporting structures but also the surrounding parts of the oral cavity and the various structures related to mastication and the maxillo-facial complex. The scope of dental health is therefore broader than the term implies and it might be more correct if used to express oral health. In most instances, the two terms are used interchangeably.

Dental health cannot be separated from general health since oral disease may be a manifestation of or an aggravating factor in some more widespread systemic disorders. Consequently action taken to improve or maintain dental health may be very important in safeguarding general health.

INSTRUCTIONS

Before commencing the works, the diagnosis and line of treatment should be discussed with the staff member.

On satisfactory completion of each case the work should be assessed fair, poor and the signature of the staff member obtained.

The record must be carefully preserved and submitted to the head of the department at the end of each posting.

Wisdom lies not in the amount of knowledge acquired but in the degree of its application

INSTRUMENTS REQUIRED

1.Mouth mirror

2.Probe

3.Williams probe

4.Tweezer

5.Scaler - 65

6.Scaler - 66

7.Scaler - 67

8.Sickle scaler

9.Scaler-149

10.Scaler -150

11.Glass slab

12.Cement spatula

13.Dappen Dish

14.Airotor hand piece

15.Straight hand piece

16.Assorted mounted stones

17.Burs for straight and contra angled hand piece-assorted

18.Artery forceps-straight

19.Periosteal elevator

20.Needle holder

21.Small Scissors curved

22.Scissors straight

23.Impression Trays-assorted (dentulous, edentulous)

24.Bowl (Rubber)

25.Spatula

26.Wax knife

27.Curette (13)

28.Curette (14)

29.B.P Handle No. 3

30.S.S Tumbler

31.Caries Excavator -14,22

32.GMT *77,* 78, 79 & 80

33.Straight Chisel

34.Hoe

35.Hatchet

36.Amalgam carrier

37.Amalgam plugger

38.Cotton holder

39.Plastic filling instruments No. 2 & 21

40.Matrix retainer Ivory No. 8 & 1 with bands

41.Carborundum or diamond discs

42.Mandrel

43.Polishing kit

44.Chip blower

45.Ash three plane articulator

46.Endodontic kit

47.Sand paper sheets assorted with mandrel

48.Flasks with clamp

49.Small flask for J.C. and bridge work

50.Wax carver

51.Universal plier

52.Wire cutting plier

53.Adams plier

54.Glass marking pencil

May ideas grow better when transplanted in to another mind than one where they sprang up.

Internship Programme
in
Oral Medicine
&
Radiology

CLINICAL CASES

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

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SPECIAL CASES

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

OSF-INTRALESIONAL INJECTION

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

ASSISTING BIOPSY PROCEDURE AND LABORATORY PROCEDURE

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

INTRA ORAL RADIOGRAPH TAKEN & INTERPRETATION

No.	Date	Name of Patient and O.P.No.	Treatment Done	Interpretation	Sign

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CERTIFICATE

Mr/Ms.....

has worked in the Department of.....

From.....to.....

Signature of HOD:

Name:

Date:

To be sent to the Principal

Mr./Ms.....

Period of stay in the Department of.....

from.....to.....

1.Personal hygiene	**poor / fair / good**
2.Chair side manners	**poor / fair / good**
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9.Interest in academic activities	**poor / fair / good**
10.Attendance	**%**

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CONSERVATIVE DENTISTRY AND ENDODONTICS

JACKET CROWN

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

ENDODONTIA

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

JACKET CROWN

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JACKET CROWN

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

COMPOSITE RESTORATIONS

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

JACKET CROWN

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

ENDODONTIA

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

OP DISPOSAL

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

DUMMY WORK

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

OP DISPOSAL

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

OP DISPOSAL

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

LIGHT CURE FILLINGS

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

TYPHODONT EXERCISES

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

ASSIGNMENT & SEMINAR

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

OP DISPOSAL

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Date:

ORAL
&
MAXILLOFACIAL
SURGERY

EXTRACTIONS

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

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EXTRACTIONS

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ARCH BAR WIRING

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

TRANS-ALVEOLAR EXTRACTION

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

TRANS-ALVEOLAR EXTRACTION

No.	Date	Name of Patient And OP No	Treatment Done	Assessment	Sign

ARCH BAR-WIRING FOR SUBLUXATION

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

ASSISTING FOR MINOR SURGERY UNDER L.A.

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

ASSISTING FOR MINOR SURGERY UNDER L.A.

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

ARCH BAR WIRING

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

IMPACTION-LOWER THIRD MOLARS

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

IVY LOOP EYELET WIRING

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

ASSISTING FOR MINOR SURGERY UNDER L.A.

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

OBSERVATION OF MAJOR SURGERY UNDER G.A.

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

ASSISTING OF MAJOR SURGERY UNDER LA

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

ASSISTING OF MAJOR SURGERY UNDER LA

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

ALVEOLOPLASTY

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

OBSERVATION OF MAJOR SURGERY UNDER GA

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

POST EXTRACTION PAIN MANAGEMENT

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

NIGHT DUTY

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

INCISION & DRAINAGE

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

SUTURE REMOVAL

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

DISCHARGE SUMMARY

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

MANAGEMENT OF TMJ DISORDERS

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

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10.Attendance	**%**

Signature of HOD :

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Date:

ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

ORTHODONTIC APPLIANCES

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

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ORTHODONTIC APPLIANCES

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

IMPRESSION

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

IMPRESSION

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

OTHERS

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

ADJUSTMENT

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

DELIVERIES

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

OTHERS

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

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9.Interest in academic activities	**poor / fair / good**
10.Attendance	**%**
11.Scientific paper presentation/ poster presentation	**Yes / No**

Signature of HOD

Name:

Date:

PEDIATRIC & PREVENTIVE DENTISTRY

SPACE MAINTAINER

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

LIP BUMPER

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

HABIT BREAKING APPLIANCE

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

MOLAR / ANTERIOR / LC

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

MOLAR / ANTERIOR / LC

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

FILLING / PULPOTOMY / EXTRACTION

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

FILLING / PULPOTOMY / EXTRACTION

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

FILLING / PULPOTOMY / EXTRACTION

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

FRENECTOMY & OPERCULECTOMY

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

FRENECTOMY & OPERCULECTOMY

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PERIODONTICS

ULTRA SCALING

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No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

SCALING & ROOT PLANNING

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

SCALING & ROOT PLANNING

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

OPERCULECTOMY

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

SPLINTING

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

FRENECTOMY

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

FLAP SURGERY

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

GINGIVECTOMY

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

OBSERVATION OF SURGERY PROCEDURE AT PG SECTION

No.	Date	Name of Patient and O.P.No.	Treatment Done	Assessment	Sign

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10.Attendance	**%**

Signature of HOD

Name:

Date:

PROSTHODONTICS

REMOVABLE PARTIAL DENTURE (SELF CASES)

No.	Date	Name of Patient and Allotment No	Treatment Done	Assessment	Sign

REMOVABLE PARTIAL DENTURE (SELF CASES)

