Photograph

CLINICAL

PERIOD From To

Name :

Permanent Address :

Present Address :

Phone :

Name & Address of Parent / Guardian

Blood Group:

Allergic to:

CONTENTS

General Instruction to UG Students

Attendance will be taken sharp
at 7.30 am (3 late will be taken
as one leave)
No leave should be taken without prior permission
In case of emergency, produce the leave letter on the day of
reporting
Use one set of new disposable gloves for each scaling case
Use head caps, mask & protective goggles
Use only autoclaved instruments
Hand over 3 sets of cleaned & packed instruments to the
staff nurse before 12.30 p.m. for autoclaving
Dispose all the hospital waste as per BMW rules
Change the light handle cover for each patient. .
Clean the Chair & Spitoon between each patients.
On satisfactory completion of each case, the work should be assessed as good, fair, poor and the signature of the staff member should be obtained.
The record must be carefully preserved and submitted to the Head of the Department at the end of every year.

LIST OF INSTRUMENTS

S. No		No. of set
1.	Mouth Mirror	1
2.	Probe-Straight	1
3.	Williams Probe	1
4.	Moons Probe	1
5.	Tweezer	1
6.	S.S. Tumbler	1
7.	Torchlight	1
8.	Scaler 65	1
9.	Scaler 66	1
10.	Scaler 67.	1
11.	Scaler Sickle	1
12.	Scaler Hoe-149	1
13.	Scaler Hoe-150	1
14.	Cleoid & Discoid or B	1
15.	Mccals Curette 13	1
16.	Mccals Curette 14	1
17.	B.P. Handle No. 3	1
18.	Periosteal Elevator	1
19.	Cartridge Syringe with Needle	1
20.	Needle Holder	1
21.	Scissors Curved	1
22.	Scissors Straight (Corneal Scissors)	1
23.	Tissue Forceps Toothed	1
24.	Tissue Forceps Non- Toothed	1
25.	Spoon Excavator (Long Shank)	1
26.	Spoon Excavator (Long Shank)	1
27.	Straight Enamel Chisel (width of Blade 1 mm)	1
28.	Hoe	1
29.	Hatchet	5
30.	Gingival Marginal Trimmers (Mesial - Distal))77 - 78) (79 - 80))	1
31.	Cement Spatula	1
32.	Glass Slab	1
33.	Plastic Instruments - No. 2	1
34.	Plastic Instruments - No. 21	1
35.	Amalgam Carrier	1
36.	Amalgam Condenser	1
37.	Amalgam Carver	1
38.	Ball Burnisher	1
39.	Cotton Holder	1
40.	Mortar & Pestle	1
41.	Dapen Glass	1
42.	Chip Syringe with Nozzle	1
43.	Ivory No. 1 Matrix Retainer	1
44.	Bands for Ivory No. 1 Retainer	1
45.	Universal Matrix Retainer	1
46.	Bands for Universal Retainer	1

S. No			No.of.set
48.	Enamel Tray (or) S.S. Tray for Carrying Instruments		1
49.	Contra-angle Hand piece		1
50.	Straight Hand piece - Conventional		1
51.	Contra-angle and Straight hand piece for Micro Motor		1
52.	Mandrill for straight Hand piece		1
53.	Polishing Rubber Cups & Wheels		1
54.	Amalgam Finishing Bur (Stainless steel - Contra - angle)		1
55.	End Cutting Bur (Stainless Steel - Straight)		1
56.	Tungsten Carbide Burs		1
	Size	Description	
	2 & 3	Round	1
	2 & 3	Inverted Cone	1
	2 & 3	Straight Fissure	1
	2 & 3	Tapering Fissure	1
57.	Assorted Stones for Straight Hand piece		1
1.	Alpine Stones (Green)	a) Cylindrical	
	b)Tapering Cylindrical		
	c)Knife Edge		
	d)Wheel Stone		
2.	Aluminium Oxide (White) For Acrylic		
58.	Banker's Sponge 1		1
59.	Barbed Broaches		1
60.	Reamers (Size 45 - 80)		1
61.	Files (Size 45 - 80)		1
62.	Rubber Bowl		1
63.	Spatula		1
64.	Wax Knife		1
65.	Plaster Knife		1
66.	Wax Carver		1
67.	Indelible Pencil (Copying Pencil)		1
68.	Impression Trays Dentulous Perforated & Edentulous Non-perforated Upper & Lowe		1
69.	Flask		1
70.	Small Flash for J.C.& Bridge Work		1
71.	Plain Line Articulator		1
72.	Spirit Lamp		1
73.	Sand Paper Sheets - Rough & Fine - 000 + 00		1
74.	Universal Plier		1
75.	Wire Cutting Plier		1
76.	Wax Pencil (Glass - Marking Pencil)		1
77.	Geometry Box		1
78.	Adam's Orthodontic Plier		1
79.	Scale - 6 inches		1
80.	Magnifying Glass		1
81.	Stethoscope		1
82.	Thermometer		1
83.	Inch Tape		1

DEPARTMENT OF ORAL MEDICINE,DIAGNOSIS & RADIOLOGY

Oral Medicine, Diagnosis and Radiology

1.Case Sheet writing:

History taking, Clinical examination, Investigation, Diagnosis and Treatment plan -10 cases.

2.Demonstration:

1.Mucosal Biopsy Procedures

2.Radiation Protection Measures

3.Films and Cassettes used in Dentistry

4.Periapical, Bitewing, Occlusal view

3.Technique, Film Processing and Interpretation of 10 Intra - oral radiographs:

a. Periapical	-10
b. Bitewing	-1
c. Occlusal view	- 4

4.Demonstration of Technique and Interpretation of Extra - oral radiographs.

a)2 Skull radiographs

b)2 Panoramic radiographs

c)2 Lateral Oblique radiographs

d)2 TMJ view radiographs

5.Radiovisiography (RVG) Demonstration.

Oral Medicine, Diagnosis and Radiology

CASE SHEET

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Age: Sex: Occupation:

Income:

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Religion:

Chief complaints and duration

History of Presenting illness :

Past Medical History:

Past Surgical History:

Past Dental History:

Personal History:

Family History:

Clinical Examination

General Examination:

Vital Signs:

Lymph node Examination:

Review of Systems

a)Central nervous system :

b)Cardio-vascular system:

c)Respiratory system:

d)Gastro-intestinal system

e)Genito-urinary system:

Local Examination

Extra oral examination

Intra Oral Examination

1)Size and shape of the mouth

2)Mouth opening:

3)Jaw movements:

4)Teeth:

5)Gingiva:

6)Alveolar Mucosa:

7)Buccal Mucosa:

8)Labial Mucosa:

9)Palatal Mucosa:

10)Pillar of Fauces and Tonsils :

11)Tongue:

12)Floor of the Oral Cavity:

13)Retro - molar area:

Summary :

Provisional Diagnosis :

Differential Diagnosis :

Investigations

a) Hematological

b) Urine

c) Bio - chemical

d) Serological

e)Cytological

f) Microbiological

g)Special Investigations

h) Radiological Findings

i)Biopsy

j) Histopathological examination

Clinical Diagnosis :

Treatment Planning :

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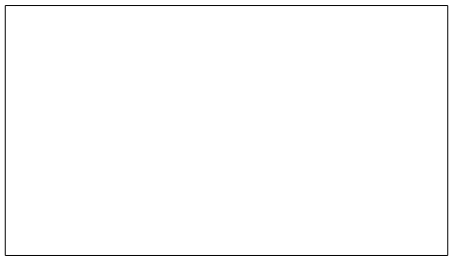
TECHNIQUE & INTERPRETATION OF INTRAORAL PERIAPICAL RADIOGRAPH

RADIOGRAPH No.



Identification:

Technique :

Normal Anatomical Landmarks

Pathological Features :

Radiographic Diagnosis

Signature of the HOD

Oral Medicine, Diagnosis and Radiology

TECHNIQUE & INTERPRETATION OF INTRAORAL PERIAPICAL RADIOGRAPH

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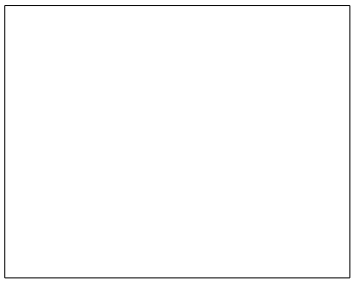

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Record of Work Done

Oral Medicine, Diagnosis and Radiology

Mr. / Ms.

From **To**

Attendance and Progress :

Remarks :

Signature of the Head of the Department

CONSERVATIVE DENTISTRY & ENDODONTICS

Total Number of Treatment Procedures to be Completed

1.Class I	20
2.Class II	20
3.Class III, IV, V& VI	12
4.Endodontic Cases	5
5.Inlays	3
A.	Class 1-1
B.	Class II-2
6.Crowns (Acrylic Jacket Crowns)	3
7.Others	Optional

ARMAMENTARIUM

Conservative Dentistry :

1.Airotor Hand piece
2.One set of burs (round, straight fissure, tapering fissure, inverted cone)
3.Mouth Mirror
4.Probe
5.Tweezer
6.Excavator
7.Enamel Chisel
8.Hatchet
9.Hoe
10.Gingival marginal trimmer
11.Matrix band and retainer (Ivory no. 1 & No. 8)
12.Wedge
13.Mortar and pestle
14.Cement spatula
15.Glass Slab
16.Plastic Instrument
17.Amalgam Carrier
18.Amalgam Condenser
19.Amalgam burnisher
20.Amalgam burnisher
21.Sprue pins
22.Artery Forceps
23.Acrylic Trimmer
24.Metal trimmers
25.Tofflemire Matrix Band & Retainer

Endodontics :

1. A set of reamers & files (size 45 - 80)
2. Scale
3. Spreaders (size 15 - 40)
4. Spirit Lamp

Class I Amalgam Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Class I Amalgam Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Class I Amalgam Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Class I Amalgam Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Class I Amalgam Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Class I Amalgam Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Class III, V & VI GIC Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Class III, V & VI GIC Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Class III, V & VI GIC Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Class III, V & VI GIC Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Jacket Crowns

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature
			Preparation & Impression		
			Delivery		
			Preparation & Impression		
			Delivery		
			Preparation & Impression		
			Delivery		

Inlays

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature
			Preparation & Impression		
			Delivery		
			Preparation & Impression		
			Delivery		
			Preparation & Impression		
			Delivery		

Endodontic Case Record

Name of the Student : Date :

Name of the Patient : Age / Sex :

Address :

Chief Complaints :

Nature of Complaint:

Past Dental History :

Past Medical History:

Intra Oral Examination :

Radiographic Interpretation:

Diagnosis Interpretation:

Diagnostic Test :

Diagnosis :

Treatment Advised:

Radiographic Interpretation

Name of teeth present

Existing restorations

Radiographic pulp exposures

Lamina dura

Periapical radiolucency

a.No. of teeth involved

b.Size & shape

c.Nature of radiolucency

Periodontal status

a.Periodontal space widening

b.Interdental bone loss

Nature of root canal in the involved teeth

a.No. of canal

b.Shape

c.Anatomical variations

d.Patency

e.Presence of calcified structures, reorption, closure of apical portion

Previous endodontic treatment

a.Status of root canal filling

b.Status of retrograde filling

Fracture of teeth

a.Crown

b.Root

Any other abnormalities

Access Cavity

Length Determination

preoperative Radiographic length (PRI)

Instrument Length (IL)
(pRI-2 mm)

Diagnostic X-Ray Measurement

Short of the Apex (Add to AL)

Overshooting the Apex (Deduct from AL)

Actual Length (AL)

Working Length (AL-0.5 mm)

Biomechanical Preparation

Instrument used

Irrigant used

Obturation

Postoperative X- Ray

Endodontic Case Record

Name of the Student : Date :

Name of the Patient : Age / Sex :

Address :

Chief Complaints :

Nature of Complaint:

Past Dental History :

Past Medical History:

Intra Oral Examination :

Radiographic Interpretation:

Diagnosis Interpretation:

Diagnostic Test :

Diagnosis :

Treatment Advised:

Radiographic Interpretation

Name of teeth present

Existing restorations

Radiographic pulp exposures

Lamina dura

Periapical radiolucency

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Nature of root canal in the involved teeth

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b.Shape

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d.Patency

e.Presence of calcified structures, resorption, closure of apical portion

Previous endodontic treatment

a.Status of root canal filling

b.Status of retrograde filling

Fracture of teeth

a.Crown

b.Root

Any other abnormalities

Access Cavity

Length Determination

preoperative Radiographic length (PRI)

Instrument Length (IL)
(pRI-2 mm)

Diagnostic X-Ray Measurement

Short of the Apex (Add to AL)

Overshooting the Apex (Deduct from AL)

Actual Length (AL)

Working Length (AL-0.5 mm)

Biomechanical Preparation

Instrument used

Irrigant used

Obturation

Postoperative X- Ray

Endodontic Case Record

Name of the Student : Date :

Name of the Patient : Age / Sex :

Address :

Chief Complaints :

Nature of Complaint:

Past Dental History :

Past Medical History:

Intra Oral Examination :

Radiographic Interpretation:

Diagnosis Interpretation:

Diagnostic Test :

Diagnosis :

Treatment Advised:

Radiographic Interpretation

Name of teeth present

Existing restorations

Radiographic pulp exposures

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a.Crown

b.Root

Any other abnormalities

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preoperative Radiographic length (PRI)

Instrument Length (IL)
(pRI-2 mm)

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Overshooting the Apex (Deduct from AL)

Actual Length (AL)

Working Length (AL-0.5 mm)

Biomechanical Preparation

Instrument used

Irrigant used

Obturation

Postoperative X- Ray

Endodontic Case Record

Name of the Student : Date :

Name of the Patient : Age / Sex :

Address :

Chief Complaints :

Nature of Complaint:

Past Dental History :

Past Medical History:

Intra Oral Examination :

Radiographic Interpretation:

Diagnosis Interpretation:

Diagnostic Test :

Diagnosis :

Treatment Advised:

Radiographic Interpretation

Name of teeth present

Existing restorations

Radiographic pulp exposures

Lamina dura

Periapical radiolucency

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b.Size & shape

c.Nature of radiolucency

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Nature of root canal in the involved teeth

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b.Shape

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Previous endodontic treatment

a.Status of root canal filling

b.Status of retrograde filling

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a.Crown

b.Root

Any other abnormalities

Access Cavity

Length Determination

preoperative Radiographic length (PRI)

Instrument Length (IL)
(pRI-2 mm)

Diagnostic X-Ray Measurement

Short of the Apex (Add to AL)

Overshooting the Apex (Deduct from AL)

Actual Length (AL)

Working Length (AL-0.5 mm)

Biomechanical Preparation

Instrument used

Irrigant used

Obturation

Postoperative X- Ray

Endodontic Case Record

Name of the Student : Date :

Name of the Patient : Age / Sex :

Address :

Chief Complaints :

Nature of Complaint:

Past Dental History :

Past Medical History:

Intra Oral Examination :

Radiographic Interpretation:

Diagnosis Interpretation:

Diagnostic Test :

Diagnosis :

Treatment Advised:

Radiographic Interpretation

Name of teeth present

Existing restorations

Radiographic pulp exposures

Lamina dura

Periapical radiolucency

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Nature of root canal in the involved teeth

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b.Shape

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d.Patency

e.Presence of calcified structures, reorption, closure of apical portion

Previous endodontic treatment

a.Status of root canal filling

b.Status of retrograde filling

Fracture of teeth

a.Crown

b.Root

Any other abnormalities

Access Cavity

Length Determination

Preoperative Radiographic length (PRI)

Instrument Length (IL)
(pRI-2 mm)

Diagnostic X-Ray Measurement

Short of the Apex (Add to AL)

Overshooting the Apex (Deduct from AL)

Actual Length (AL)

Working Length (AL-0.5 mm)

Biomechanical Preparation

Instrument used

Irrigant used

Obturation

Postoperative X- Ray

Class II Amalgam Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Class II Amalgam Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Class II Amalgam Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

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S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

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S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Class II Amalgam Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Class II Amalgam Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Class II Amalgam Restorations

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Other Cases

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

Other Cases

S.No	Date	Name of Patient & O.P. Ticket No.	Treatment Done	Assessment	Signature

	EVALUATION CASE SHEET	
Name : Age: Occupation :	Date : Sex : O.P. No.:	Time : Starting: Finishing :

Address :

Chief Complaint:

Nature of Present Illness :

Past Dental History :

Past Medical History:

Personal History :

Abnormal Oral Habits (Mouth Breathing Bruxism, Nail Biting)

Smoking :

Pan Chewing :

Alcohol:

Dietary Habits :

Family History

:

Social History : (Attitude, Expectations, Motivation, Interest in Dental Health, Socioeconomic Status, Etc.,)

Clinical Examination

A.Extra Oral Examination

B.Intra Oral Examination

1.Soft

tissues

Tongue

Floor of Mouth

Labial Mucosa

Palate

2.Hard Tissues :

Maxillary

Left

Right

Mandibular

Wasting Diseases :

Enamel Hypoplasia

Discolored Teeth

Tenderness on Percussion

Malocclusion Others

3.Periodontal Health

Dental deposits

Gingivitis

Periodontal Pockets

Mobility

Investigations

a.Radiographs:

Caries

Extensive restorations

Periapical Pathology

Root Fracture

Bone Levels

Furcation

b.Vitality tests :

Thermal

EPT

c.Salivary

analysis

Miscellaneous :

Diagnosis :

Treatment Plan

Treatment Done

Selected Tooth for Treatment

Valuation	Max. Marks	Marks Awarded
1. Case Discussion	40	
2. Instruments	10	
3. Cavity Preparation	40	
4. Base with Matrix and Wedge placement	15	
5. Carving & Finishing	30	
Total		

