



Orientation

Prosthodontics

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Faculty of Dentistry, University of Toronto

The prosthodontics component of the Undergraduate Dentistry Curriculum

CDAC Accreditation of DDS Program
1997: "Ethics criteria"
2004: 2001 ACFD competencies
Next accreditation of the UofT:
2011: 2006 ACFD Competencies



Commission on Dental Accreditation

- About CDAC
- Accreditation Requirements
- Search for Accredited Programs
- Application for New Programs
- International Professionals
- Accreditation Surveys

Home > Accreditation Requirements > DDS And DMD

- >> [DDS/DMD](#)
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Accreditation Requirements for Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) Programs

Effective April 1, 2001

Updated with Practice Outcomes Assessment- November 2001

Updated November 30, 2004

Updated November 30, 2005,

including the revised 'Competencies for a Beginning Dental Practitioner in Canada'.

Updated November 30, 2006

The National Dental Examining Board of Canada - Competencies for a Beginning Dental Practitioner - Windows Internet Explorer

http://www.ndeb.ca/en/accredited/competencies.htm

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The National Dental Examining Board...

NATIONAL DENTAL EXAMINING BOARD OF CANADA Home Français Contact Us

About Acts of Parliament Certification Overview Publications Links

COMPETENCIES FOR A BEGINNING DENTAL PRACTITIONER IN CANADA

FOR GRADUATES OF ACCREDITED DENTAL PROGRAMS

- Certification Overview
- Competencies
- The Written Examination
- The OSCE Examination
- Dates, Locations and Fees
- Examination By-Laws
- Reference Texts
- Application Form
- FAQs

FOR NON-ACCREDITED GRADUATES

- Qualifying Programs

A competent beginning dental practitioner in Canada must be able to provide oral health care for the benefit of individual patients and communities in a culturally sensitive manner.

Competency assumes that all behaviours are supported by foundation knowledge and skills in biomedical, behavioural and clinical dental science and by professional behaviour. Beginning dental practitioners in Canada must be able to apply foundation knowledge and skills to justify their decisions and actions and to evaluate outcomes. Therefore, foundation knowledge, skills and professional behaviour are understood to be a part of every competency.

Competency also assumes that all behaviours are performed to an acceptable level and that the practitioner can evaluate their quality and effectiveness. Competency cannot be achieved without the ability to self-evaluate. Moreover, there are no degrees of competence: a dentist is either competent or not competent. The competencies below refer to general dental practice and include the management of patients of all ages including those with special needs. It is assumed that all oral health care is provided in an ethical manner, in accordance with legal requirements at the national and provincial level.

A beginning dental practitioner in Canada must be competent to:

1. recognize the determinants of oral health in individuals and populations and the role of dentists in health promotion, including the disadvantaged.
2. recognize the relationship between general health and oral health.
3. evaluate the scientific literature and justify management recommendations based on the level of evidence available.
4. communicate effectively with patients, parents or guardians, staff,

Done Internet | Protected Mode: Off

National Dental Examining Board of Canada

ACFD - Competencies - Windows Internet Explorer

http://www.acfd.ca/en/publications/ACFD-Competencies.htm#Competencies

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ACFD - Competencies

ACFD ASSOCIATION OF CANADIAN FACULTIES of DENTISTRY Home Contact us Français

Publications Awards Links to Dental Schools Related Organizations About the ACFD

COMPETENCIES FOR A BEGINNING DENTAL PRACTITIONER IN CANADA

COMPETENCIES FOR A BEGINNING DENTAL PRACTITIONER IN CANADA

A competent beginning dental practitioner in Canada must be able to provide oral health care for the benefit of individual patients and communities in a culturally sensitive manner.

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COMPETENCIES FOR BEGINNING DENTAL PRACTITIONERS IN CANADA

A beginning dental practitioner in Canada must be competent to:

In This Section:

- ACFD Guidelines for Infectious Diseases and Health Care Workers
- ACFD Principles Document regarding the CDAC
- RFP ACFD Biennial Conference

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Association of Canadian Faculties of Dentistry

NDEB Competencies for a Beginning Dental Practitioner in Canada applied to the Prosthodontic Curriculum

2009-2010 Prosthodontics, Faculty of Dentistry, University of Toronto.