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REMOVABLE PARTIAL DENTURE (SELF CASES)

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REMOVABLE PARTIAL DENTURE (MECHANIC CASES)

No.	Date	Name of Patient and Allotment No	Treatment Done	Assessment	Sign

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REMOVABLE PARTIAL DENTURE (MECHANIC CASES)

No.	Date	Name of Patient and Allotment No	Treatment Done	Assessment	Sign

COMPLETE DENTURE (MECHANIC CASES)

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

COMPLETE DENTURE (MECHANIC CASES)

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

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SPECIAL CASES

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

SPECIAL CASES

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

COMPLETE DENTURE (MECHANIC CASES)

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

DENTURE ADJUSTMENT

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

DENTURE ADJUSTMENT

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

DENTURE ADJUSTMENT

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

DENTURE ADJUSTMENT

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

DENTURE REPAIR

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

DENTURE REPAIR

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

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Signature of HOD :

Name:

Date:

Public Health Dentistry

1st MONTH - DEPARTMENTAL ACTIVITY

A)CHAIRSIDE

IPrevention of Dental Caries

Pit and fissure sealants	5
Topical fluoride applications	5
All types of restorations	:LC-3,GIC-3,Ag-3
Diet Counseling	:All Cases

IIPrevention of periodontal disease

Oral prophylaxis	15
Oral hygiene instructions	15
Diet counseling	: All cases

IIIPrevention of malocclusion

Space maintainers	:
Habit breaking appliances	:
Serial Extraction	:

IVPrevention of oral cancer

Tobacco cessation counseling

1st session	50
2nd session	25
3rd session	25
4th review	25

VPrevention of Dental fluorosis

Patient education	: All affected cases
Restorative management	:

VIComprehensive treatment

B)FIELD WORK

1.Conducting screening & treatment camps	: As required.

2nd MONTH - URBAN ACTIVITY

1.The internees shall conduct health education sessions for individuals and groups on oral health, public health nutrition, behavioral sciences, environmental health, preventive dentistry and epidemiology.

2.They shall conduct a short term epidemiological survey in the community or in the alternative; participate in the planning and methodology.

3.They shall arrange effective demonstrations of:

a.Preventive and interceptive procedures for prevalent dental diseases 5

b.Mouth Rinsing and other oral hygiene demonstrations 5

c.Tooth Brushing techniques 5

4.Conduction of oral health education programmes at

A)School setting 2

B)Community setting 2

C)Adult Education programmes 2

5.Preparation of Health Education Equipment

3rd MONTH - RURAL SERVICES

In the rural services, the student will have to participate in -

1.Community Health Monitoring Programmes and services which include Preventive, Diagnostic and corrective procedures

2.To create educational awareness about dental hygiene and diseases

3.Conduction of Oral Health Education Programme at -

(a)School Setting 5

(b)Community Setting 5

(c)Adult Education Programme 2

4.Compulsory setup of satellite clinics in remote areas 1

5.Lectures to create awareness and education in the public forums about the harmful effects of tobacco consumption and the predisposition to oral cancer - Two lectures per student

6.They shall conduct a short term epidemiological survey in the community.

7.Exposure to team concept and National Health Care Systems:

a)Observation of functioning of health infrastructure

b)Observation of functioning of health care team including multipurpose health workers male and female, health educators and others workers.

c)Observation of at least one National Health Programme

d)Observation of interlinkages of delivery of oral health care Primary Health Care Mobile dental clinics, as and when available, should be provided for these teachings.

I.PREVENTION OF DENTAL CARIES

No.	Date	Name of Patient	Treatment Done	Assessment	Sign
PIT AND FISSURE SEALANTS					
1.					
2					
3.					
4.					
5.					
6.					
7.					
8.					
TOPICAL FLUORIDE APPLICATIONS					
1.					
2					
3.					
4.					
5.					
6.					
7.					
8.					
LIGHT CURE RESTORATIONS					
1.					
2.					
3.					
4.					
5.					

No.	Date	Name of Patient	Treatment Done	Assessment	Sign
GLASS IONOMER RESTORATIONS					
1.					
2					
3.					
4.					
5.					
SILVER AMALGAM RESTORATIONS					
1.					
2					
3.					
4.					
5.					
OTHER RESTORATIONS					
1.					
2.					
3.					
4.					
5.					

II.PREVENTION OF PERIODONTAL DISEASE

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
ORAL PROPHYLAXIS AND ORAL HYGIENE INSTRUCTIONS					
1					
2					
3					
4					
5					
6					
7					
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III.PREVENTION OF MALOCCLUSION

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
SPACE MAINTAINERS/HABIT BREAKING APPLIANCE/ SERIAL EXTRACTIONS					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
IV. PREVENTION OF DENTAL FLUOROSIS					
No.	Date	Name of the Patient	Treatment Done	Assessment	Sign
PATIENT EDUCATION AND RESTORATIVE MANAGEMENT					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

V. PREVENTION OF ORAL CANCER

TOBACCO CESSATION COUNSELLING - 1ST SESSION

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
1					
2					
3					
4					
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TOBACCO CESSATION COUNSELLING - 1ST SESSION

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
21					
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31					
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TOBACCO CESSATION COUNSELLING - 1ST SESSION

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
41					
42					
43					
44					
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46					
47					
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60					

TOBACCO CESSATION COUNSELLING - 1ST SESSION

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
61					
62					
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64					
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75					
76					
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85					

TOBACCO CESSATION COUNSELLING – 2ND SESSION

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
1					
2					
3					
4					
5					
6					
7					
8					
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12					
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14					
15					

TOBACCO CESSATION COUNSELLING – 2ND SESSION

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
16					
17					
18					
19					
20					
21					
22					
23					
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25					
26					
27					
28					
29					
30					

TOBACCO CESSATION COUNSELLING – 3RD SESSION

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
1					
2					
3					
4					
5					
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7					
8					
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10					
11					
12					
13					
14					
15					

TOBACCO CESSATION COUNSELLING – 3RD SESSION

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

TOBACCO CESSATION COUNSELLING – 4TH SESSION

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
1					
2					
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4					
5					
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8					
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10					
11					
12					
13					
14					
15					

TOBACCO CESSATION COUNSELLING – 4TH SESSION

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
16					
17					
18					
19					
20					
21					
22					
23					
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25					
26					
27					
28					
29					
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DIET COUNSELING

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
1					
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DIET COUNSELING

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
21					
22					
23					
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2ND MONTH - URBAN ACTIVITY

S.N	Date	Name of the Programme	Work Done	Assessment	Sign
HEALTH EDUCATION SESSIONS					
1					
2					
3					
4					
5					
EPIDEMIOLOGICAL SURVEY					
1					
2					
3					
4					
5					
DEMONSTRATION OF PREVENTIVE AND INTERCEPTIVE PROCEDURES					
1					
2					
3					
4					
5					
DEMONSTRATION OF PREVENTIVE AND ORAL HYGIENE					
1					
2					
3					
4					
5					