Signature of Staff

Signature of Professor

	EVALUATION CASE SHEET	
Name : Age: Occupation :	Date : Sex : O.P. No.:	Time : Starting: Finishing :

Address :

Chief Complaint:

Nature of Present Illness :

Past Dental History :

Past Medical History:

Personal History :

Abnormal Oral Habits (Mouth Breathing Bruxism, Nail Biting)

Smoking :

Pan Chewing :

Alcohol:

Dietary Habits :

Family History

:

Social History : (Attitude, Expectations, Motivation, Interest in Dental Health, Socioeconomic Status, Etc.,)

Clinical Examination

A.Extra Oral Examination

B.Intra Oral Examination

1.Soft

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Floor of Mouth

Labial Mucosa

Palate

2.Hard Tissues :

Maxillary

Left

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Enamel Hypoplasia

Discolored Teeth

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Malocclusion Others

3.Periodontal Health

Dental deposits

Gingivitis

Periodontal Pockets

Mobility

Investigations

a.Radiograph

s: Caries

Extensive restorations

Periapical Pathology

Root Fracture

Bone Levels

Furcation

b.Vitality tests

: Thermal

EPT

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Name : Age: Occupation :	Date : Sex : O.P. No.:	Time : Starting: Finishing :

Address :

Chief Complaint:

Nature of Present Illness :

Past Dental History :

Past Medical History:

Personal History :

Abnormal Oral Habits (Mouth Breathing Bruxism, Nail Biting)

Smoking :

Pan Chewing :

Alcohol:

Dietary Habits :

Family History

:

Social History : (Attitude, Expectations, Motivation, Interest in Dental Health, Socioeconomic Status, Etc.,)

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A.Extra Oral Examination

B.Intra Oral Examination

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Tongue

Floor of Mouth

Labial Mucosa

Palate

2.Hard Tissues :

Maxillary

Left

Right

Mandibular

Wasting Diseases :

Enamel Hypoplasia

Discolored Teeth

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Malocclusion Others

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a.Radiographs:

Caries

Extensive restorations

Periapical Pathology

Root Fracture

Bone Levels

Furcation

b.Vitality tests

: Thermal

EPT

c.Salivary

analysis

Miscellaneous :

Diagnosis :

Treatment Plan

Treatment Done

Selected Tooth for Treatment

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1. Case Discussion	40	
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4. Base with Matrix and Wedge placement	15	
5. Carving & Finishing	30	
Total		

Signature of Staff

Signature of Professor

Record of Work Done
Department of Conservative Dentistry & Endodontics

Name of the Student:

From

Total Number of cases completed :

- Class I
- Class II
- Class III, IV, V & VI
- Endodontic Cases
- Inlays
- Crowns (Acrylic Jacket Crowns)

Attendance and progress

Remarks :

Verified and found correct

Signature of Assistant Professor

Signature of Professor &
Head of the Department
with Seal

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

Oral Surgery

REQUIREMENTS :

- Intra Alveolar Extraction Under Local Anesthesia
- Suturing Technique in Dummy Models
- Inter Maxillary Fixation in Dummy Models
- Assisting of Oral Surgery Procedures
  - Transalveolar Extraction
  - Trauma
  - Other Surgical Procedures

Case Presentation

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

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S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

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S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

Record of Work Done

ORAL SURGERY

Mr. / Ms.

From **To**

Attendance and Progress :

Remarks :

Signature of Head of Department

DEPARTMENT OF ORTHODONTICS

&

DENTOFACIAL ORTHOPAEDICS

LIST OF INSTRUMENTS

FOR PRECLINICAL, WORK:

1.UNIVERSAL WIRE BENDING PLIERS
2.ADAMS WIRE BENDING PLIERS
3.LOOP FORMING PLIERS
4.GLASS MARKING PENCIL
5.EXTRA DARK BONDED LEAD PENCIL
6.HEAVY WIRE CUTTER
7.SCALE-6 INCHES
8.GLASS SLAB WITH GRAPH SHEET EMBEDDED
9.ORTHODONTIC WIRES-19,21,23 GAUGES

FOR CLINICAL WORK:

1.MOUTH MIRROR
2.PROBE
3.TWEEZERS
4.TORCH LIGHT
5.GEOMETRY BOX
6.SCALE-12 INCHES (2 NOS)
7.METALSCALE - 6 INCHES
8.DENTULOUS IMPRESSION TRAYS-U/L ASSORTED SIZES
9.RUBBER BOWL
10.PLASTER SPATULA
11.DAPPENDISH
12.WAX KNIFE
13.WAX CARVER
14.ACRYLIC TREMMERS
15.VULCANITE TRIMMER
16.SAND PAPER MANDREL
17.S.STRAY
18.WIRE BENDING INSTRUMENTS AS GIVEN FOR PRECLINICAL WORK

PRE CLINICAL WORK

Basic Wire Bending Exercises - 19 Gauge Wire

TYPE OF WORK	DATE	ASSESSMENT	SIGNATURE
1. STRAIGHTENING OF WIRE-3 Inches Length (3 Nos) 1 9G			
2. TRIANGLE - 1 Inch side 1 9G			
3. SQUARE -1 Inch side 19G			
4. RECTANGLE - 2 x1 Inch 1 9G			
5. 3U-V19G			
6. CIRCLE 19G			

CLASPS - 2 NOS EACH

TYPE OF WORK	DATE	ASSESSMENT	SIGNATURE
3/4 CLASPS -19G			
JACKSONS CLASPS -19G			
TRAINGULAR CLASPS - 21 G			
ADAMS CLASPS- 21 G			

LABIAL BOWS

TYPE OF WORK	DATE	ASSESSMENT	SIGNATURE
SHORT LABIAL BOW- 21 G			
LONG LABIAL BOW- 21 G			
ROBERTS RETRACTOR - 23G			
SPIUT LABIAL BOW- 21 G			
HIGH LABIAL BOW-1 9G WITH APRON SPRINGS -23G			

Basic Wire Bending Exercises - 19 Gauge Wire

TYPE OF WORK	DATE	ASSESSMENT	SIGNATURE
BUCCAL CANINE RETRACTOR - 21 G			
HELICAL CANINE RETRACTOR - 21 G			
U-LOOP CANINE RETRACTOR - 21 G			
PALATAL CANINE RETRACTOR - 23 G			
FINGER SPRINGS-23G (2 Nos)			
SINGLE CANTILEVER SPRINGS - 23G			
DOUBLE CANTILEVER SPRING-23G			
COFFIN SPRINGS - 1 .25 MM / T-SPRINGS-23G			

APPLIANCES

TYPE OF WORK	DATE	ASSESSMENT	SIGNATURE
UPPER HAWLEY APPLIANCE			
UPPER HAWLEY APPLIANCE WITH TINGUE SPIKES			
UPPER HAWLEY RETAINER			

CLINICAL WORK

1.DISCUSSION OF 5 CLINICAL CASES

2.FABRICATION & INSERTION OF 5 REMOVABLE APPLIANCES

3.ONE MIXED DENTITION AND ONE PERMANENT DENTITION MODEL ANALYSIS

4.DEMONSTRATION OF WELDING & SOLDERING

5.DEMONSTRATION OF FUNCTION APPLIANCES

6.DEMONSTRATION OF FIXED APPLANCES

7.DEMONSTRATION OF CEPHALOMETRIC LANDMARKS & TRACING

MODEL CASE RECORD

NAME

DATE OF BIRTH

AGE, SEX

DATE, OP. NO

FATHER/GUARDIAN NAME

OCCUPATION

ADDRESS

HISTORY

PRESENTING CHIEF COMPAINT :

H/O OF PRESENTING COMPLAINT :

PREVIOUS H/O OF DENTAL TREATMENT :

PREVIOUS H/O OF ORTHODONTIC TREATMENT

PAST MEDICAL HISTORY :

PAST SURGICAL HISTORY : H/O OF TONSILLECTOMY
ADENOIDECTOMY

PARENTS'GENERAL AND DENTAL STATUS :

SIBLINGS'GENERAL AND DENTAL STATUS :

1.PRENATAL HISTORY

A.CONDITION OF MOTHER DURING PREGNANCY

B.DRUGS TAKEN DURING PREGNANCY

C.H/O PREMATURE DELIVERY

D.TYPE OF DELIVERY

2.POST NATAL HISTORY

A.FEEDING

B.MILESTONES OF DIVELOPMENT -

I. CRAWLING

II.SITTING

III. STANDING

IV. WALKING

V. SPEAKING

3.CHILDHOOD DISEASES	:	RICKETS/ DTPHERIA/ SCARLET FEVER EPILEPSY/ MUMPS / MEASLES / TONSILLITIS/ BLEEDING DYSCRASIAS / RHEUMATIC FEVER / CONGENITAL HEART DISEASES
4.ALLERGY		ALLERGY TO DRUGS / LATEX / NICKEL/ ACRYLIC
5. HABITS		NONE / NAIL BITING / LIP BITING / DIGIT SUCKING / DUMMY SUCKING/TONGUE THRUSTING
		AGE STOPPED
6. TRAUMA		INJURY TO TEETH/JAW
7. FAMILIAL MALOCCLUSION	:	PARENTS - SIMILAR OR DISSIMILAR TYPE OF MALOCCLUSION
		SIBLINGS- SIMILAR OR DISSIMILAR TYPE OF MALOCCLUSION

CLINICAL EXAMINATION

1.EXAMINATION OF BODY

2.EXTRA ORAL EXAMINATION

:	RECORDING OF HEIGHT AND WEIGHT
:	ASSESSMENT OF GAIT AND POSTURE
:	BODY BUILD- ECTOMORPHIC/ MESOMORPHIC/ ENDOMORPHIC
:	HEAD TYPE- DOLICOCEPHALY/ MESOCEPHALY/ BRACHYCEPHALY
:	FACIAL FORM- LEPTOPROSOPY/ MESOPROSOPY/ EURYPROSOPY
:	EVALUATION OF FACIAL PROPORTIONS IN FRONTALAND PROFILE VIEWS
:	FACIAL PROFILE- STRAIGHT/ CONVEX/ POSTERIOR/ANTERIOR
:	NASOLABIAL ANGLE
:	LIP POSTURE AND TONICITY
:	UPPER LIP- NORMAL/ SHORT/LONG
:	LOWER LIP- NORMAL/ SHORT/ LONG

: LIP RELATION- COMPETENT/ INCOMPETENT/ POTENTIALLY INCOMPETENT

: MENTOLABIAL SULCUS- NORMAL/ SHALLOW/ DEEP
POSITION OF CHIN- NORMAL/ RETRUDED/ PROTRUDED

: MENTALIS ACTIVITY

: CLINICAL FMA- AVERAGE/ LOW/ HIGH

3.FUNCTIONAL EXAMINATION

: POSTURAL REST POSITION AND FREE WAY SPACE

: PATH OF CLOSURE

: EXAMINATION OFTMJ FUNCTIONS

: SWALLOWING PATTERN- NORMAL/ATYPICAL

: TONGUE THRUST AND POSTURE ASSESSMENT

: LIP DYSFUNCTIONS

: RESPIRATION- NASAL/ORAL/ORONASAL

: SPEECH- NORMAL/ABNORMAL

4.INTRAORAL EXAMINATION

: MOUTH OPENING IN MILLIMETERS

: TONGUE- SIZE, COLOUR AND CONFIGURATION

: PALATAL CONTOUR- NORMAL/SHALLOW/HIGH OR DEEP

: GINGIVA-EXTURE/INFLAMMATION/RECESSION/HYGIENE

: FRENAL ATTACHMENTS-NORMAL/ABNORMAL

: ADENOIDS AND TONSILS

: TYPE OF DENTITION-DECIDUOUS/ MIXED/ PERMANENT

5.INTRAARCH EXAMINATION

OBSERVATION	MAXILLA	MANDIBLE
NUMBER OF DECIDUOUS TEETH		
NUMBER OF PERMANENT TEETH		
SIZE SHAPE AND FORM OF TEETH		
PRESENCE OF CARIES, ATTRITION, EROSION, FRACTURES ETC.		

ABSENCE OF SUPERNUMERARY TOOTH		
MISSING TOOTH / UNERUPTED TOOTH		
ARCH SHAPE (U / V / SQUARE)		
ARCH SYMMETRY (SYMMETRICAL/ ASYMMETRICAL)		
CROWDING		
SPACING		
ROTATION		
AXIAL RELATIONSHIP		

6.INTER ARCH EXAMINATION

:ANTEROPOSTERIOR OR SAGITAL RELATIONSHIPS

MOLAR RELATION R..... L.....

CANINE RELATION R..... L.....

OVERJET IN MILLIMETERS

ANTERIOR CROSS BITE

: VERTICAL RELATION SHIPS

OVER BITE IN MILLIMETERS- NORMAL/ DEEP/CLOSED

OPEN BITE/INCOMPLETE OVER BITE

: TRANSVERSE RELATIONSHIPS

UPPER MIDLINE

LOWER MIDLINE

UPPER AND LOWER MIDLINE TOGETHER IN OCCLUSION

POSTERIOR CROSS BITE- UNILATERAL/ BILATERAL

PROVISIONAL DIAGNOSIS:

INVESTIGATIONS RECOMMENDED:

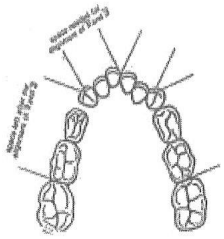
TREATMENT OBJECTIVES:

TREATMENT PLAN:

MODEL ANALYSIS RECORD

1.MOYER'S MIXED DENTITION ANALYSIS:

- THE MESIODISTAL WIDTHS OF MADIBULAR INCISORS MEASURED WITH BOLEYS GAUGE. SUM OF THE INCISORS ON SIDE OF THE ARCH IS TRANSFERRED TO THE GAUGE
- PLACE ONE TIP OF BOLEYS GAUGE THE MIDLINE THE OTHER AT THE LOCATION OF DISTAL SURFACE OF MANDIBULAR LATERAL INCISOR WHERE IT HAS BEEN ALIGNED MARK THIS POINT. REPEATTHIS ON THE OTHER SIDE. THE SECOND MARK WILL BE ON DECIDUOUS CANINE WHEN THERE IS INCISOR CROWDING.
- THE DISTANCE FROM THE MESIAL SURFACE OF MANDIBULAR FIRST PERMANENT MOLARS TO THE MARKED POINT IS THE SPACE AVAILABLE FOR ERUPTION OF MANDIBULAR CANINE AND PREMOLARS.
- PREDICT THE SIZE OF CANINES AND PRE-MOLARS FROM THE PROBABILITY CHART BASE ON THE SUM OF WIDTHS OF LOWER INCISORS.
- IF THE SPACE AVAILABLE IS GREATER THAN THE PREDICATED SPACE, THE EXCESS SPACE CAN BE USED FOR LATE MESIAL SHIFT OF MOLARS.
- IF THE SPACE AVAILABLE IS LESSER THAN THE PREDICTED SPACE, IT IS AN INDICATION OF FUTURE CROWDING.
- A DIFFERENT PROBABILITY CHART IS EMPLOYED WHILE PREDICTING THE WIDTHS OF MAXILLARY CANINES AND PREMOLARS BASED ON LOWER INNER WIDTH. ALLOWANCE SHOULD BE MADE FOR OVER JET CORRECTION WHEN ESTIMATING THE SPACE TO BE OCCUPIED BY ALIGNED INCISORS. 75™ LEVEL OF PROBABILITY IS EMPLOYED BY MOST CLINICIANS. 75TH LEVEL OF
- PROBABILITY TAKES THE CLINICIAN TO THE SAFER SIDE BY DECREASING THE CHANCES OF UNDER ESTIMATING THE TOOTH SIZE.



2.TANAKA AND JOHNSON MIXED DENTITION ANALYSIS:

•MEASURE THE TOTAL ARCH LENGTH

•MEASURE THE MESIO DISTAL WIDTHS OF LOWER FOUR INCISORS AND SUM IT UP.

•DIVIDE THE VALUE OBTAINED BY 2 AND ADD 10.5 MM TO OBTAIN THE SUM OF WIDTHS OF MANDIBULAR CANINES AND PRE-MOLARS IN ONE QUADRANT.

•DIVIDE THE VALUE BY 2 AND ADD 11 MM TO OBTAIN THE SUM OF WIDTHS OF MAXILLARY CANINES AND PRE- MOLARS IN ONE QUADRANT.

•SPACE AVAILABLE IN THE ARCH AFTER THE ERUPTION OF CANINES AND PRE-MOLARS IS CALCULATED BYTHE FOLLOWING FORMULA.

•SPACE AVAILABLE = TOTALARCH LENGTH- [SUM OF LOWER INCISORS + 2X (CALCULATED WIDTH OF CANINE AND PRE-MOLAR)]

3.CAREY'S ANALYSIS:

•RECORD THE MESIODISTAL WIDTH OF ALLTHE TEETH MESIAL TO MANDIBULAR FIRST PERMANENT MOLAR. THE SPACE REQUIRED FOR TEETH IN THE ARCH IS OBTAINED BY ADDING THE VARIOUS VALUES OBTAINED.

•SPACE AVAILABLE IS MEASURED USING A SOFT BRASS WIRE. THE WIRE IS CONTOURED TO THE INDIVIDUALS ARCH FORM. IT IS PLACED OVER THE INCISAL EDGES OF LOWER ANTERIOR TEETH AND PASSED OVER THE FIRST MOLAR MESIAL CONTACTAREAON BOTH SIDES. IT IS MARKED ATTHE POINTS OVERLYING MESIAL CONTACT AREAOF FIRST MOLAR.

•THE BRASS WIRE IS STRAIGHTENED AND THE LENGTH IS MEASURED FROM THE MARK ON ONE POINT TO THE OTHER. THIS VALUE IS THE SPACE AVAILABLE IN THE ARCH.