2ND MONTH – URBAN ACTIVITY

S.N	Date	Name of the Programme	Work Done	Assessment	Sign
DEMONSTRATION OF TOOTH BRUSHING TECHNIQUES					
1					
2					
3					
4					
5					
HEALTH EDUCATION PROGRAMME AT SCHOOL					
1					
2					
HEALTH EDUCATION PROGRAMME AT COMMUNITY SETTING					
1					
2					
HEALTH EDUCATION PROGRAMME - ADULT EDUCATION					
1					
2					
PREPARATION HEALTH EDUCATION EQUIPMENT					
1					
2					
3					

3RD MONTH RURAL SERVICE

S.N	Date	Name of the Programme	Work Done	Assessment	Sign
COMMUNITY HEALTH MONITORING PROGRAMME					
1					
2					
HEALTH EDUCATION PROGRAMME AT SCHOOL					
1					
2					
HEALTH EDUCATION PROGRAMME AT COMMUNITY SETTING					
1					
2					
HEALTH EDUCATION PROGRAMME - ADULT EDUCATION					
1					
2					
SET UP OF SATELLITE CLINIC AT REMOTE AREAS					
1					
2					
LECTURES ON PUBLIC FORUM-HARMFUL EFFECTS OF TOBACCO					
1					
2					
SHORT TERM EPIDEMIOLOGICAL SURVEY IN THE COMMUNITY					
1					
2					
EXPOSURE TO TEAM CONCEPT AND NATIONAL HEALTH CARE SYSTEM					
1					
2					

PERIPHERAL POSTINGS

1. ORAL MEDICINE AND RADIOLOGY

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
1					
2					
3					
4					
5					
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ORAL MEDICINE AND RADIOLOGY

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
21					
22					
23					
24					
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ORAL MEDICINE AND RADIOLOGY

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
41					
42					
43					
44					
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ORAL MEDICINE AND RADIOLOGY

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
61					
62					
63					
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80					

ORAL MEDICINE AND RADIOLOGY

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
81					
82					
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100					

ORAL MEDICINE AND RADIOLOGY

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
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102					
103					
104					
105					
106					
107					
108					
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111					
112					
113					
114					
115					
116					
117					
118					
119					
120					

ORAL MEDICINE AND RADIOLOGY

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
121					
122					
123					
124					
125					
126					
127					
128					
129					
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131					
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136					
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140					

ORAL MEDICINE AND RADIOLOGY

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
141					
142					
143					
144					
145					
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148					
149					
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S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
161					
162					
163					
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2. SUNDAY DUTY

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
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3. EC DUTY

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
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4. GENERAL MEDICINE DUTY

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
1					
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15					
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5. SECRETARIAT DUTY

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
1					
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25					

6. PERIYAR NAGAR

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
1					
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7. POLICE HOSPITAL

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
1					
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8. SCHOOL ORAL HEALTH PROGRAMME

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
1					
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SCHOOL ORAL HEALTH PROGRAMME

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
26					
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SCHOOL ORAL HEALTH PROGRAMME

S.N	Date	Name of the Patient	Treatment Done	Assessment	Sign
46					
47					
48					
49					
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49					
50					

CERTIFICATE

Mr/Ms.....

has worked in the Department of.....

From.....to.....

.

Signature of HOD:

Name:

Date:

To be sent to the Principal

Mr./Ms.....

Period of stay in the Department of.....

is from.....to.....

1.Personal hygiene	**poor / fair / good**
2.Chairside manners	**poor / fair / good**
3.Handling hospital equipment	**poor / fair / good**
4.Cleanliness in work	**poor / fair / good**
5.Keeping up appointments	**poor / fair / good**
6.Punctuality	**poor / fair / good**
7.Conduct towards superiors	**poor / fair / good**
8. **Approach towards other staff**	**poor / fair / good**
9.Interest in academic activities	**poor / fair / good**
10.Attendance	**%**

Signature of HOD :

Name:

Date:

Oral & Maxillofacial Pathology

CASE EXAMINATION

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

CASE EXAMINATION

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

CLINICO PATHOLOGIC CONFERENCE

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

ASSISTING ROUTINE SLIDE INTERPRETATION

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

GROSSING

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

CASE DISCUSSION

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

OBSERVATION OF PEOCESSING

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

OBSERVATION OF PROCESSING

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

ASSISTING ROUTINE SLIDE INTERPRETATION

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

GROSSING

No.	Date	Name of Patient	Treatment Done	Assessment	Sign

CERTIFICATE

Mr/Ms.....

has worked in the Department of.....

From.....to.....

.

Signature of HOD:

Name:

Date:

To be sent to the Principal

Mr./Ms.....

Period of stay in the Department of.....

is from.....to.....

1.Personal hygiene	**poor / fair / good**
2.Chair side manners	**poor / fair / good**
3.Handling hospital equipment	**poor / fair / good**
4.Cleanliness in work	**poor / fair / good**
5.Keeping up appointments	**poor / fair / good**
6.Punctuality	**poor / fair / good**
7.Conduct towards superiors	**poor / fair / good**
8. **Approach towards other staff**	**poor / fair / good**
9.Interest in academic activities	**poor / fair / good**
10.Attendance	**%**

Signature of HOD :

Name:

Date:

.

GENERAL INSTRUCTIONS FOR STUDENTS

Rules of the College:

1.Every CRRI must possess a Log Book.

2.Clinical students must report to the respective departments on time.

3.It is compulsory for every CRRI to come to college neatly dressed.

4.**Wearing Jeans and T-shirts, chappals during college and hospital working hours is strictly prohibited.**

5.Interns must keep their hair tidy, neat and well combed. Girls having long hair should pleat their hair properly. Wearing flowers is not accepted. Wearing a cap is advised for the interns' safety. **Girls are strictly prohibited from wearing leggings.**

6.All interns are answerable to the college authorities for their misbehavior.

7.Interns are responsible for their books & belongings.

8.**Interns are strictly forbidden from bringing transistors, mobile phones or camera to the class OP & lab.**

9.**Every CRRI is instructed to utilize the library for study purposes only.**

10.Interns are expected to take part in the co-curricular activities and clinical society meetings organized by the college authorities. Clinical society meetings will be held on Third Saturday of every month.

11.Cash collection by interns for any purpose whatsoever requires the prior sanction by the college authorities.

12.Any communication (request/complaint) made by parents should be addressed to The Principal, Tamil Nadu Government Dental college.

13.Parents are expected to co-operate with the working of the college by enforcing discipline, punctuality and regularity on their wards.

14.Reports sent to parents should be duly signed by parent, taken note of and returned to the college promptly.

15.Parents are requested to keep track of their wards' progress

16.Irregular attendance, absence without prior permission (i.e - leave application) in subordination to teacher and any kind of cheating and behavior misconduct or any habit and behavior objectionable to the management of the college are sufficient reasons for punishment.