•SUBTRACT THE SPACE REQUIRED FROM SPACE AVAILABLE TO ARRIVE AT THE DISCREPANCY (MM). THE DISCREPANCY IS A POSITIVE VALUE IF THE

SPACE REQUIRED IS LESS THAN THE SPACE AVAILABLE (SPACING). THE IS CREPANCY IS A NEGATIVE VALUE IF THE SPACE REQUIRED IS GREATER THAN THE SPACE AVAILABLE (CROWDING)

•THE "ARCH PERIMETER ANALYSIS" IS PERFORMED ON MAXILLARY STUDY CAST AND IS SIMILAR TO CAREY'S ANALYSIS

4.BOLTON'S ANALYSIS

ESTIMATING OVERALL RATIO

•THE WIDTH OF ALL THE TEETH FROM FIRST MOLARS ON ONE SIDE TO THE FIRST MOLARS ON THE OPPOSITE SIDE IS MEASURED AND ADDED FOR BOTH ARCHES.

•BOLTON'S OVERIL RATIO IS CALCULATED BY THE FOLLOWING FORMULA.

$$\text{OVERAIL RATIO} = \text{SUM } \frac{\text{OF MANDIBULAR 12 X100}}{\text{SUM OF MAXILLARY 12}}$$

•THE IDEAL OVERALL RATIO IS 91.3. GOOD OVERBITE AND OVER JET RELATIONSHIPS AND POSTERIOR OCCLUSION ARE SEEN IN CASES WHERE THE TOOTH SIZE RATIOS APPROXIMATE THIS VALUE.

•IF THE VALUE IS GRETER THAN 91.3 THE INFERNCE IS OVERLL MANDIBULAR TOOTH MATERIAL EXCESS. VALUES LESS THAN 91.3 SHOW OVERALL MAXILLARY TOOTH MATERIAL EXCESS.

ESTIMATING ANTERIOR RATIO

•THE WIDTH OF ALLTHE TEETH FROM CANINES ON ONE SIDE TO THE CANINES ON THE OPPOSITE SIDE IS MEASURED AND ADDED FOR BOTH ARCHER.

•BOLTON'S ANTERIOR RATIO IS CALCULATES BY THE FOLLOWING FORMULA.

$$\text{ANTERIOR RATIO} = \text{SUM } \frac{\text{OF MANDIBULAR 6 X100}}{\text{SUM OF MAXILLARY 6}}$$

THE IDEALANTERIOR RATIO IS 77.2.

•AN INCREASE FROM 77.2 CORRESPONDS TO MANDIBULAR ANTERIOR TOOTH MATERIAL EXCESS. DECREASE IS ASSOCIATED WITH MAXILLARY ANTERIOR TOOTH MATERIAL EXCESS.

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

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S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

RECORD OF WORK DONE

DEPARTMENT OF ORTHODONTICS

&

DENTOFACIAL ORTHOPAEDICS

Name Of Student :

Period of Study : From:.....To.....

Attendance :

Progress :

Remarks :

1.Preclinical

2.Clinical Work :

Signature of Head Of Department

DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY

ORAL PROPHYLAXIS

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

ORAL PROPHYLAXIS

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

CONSERVATIVE MANAGEMENT

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

CONSERVATIVE MANAGEMENT

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

EXTRACTION

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

EXTRACTION

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

EXTRACTION

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

EXTRACTION

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

Department of Pedodontics & Preventive Dentistry
Long Case Sheet

Name: Age/Sex: Date:

Address: OP No:

parent Occupation: Income:

Informer

Chief Complaint

History of Presenting Illness:

Past Medical History

Past Surgical History

Past Dental History

Prenatal History

- Drug Taken
- Major Illness
- Nutrition
- Trauma
- Radiation Exposure

Natal History Post

Natal History

Mile Stones

Habit History

Personal History

- Brushing Habit
- Diet Habit

Time	Food In Local Language	Quantity	Type of Preparation	Qty of Added Sugar	Cariogenic Potential

Cariogenic Exposure

No. of Solid Exposures

No. of Liquid Exposures

A General Examination

- Height:
- Weight:
- Body type :
- Gait:
- Posture:
- Pulse Rate :
- Respiratory Rate:
- Skin :
- Nail:
- Conjunctiva:

B.Behavioral Assessment

C.Extra Oral Examination

1. Shape of Head :
2. Shape of Face :

- Facial Index
- Eye's
- Ear's
- Nose
- Lips
- Facial Symmetry
- TMJ
- Lymph Node Examination

D.Intra Oral Examination

- Soft Tissue:
- Gingiva:
- Buccal Mucosa :
- Lips:
- Tongue:
- Floor of Mouth :
- Tonsils:
- Palate:
- Hard Tissue
- Type of Dentition
- Identification of Teeth (FDI Notation)
- Size :
- Shape:

- Colour:
- Contour:
- Consistency

- Overjet:
- Overbite:
- Primary Molar Relation :
- Permanent Molor Relation :
- Open Bite if any :
- Other Anomalies :
- Habits:

Caries Index

DMFT INDEX/ DEFT INDEX :

Score :

Interpretation :

On Examination of Dental Caries (of the tooth in question)

- Inspection:
- Precaution
- Mobility:

Oral Hygiene Index - Simplified

Debris Index - Simplified

Calculus Index - Simplified

DMFT Index/DEFT Index

Score :

Interpretation

Provisional Diagnosis :

Additional Diagnosis:

Investigation:

Confirmatory Diagnosis :

Treatment Plan :

Emergency Phase :

Preventive / Prophylactic Phase :
Restorative Phase :

Rehabilitative Phase
Review / Recall / Referral Phase :

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Preventive / Prophylactic Phase :

Restorative Phase :

Rehabilitative Phase

Review / Recall / Referral Phase :

SHORT CASE

SHORT CASE

SHORT CASE

SHORT CASE

SHORT CASE

SHORT CASE

SHORT CASE

SHORT CASE

SHORT CASE

SHORT CASE

Record of Work Done
Department of Pedodontics &
Preventive Dentistry

By Mr. / Ms.

From To

Attendance and Progress :

Remarks :

Signature of Head of Department

DEPARTMENT
OF
PERIODONTICS

REQUIREMENTS

Year	Treatment	Cases
III B.D.S	Oral Hygiene Instructions	
	Education, Motivation	50
	Oral Prophylaxis	50
IV B.D.S	Oral Hygiene Instructions Education Motivation	50
	Oral Prophylaxis	50
	Short Case Sheets	10
	Long Case Sheets	5
	Radiographic Interpretation	10

List of Instruments

1.Head Cap	6 Nos.
2.Mouth Mask	Disposable
3.Protective goggles	1 No.
4.Disposable Gloves Box (one pair for each patient)	
5 Stainless Steel Tray With LID	3 Nos.
6.Instruments sterilizing pouch with initials stitched	3 Nos.
7.Dappen Dish	
8.Stainless Steel Containers With LID	2 Nos.
9.Mouth Mirror	6 Nos.
10.Tweezers	3 Nos.
11.Explorer	3 Nos.
12.Williams Probe	3 Nos.
13.Good Quality Hand Sealers	
Sickle sealer	
Hoe sealer	
Posterior Sealer	
14.Stainless Steel Tumbler	1 No
15.Disposable Plastic Sheets for tray	100 Nos.
16.Disposable Plastic Sheets for Handle	100 Nos.
17.Green Cloth	4 Nos.
18.Patient Apron	3 Nos.
19.OHI Model	1 Nos.
20.Tooth Brush	1 Nos.
21.Hand Mirror	1 Nos.
22.OHI Sheets (Tamil & English)	100 Nos.
23.Dental Floss	1
24.Floss Holder	1
25.Inter Dental Brush	1
26.Polishing Paste Cups & Brush	1 No. Each
27.Clinical Record	1
28.Patient Case Sheet Record	1
29.Diagram record	1
30.Disclosing Solution	1
31.Ear Buds	1 Park

Department of Periodontics

General Instruction

1.Attendance will be taken sharp at 7.45 am (3 late will be taken as one leave)

2.No leave should be taken without prior Permission

3.In case of emergency, produce the leave letter on the day of reporting

Schedule for IV year students (Clinical)

1st posting

Radiographic Interpretations -10

Short case - 7

Hand scaling Cases - 60

Polishing - 3

Study Topic for VIVA

Basic Tissues

Education & Motivation

Scaling & Polishing

Instruments/Instrumentation

Ultrasonic

Case sheets

Plaque control

Normal Values

2nd Posting

Short Case-3

Long Case - 3

Hand Scaling-30

Polishing-7

Study Topic for VIVA

Pathology

Immunology

Diagnosis & Treatment Planning

3rd Posting

Long cases - 2

Hand Scaling-10

Polishing-3

Evaluation case - 2

Study Topic for VIVA

Therapy

Implants

Break of Details of Internal Assessment

		Marks
Attendance		- 10
Scaling		- 5
Punctuality		- 10
VIVA/Test/ Evaluation (5 Marks each)		- 5
	Total	= 30

Department of Periodontics

Long Case

S.No O . P . No. Date:

Name Age: Sex: M/F

Address: Tel No:

Occupation: Income:

CHIEF COMPLAINTS & DURATION

HISTORY OF PRESENTING ILLNESS:

PAST MEDICAL HISTORY

Diabetes	:	Epilepsy	:
Hypertension	:	Jaundice	:
Asthma	:	Hepatitis	:
Drug Allergy	:	Typhoid	:
Injection of Local anesthetic	:	Pregnancy	:
Bleeding disorders	:	Menstrual Cycle	:
Anemia	:		

Past Dental History:

Family History

a.Diabetes: b. Blood dyscrasias:

c. Hypertension: d. Consanguineous Marriage:

Personal History & Habits

a.Oral hygiene Practices :

b.Habits :

c.Menstrual Histiry :

d.Menopause :

e.History of stress factors :

General Examination

Extra - Oral Examination

a.Facial symmetry :

b.TMJ :

c.Mouth Opening :

d.Lymph nodes :

Examination

A.Hard Tissue

1.Maxilla

2.Mandible

3.Palate

B.Soft Tissue

1.Lip :

2.Cheek:

3.Tongue :

4.Buccal Mucosa :

5.Floor of the mouth :

6.Vestibule :

7.Tonsil:

8.Opening of the Salivary duct :

Examination of Teeth

1. No of teeth present:

2.	Size	:		
3.	Shape	:		
4.	Alignment	:		
5.	Supernumerary tooth	:		
6.	Impacted tooth	:		
7.	Plunger cusp	:		
8.	Open contact	:		
9.	Retained deciduous	:		
10.	Deposits	:		
11.	Hypoplasia	:		
12.	Dental caries	:		
13.	Fillings	:		
14.	Over hanging Margins	:		
15.	Non vital teeth	:		
16.	Pathological Involvement	:		
17.	Furcation Involvement	:		
18.	Occlusion	:		
19.	Anatomical defect	:		
20.	Root Stump	:		
21.	Over bite:		Over jet:	Crowding:

22. Fremitus :

Examination of Gingiva :

1.Colour :

2.Contour :

3.Consistency :

4.Texture :

5.Position :

6.Bleeding :

7.Exudate :

8.Pigmentations :

a.Generalized :

b.Localized :

Frenal Attachment

Tension Test :

a. Maxillary frenum

Attach to :

Mucogingival Junction	
Attached Gingiva	
Marginal gingiva	
Interdental Papilla	

16
11
26

b. Mandibular Frenum :

Attach to :

Mucogingival Junction	
Attached Gingiva	
Marginal gingiva	
Interdental Papilla	

Clinical Parameters

Oral Hygiene Index (Simplified)
Greene & Vermilion - 1960

DI - S

16	11	26
46	31	36

DI - S =.....=

CI - S

16	11	26
46	31	36

CI - S =.....=

Interpretation : Poor / Fair / Good

Periodontal Index
Russell - 1957

18	17	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

Interpretation :

Probing Depth (in mm)

18	17	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

Tooth Mobility index
Miller - 1950

18	17	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

Investigations :

1.Bio Chemical :

Blood :

Tc

Dc

Bleeding time

Clotting time

Platelet count E

SR

Hb %

Blood Sugar

Urine :

Urine albumin/sugar

2.Radiological

Diagnosis:

Prognosis :

Treatment Plan

Emergency Phase :

Phase I :

Phase II:

Phase III :

Phase IV :

Date : ..... **Signature**

Department of Periodontics

Short Case

1. Name Age / Sex : S. No.

Address : Occupation :

Date : Income :

II.Chief Complaints

III.Clinical Appearance:

IV.Diagnosis

Differential Diagnosis

V.Investigations

VI.Treatment Plan

Date :

SIgnature

Radiographic Interpretation

1.Identification :

2.Interpretation :

3.Diagnosis :

Date : Signature

S. No	O.P. No. & Date	Name of Patient	Treatment Done	Assessment	Signature

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Record of Work Done

PERIODONTICS

By Mr./Ms.

From To

Attendance and Progress

Remarks:

Signature of Head of Department

Department
Of
Public Health
Dentistry

Public Health Dentistry

CONTENTS

ARMAMENTARIUM

(1)	Mouth Mirror	2
(2)	Williams Probe	1
(3)	Explorer	2
(4)	Tweezer	1
(5)	Cotton Holder	1
(6)	SS Tray lid	1
(7)	Patient's Drape	1
(8)	Table Cover	1
(9)	Clean Apron	1
(10)	Gloves	5 pairs
(11)	Face Mask	5 pairs
(12)	CPI Probe	1
(13)	Torch Light	1
(14)	Divider	1
(15)	Measuring Tape	1
(16)	Protective Goggle	1
(17)	Large Enamel Tray	1
(18)	Chip blower	1

Department of Public Health Dentistry

Date:	Student's Name :Mr./Ms		Case No.:
patient's Name: Mr./Ms.	Age: Year:	Sex : M/F	OP. No. :

Date & Place of Birth : Occupation :

Address & Telephone Number: Religion :

Per Capita Income Rs. per month:

I.Chief Complaint:

II.History of present illness

III.Past Medical History : **Hypertension / Diabetes Mellitus / Drug Allergy / Bleeding diathesis / trauma or hospitalization.**

IV.Past Dental History :

V.Personal History:

A.Family History

a)Parent's age & general health status :

b)Number & Age of siblings :

c)Marital status :

d)Number & age of children :

e)Menstrual history :

B.Personal Habits

a.Smoking : Type / number / frequency / duration

b.Pan chewing : Type / frequency / duration

c.Alcoholism : Type / frequency / duration

C.Habits related to oral cavity

a.	Mouth breathing	:	Yes/No
b.	Thumb sucking	:	Yes/No
c.	Tongue thrusting	:	Yes/No
d.	Bruxism	:	Yes/No

e. Lip biting/nail biting/pencil biting : Yes/No (specify)

D.Oral hygiene practice

a.	Type of cleaning	:	brush (Manual/electrical)/finger/
			stick/any other
b.	Method of cleaning	:	Vertical/horizontal/circular/combination

c. Materials used : tooth paste / powder / charcoal / sand / brick powder/ others

d.Frequency of cleaning/brushing : once/twice/thrice

e. Time of brushing : before meal / after meal

f. Frequency of changing the tooth brush :

g. Any other oral hygiene aids used : floss / interdental brush / Dental mouth rinse (to specify)

E.Dietary habits :

a.Veg / Non - Veg / (mixed)

b.Sugar Consumption : (per day)

i.Type-Solid/liquid

ii.Frequency-number of times

iii.Time of intake - with food / with snacks / others

iv.Form & consistency-solid/liquid/sticky/non-sticky

v.Sugar Score

VI.General Examination :

Gait 1. Height - cm. 4. Pulse

Consciousness 2. Weight - kg. 5. Respiratory rate

Orientation

3.BMI

6.Blood Pressure

7.Anaemia Jaundice Cyanosis Clubbing Edema

VII.Local Examination

A.Extra Oral:

1.Symmetry: . .

2.TMJ : a) pain b) tenderness c) clicking d) deviation e) mouth opening : - mm

3.Cervical lymphadenopathy:

B.Intra Oral:

1.Soft tissue - Lip

Mucosa- Labial, buccal, alveolar, palatal, lingual :

Floor of mouth :

Soft palate :

Tonsils :

Fauces (Pillar of Fauces) :

2.Hard tissue

a.Type of dentition : deciduous / mixed / permanent:

b.Number of teeth present:

c.Teeth absent & reason for loss :

d.Dental caries:

e.Filled teeth:

f.Any prosthesis : crown / FPD / Jacket crown / RPD

g.Wasting diseases : Attrition / Abrasion / Erosion

h.Enamel hypoplasia: Hereditary / Environmental

i.Supernumerary teeth:

j.Any other anomaly to specify :

k.Malocclusion : I / II / III Overjet: mm Over bite: mm : Molar relation

l.Occlusal traumatism (Fremitus test) (Traumatic bite)

m.Fractured tooth : Ellis Classification

n.Non - Vital tooth :

o.Gingiva: Colour / Contour / Consistency / Surface texture / position / bleeding on probing/ exudate

p.Deposits

i)plaque :

ii)debris :

iii)calculus : supra/sub gingival :

iv)stain : Extrinsic/Intrinsic

Pocket : Yes/No .....mm

Frenal attachment :

Mobility : Miller's classification

VIII.Provisional Diagnosis :

IX.Investigation:

X.Final Diagnosis

XI.Treatment Plan: (Emergency / Restorative / Corrective / Preventive)

1. .....

2. .....

3. .....

4. .....

5. .....

6. .....

7. .....

8. .....

Black's Classification of Cavities

Cl. I : Cavities occurring in the pit and fissure defects in the occlusal surfaces of the bicuspids and molar, the lingual surfaces of the upper incisor and the buccal and lingual grooves that are found occasionally on the occlusal surface of molars.