17.Request for bonafide letters must reach the college office well in advance.

18.Smoking is strictly forbidden in the college campus.

19.Wearing the coat with the name badge is compulsory during OP hours and in the lab

20.Medical leave will be granted only on production of medical certificate from a qualified medical practitioner.
21.Haphazard parking of CRRI's two wheelers and four wheelers is to be avoided.
22.CRRI's are permitted to avail 12 days of leave during their entire CRRI period.

CONDUCT AND BEHAVIOUR

The college is particular about the conduct and behaviour of the student. Good behaviour is expected in all aspects.

1.Courtesy and good manners.
2.Self discipline and self control.
3.Neatly dressed every day.
4.Punctuality.
5.Humane approach to the patients.
6.Honourable behaviour during exams and tests.
7.Good behaviour in the classrooms and corridors.
8.Work ethics.
9.**9.RAGGING AND EVE TEASING ARE STRICTLY BANNED IN & OUT OF CAMPUS IN ACCORDANCE WITH THE SUPREME COURT ORDER .**

INTERNS INVOLVED IN RAGGING WILL BE DISMSSED INSTANTAEOUSLY BY THE PRINCIPAL.

15.CODE OF ETHICS

In order to uphold the dignity and honour of the dental profession and its standards, to extend its sphere of usefulness and to promote the advance of Dental science and understand more clearly the patients and Die community at large, the following Code of Ethics have been prescribed.

It is the duty of every dentist to govern himself in accordance with the underlying principles which have motivated the formulation of the code. It is not assumed that following articles cover the whole field of dental ethics, the addition to those set forth herein. Briefly the "Golden rule" should be conscientiously applied by every member of the dental profession.

It is unprofessional for a dentist to advertise by handbills, poster, circulars, cards and signs, or in newspapers or in publications calling attention to special methods of practice or claiming excellence over other practitioners or to use or display advertisements of any kind, It is also unprofessional to publish reports or certificates in public prints. This not exclude a practitioner either from using professional cards of suitable size with name, titles address and telephone number printed in modest type or form having the same character of card in a newspaper at the time of commencement of practice or change in address for not more than three insertions at a time or from merely announcing his speciality on his professional card.

It is unprofessional for dentists to pay or accept commission on fees, professional services or for radiographs or on other articles supplied to patients by pharmacists or others,

One dentist should not disparage the services of another to a patient, as criticism of operations which are apparently defective may not be just without complete knowledge of the conditions under which they were performed. However the welfare of the patient is paramount to every other consideration. It should be conserved to the practitioner's knowledge even if he finds indisputable evidence that a patient is suffering from previous faulty treatment, but it is his duty to institute correct treatment at once, doing, it with as little comment as possible and in such a manner as to avoid reflection on his predecessor.

If a dentist is consulted in an emergency by the patient of another practitioner who is temporarily absent from his office, or by a patient who is away from home, the duty of the dentist so consulted is to relieve the patient of any immediate disability by temporary service only and then refer the patient back to the regular dentist.

When a dentist is called in consultation by fellow practitioners he should hold the discussions held during the consultation as confidential and under no circumstances should he accept charge of the case without the request of the dentist who has been attending to it.

It is unethical for dentists to connive in or aid illegal activities indulged in by others. It is their duty to expose such persons without fear or favour.

It is unethical for dentists to give testimonial directly or indirectly concerning the supposed virtue of any unapproved therapeutic agent or medicines or to promise radical cures by employing secret method of treatment.

The dentist should be mentally and physically clean. He should be honest in all his dealings with his fellowmen, as is in keeping with the honour and dignity of a cultured and professional gentlemen.

(A)Tooth Designation For Dental Purpose Two Digit System

Introduction:

Over the years, since dentistry first required a method of tooth designation various systems have been used. These have included multiple digit systems giving quadrants and an indication of the teeth of the type set out in the international standard and those using an angular grid representation of the quadrant with a 1 to 8 single digit system for the teeth.

The wider use of computers for Information storage and increasing need for simple communication of dental matters by word of mouth in print and / or write has resulted in fresh thought being given to the requirements of teeth designation system. The digit system detailed in this International Standard has been compiled and endorsed by the Federation of Dentaire International (FDI) to satisfy the following requirements.

a)Simple to understand and teach.
b)easy to pronounce & dictate.
c)readily communicable in print and / or write.
d)easy to translate into computer input.
e)easy adaptable to standard charts used in general practice.

Details of the factors relating to decision of the FDI to general two digit system are recorded in appendix 1 of the FDI chronicle of the 58th Annual Session.

Scope and Field Of Application

The International Standard establishes a tooth designation system for dental purposes using the digits to designate each teeth.

Principal

The first digit indicates the quadrant and the second digit the tooth within that quadrant. Quadrants are allotted the digit 1 to 4 tor permanent, 5 to 8 for the deciduous teeth in a clock-wise sequence from the upper right side, and the teeth within the same quadrant are allotted the digit 1 to 8 (deciduous teeth 1 to 5) from the midline backwards. The digit shall be pronounced separately, thus the right side upper & lower permanent canines are teeth" one three and four-three respectively.

Dentistry is a young profession compared to medicine but as a profession it is not inferior in purpose of achievement in service to humanity.

(B)Tooth designation

The designation system is illustrated below

Permanent teeth

(Upper right) (Lower Left)

1817 16 15 14 13 12 11 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

(Lower right) (Lower Left)

Deciduous Teeth

(Upper right) (Lower Left)

55 54 53 52 51 61 62 63 64 65

85 84 83 82 81 71 72 73 74 75

(Lower right) (Lower Left)

(C)Oral hygiene index - Simplified

Criteria for Scoring Oral debris:

1-No debris or stain present.

1.Soft debris covering not more than one third o1 the tooth surface or the presence of stains without other debris regardless of surface area covered.

2.Soft debris covering more than one third but not more than two thirds of the exposed tooth surface.

3.Soft debris covering more than two thirds of the exposed tooth surface.

The debris index score per person is obtained by totalling the debris score per tooth surface and dividing by the total number of surfaces.

Criteria for scoring Calculus:

0- No calculus

1- Supragingival calculus covering not more than one third of exposed tooth surface.

2- Supragingival calculus covering more than one third but not more than 2/3rd of the exposed tooth surface or the presence of individual flecks of sub gingival calculus around the cervical portion of tooth or both.

3- Supragingival calculus covering more than two thirds of exposed tooth surface or a continuous heavy band of sublingual calculus around the cervical portion of tooth or both. The calculus index score per person is obtained by totaling the calculus score per tooth and dividing by the total number of surfaces examined.

OHI-S=DI-S+CI-S

The six tooth surfaces examined in the OHI-S are facial surfaces of tooth numbered 11,16, 26, 31 and the lingual surface of tooth 36 and 46.

The clinical level of oral hygiene that can be associated with group by OHI-S scores which are as follows.

Good	0.0	to	1.2
Fair	1.3	to	3.0
Poor	3.1	to	6.0

TRADE is a craft or business in which an individual has learned and carried on with the primary purpose of material gain.

PROFESSION is a vocation in which professed knowledge is used for the service of others.

Dentistry is a profession, not a trade.

(D)Management of shock in dental chair

1.Tilt the chair so that head is below the level of the heart.
2.Loosen the waist belt to mobilize the blood available to splanchnic blood vessels.
3.Aid to increase respiration by a) Central stimulation by making the patient to inhale spiritus Ammonia (b) Physically aiding by alternatively compressing and releasing the chest and abdomen.
4.Increase ventilation to the room.
5.When the pulse falls below 60 per minute, Inj. Adrenaline 1/2 cc subcutaneously.
6.If the BP falls below 80mm of mercury (systolic) Inj. Decadran.
7.If the shock is due to anaphylaxis, specific or Inj. Avil I ml. or any other antihistaminics.
8.When the respiration rate is below 10 or above 60 per minute, administration of oxygen.
9.After the patient recovers wait and observe at least half an hour before proceeding with further treatment or allowing the patient to leave the clinic.
10.Call a Physician when the patient in the dental. chair having anginal pain or acute drug allergies or cyanosis.

Dentists are creative with their hands and minds, as they repair teeth they are clever and can reproduce what they see.

(E)Milestones in the Development of Teeth

Deciduous dentition of Maxilla

Tooth	Hard tissue formation begins	Amount of enamel formation at birth	Enamel completed	Root Completed	Eruption
1st Incisor	4 months in uterus	5/6	1 1/2 months	1 1/2 years	7 1/2 months
2nd Incisor	4 1/2 months in uterus	2/3	2 1/2 months	2 years	9 months
Canine	5 months in uterus	1/3	9 months	3 1/4 years	18 months
1st Molar	5 months in uterus	Cusps united	6 months	2 1/2 years	14 months
2nd Molar	5 months in uterus	Cusp tips still isolated	11 months	3 years	24 months

Deciduous dentition of Mandible

Tooth	Hard tissue formation begins	Amount of enamel formation at birth	Enamel completed	Root Completed	Eruption
MANDIBLE 1st Incisor	4 1/2 months in uterus	3/5	2 1/2 months	1 1/2 years	6 months
2nd Incisor	4 1/2 months in uterus	3/5	3 months	1 3/4 years	7 months
Canine	5 months in uterus	1/3	9 months	3 1/4 years	16 months
1st Molar	5 months in uterus	Cusps united	5 1/2 months	2 1/4 years	12 months
2nd Molar	6 months in uterus	Cusp tips still isolated	10 months	3 years	20 months

(F) Milestones in the Development of Permanent Dentition of Maxilla

Tooth	Hard tissue formation begins	Enamel completed	Root completed	Eruption
Central incisor	3-4 months	4-5 Years	10 Years	7-8 Years
Lateral Incisor	10-1 2 months	4-5 Years	11 Years	8-9 Years
Canine	4-5 months	6-7 Years	13-15 Years	11-12Years
1st premolar	1 1/2-1 3/4 months	5-6 Years	12-13 Years	10-11 Years
2nd premolar	2-2 1/2 months	6-7 Years	12-14 Years	10-12Years
1st molar	at birth	2 1/2-3 Years	9-10 Years	6-7 Years
2nd molar	2 1/2-3 Years	7-8 Years	14-16 Years	12-13Years
3rd molar	7-9 Years	12-1 6 Years	18-25 Years	17-21 Years

Permanent dentition of Mandible

Tooth	Hard tissue formation begins	Enamel completed	Root completed	Eruption
MANDIBLE Central Incisor	3-4 months	4-5 Years	9-10 Years	6-7 Years
Lateral Incisor	3-4 months	4-5 Years	10 Years	7-8 Years
Canine	4-5 months	6-7 Years	12-14 Years	9-10 Years
1 st premolar	1 3/4-2 months	5-6 Years	12-1 3 Years	10-12 Years
2nd premolar	2 1/4-2 1/2 months	6-7 Years	13-14 Years	11-12 Years
1st molar	at birth months	2 1/2-3 Years	9-1 0 Years	6-7 Years
2nd molar	2 1/2-3 Years	7-8 Years	14-15 Years	11-13 Years
3rd molar	8-10 Years	12-16 Years	18-25 Years	17-21 Years

(G)Infectious diseases

Diseases	Incubation period	Period of Infectivity or Quarantine
cholera	1-6 days	7-14 days
Chicken box	12-14 days	Till complete falling of scabs
Diphtheria	2-10 days	As revealed by bacteriological examinations
Erysipelas	3-10 days	7-12 days
German measles	14-21 days	7 days
Measles	7-18 days	7-16 days
Mumps	10-20 days	21-26 days
Plague	2-8 days	Complete recovery
Small pox	12-14 days	Till complete falling of scales and scabs
Typhoid fever	5-21 days	As revealed by bacteriological examinations
Whooping Cough	7-14 days	About 6 weeks

STAINLESS STEEL WIRE GUIDE

(Removable appliances)

Apron spring	-	0.3 mm wire
Finger spring	-	0.5 mm wire
Cribs and Clasps	-	0.6 to 0.7 mm wire
Arches	-	0.8 to 1 mm wire
		0.7 to 1 mm wire

(H) Application of preventive measure to dental health

Primary Prevention		Secondary prevention		Tertiary prevention
1. Health promotion	2. Specific Protection	3. Early diagnosis and treatment	4. Disability limitation	5.Rehabilitation
Dental health education Good standards of nutrition adjusted to developmental phases of life.	Attention to personal oral hygiene	Case-finding Measures as such radiographs Dental recall systems	Treatment to control dental caries and periodontal disease and to prevent further complication.	Education of individual for appropriate use of dentures
Education for periodic dental examination	Use of environmental controls such as water fluoridation, topical application of flu o ride and other preventive measures	Screening surveys, such as oral cancer screening programmes	Provision of appliances to restore function and appearance	Pre-surgery and Post surgery education for oral surgery patients

Applications of preventive measure to dental health (contd.)

1	2	3	4
Attention to personality development	Protection against occupational and Attention to personality development recreational hazards e.g.use of mouth guards	Treatment of decayed teeth	Treatment of other Oral diseases and conditions
Genetic counselling	Use of specific essential nutrients (of which fluorine is one)	professional cleaning of teeth	
provision of optimum living conditions	Protection from ca e g antismoking measures	Elimination of infection Provision of orthodontics maintainers	

Modified from: Level H.R. & Clark E.G. (1958) Preventive Medicine for the Doctor in this community ended, New York, McGraw Hill

(I) Screening tests for latent systemic disease which have been used in dentistry

Tests	Disease	Suitable population sample
Blood pressure and pulse rate	Hypertension and cardiovascular disease	AH adult patients
Micro hematocrit	Anaemia	All patients over 50, all patients scheduled for general anaesthesia or multiple dental extractions
Urine sugar and 2 hr. postprandial blood sugar	Diabetes	Obese patients ,all patients over 40, patients with family history of diabetes.
Bleeding time and clotting time	Bleeding problem	Patients with history of excessive bleeding after oral surgery, patients with history of frequent bleeding on brushing.