Cl. II : Cavities in the proximal surfaces of bicuspids and molars.

Cl. Ill : Cavities in the proximal surfaces of incisors and cuspids that do not require removal and restoration of the incisal angle.

Cl. IV : Cavities in the proximal surfaces of incisors and cuspids that require removal and restoration of the incisal angle.

Cl. V : Cavities in the gingival one third of teeth (not in pits) and below the height of the contour on the labial, buccal and lingual surfaces of the teeth.

Cl. VI : Cavities in the incisal edges, cusp tips and smooth surfaces of teeth above the height of the contour.

Angle's Classification of Malocclusion

Cl. I : The lower dental arch is in normal relation to the upper dental arch as evidenced by the occlusion of the mesio buccal cusps of the upper first permanent molars.

Cl. II : The lower dental arch is distal relation to the upper dental arch as evidenced by the disto-buccal cusp of the upper first permanent molar occluding in the buccal groove of the lower first permanent molar.

Div. 1. The upper incisors are proclined.

Div. 2. Upper central incisors show lingual inclination but may be over lapped by the upper lateral incisors. Sub Div. Cl. II Occlusion on one side only.

Cl. Ill : The Lower dental arch is in mesial relation to the upper dental arch. The lower first permanent molar may lie as much as a full premolar width mesial to the upper first permanent molar., Sub Div. Cl. Ill Occlusion on one side only.

Kennedy's Classification of Partially Edentulous Arches

Cl. I. : Bilateral edentulous areas located posterior to the remaining natural teeth.

Cl. II : A unilateral edentulous area located posterior to the remaining natural teeth.

Cl. III : A unilateral edentulous area with natural teeth remaining both anterior and posterior to it.

Cl. IV : A single, but bilateral (crossing the midline) edentulous area located anterior to the remaining natural teeth.

Tooth Mobility (Miller)

SCORE:

0 - Physiological Mobility.

1 - Less than 1 mm of mobility of tooth in faciolingual direction.

2 - More than 1 mm of mobility of tooth in faciolingual direction.

3 - More than 2 mm of mobility of tooth in faciolingual and mesiodistal direction.

It is compressible in the socket generally indicated for extraction.

$$\text{Tooth Mobility} = \frac{\text{Sum of the Number of Teeth Present}}{\text{Number of Teeth Present}}$$

Eruption of Deciduous Dentition

(After Logan and Kronfeld and McCall and Schour 1929)

	Tooth	Beginning of Calcification	Completion of Crown	Eruption	Completion of Root
Maxilla	Central Incisor	3-4moIU	4mo	7½ mo	1½ - 2 yr
	Lateral incisor	4½ mo IU	5 mo	8 mo	1½ - 2 yr
	Cuspid	5¼ mo IU	9 mo	16-20 mo	2½ - 3 yr
	First Molar	5 mo IU	6 mo	12-16 mo	2 – 2½ yr
	Second Molar	6mo IU	10-12 mo	20-30mo	3yr
Mondible	Central Incisor	4½ mo IU	4 mo	6½ mo	1½-2 yr
	Lateral Incisor	4½ mo IU	4½ mo	7 mo	1½ - 2 yrs
	Cuspid	5 mo IU	9 mo	16 - 20 mo	2½ - 3 yr
	First Molar	5 mo IU	6 mo	12-16 mo	2 – 2½ yr
	Second Molar	6mo IU	10 - 12 mo	20-30 mo	3yr

Eruption of Permanent Dentition

	Tooth	Beginning of Calcification	Completion of Crown	Eruption	Completion of Root
Maxilla	Central Incisor	3 – 4 mo	4 – 5 yr	7 – 8 yr	10 yr
	Lateral Incisor	10 mo	4 – 5 mo	8 – 9 yr	11 yr
	Cuspid	4 – 5 mo	6 – 7 yr	11 – 12 yr	13 – 15 yr
	First Premolar	1½ - 1¾yr	5-6yr	10-11 yr	12-13 yr
	Second Premolar	2 – 2¼ yr	6-7yr	10-12yr	12-14yr
	First Molar	at birth	2½-3 yr	6-7yr	9 -10 yr
	Second Molar	2½ - 3 yr	7-8yr	12-13 yr	14-16yr
	Third Molar	7-9yr	12 - 16 yr	17 -21 yr	18 -25 yr
Mandible	Central incisor	3 - 4 mo	4-5yr	6-7yr	9yr
	Lateral Incisor	3-4mo	4-5yr	7 - 8. yr	10yr
	Cuspid	4-5mo	9-7yr	9-10yr	12-14yr
	First Premolar	1¾ - 2 yr	5-6yr	10-12 yr	12-13 yr
	Second Premolar	2¼ - 2½ yr	6-7yr	11-12yr	13-14yr
	First Molar	at birth	2½ - 3½ yr	6-7yr	9 - 10 yr
	Second Molar	2½-3 yr	7 -8 yr	11-13yr	14-15yr
	Third Molar	8 - 10 yr	12-16yr	17 -21 yr	18 -25 yr

I. ORAL HYGIENE INDEX ORIGINAL : Greene & Vermillion (1960)

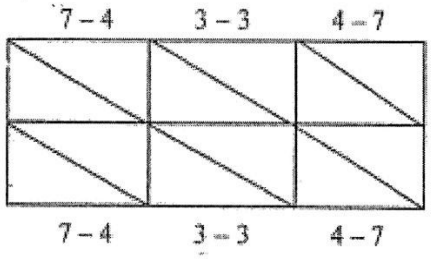
Debris Score:

0 - No debris/stain present

1 - Soft Debris covering not more than $^1/_3$rd of the exposed tooth surface or the presence of extrinsic stains regardless of area covered or both.

2 - Soft debris covering more than $^1/_3$rd but not more than $^2/_3$rd of the exposed tooth surface.

3 - Soft debris covering more than $^2/_3$rd of the exposed tooth surface.



$$\text{Debris Index} = \frac{\text{Total debris score of all the surfaces examined}}{\text{number of segments examined}}$$

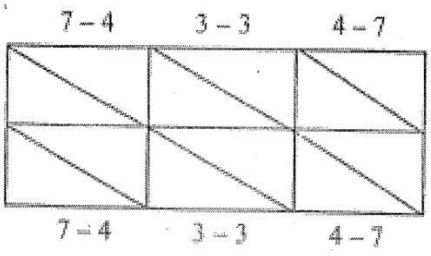
Calculus Score :

0 - No calculus present.

1 - Supragingival calculus covering not more than $^1/_3$rd of the exposed tooth surface.

2 - Supragingival calculus covering more than $^1/_3$rd but not more than $^2/_3$rd of the exposed tooth surface, or the presence of individual flecks of subingival calculus around the cervical portion of the tooth or both.

3 - Supragingival calculus covering more than $^2/_3$rd of the exposed tooth surface or a continuous heavy band of subgingival calculus around cervical portion of the tooth examined



$$\text{Calculus Index} = \frac{\text{Total Calculus Score of all the surfaces examined}}{\text{number of segments examined}}$$

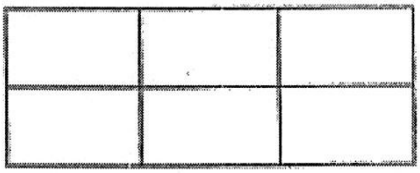
ORAL HYGIENE INDEX = DEBRIS INDEX + CALCULUS INDEX
(O) (O) + (O)

ORAL HYGIENE INDEX - SIMPLIFIED (Greene & Vermillion) (1964)

Criteria for the scores are the same

Debris Score - S =

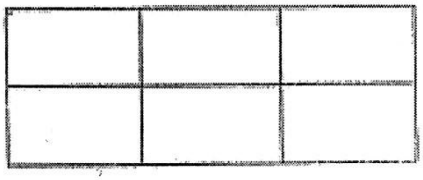
6	1	6
6	1	6



Debris Index - S = $\dfrac{\text{Total Debris score of all surfaces examined}}{\text{number of surfaces examined}}$

Calculus Score - S =

6	1	6
6	1	6



Calculus Index - S = $\dfrac{\text{Total Calculus score of all surfaces examined}}{\text{number of surfaces examined}}$

Category

Oral Hygiene Index - (Simplified) = **DI – S + CI - S**

OHI (S)

Inference :

0 – 1.2 Good

1.3 – 3.0 Fair

3.0 – 6.0 Poor

II. SILNESS AND LOE PLAQUE INDEX. (1964)

This index involves the numerical scoring for plaque to assess the oral hygiene status of the individual.

Methodology :

1. Scoring is done on $\frac{16}{44}$ $\frac{12}{32}$ $\frac{24}{36}$ teeth

2. If that tooth is missing next distal tooth can be considered for examination.

3. Each of the four surfaces (except occlusal) of the tooth concerned is examined visually and tested with a probe.

Scoring Criteria:

- 0 - No plaque in the gingival area.
- 1 - A film of plaque adhering to the gingival margin and the adjacent area of the tooth.
- 2 - A moderate accumulation of soft deposits within the gingival pockets or on the tooth and gingival margin. This can be seen with a naked eye.
- 3 - An abundance of soft matter within the gingival pocket on the tooth and gingival margin.

Calculation:

Calculation is done as follows. The scores from all the Indexed Teeth surfaces (24) added together and averaged to give the plaque index for that individual.

$$\text{PLAQUE INDEX} = \frac{\text{SUM OF SCORES}}{\text{NO. OF SURFACES EXAMINED (24)}}$$

MAXIMUM TOTAL SCORE CAN BE = 3.

Interpretation of the score results:

0.1 to 0.4 - Good oral Hygiene

0.5 to 1.5 - Fair oral Hygiene

above 1.5 - Poor oral Hygiene.

above scores should be entered in the tables given.

III. DMF (T) INDEX (DECAYED, MISSING, AND FILLED TEETH-INDEX)

This index has received practically universal acceptance and is probably the best known of all dental indices. The index described by Henry Klein, Carrol. E. Palmer & Knutson.J.W. in 1938. DMF index can be applied to whole teeth designated as DMF- T or to surfaces designated as DMF-S. An index for primary dentition is dmf and dmfs given by Grubbel in 1944.

Criteria

D: refers decayed teeth - unrestored carious lesions.
- a. Bluish black discolouration
- b. Catch on Probing
- c. Softness in the base of the cavity / softened walls.

M: refers teeth missing due to carries (teeth indicated for extraction)

F: refers teeth that are having permanent restoration.

T: unit of count for thr index. The number of permanent teeth affected.

d: Decayed Deciduous teeth.

f: refers to Deciduous teeth which are having permanent teeth affected.

t: unit of count for the index. The number of deciduous teeth affected.

DMFT Index:

This index expresses the sum of Decayed (D) Missing (M) and Filled (F) Teeth (T) per person. The maximum possible DMFT score is 28 (3rd Molars are not included).

DMFS Index:

When this index is used decayed (D), missing (M) and filled"(F), surface (S) are counted. The maximum possible DMFS score 128 (3rd Molars are not included)

4 x 2	=	8 molars with 5 Surfaces each	=	40
4 x 2	=	8 premolars with 5 Surfaces each	=	40
		4 canines with 4 Surfaces each	=	16
4 x 2	=	8 incisors with 4 Surfaces each	=	32
		Total	=	128

dft and dfs Index :

These small lettered indices are meant for measuring caries in deciduous teeth only in deciduous teeth. The comparable index to DMFT is dft and comparable index to DMFS is dfs. In children one is not sure whether the tooth is exfoliated or extracted for the reason other than caries (e.g., it could reflect tooth loss as a result of orthodontic treatment). To avoid confusion, usually missing (m) teeth are not counted in deciduous dentition. Therefore dft index expresses the sum of decayed (d) and filled (f) teeth (t) per child. The maximum possible dft score is 20. Similarly dfs index expresses the sum of decayed (d) and filled (f), surface (s). The maximum possible dfs score is 88.

4 x 2	=	8 molars with 5 surfaces each	=	40
		4 canines with 4 surfaces each	=	16
4x2	=	8 incisors with 4 surfaces each	=	32
		Total	=	88

Note:

A defect in DMFT or dft count is that once a tooth has found its way into the count further caries on the tooth is not measured. On the other hand DMFS or dfs is more sensitive measure for dental conditions reaching its greatest usefulness where accurate work is to be done. In this count changes in the caries experience can be seen easily.

Rules for DMF tooth or surface and dft and dfs Indices:

1. Third molars are excluded from the count of permanent teeth or surfaces.
2. No tooth or surface should be listed more than once in the count.
3. Decayed missing and filled teeth should be listed separately at first.
4. According to recommendations DMFT index should consider only carious defects (cavities) as D as and not initial lesions (chalky spots, stained fissures etc.)
5. A tooth or a surface which represents caries as well as filling should be listed under D, d (decayed).
6. Teeth to be extracted immediately (e.g. teeth with 3rd degree mobility with caries or remaining roots) are listed under M (missing).
7. Care must be taken to avoid listing as missing those teeth which are unerrupted or are known to be missing for reasons other than caries (History should take wherever it is necessary) e.g. it could reflect tooth loss as a result of orthodontic treatment or due to periodontal disease.
8. Teeth with permanent filling only are counted under F. f and those with temporary fillings under D. d.

Calculation:

Surveys in these indices are made by mirror and explorer examination without X-ray support.

The DMFT or DMFS or dft or dfs Index for each individual in a group is scored and added. From this average can be calculated as follows.

$$\frac{\text{Total number of DMFT :}}{\text{Total number of individuals examined}} = \text{DMFT Score}$$

Example - in 100 school going children if

D	=	250
M	=	150
F	=	150
Total	=	550

$$\text{Therefore DMFT Index} = \frac{550}{100} = 5.5$$

Therefore DMFT index in this group of children = 5.5

The Scores should be entered in the tables given.

IV. CPITN INDEX

(Community Periodontal Index of Treatment Need - AINAMO - et al-1982)

Introduction:

The most widely recommended system for estimating periodontal treatment need is the CPITN, The system (Index) was introduced and proposed by World Health Organization. The index has been recommended for establishing a World Periodontal Health Data Bank as well as for treatment planning.

Sextants :

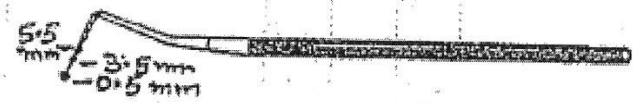
For the convenience of measuring CPITN the mouth is divided into six sextants defined by teeth numbers.

18-14	13-23	24-28
48-44	43-33	34-38

N.B. : FDI – Numbering of teeth (Federation Dentaire International)

Instruments Required :

Mouth mirror and a special probe called CPITN Probe. A specially designed light weight probe with 0.5 mm ball tip is used, bearing a black band between 3.5 and 5.5 mm from the ball tip.



Which tooth should be examined (Index teeth)

There are six teeth to be examined, one from each six sextants. These are,

16	11	26
46	31	36

A sextant should be examined if there are two or more teeth present and not indicated for extraction, if only one tooth remained exclude that sextant.

If specific index tooth is not present, in a sextant, all the remaining teeth in that sextant are examined and maximum affected tooth should be taken for scoring.

If an individual is above 19 years are also taken $\frac{7 \mid 7}{7 \mid 7}$ to count.

Scores 3, 4 are not given in individuals below 15 years

How to examine (Method of Examination) :

With the help of CPITN probe, the index tooth should be probed.. When inserting the probe the ball point should follow the anatomical configuration of the tooth root. The probe tip should be inserted gently into the gingival sulcus and the depth of the insertion should be read against the colour coding. The total extent of the pocket should be explored. At least six points on each tooth should be examined, Mesio-buccal, mid-buccal, disto-buccal and corresponding lingual sides, Out of this the maximum attained score should be taken for consideration.

What we are looking for: The index tooth should be probed to - a) determine pocket depth b) detect subgingival calculus (visual Supragingival. calculus also) . c) and bleeding response.

Method of recording :

The index tooth should br sensed with probe and highest score is recorded in the appropriate box. For example, on probing a tooth if you find bleeding, calculas and pocket, the pocket score should be recorded.

Scoring Methodology: Scores in descending order of severity are:-

Score 4 - Pocket more than 5.5 mm (black area on the probe is not visible)

Score 3 - Pocket between 3.5 and 5.5 mm (part of the black area of probe is visible)

Score 2 - Calculus felt on probing (all the black area of probe is visible)

Score 1 - Bleeding observed after sensing with probe.

Score 0 - Healthy.

Example of Recording :

If the patient scores are as below:

1	0	2
3	1	4

That means :

First Square -- Upper right sextant on probing bleeding is observed.
Second Square -- Upper middle sextant '0' Healthy.
Third Square -- Upper left sextant Calculus is detected.
Fourth Square -- Lower right sextant pocket depth less than 5.5 .mm
Fifth Square -- Lower middie sextant shows bleeding on probing.
Sixth Square - Lower left sextant pocket depth more than 5.5 mm.

Treatment needs to be planned depending on the Scores obtained as below:

A subject (the maximum score of the individual is counted) or a sextant are classified according to periodontal treatment needs into one of the following categories -

0 - No treatment (Score '0')

I - Improvement in personal oral hygiene (Score '1')

II - Personal Oral Hygiene Plus scaling (Score '2' and '3')

III - Personal Oral Hygiene plus scaling and complex treatment (score '4') ~~related~~ such as surgical interventin etc. that will improve patient periodontal health.

The CPITN results also gives us following data:

Percentage of subjects having healthy periodontal tissues, bleeding only, bleeding with presence of calculus and with periodontal pockets.