Sow a thought and reap an act
Sow an act reap a habit
Sow a habit and reap a character
Sow a character and reap a destiny

(J)CLINICAL NORMS

HAEMATOLOGIC VALUES

1)RBC Count:

a)Males - 4.5to5.5millions/cu.mm.

b)Females - 4 to 4.5 millions/cu.mm.

2)WBC Count:

a)Total Count - 4,000 to 11,000 cells/cu.mm.

b)Differential Count:

Neutrophils - 3000 to 6000 cells/cu.mm. (50 to 60%)

Eosinophils - 150 to 450 cells/cu.mm. (2 to 4%)

Basophils - 0 to 100 cells/cu.mm. (0 to 1%)

Lymphocytes - 1500 to 2700 cells/cu.mm. (2 to 6%)

Monocytes - 200 to 600 cells/cu.mm. (20 to 30%)

3)Platelet Count - *2* to 5 lakhs/cu.mm.

4)Bleeding Time (BT) - less than 3 minutes (Duke's method)
- less than 5 minutes (IV)

5)Clotting Time (CT) - 3 to 8 minutes

6)Prothrombin Time - 10 to 15 seconds

7)Haemoglobin:

a)Males -15 to 17 gm/dl

b)Females -13 to 15 gm/dl

8)Mean Corpuscular Volume (MCV) - 78 to 98 fl (femtolitre)

9)Erythrocyte Sedimentation Rate (ESR):

a)Males - 0 to 20 mm/hr

b)Females - 0 to 30 mm/hr

Urine Values:

1) Calcium - 0 to 250 mg/day

2) Protein - 0 to 150 mg/day

3)Sodium -100 to 250 mEq/day

4)Creatinine: Males -1 to 2 gm/day
Females - 0.5 to 1.5 gm/day

(K)Aids for resuscitation of a patient

1.I.V. Set

2.Hard Bed

3.Oxygen Apparatus

4.Suction Apparatus

5.B.P. Apparatus

6.Injection Adrenaline Hydrochloride

7.Stethoscope

8.Inj. Aminophyline

9.Inj Decadran

10.Inj. Diazepam

11.Sodium Bicarbonate

12.Ambu Bag

13.Airway

Normal Blood Chemistry

Per 100 ml, of serum, plasmin

Blood Sugar: Fasting	80-120mg/100ml
post prandial	Upto140mg/100ml
Blood Urea	20-40 mgs
Serum Creatinine	Lessthan1.5mg%
Serum Cholesterol	150-275 mg%
Calcium	9-11 m.mg%
Inorganic phosphorous	3.5 mg%
Alkaline Phosphatase	5-15 K.A. Units
Serum Total Proteins	5.5-7.5 gm%
Albumin	3.5-5.5 gm%
Globulin	2-4 gm%

Blood Pressure

Normal Maximum systolic pressure	150 ml of Hg
Normal maximum diastolic pressure	90 mm of Hg

B.P. is more than 160/100 mm of Hg it is deemed as Hypertension

(L)Summary of some legal restrictions on the use of drugs in relation to dentistry

Registered Dental Practitioners should make themselves aware of the drugs listed under the Poison Act, the Dangerous Drugs Act, and the Drugs and the Cosmetic Act those proprietary preparations containing such drugs.

Registered Dental Practitioners may be in the possession of dangerous drugs (i.e. drugs of addiction) but are only authorised as for as it is necessary for the practice of their profession. Further such drugs should be kept in so locked receptacle which can only be opened by the practitioner.

Preparations for dangerous drugs must exhibit:

a)The patients' name and address

b)The date

c)The prescriber's usual signature and address

d)The total amount of the drugs prescribed and the dose to be taken.

e)The specific doses (more than two) on the prescription if required may be repeated.

f)They must be endorsed "for local dental treatment only" .Thus a dentist may not prescribe dangerous drugs for systemic administration.

Dentists are not authorised to supply these drugs for the patient to take home. However he may administer them personally either locally or systemically

(M)Biopsy

Biopsy is the removal of a sample of tissue from a living individual so that its cellular components may be examined microscopically.

Indication

1.When after a careful clinical examination of any alteration from normal, it is not possible to positively identify the condition.

2.To determine the exact histologic nature of all leukoplakias, erythroplakias of all oral tissues.

3.To evaluate all chronic ulceration and soft tissue enlargements that do not quickly respond to the correction of an irritation.

4.To identify any intra-osseous lesion not readily apparent from a radiograph.

5.To determine the nature of clinically diagnosed lesion that fails to promptly respond to recognized forms of therapy.

6.To confirm the existence and nature of a clinically apparent malignancy, so that treatment may be under taken immediately.

Contraindications

1.Acute infections

2.Leukemia, Hemophilia

3.Toxemia, Pyemia

Guidelines for Biopsy

1.Provide adequate history of patient including name, age, sex and occupation.

2.Should send adequate description of the lesion including location, size, duration, colour, consistency and symptoms and clinical course.

3.Enclose radiographs if any.

4.Avoid electrocautery

5.Immediately place the specimen in bottle containing 10% formalin or 70% alcohol

6.Write patient's name on the bottle and requisition.

7.Avoid distortion of tissue specimen during removal by clamping with hemostat cutting through or injecting into it.

8.Narrow deep specimen is preferable over a shallow and broad specimen.

9.Use a sharp knife instead of a scissor.

Types of Biopsy

1.Excisional biopsy:

Indicated when the lesion is relatively small, sessile pedunculated, circumscribed and freely movable and located above the mucosa or just beneath the surface.

2.Incisional Biopsy:

Indicated when the lesion is widespread or requires a more involved surgical procedure for removal than the excisional biopsy would allow.

3.Intra-osseous biopsy:

Indicated for bony lesion

4.Aspiration biopsy:

Indicated to obtain information about the nature of the fluid content of a large deep seated, relatively inaccessible soft tissue mass or an intra-osseous cystic lesion.

5.Punch biopsy:

Indicated mostly during screening procedure when ideal clinical procedure that are in a dental clinic are not available.

(N) Guidelines in the management of a Diabetic patient

1.Chronic infection of dental origin particularly periodontal infection increases the insulin requirement.

2.Periodontal disease or an abscessed tooth may be sufficient to give rise to glycosuria in a diabetic patient.

3.Prophylactic antibiotic therapy is required for controlled or uncontrolled diabetics one or two days prior to the surgery.

4.Should be as atraumatic as possible.

5.Periodontal or periapical infection are capable of transforming a less serious case of diabetes into a more serious one.