V. The Periodontal Index (A.L. Russell - 1956)

Score	Criteria and Scoring for Field Sturides	Additional X-Ray Criteria followed in the Clinical test
0 -	NEGATIVE : There is neither overt inflammation in the investing tissues nor loss of function due to destruction of supporting tissues.	Radiographic appearance is essentially normal.
1 -	MILD GINGIVITIS : There is an overt area of inflammation in the free gingiva but this area does not circumscribe the tooth.	
2 -	GINGIVITIS : Inflammation completely circumscribes the tooth. but there is no apparent break in the epithelial attachment.	
4 -	(Used when radiographs are available).	There is early, notch like resporption of the aloveolar crest.
6 -	GINGIVITIS WITH POCKET FORMATION: The epithelial attachment has been: broken and there is a pocket (not merely a depended gingival crevice due to swelling in free gingiva). There is no interference with normal masticatory function, the tooth is firm and has not drifted.	There is horizontal bone loss involving the entire alveolar crest, up to half of the length of the root.
8 -	ADVANCED DESTRUCTION WITH LOSS OF MASTICATORY FUNCTION: The tooth may be loose. may have drifted; may sound dull on percussion with metallic instrument; may be depressible in the socket.	There is advanced bone loss involving more than one half of the length of the tooth root, or a definite infrabony pocket with widening of the periodontal ligament. There may be root resorption or rarefaction at the apex.

RULE: When in doubt, assign the lesser score.

$$\text{Periodontal Index} = \frac{\text{Sum of Individual Scores}}{\text{Number of Teeth Present}}$$

DRINKING WATER WITH EXCESS FLOURIDE HEALTH CONSEQUENCES PREVENTIVE AND CONTROL MEASURES

A good drinking water should not have more than 1.5 ppm or mg./litre. In tropical country like India, a slightly lower value may be more appropriate.

It is well recognized that the earth's crust is rich in fluoride, polluting the water to the extent that it is unacceptable in India. Apart from water source, sea fish, tea, food grown in fluoridated water may also cause increased level of fluoride.

Tamil Nadu is listed as one of the states with endemic fluorosis.

EXCESS FLUORIDE, CONSUMPTION AND HEALTH PROBLEMS

Fluoride when consumed in excess (more than 1.5 ppm.) can cause several kinds of health problems.

SKELETAL FLUOROSIS

It affects young children and older individuals. Flouride can also damage the foetus if the mother consumes water / food with high concentration of fluoride during pregnancy.

Symptoms include severe pain in the back, joints, hip region, stiffness of the back bone and joints and in severe cases it produces paralysis.

DENTAL FLUOROSIS

Dental Fluorosis is prevalent in children who are born and brought up in an endemic area for fluorosis. It can affect either primary or permanent teeth.

Symptoms include yellowish white discoloration of teeth turning into brown with presence of horizontal streaks. In very late stages the whole teeth will appear black, pitted or perforated and may get chipped off. The dental flourisis is not only a cosmetic problem but is also known to cause social problems.

NON SKELETAL MANIFESTATIONS

1. Neurological manifestations like nervousness, depression, headache etc.
2. Muscular manifestations like muscle weakness and pain in the muscle.
3. Allergic manifestations very painful skin rashes.
4. Gastrointestinal problems like abdominal pain, diarrhoea, blood in stools.
5. Urinary tract manifestations like decreased volume of urine and colour change.

PREVENTIVE MEASURES

1. Water containing more than 1.5 ppm should not be used for cooking and drinking.
2. Provide alternative source of water for drinking and cooking.
3. Defluoridation of water.
4. Diet with high amount of Vit. C, Calcium, Milk, vegetables & drumstick leaves should be used.

VI. DEAN'S INDEX FOR FLUOROSIS

It is recommended that the Dean's Index criteria be used. The recording is made on the basis of the two teeth that are most affected, i. e., the score recorded must apply to two teeth. The following codes are used:

Score	Diagnosis	Criteria
0	Normal	The enamel surface is smooth, glossy and usually a pale creamy white colour.
1.	Questionable	The enamel shows slight aberrations from a few white flecks to occasional spot. This classification is used in those instances where a definite diagnosis of the mildest form of fluorosis is not warranted and a classification of 'normal' not justified.
2.	Very mild	Small opaque paper white areas scattered irregularly over the tooth but involving less than 25% of the labial tooth surfaces.
3.	Mild	The white opacity of the enamel of the teeth is more extensive than in category 2, but covers less than 50% of the tooth surface.
4.	Moderate	The enamel surfaces of the teeth show marked wear and brown marked stain is frequently a disfiguring feature.
5.	Severe	The enamel surface is badly affected and hypoplasia is so marked that the general form of the tooth may be affected. The major diagnostic sign of this classification is the discrete or Confluent pitting. Brown stains are wide spread and teeth often present a corroded appearance. The second most severe condition is given as score.

If Community fluorosis Index (Dean)

$$CFI = \frac{F \times W}{N}$$

F = Frequency

W = Weight

n = no. of cases examined

Community index of dental fluorosis

$$= \frac{\text{number of individual x Statistical weight}}{\text{Total number of individuals examined}}$$

The public health significance of CFI scores is defined by Dean as follows:

CFI	Public health Significance
0.0 – 0.4	Negative
0.4 – 0.6	Borderline
0.6 – 1.0	Slight
1.0 - 2.0	Medium
2.0 - 3.0	Marked
3.0 - 4.0	Very marked

DENTAL FLUOROSIS INDEX

1. Name .....
2. Age .....
3. Sex ..... M/F
4. Place / Location of living from birth to 8 years old .....
5. Source of drinking water - Tap / well / tank / river / any other.
6. History of usage of fluoride - Tablets / Tooth paste.
7. History fluorosis in family members if any .....

Clinical Examination:

Description of the enamel mottling .....

.....

.....

DEAN's Fluorosis score .....

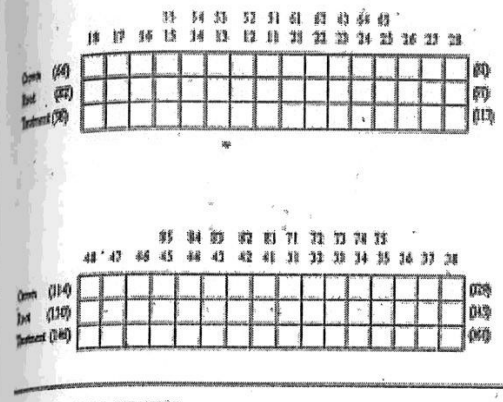
DIFFERENTIAL DIAGNOSIS : MILDER FORMS OF DENTAL FLUOROSIS AND NON-FLUORIDE OPACITIES OF ENAMEL

(Described by RUSSELLA.L. in 1961)

Characteristic	Milder form of fluorosis	Non - Fluoride enamel opacities
Area affected	Usually seen on or near tips of cusps or incisal edges.	Usually centered in smooth surface, may affect entire crown
Shape of lesions	Resembles line shading in pencil sketch; lines follow incremental lines in enamel, form irregular caps on cusps.	Often round or oval
Demarcation	Shades off imperceptibly into surrounding normal enamel	Clearly differentiated from adjacent normal enamel.
Colour	Slightly more opaque than normal enamel, "paper-white". Incisal edges, tips of cusps may have frosted appearance. Does not show stain at time of eruption (in these milder degrees rarely at any time).	Usually pigmented at time of eruption; often creamy-yellow to dark reddish orange.
Teeth affected	Most frequent on teeth that calcify slowly, (cuspids, bicuspids, second molars and on labial surfaces of lower incisors. third molars). Rare on lower incisors. Usually seen on six or eight homologous teeth. Extremely rare in deciduous teeth.	Any tooth may be affected. Frequent on labial surface of lower incisiors. May occur singly. Usually one to three teeth affected. Common in deciduous teeth.
Detection	Often invisible under strong light, most easily detected by line of sight tangential to tooth crown.	Seen most easily under strong light on line of sight perpendicular to tooth surface.
Gross hypoplasia	None. Pitting of enamel does 'not occur in the milder forms. Enamel surface has glazed appearance, is smooth to point of explorer.	Absent to severe. Enamel surface may seem etched, be rough to explorer.

DENTITION STATUS AND TREATMENT NEED

Identification number ☐☐☐



Primary teeth	Permanent teeth		STATUS
Crown	Crown	Root	
A	0	0	Sound
B	1	1	Decayed
C	2	2	Filled, with decay
D	3	3	Filled, no decay
E	4	-	Missing, as a result of caries
-	5	-	Missing any other reason
F	6	-	Fissure sealant
G	7	7	Bridge abutment; Specials crown or veneer / implant
-	8	8	Unerupted tooth, crown) / unexposed root
T	T	-	Trauma (Fracture)
-	9	9	Not recorded

TREATMENT
0 = None
P = Preventive, caries arresting care
F = Fissure sealant
1 = Onesurfacefilling
2 = Two or more surface fillings
3 = Crown for any reason
4 = Veneer or laminate
5 = Pulp care and restoration
6 = Extraction
7 = Need for other care (specify).....
8 = Need for other care (Specify).....
9 = Not recorded.

PROSTHETIC STATUS

Upper Lower (162) ☐☐ (163)

0 = No prosthesis
1 = Bridge
2 = More than one bridge
3 = Partial denture
4 = Both bridge(s) and partial denture(s)
5 = Full removable denture
9 = Not recorded

PROSTHETIC NEED

Upper Lower (164) ☐☐ (165)

0 = No prosthesis needed
1 = Need for one - unit prosthesis
2 = Need for a combination of one-and/ or multi - unit prostheses
4 = Need for full prosthesis (replacement of all teeth)
9 = Not recorded

DENTOFACIAL ANOMALIES

DENTITION (166) ☐☐ (167)

Missing incisor, canine and premolar teeth -- maxillary and mandibular --- enter number of teeth

SPACE

☐ (168)	☐ (169)	☐ (170)	☐ (171)	☐ (172)
Crowding in the incisal segments :	Spacing in the incisal segments :	Diastema in mm	Largest anterior maxillary irregularity in mm	Largest anterior mandibular irregularity in mm
0 = No crowding	0 = No spacing			
1 = One segment crowded	1 = one segment spaced			
2 = two segment crowded	2 = Two segments spaced			

OCCLUSION

☐ (173)	☐ (174)	☐ (175)	☐ (176)
Anterior maxillary overjet in mm	Anterior mandibular Overjet in mm	Vertical anterior openbite in mm	Antero - posterior molar realion

0 = Normal
1 = Half cusp
2 = Full cusp

NEED FOR IMMEDIATE CARE AND REFERRAL

Life - threatening condition	☐ (177)	0 = Absent
Pain or infection	☐ (178)	1 = Present
Other condition (specify).....	☐ (179)	9 = Not recorded

Referral
0 = No ☐ (180)
1 = Yes
9 = Not recorded

NOTES

TOPICAL FLUORIDE APPLICATION

A. Sodium Fluoride: 2% (Knutson - 1942)

Preparation of solution - 2 gms. of sodium fluoride powder in 100ml. of distilled water to be stored in plastic container.

Knutson's technique of application:

1. Basic line dental treatments like restorations, extractions to be completed.
2. Oral prophylaxis and polishing is done to remove the deposits on the teeth.
3. Application is done preferably quadrant by quadrant.
4. Isolate the teeth with rubber dam or with cotton roll.
5. Dry the teeth with air jet.
6. Na F application with the help of cotton applicators on all surfaces of teeth and left for drying out.
7. Total time of application - four minutes.
8. The procedure is repeated on other quadrants.
9. After completing, the patient is advised not to eat or rinse for following thirty minutes

This application should be done four times at weekly intervals. The ages recommended for application are 3, 7, 11 and 13. The average benefit is reduction of 30 to 35% DMFT.

B. **Stannous fluoride: 8%** Topical application, (Muhler) Not stable. Hence fresh solution to be prepared by dissolving 0.8 gms, of SnF crystals in 10 ml. of distilled water - which is sufficient for one sitting application Method of application is as explained above for Na F. The teeth should be kept with the solution. The total application time is four times.

Frequency - once per year. In caries prone individuals twice yearly.

Benefit - Around 35% to reduction in DMFT.

C. **APF Solution:** To be applied as above only.

D. **APF(Acidulated Phosphate fluoride) gel:** Brudevold's Solution - 1.23% of sodium fluoride in 0.1 M (mole) of Phosphoric acid at a Ph. on. 0 Stable, stored in opaque plastic containers.

Method of application : After prophylaxis, isolation and thorough drying, the gel is loaded tried in foam tray and the tray is seated (adopted) on the teeth of upper / lower jaws separately with separate trays.

The application area should be kept completely dry with saliva ejector. The total application time recommended is four minutes.

Frequency of application - Biannual application

Benefit if regularly applied around 50 to 60% reduction in DMFT. (only above few topical fluoride medicaments are recommended for clinical training).

Pit & Fissure Sealants

Indication :

1.Permanent teeth at risk based on caries risk assessment.

Caries Risk Assessment:

Factors increasing risk of developing caries include poor oral hygiene status, prolonged nursing (bottle), developmental (or) acquired enamel defects, many multi surface restorations, chemotherapy (or) radiotherapy, irregular dental care, cariogenic diet, active orthodontic treatment, presence of exposed root surface, restoration overhangs and open margins, physical (or) mental inability (or) unavailability of performing proper oral health care.

2.Early non - cavitated lesion.

Composition of pit & fissure sealant:

Sealant can be of self curing (or) light curing variety. Basically, it contains of BIS-GMA type of monomer and a benzoyl peroxide initiator and second component contains a BIS-GMA type of monomer with organic amine accelerator. In light curing variety, visible light is used.

Method of application :

1.The selected tooth surface to be treated is cleaned with an aqueous pumice slurry using a standard polishing brush.

2.The tooth is washed with a stream of water, isolated with cotton rolls and thoroughly dried with a blast of warm compressed air.

3.The occlusal surface is conditioned by gently applying 37% phosphoric acid (etchant) by means of cotton pellet for approximately 60 seconds. The acid etch gives the treated enamel a frosted white appearance.

4.The tooth is thoroughly washed with a water spray, isolated with cotton rolls and dried with compressed air.

5.A compatible one bottle bonding agent is applied into the tooth surface using cotton pellet.

6.Visible light from a proper light curing unit is directed against the occlusal surface for approximately 30 seconds to allow for hardening of the material.

7.Resin based sealant is placed over the occlusal surface and then cured for 20-30 seconds.

8.After hardening, the sealant surface should be checked for voids using the tip of a sharp explorer. If present, these should be filled by reapplying the drop of adhesive and re-exposing the visible light.

9.Whenever possible, Four handed Technique should be used for placement of resin based sealants.

10.Patient asked not to eat (or) drink for 30 minutes.

11.To review for every 6 months for retention. If not retentive, reapply the material.

PIT & FISSURE SEALANTS EXERCISES

Sl. No	Name of the Student	Age	Sex	Name of the F Used	Time applied	Signature of Staff

TOPICAL FLUORIDE APPLICATION

Sl. No	Name of the Student	Age	Sex	Name of the F Used	Time applied	Signature of Staff

PLAQUE CONTROL PROGRAMME EXERCISES

Sl. No	Name of the Student	Age	Sex	Name of the F Used	Time applied	Signature of Staff

FIELD PROGRAMMES
A. DENTAL CAMPS

Sl. No	Date	Place of Camp		Treatment Rendered (No.)			Any Other	Staff Sign
			Oral Prophylaxis	Restorations		Extractions		
				Temp	Perm.			

Field Programmes

B. A Visit Water Purification Plant

Place of Visit.....

Date of Visit.....

Detailed Report of the Visit

Field Programme

C. A Visit to Primary Health Centre

Place of Visit.....

Date of Visit.....

Detailed Report of the Visit

Field Programme

D. A Visit to Public Health Institute

Place of Visit.....

Date of Visit.....

Detailed Report of the Visit

Survey Report

Title :

Title :

Title :

Title :

Title :

Title :

Title :

Title :

Title :

Title :

Public Health Dentistry

Certificate

This is to certify that Mr. / Ms. of Final B.D.S. class has satisfactorily completed all the clinical, practical and field programs conducted by the department of Public Health Dentistry.