6.The insulin requirement by the body is influenced by the existing chronic infection.

7.Teeth with large suppurating disease must be removed.

8.Caustic drugs should be used in diabetics.

9.Dental surgery should be performed during the descending portion of blood sugar curve.

10.Pre-operative sedation is essential whether the periodontal therapy is done under local anaesthesia or general anaesthesia.

11.Local anaesthesia with minimal amount of adrenaline should be used.

12.Pre-operative administration of vitamin C, B complex will minimize secondary infection.

13.Local anaesthesia is preferable to G.A, as all general anaesthetic cause a rise in blood sugar, if G.A. is to be administered, the patient should be hospitalized.

14. Dry socket is more common in diabetics than non-diabetics.
15. There is no significant variation in the bleeding or clotting time for the different blood sugar levels in diabetics patient.
16. Periodontally involved teeth provide a greater area for septic absorption than do the periapical lesions as the periodontal tissue are being traumatized constantly by mastication.
17. There is decreased insulin requirement following the elimination of oral infection and insulin dosage may have to be readjusted by the physician after extensive dental treatment.
18. Insulin content of Pancreas is decreased in presence of dental infection.
19. Dental infection stimulates supra renal thyroid to secrete more.
20. Any oral or dental infection helps to convert liver glycogen to glucose.
21. Dental management should be undertaken on every day only after breakfast and anti diabetic treatment (insulin and/oral drugs).

(O)Focal Sepsis

Definitions:

Focal Infection:

Metastasis from the focus of infection of organisms of their toxins that are capable of injuring tissue.

Pathogenesis of Infection:

Two mechanisms generally accepted that are involved in the possible production of focal infection.

i. There may be metastasis of micro-organisms from an infected focus by either haematogenous or lymphogenous spread.

ii. Toxins or toxic products may be carried through blood stream or lymphatic channels from a focus to a distant site where they may produce a hypersensitive reaction in the tissues.

Oral Foci of Infection

1. Infected periapical lesions such as periapical granuloma cyst and abscess.
2. Teeth with infected root canals.
3. Periodontal! disease with special reference to mobile teeth and exudates.

Significance of Oral Foci of Infection

The diseases most commonly occurring are:

1.	Joints	arthritis
2.	C.V.S	sub acute bacterial endocarditis
3.	Gastro intestinal	gastric ulcer
		duodenal ulcer
		various G.I. diseases secondary to infection
4.	Ocular	iritis
		cyclitis
		choroditis
		uveitis
5.	Skin	acne
		Seborrhic dermatitis
		Tinea
		Eczema
		Dermatitis venenata
		Impetigo
		Scabies
		Urticaria
		Psoriasis
6.	Renal	nephritis

(P)Nutritive Value Of Some Common Foodstuffs (Per 100 gm)

Foodstuffs	Calories	Proteins mg-	Calcium mg.	Iron mg.	Carotene mg.	Vit. B1 (Thiamine) mg.	Vit. B2 (Riboflavin) mg.	Niacin mg.	Vit C mg.
1	2	3	4	5	6	7	8	9	10
CERALS									
1 . Maize	361	11.6	42	5.0	132	0.33	0.25	2.3	0
2. Ragi	328	7.3	344	6.4	42	0.42	0.19	1 1	0
3. Rice	346	7.5	10	3.2	0	0.21	0.16	3.3	0
(hand pounded)									
4.Rice (Milled)	345	6.8	10	3.1	0	0.6	0.6	1,9	0
5. Rice (par boiled	345	6.4	9	4.0	0	0.21	0.05	3.8	0
6. Wheat	344	11.8	41	4.9	64	0.45	0.17	5:5	0
7. Wheat flour	348	11.0	23	2.5	25	0.12	0,07	2.4	0
(refined)									
8. Bengal gram									
Dhal	372	20.8	56	9.1	129	0.48	0.18	2.4	0
9. Black gram									
Dhal	347	24.0	58	9.1	38	0.42	0.38	2.0	0
10. Green gram									
Dhal	348	24.5	75	8.5	49	0.72	0.21	2.4	0
11. Lentil	343	25.1	69	4.8	270	0.45	0.20	2.6	0
12. Peas (Dry)	315	1.97	75	5.1	39	0.47	0.19	3.4	0
13. Red gram dhal	345	22.3	73	5.8	132	0.45	0.19	2.9	0

Nutritive value of some common food stuffs (per 100 gm)

Foodstuffs	Calories	Proteins mg-	Calcium mg.	Iron mg.	Carotene mg.	Vit. B1 (Thiamine) mg.	Vit. B2 (Riboflavin) mg.	Niacin mg.	Vit C mg.
1	2	3	4	5	6	7	8	9	10
LEAFY VEGETABLES									
14. Amaranth	45	4.0	397	25.5	5520	0.03	0.30	1.2	99
15. Cabbage	27	1.8	39	0.8	1200	0.06	0.09	0.4	124
16. Curry leaves	108	6.8	830	7.0	7560	0.08	0.21	2.3	4
17. Drumstick leaves	92	6.7	440	7.0	680	0.06	0.05	0.8	220
18. Mint	48	4.8	200	1.56	1620	0.05	0.26	1.0	27
19. Ponnanganni	73	5.0	510	1.67	1920	0	0.14	1.2	17
20. Spinanganni ROOT AND TUBERS	26	2.0	73	1.09	5580	0.03	0.26	0.5	28
21. Beetroot	43	1.7	18	1.0	00.4	0.09	0.4	13	
22. Carrot	48	0.9	80	2.2	1890	0.04	0.02	0.6	3
23. Knoo-khol	21	1.1	20	0.4	21	0.05	0.09	0.5	85
24. Onion	50	1.2	47	0.7	0 0.08	0.01	0.4	11	
25. Potato	97	1.6	10	0.7	24	0.10	0.01	1.2	17
26. Radish	17	0.7	35	0.4	3 0.06	0.02	0.5	15	
27. Sweet-potato	120	1.2	46	0.8	6 0.08	0.04	0.7	24	
28. Yam	111	1.4	35	1.3	78	0.07	0.02	0.7	6