Professor and Head

Department of Public Health Dentistry

Place :

Date :

Signature of the External Examiner

DEPARTMENT OF PROSTHODONTICS

Prosthetic Armamentarium

1.Rubber bowl
2.Plaster spatula
3.Plaster knife
4.Wax knife
5.Wax carver
6.Bunsen Burner with Tube
7.Impression trays:

a. Dentures	- Size 1,2,3	Perforated & Non Perforated	Upper & Lower
b. Edentulous	- Size 1,2,3	Perforated & Non Perforated	

8. I Foot metal Scale

9. Pencil	-	Normal Glass Marking Indelible
10. Files	-	Flat Semicircular Conical
11.Sand paper	-	Discs/Paper/Mandrill
12. Stones	-	Acrylic Vulcanite Wheel Stone
13. Articular	-	3 Point Hinge
14.Flasks	-	Big Small

15. Wooden mallet for deflasking
16. Crown remover
17.Spirit lamp with spirit and wick
18.Torch light with cell
19.Enamel tray (large)
20. Apron
Drape for patient
Table drape
Macintosh Sheet
21.Clinical Record

III B.D.S.
Fixed Partial Denture Exercises
Laboratory Procedure

Exercise No. 1

preparation of jacket crown central incisor and canine

No.	Procedure	Assessment	Signature
1.	Incisal reduction		
2.	Proximal reduction		
3.	Labial reduction		
4.	Lingual reduction		
5.	Preparation of finish lines		
6.	Finishing of the preparation		
7.	Preparation of wax pattern		
8.	Casting		
9.	Polishing & Finishing		
		Grade	

Exercise No. 2

Preparation of complete metal veneer crown (molar & premolar)

No.	Procedure	Assessment	Signature
1.	Occlusal reduction		
2.	Proximal reduction		
3.	Buccal reduction		
4.	Lingual reduction		
5.	Preparation of finish lines		
6.	Finishing of the preparation		
7.	Preparation of wax pattern		
8.	Casting		
9.	Polishing & Finishing		
		Grade	

FINAL B.D.S
PREPARATION OF TOOTH FOR JACKET CROWN CENTRAL INCISORS 11,21 TYPODONT/NATURAL TOOTH

		11	21	Assessment
1	Incisal Reduction			
2.	Proximal Reduction			
3.	Labial Reduction			
4.	Reduction			
5.	Preparation of finish lines			
6.	Finishing of the preparation			

PARTIAL DENTURES

S.No	NAME, AGE, SEX OF PATIENT O.P. NUMBER & CASE NUMBER	DATES					
		IMPRESSION	JAW RELATION RECORDING	WAX TRY IN	INSERTION	RECALL	ASSESMENT & SIGNATURE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

PARTIAL DENTURES

S.No	NAME, AGE, SEX OF PATIENT O.P. NUMBER & CASE NUMBER	DATES					
		IMPRESSION	JAW RELATION RECORDING	WAX TRY IN	INSERTION	RECALL	ASSESMENT & SIGNATURE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

PARTIAL DENTURES

S.No	NAME, AGE, SEX OF PATIENT O.P. NUMBER & CASE NUMBER	DATES					
		IMPRESSION	JAW RELATION RECORDING	WAX TRY IN	INSERTION	RECALL	ASSESMENT & SIGNATURE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

DEPARTMENT OF PROSTHODONTICS

Case History for Completely Edentulous Patients

Patient Name	:			Address	:
Age	:	Sex	:	Tel. No.	:
Occupation	:				
Chief Complaint	:				

History of Present Complaint :

Period of edentulousness -

Etiology of teeth loss - Periodontal diseases/caries/both & others

Previous denture experiences : Yes/No

Type of restoration : CD/PD/FPD

Duration of Restoration :

Medical History:

Relevant medical history about heart diseases, Diabetes, Tuberculosis, Arthritis, Asthma, Epilepsy, Rheumatic fever, or any other disease.

- Anaemia, Jaundice and Cyanosis
- History of allergies / hyper sensitivities
- Chewing habit - Betel nut, Tobacco chewing
- Personal habits - Diet, Smoking, Alcoholic

Clinical Examination

General

- General health of patient with build
- Examination of lymph nodes

Extraoral Examination:

Facial Examination:

* Facial form – Ovoid / Tapering / Square

  Profile – Straight / Convex / Concave

  Facial symmetry – symmetrical / Asymmetrical

Hair, eye-Complexion

* **Lip Examination:**

  ☐ Cracking, fissuring at corners _ Yes / No

  ☐ Thin / Thick

  ☐ Short / Long / Medium

* **TMJ examination:**

  ☐ Mouth Opening - Normal/ Restricted

  ☐ Deviation of Mandible - present / absent

  ☐ Tenderness / Clicking / Crepitus - present / absent

Muscle co-ordination

☐ Movements Coordinated / Uncoordinated

Intra Oral Examination

* Overall view for any abnormal pathoses in the mucous membrane, cheeks, lips, ridges, floor of mouth, hard & soft palate & tongue.

Color of Mucosa: Pink / Pale pink / Pigmented

Saliva

Amount & Flow : Normal/less / excessive

Consistency - Thin / thick: Ropy

Arch Size:

Maxillary. Large / Medium / Small

Mandibular - Large / Medium / Small

Arch Form:

Square / Ovod / Tapering

Ridge Contour:

Maxillary U / V / bulbous/flat

Mandibular U / V/ bulbous/flat

Ridge Relation:

Class I – Normal/Class II – Prognathic/Class III - Retrognathic

Amount of interridge space (inter arch distance) - Less/Adequate

Resorption: Maxilla Slight/Moderate/Severe

Mandible Slight/Moderate/Severe

Mucosa Covering the Ridge:

Firmly attached	Yes/No	
Presence of flabby tissue	Present/Absent	Anterior/Posterior
Hyperplastic changes	Present/Absent	

Soft Palate Contour {Throat Form):

Class I/Class II/Class III

Bony Undercuts:

Anterior Present/Absent

Posterior Present/Absent

Tori:

- Torus palatinous - Present Absent
- Torus Mandibular is - Present Absent

Muscle & Frenum:

Attachments - Normal/High

Tongue:

- Size
- Movement and co-ordination

Floor of Mouth:

High / Low / Normal

Gage Reflex:

Active / Exaggerated

Provisional Diagnosis:

Patient is completely Edentulous

Radiographic Examination:

- Panoramic radiographs are preferred
- Impacted Teeth - Present / Absent
- Root stumps - Present / Absent
- Foreign objects - Present / Absent
- Radiolucencies - Present / Absent
- Any other findings :

Treatment Plan:

Treatment advised : upper & lower complete dentures

Evaluation of Present Prosthesis

Patient evaluation :

Comfort

Chewing Efficiency

Aesthetics

Speech

Clinical Examination :

Speech

Aesthetics

Extension

Retention

Occlusion

Vertical dimension Adequate / increased / decreased

Artificial teeth - Porcelain/Resin

Any complaints :

***Prognosis :**

Treatment Plan :

Treatment Advised :

Upper & Lower complete dentures

DEPARTMENT OF PROSTHODONTICS

Case History for Completely Edentulous Patients

Patient Name	:			Address	:
Age	:	Sex	:	Tel. No.	:
Occupation	:				
Chief Complaint	:				

History of Present Complaint :

Period of edentulousness -

Etiology of teeth loss - Periodontal diseases/caries/both & others

Previous denture experiences : Yes/No

Type of restoration : CD/PD/FPD

Duration of Restoration :

Medical History:

Relevant medical history about heart diseases, Diabetes, Tuberculosis, Arthritis, Asthma, Epilepsy, Rheumatic fever, or any other disease.

- Anaemia, Jaundice and Cyanosis
- History of allergies / hyper sensitivities
- Chewing habit - Betel nut, Tobacco chewing
- Personal habits - Diet, Smoking, Alcoholic

Clinical Examination

General

- General health of patient with build
- Examination of lymph nodes

Extraoral Examination:

Facial Examination:

* Facial form – Ovoid / Tapering / Square

  Profile – Straight / Convex / Concave

  Facial symmetry – symmetrical / Asymmetrical

Hair, eye-Complexion

* **Lip Examination:**

  ☐ Cracking, fissuring at corners _ Yes / No

  ☐ Thin / Thick

  ☐ Short / Long / Medium

* **TMJ examination:**

  ☐ Mouth Opening - Normal/ Restricted

  ☐ Deviation of Mandible - present / absent

  ☐ Tenderness / Clicking / Crepitus - present / absent

Muscle co-ordination

☐ Movements Coordinated / Uncoordinated

Intra Oral Examination

* Overall view for any abnormal pathoses in the mucous membrane, cheeks, lips, ridges, floor of mouth, hard & soft palate & tongue.

Color of Mucosa: Pink / Pale pink / Pigmented

Saliva

Amount & Flow : Normal/less / excessive

Consistency - Thin / thick: Ropy

Arch Size:

Maxillary. Large / Medium / Small

Mandibular - Large / Medium / Small

Arch Form

Square / Ovoid / Tapering

Ridge Contour:

Maxillary U / V / bulbous/flat

Mandibular U / V / bulbous/flat

Ridge Relation:

Class I - Normal/Class II – Prognathic/Class III - Retrognathic

Amount of interridge space (inter arch distance) - Less/Adequate

Resorption: Maxilla Slight/Moderate/Severe

Mandible Slight/Moderate/Severe

Mucosa Covering the Ridge:

Firmly attached	Yes / No	
Presence of flabby tissue	Present/Absent	Anterior/ Posterior
Hyperplastic changes	Present/Absent	

Soft Palate Contour {Throat Form):

Class I/Class II /Class III

Bony Undercuts:

Anterior Present/Absent

Posterior Present/Absent

Tori:

- Torus palatinous - Present Absent
- Torus Mandibular is - Present Absent

Muscle & Frenum:

Attachments - Normal/High

Tongue:

- Size
- Movement and co-ordination

Floor of Mouth:

High / Low / Normal

Gage Reflex:

Active / Exaggerated

Provisional Diagnosis:

Patient is completely Edentulous

Radiographic Examination:

- Panoramic radiographs are preferred
- Impacted Teeth - Present / Absent
- Root stumps - Present / Absent
- Foreign objects - Present / Absent
- Radiolucencies - Present / Absent
- Any other findings :

Treatment Plan:

Treatment advised : upper & lower complete dentures

Evaluation of Present Prosthesis

Patient evaluation :

Comfort

Chewing Efficiency

Aesthetics

Speech

Clinical Examination :

Speech

Aesthetics

Extension

Retention

Occlusion

Vertical dimension Adequate / increased / decreased

Artificial teeth - Porcelain/Resin

Any complaints :

***Prognosis :**

Treatment Plan :

Treatment Advised :

Upper & Lower complete dentures

DEPARTMENT OF PROSTHODONTICS

Case History for Completely Edentulous Patients

Patient Name	:			Address	:
Age	:	Sex	:	Tel. No.	:
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Chief Complaint	:				

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* **TMJ examination:**

  ☐ Mouth Opening - Normal/ Restricted

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Vertical dimension Adequate / increased / decreased

Artificial teeth - Porcelain/Resin

Any complaints :

***Prognosis :**

Treatment Plan :

Treatment Advised

:

Upper & Lower complete dentures

DEPARTMENT OF PROSTHODONTICS

Case History for Completely Edentulous Patients

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Age	:	Sex	:	Tel. No.	:
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Chief Complaint	:				

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Tori:

- Torus palatinous - Present Absent
- Torus Mandibular is - Present Absent

Muscle & Frenum:

Attachments - Normal/High

Tongue:

- Size
- Movement and co-ordination

Floor of Mouth:

High / Low / Normal

Gage Reflex:

Active / Exaggerated

Provisional Diagnosis:

Patient is completely Edentulous

Radiographic Examination:

- Panoramic radiographs are preferred
- Impacted Teeth - Present / Absent
- Root stumps - Present / Absent
- Foreign objects - Present / Absent
- Radiolucencies - Present / Absent
- Any other findings :

Treatment Plan:

Treatment advised : upper & lower complete dentures

Evaluation of Present Prosthesis

Patient evaluation :

Comfort

Chewing Efficiency

Aesthetics

Speech

Clinical Examination :

Speech

Aesthetics

Extension

Retention

Occlusion

Vertical dimension Adequate / increased / decreased

Artificial teeth - Porcelain/Resin

Any complaints :

***Prognosis :**

Treatment Plan :

Treatment Advised

:

Upper & Lower complete dentures

DEPARTMENT OF PROSTHODONTICS

Case History for Completely Edentulous Patients

Patient Name	:			Address	:
Age	:	Sex	:	Tel. No.	:
Occupation	:				
Chief Complaint	:				

History of Present Complaint :

Period of edentulousness -

Etiology of teeth loss - Periodontal diseases/caries/both & others

Previous denture experiences : Yes/No

Type of restoration : CD/PD/FPD

Duration of Restoration :

Medical History:

Relevant medical history about heart diseases, Diabetes, Tuberculosis, Arthritis, Asthma, Epilepsy, Rheumatic fever, or any other disease.

- Anaemia, Jaundice and Cyanosis
- History of allergies / hyper sensitivities
- Chewing habit - Betel nut, Tobacco chewing
- Personal habits - Diet, Smoking, Alcoholic

Clinical Examination

General

- General health of patient with build
- Examination of lymph nodes

Extraoral Examination:

Facial Examination:

* Facial form – Ovoid / Tapering / Square

  Profile – Straight / Convex / Concave

  Facial symmetry – symmetrical / Asymmetrical

Hair, eye-Complexion

* **Lip Examination:**

  ☐ Cracking, fissuring at corners _ Yes / No

  ☐ Thin / Thick

  ☐ Short / Long / Medium

* **TMJ examination:**

  ☐ Mouth Opening - Normal/ Restricted

  ☐ Deviation of Mandible - present / absent

  ☐ Tenderness / Clicking / Crepitus - present / absent

Muscle co-ordination

☐ Movements Coordinated / Uncoordinated

Intra Oral Examination

* Overall view for any abnormal pathoses in the mucous membrane, cheeks, lips, ridges, floor of mouth, hard & soft palate & tongue.

Color of Mucosa: Pink / Pale pink / Pigmented

Saliva

Amount & Flow : Normal/less / excessive

Consistency - Thin / thick: Ropy

Arch Size:

Maxillary. Large / Mediu m / Small

Mandibular - Large / Medium / Small

Arch Form

Square / Ovoid / Tapering

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Maxillary U / V / bulbous/flat

Mandibular U / V / bulbous/flat

Ridge Relation:

Class I - Normal/Class II – Prognathic/Class III - Retrognathic

Amount of interridge space (inter arch distance) - Less/Adequate

Resorption: Maxilla Slight/Moderate/Severe

Mandible Slight/Moderate/Severe

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Firmly attached	Yes / No	
Presence of flabby tissue	Present/Absent	Anterior/ Posterior
Hyperplastic changes	Present/Absent	

Soft Palate Contour {Throat Form):

Class I/Class II /Class III

Bony Undercuts:

Anterior Present/Absent

Posterior Present/Absent

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- Torus palatinous - Present Absent
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Speech

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Vertical dimension Adequate / increased / decreased

Artificial teeth - Porcelain/Resin

Any complaints :

***Prognosis :**

Treatment Plan :

Treatment Advised

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DEPARTMENT OF PROSTHODONTICS

Case History for Completely Edentulous Patients

Patient Name	:			Address	:
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  ☐ Cracking, fissuring at corners _ Yes / No

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Artificial teeth - Porcelain/Resin

Any complaints :

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Treatment Plan :

Treatment Advised

:

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DEPARTMENT OF PROSTHODONTICS

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Patient Name :		Address :
Age :	Sex :	Tel. No. :
Occupation :		
Chief Complaint :		

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Occlusion

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Artificial teeth - Porcelain/Resin

Any complaints :

*** Prognosis :**

Treatment Plan :

Treatment Advised :

Upper & Lower complete dentures

COMPLETE DENTURES

S.No	NAME, AGE, SEX OF PATIENT O.P. NUMBER & CASE NUMBER	DATES						
		IMPRESSION PRIMARY MASTER		JAW RELATION RECORDING	WAX TRY IN	WAX UP	INSERTION	ASSESMENT & SIGNATURE
01.		Date : Signature	Date : Signature	Date : Signature	Date : Signature	Date : Signature		
02.		Date : Signature	Date : Signature	Date : Signature	Date : Signature	Date : Signature		
03.		Date : Signature	Date : Signature	Date : Signature	Date : Signature	Date : Signature		
04.		Date : Signature	Date : Signature	Date : Signature	Date : Signature	Date : Signature		

COMPLETE DENTURES

S.No	NAME, AGE, SEX OF PATIENT O.P. NUMBER & CASE NUMBER	DATES						
		IMPRESSION PRIMARY MASTER		JAW RELATION RECORDING	WAX TRY IN	WAX UP	INSERTION	ASSESMENT & SIGNATURE
05.		Date : Signature	Date : Signature	Date : Signature	Date : Signature	Date : Signature		
06.		Date : Signature	Date : Signature	Date : Signature	Date : Signature	Date : Signature		
07.		Date : Signature	Date : Signature	Date : Signature	Date : Signature	Date : Signature		
08.		Date : Signature	Date : Signature	Date : Signature	Date : Signature	Date : Signature		

1
2

PROSTHODONTIC DENTISRY
RECORD OF WORK DONE

Name of Student
From : To :

TOTAL NO. OF CASES COMPLETED & GRADES

I.PARTIAL DENTURES

1	2	3	4	5	6	7	8	9	10

11	12	13	14	15	16	17	18	19	20

21	22	23	24	25	26	27	28	29	30

II.COMPLETE DENTURES

1	2	3	4	5	6

III.JACKET CROWN

1	2

IV.ATTEDENCE

%

CROWN

V.REMARKS

Signature of Examiners **Signature of the Department**

Internal **External**

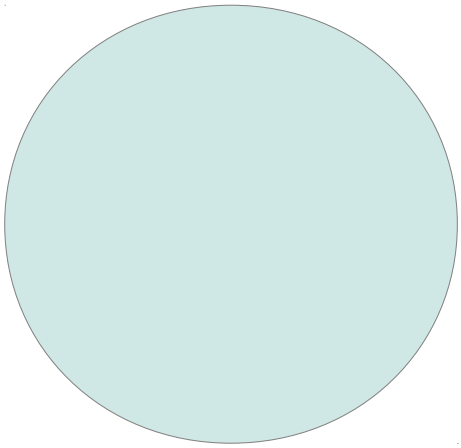
DEPARTMENT OF ORAL & MAXILLOFACIAL PATHOLOGY