1	2	3	4	5	6	7	8	9	10
OTHER VEGETABLES									
29. Bitter Gourd	25	1.6	20	1.8	126	0.07	0.09	0.5	88
30. Brinjal	24	1.4	18	0.9	74	0.04	0.11	0.9	12
31. Cauliflower	30	2.6	33	1.5	30	.04	0.10	1.0	58
32. Chillies green	29	2.9	30	1.2	175	0.19	0.39	0.9	111
33. Chillies giant	24	1.3	10	1.2	427	3.55	0.04	0.1	137
34. Cluster beans	60	3.2	130	4.5	198	0.09	0.03	0.6	49
35. Cucumber	13	0.4	10	1.5	0	0.03	0	0.6	7
36. Drumstick	26	2.530		5.3	110	0.05	0.07	0.2	120
37. French beans	26	1.7	50	1.7	132	0.08	0.06	0.3	24
38. Indian gooseberry	58	0.5	50	1.2	9	0.03	0.01	0.2	600
39. Jack Fruit Raw	51	2.6	30	1.7	0	0.05	0.04	0.2	14
40. Ladies Fingers	35	1.9	66	1.5	. 52	0.07	0.10	0.6	13
41 . Mango flower	44	0.7	10	5.4	90	0.04	0.01	2.2	27
42. Plantain flower	34	1.7	32	1.6	27	0.05	0.02	0.4	16
43. Plantain raw	64	1.4	10	0.6	30	0.05	0.02	0.3	24
44. Plantain stem	42	0.5	10	1.1	0	0.02	0.01	0.2	7
45. Pumpkin	25	1.4	10	0.7	30	0.06	0.04	0.5	2

46. Ridge-gourd	17	0.5	13	0.5	33	0.07	0.01	0.2	5
47. Snake-gourd	18	0.5	26	0.3	96	3.04	0.06	0.3	0

Foodstuffs	Calories	Proteins g.	Calcium mg.	Iron mg.	Carotene mg. mg.	Vit. B1 (Thiamine) mg.	Vit. B2 (Riboflavin)	Niacin mg.	Vit. C mg.
1	2	3	4	5	6	7	8	9	10
NUTS AND OIL EEDS									
48. Cashew nut	396	21.2	50	5.0	60	0.63	0.09	1.2	0
49. Coconut, dry	662	6.8	40	2.7	0	0.08	0.01	3.0	0
50. Gingili seeds563	18.3	1,450	10.5	60	1.01	0.34	4.4		0
51. Groundnut	567	25.3	90	2.8	37	0.90	0.13	19.9	0
FRUITS									
52, Apple	59	0.2	10	1.0	0	0.12	0.03	0.0	1
53. Banana	116	1.2	17	0.9	78	0.05	0.08	0.5	7
54. Cashew fruit	51	0.2	10	0.2	23	0.02	0.05	0.4	180
55. Guava	51	0.9	10	1.4	0	0.03	0.03	0.4	212
56. Jack fruit	88	1.9	20	0.5	175	0.03	0.13	0.4	7
57. Lime	59	1.5	90	03	15	0.02	0.03	0.1	63
58. Mango ripe	74	0.6	14	1.3	2.743	O.OS	0.02	0.9	4
59. Orange	48	0.7	26	0.2	1.104	-	-	-	30

Foodstuffs Vit.C	Calories; 9	Proteins mg.	Calcium mg.	Iron mg.	Carotene (Thiamine) mg.		Vit. B1 (Riboflavin)	Vit.B 2 mg	Niacin ne) mg. mg
1	2	3	4	5	6	7	8	9	10
60. papaya, ripe	32	0.6	17	0.5	666	0.04	0.25	0,2	57
61. Pine apple	46	0.4	20	1.2	18	0.02	0.12	0.1	39
62. Pomegranate	65	1.6	10	0.3	0	0.06	0.10	*0.3	16
63. Sapota	98	0.7	28	2.0	97	0.02	0.03	0.2	6
64. Seethpazham	104	1.6	17	1.5	0	0.07	0.17	1.0	37
65. Tomato ripe	20	0.9	48	0.4	351	0.12	0.06	0.4	27
66. Water melon	16	0.2	11	7.9	0	0.02	0.04	0.1	1
67. Wood apple	134	7.1	130	0.6	61	0.04	0.17	0.8	3
MILK AND MILK PRODUCTS									
68. Breast milk	65	1.1	28	0.1	137	0.02	0.02	-	3
69. Buffalo milk	117	4.3	02	2.0	160	0.04	0.10	0.1	1
70. Cheese	348	24.1	790	2.1	273	-	-	-	-
71. Cow’s milk	67	3.2	120	0.2	174	0.05	0.19	0.1	2
72. Curds	60	3.1	149	2.0	102	0.05	0.16	0.1	1

Nutritive value of some common food stuffs (per 100 gm) (contd.)

Foodstuffs	Calorie	Proteins g.	Calcium mg.	Iron mg.	Carotene mg.	Vit. B1 (Thiamine) mg.	Vit. B2 (Riboflavin) mg.	Niacin mg.	Vit C mg.
1	2	3	4	5	6	7	8	9	10
OTHER FLESH PRODUCTS									
73. Beef muscle	114	22.6	10	0.8	36	0.15	0.04	6.42	-
74. Egg duck	181	13.5	70	3.0	1260	0.12	0.26	0.2	-
75. Egg hen	173	13.3	60	2.1	1320	0.10	0.40	0.1	0
76. Mutton	194	18.5	15	2.5	30	0.18	0.14	6.8	-
77. Pork muscle	114	18.7	30	2.2	0	0.54	0.09	2.12	
MISCELLANEOUS FOODSTUFFS CAROTENE (MEG)									
78. Bete! leaves	44	3.1	230	7.0	5760	0.07	0.03	0.7-	
79.Bread	245	7.8	11	1.1	-	0.07	-	0.7	
80.Jaggery	383	0,4	80	11.4	168	0.02	0.04	0.5	
81 . Oil or ghee	900	-	-	-	-	-	.	-	
82.Sego	351	0,2	10	1.3	0	0.01	-	0.2	
83.Sugar	400	-	-	-	-	-	-	-	

(Q)Drugs Contra indicated During Pregnancy

I.	**Analgesics**	
1.	Acetophenacitin	Possible adverse effects
2.	Morphine	Methemoglobinemia
3.	Heroin	Neonatal adduction
4.	Salicylates	Respiratory depression & death
II	**Anti-Bacterial**	
1.	Chloromphenicol (Chloromycetin)	Foetal death
2.	Nitrofurantoin (Furadantin)	Grays syndrome
		Foetal Haemolysis
3.	Novabiocin (Albamycin)	Hyperbilirubinemia
4.	Streptomycin	Hearing loss, 8th nerve damage
		Skeletal abnormalities
5.	Sulphonamides	Kernicturus
	(Long acting Trimethoprim)	
6.	Tetracycline	Discoloured teeth
		Inhibited bone growth, syndactyly
III	Anti-inflammatory drugs	
1.	Phenylbutazone	
IV	Anti Diabetics	
1.	Sulphonyl urea	Neonatal goitre
		Hypoglycemia
2.	Tolbutamide	

V	Phenobarbitone (In excess)	Neonatal Haemorrhage and death
VI	Nicotine (smoking)	Small Neonates
VII	Cortisone Androgens	Cleft Palate Advanced bone age labial fusion

VIII Antineosplatics

1.	Aminopterin	Abortion, Anomalies, cleft
		Palate
2.	Disulphone	Cleft Palate
3.	Cyclophosphamide	Defects of extremities, stunning
		foetal death
4.	Methotrexate	Cleft Palate, Abortions.