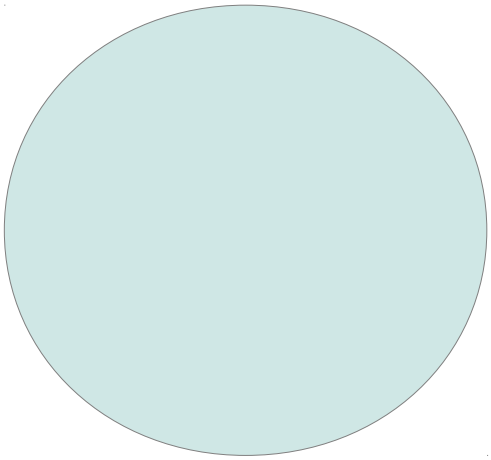
CONTENTS

Serial No.	Date	NAME OF SLIDE SEEN

CONTENTS

Serial No.	Date	NAME OF SLIDE SEEN





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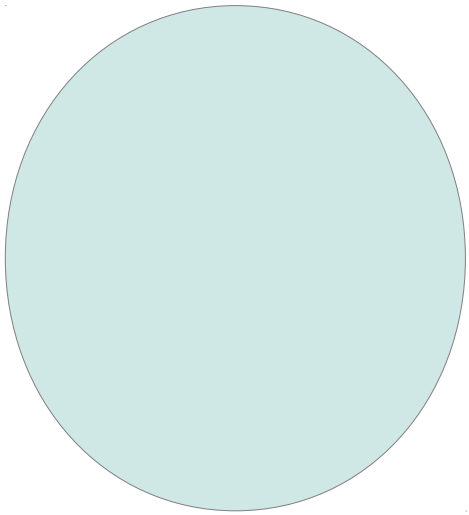

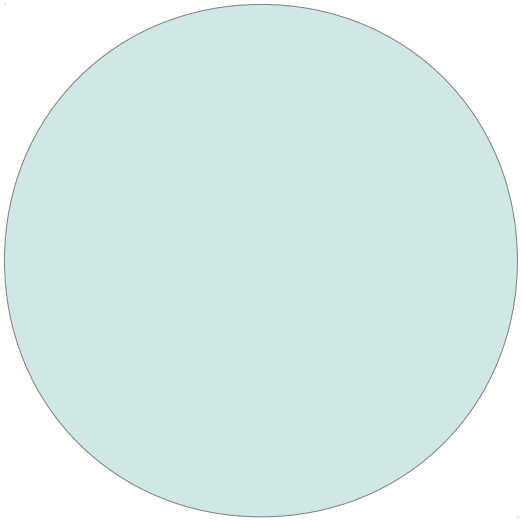

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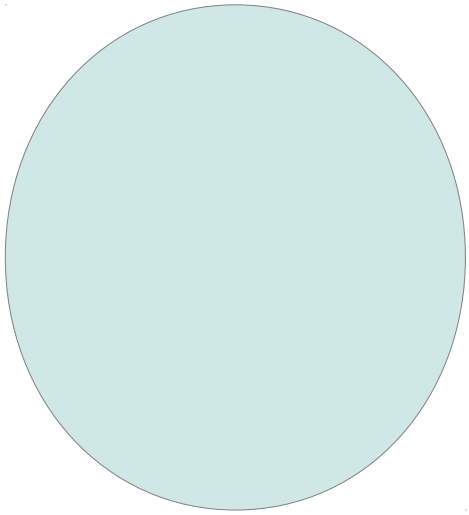

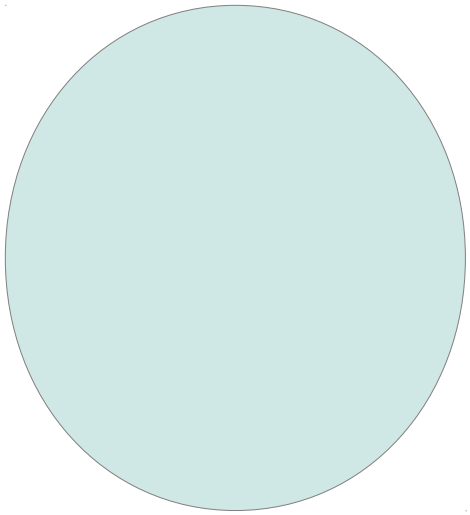

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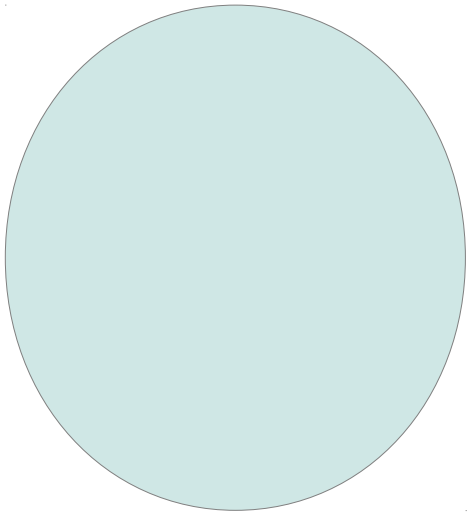

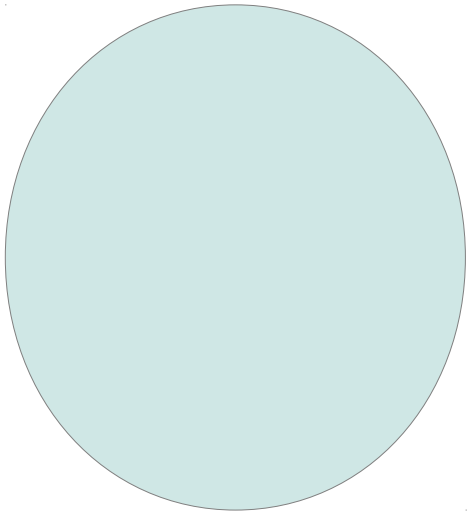

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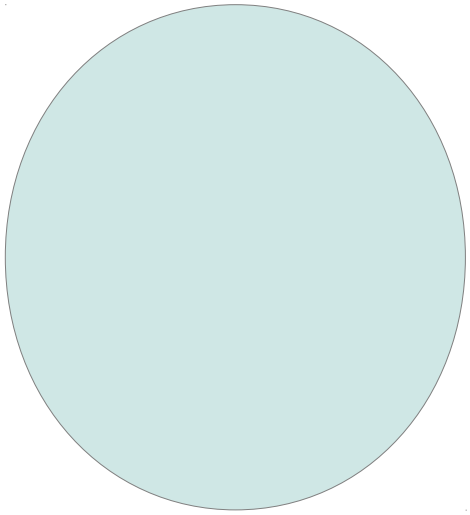

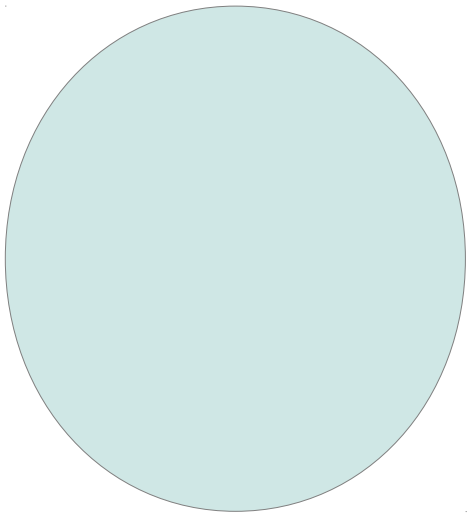

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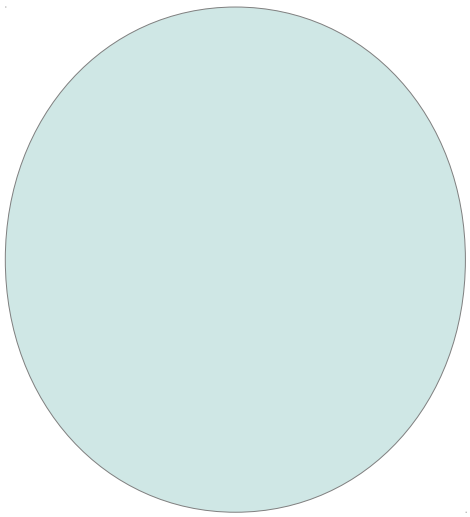

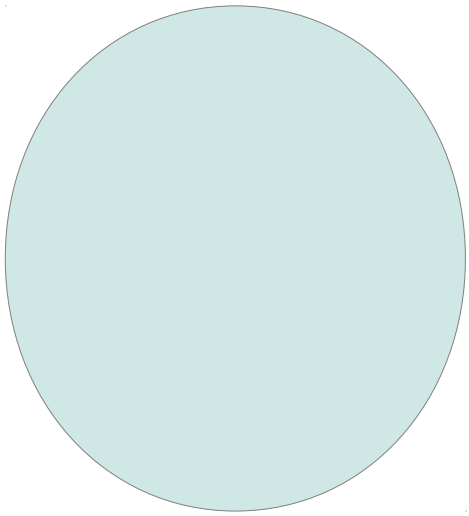

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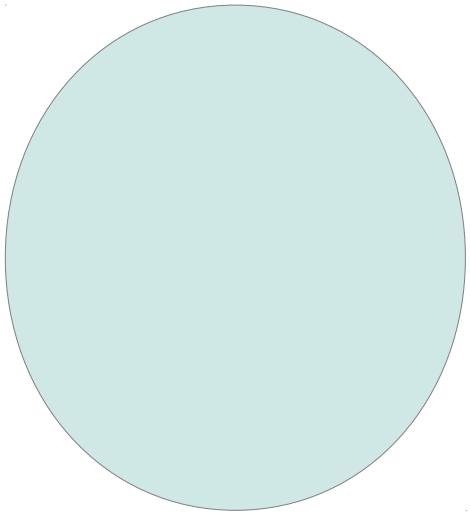

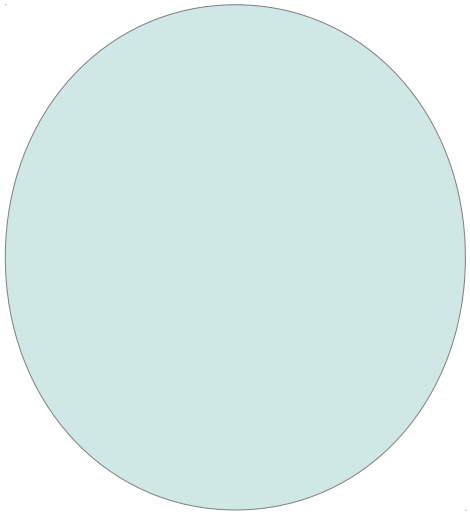

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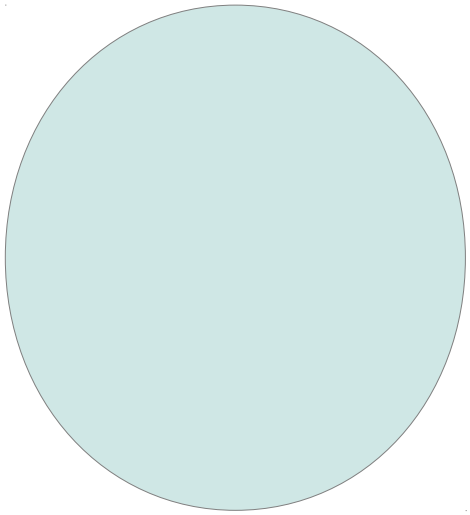

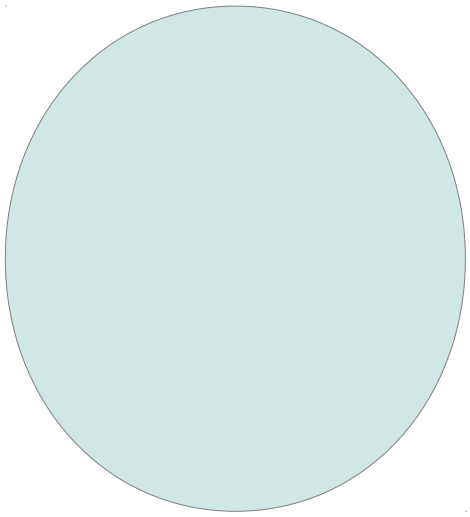

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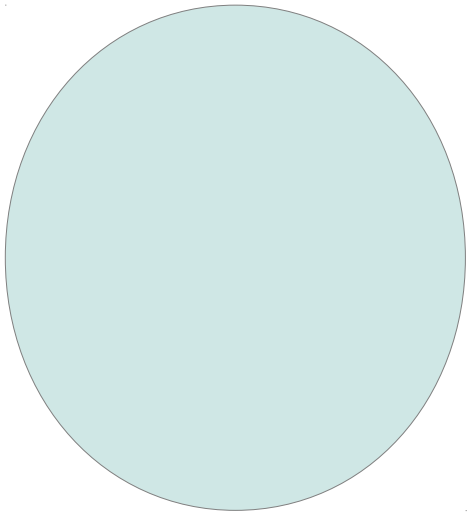

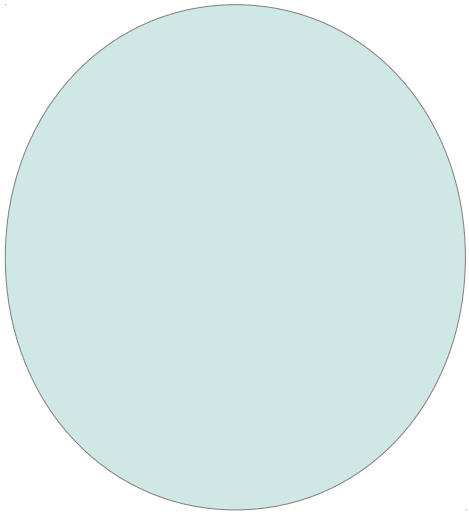

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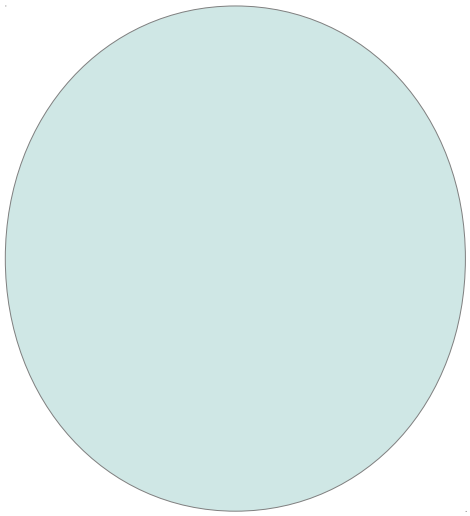

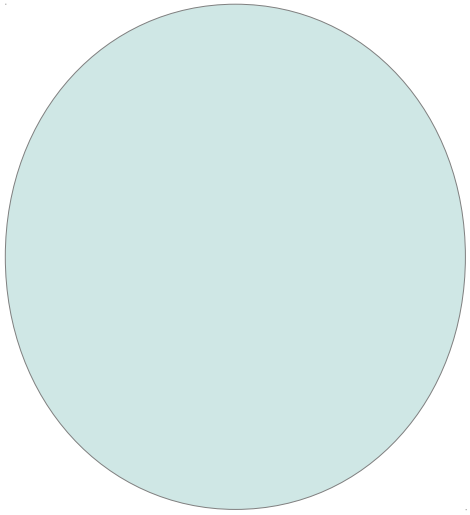

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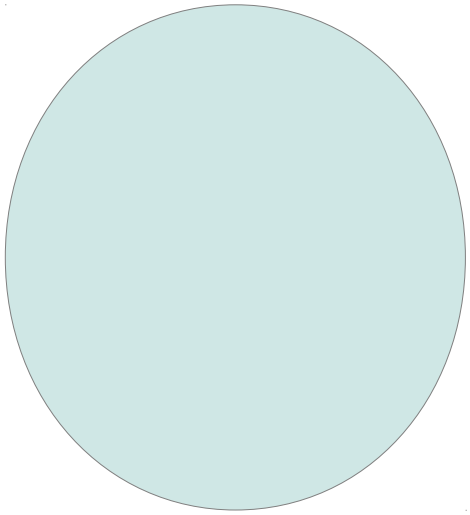

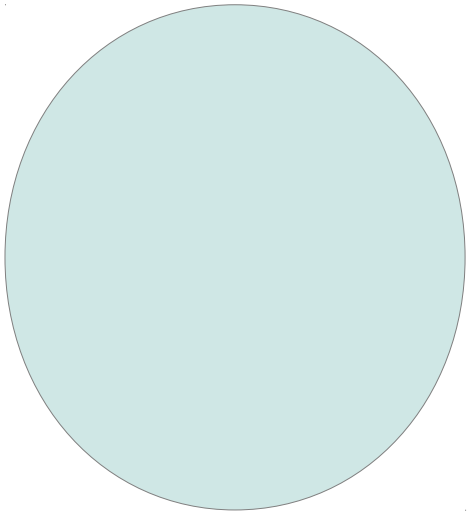

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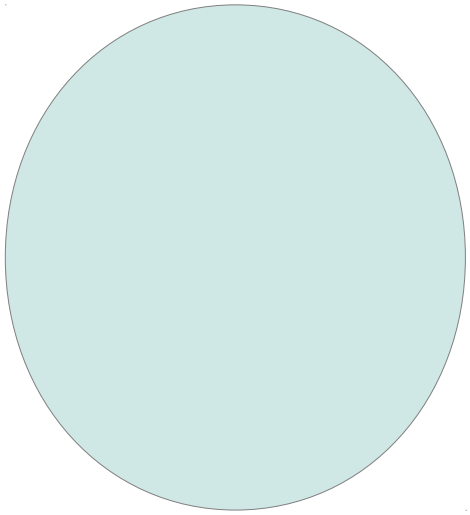

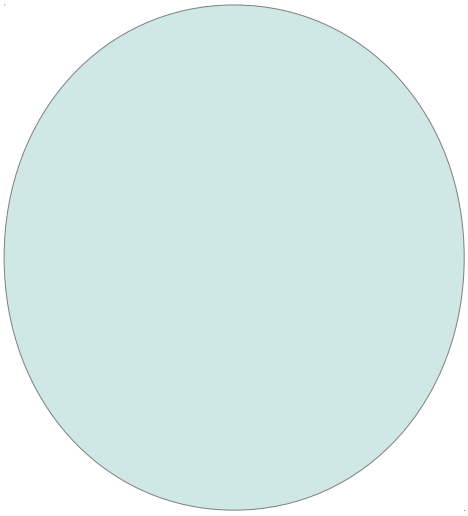

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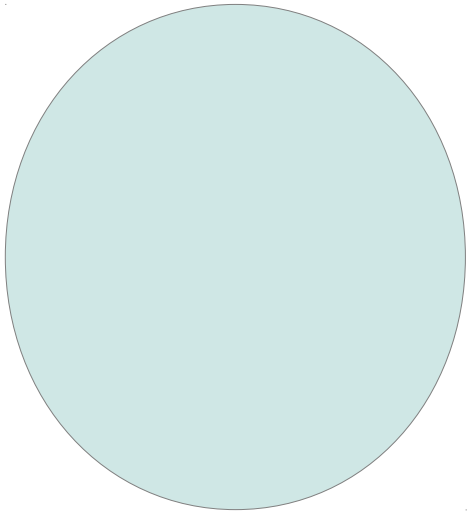

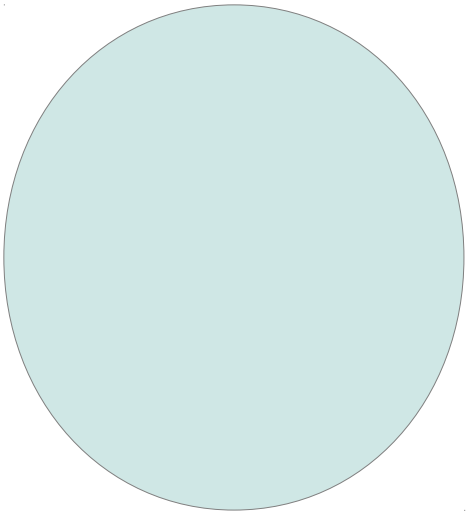

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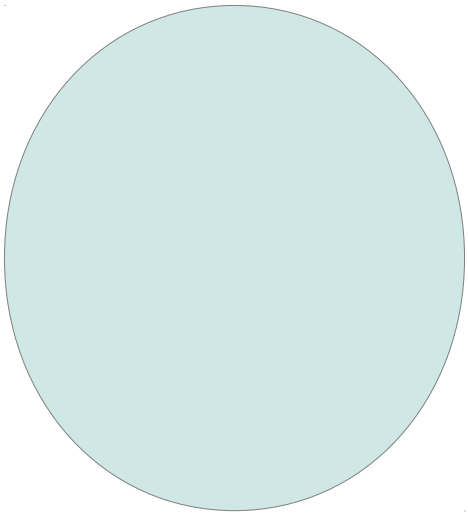

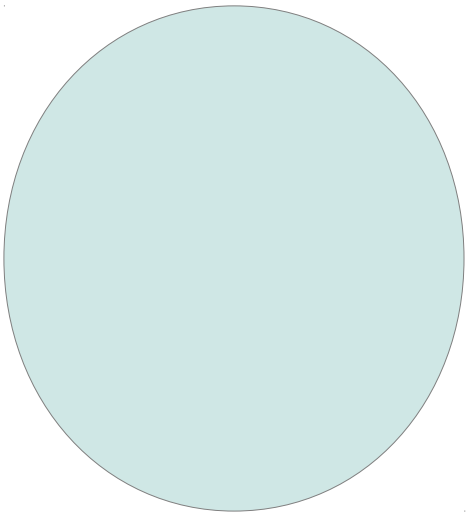

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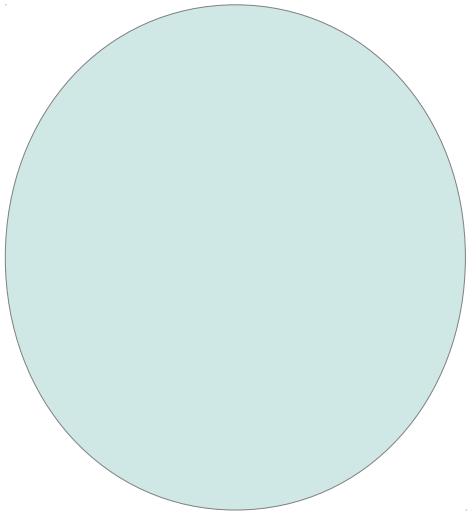

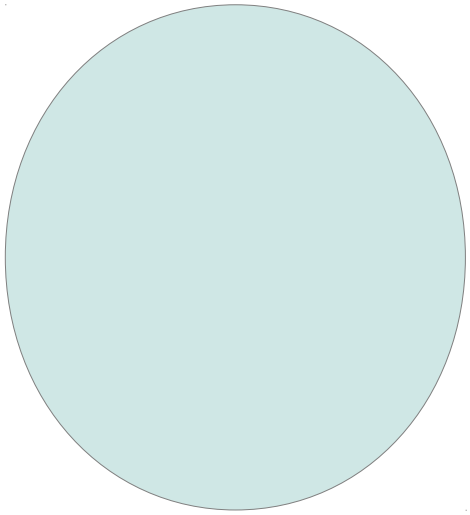

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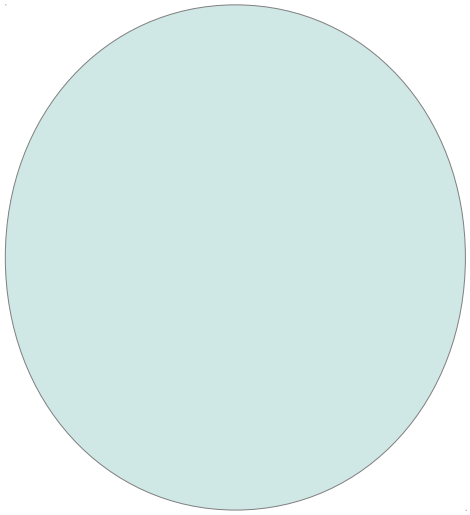

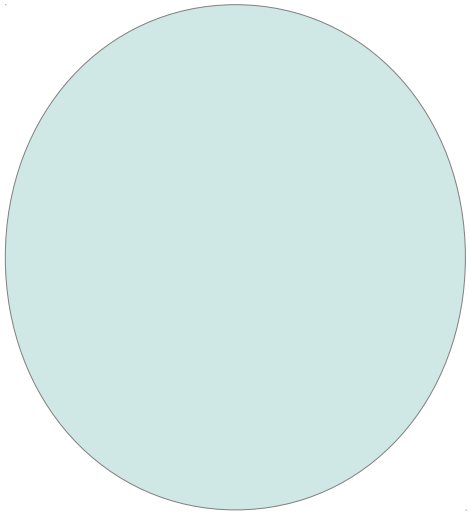

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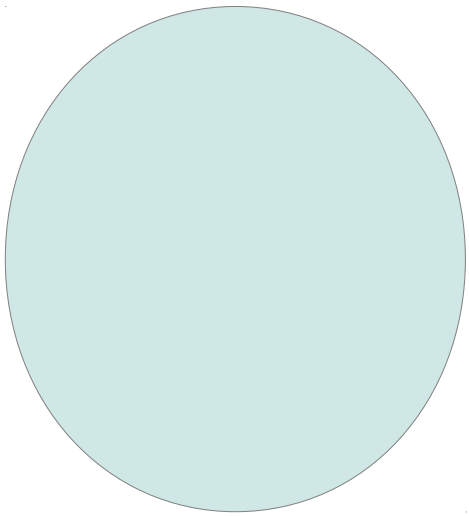

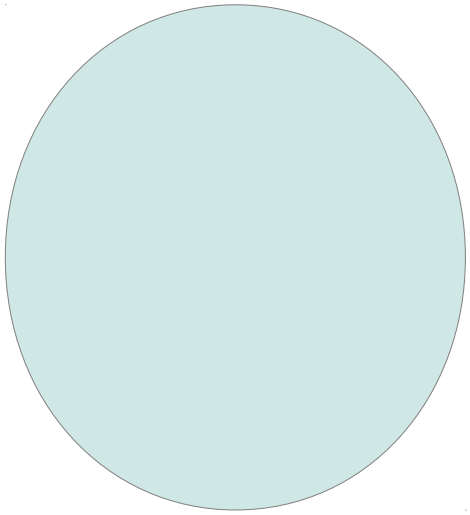

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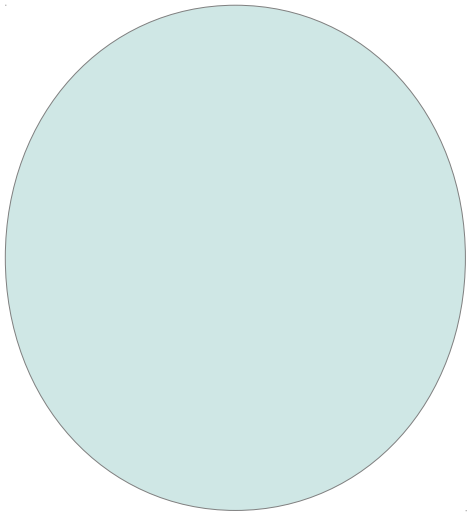

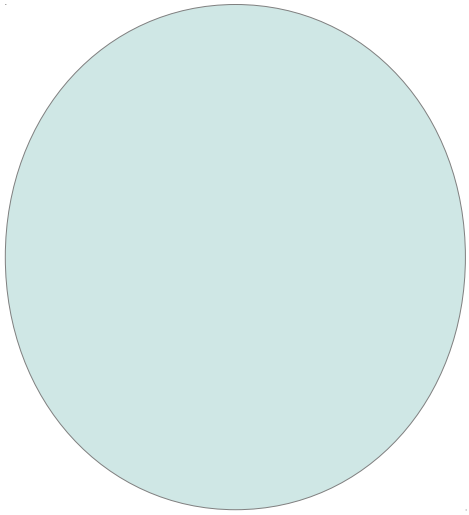

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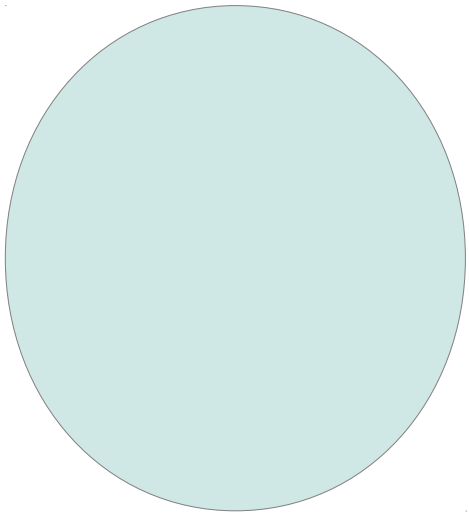

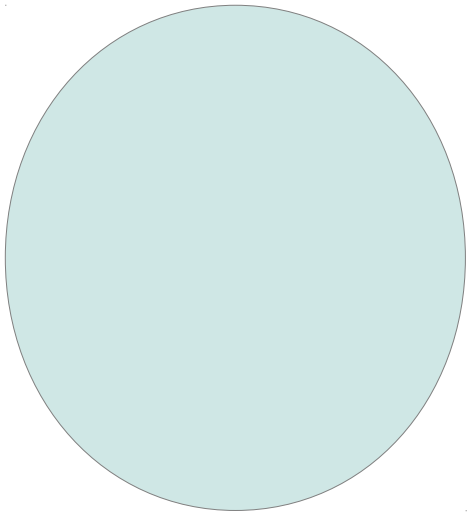

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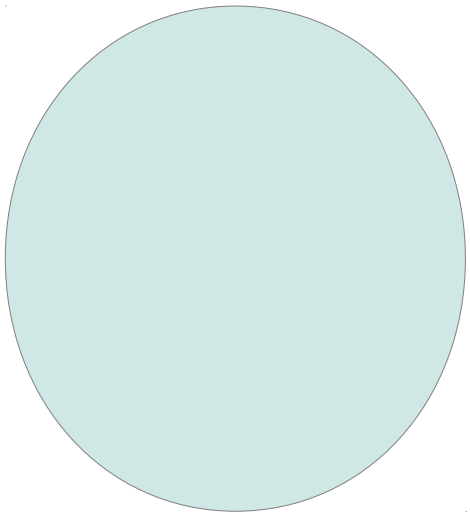

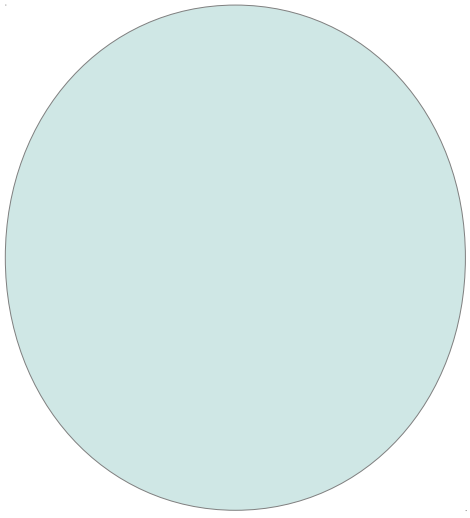

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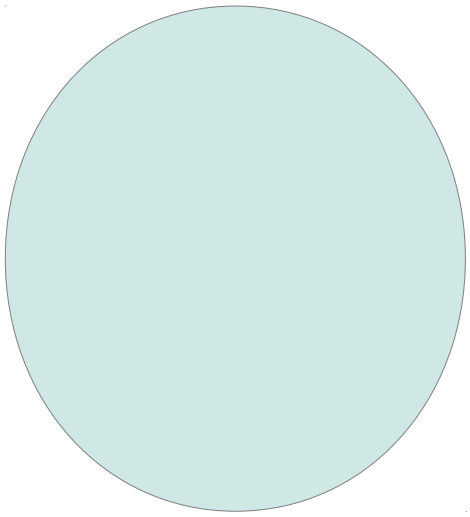

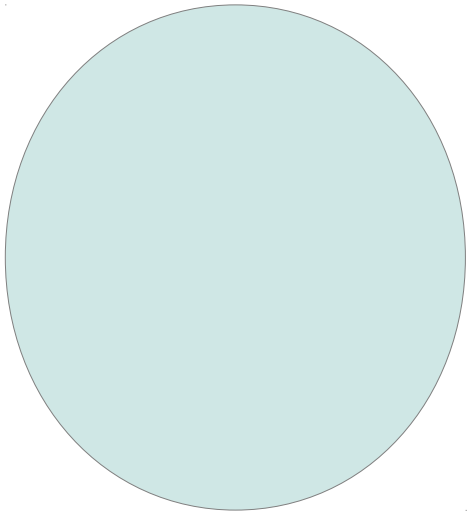

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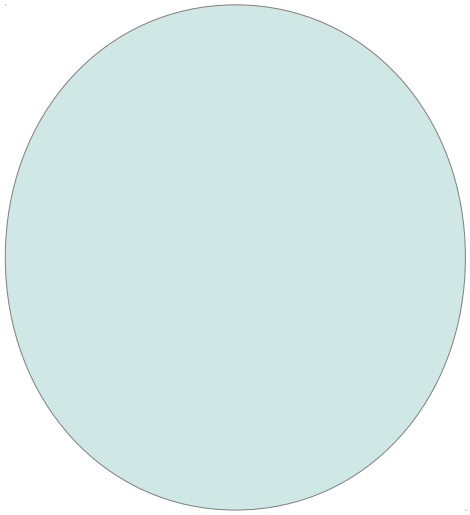

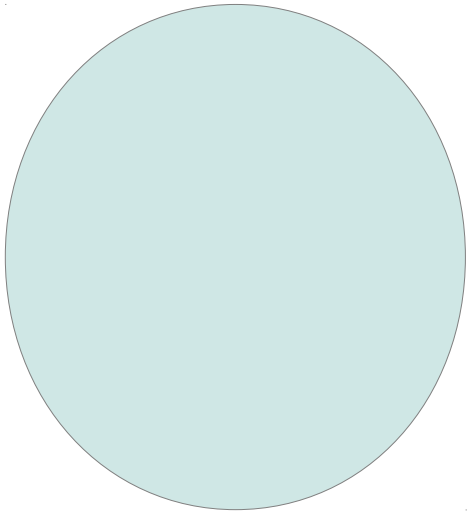

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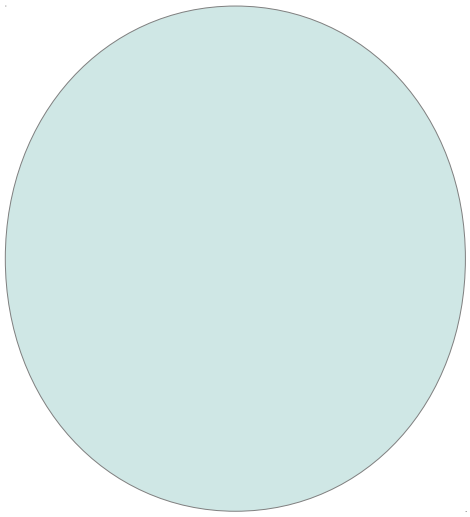

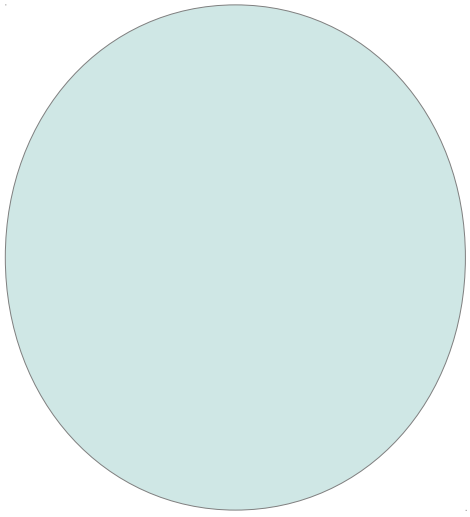

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Record of Work Done
ORAL PATHOLOGY

By MR. / Ms.

From: **To**

Attendance and Progress :

Remarks :

Signature of Examiners **Signature of Head of the Department**

Internal **External**