NDEB Original statement: 1 Recognize the determinants of oral health in individuals and populations and the role of dentists in health promotion, including the disadvantaged

Particular to prosthodontics 1modif. Recognize the determinants of oral health in individuals with an intraoral prosthesis and the role of dentists in health promotion, including the disadvantaged

This competency is within the domain: Critical Thinking

Competencies to be developed within the:

1. Affective dimensions

Treatment phase (1 --> 7): General

Patient with a restorable complete dentition restored with: Crowns --> See: 42d.xx
 Patient with single tooth missing restored with: Implant supported crown --> See: 42s.xx
 Patient with partially edentulous jaw restored with: Fixed prosthesis --> See: 42pe.1
 Patient with partially edentulous jaw restored with: Removable prosthesis --> See: 42pe.2
 Patient with partially edentulous jaw restored with: Implant supported prosthesis --> See 42pe.3

Patient with fully edentulous jaw restored with: Removable prosthesis --> See: 42e.1
 Patient with fully edentulous jaw restored with: Implant supported prosthesis --> See 42e.2
 Patient with prosthesis on fully edentulous jaw restored with: Reline/rebase removable prosthesis--> See 42e.3

Patient with an unrestorable dentition restored with: Immediate prosthesis --> See: 42e.4

Taught:	Learning experience In course:	Format:	71
4 & 3 &	277/333-377/477	Clinic	

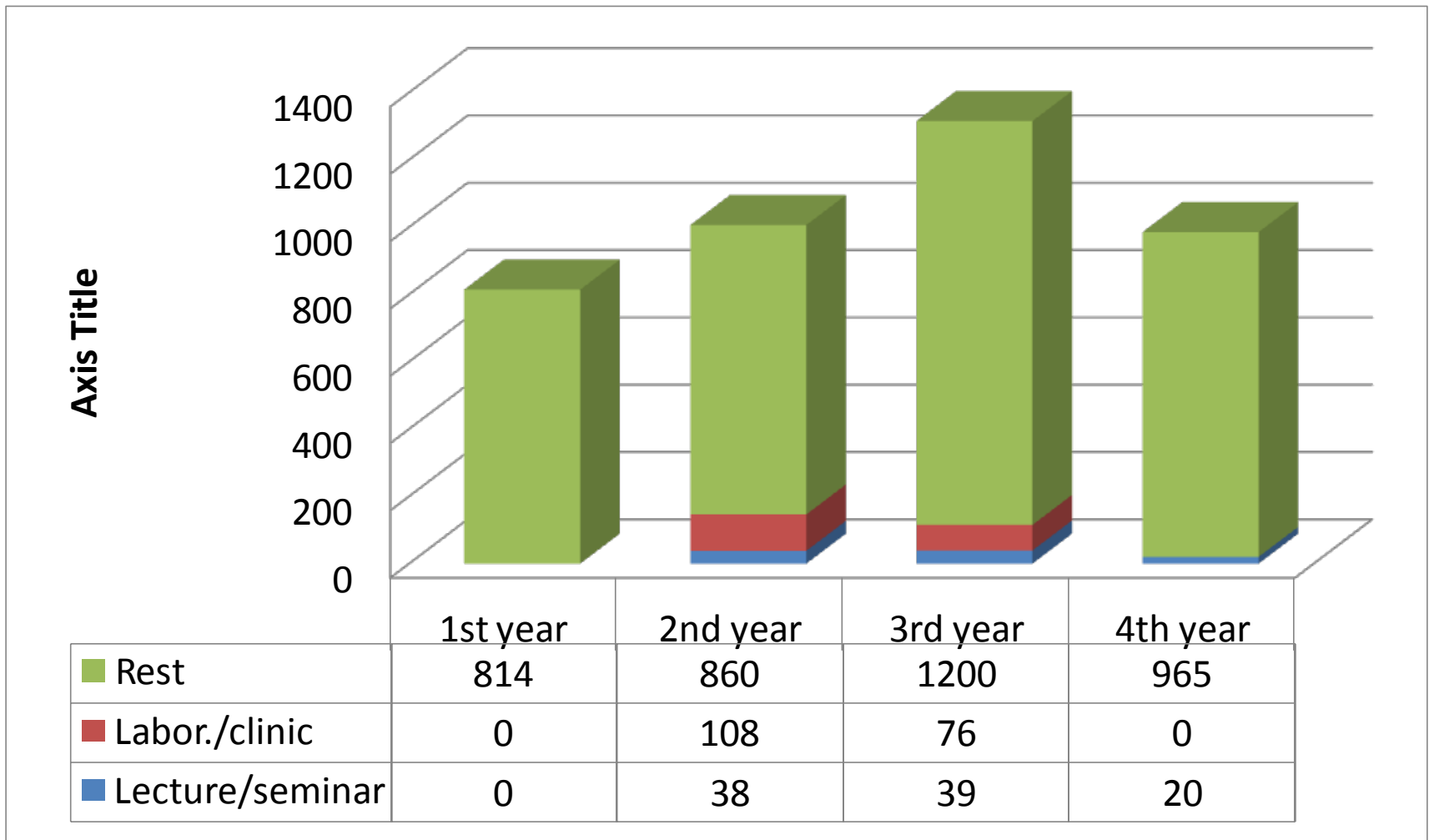
Competency attainment test:	Not tested -Grading of skills in clinic (H/P/NI)
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NDEB Original statement: 2 Recognize the relationship between general health and oral health

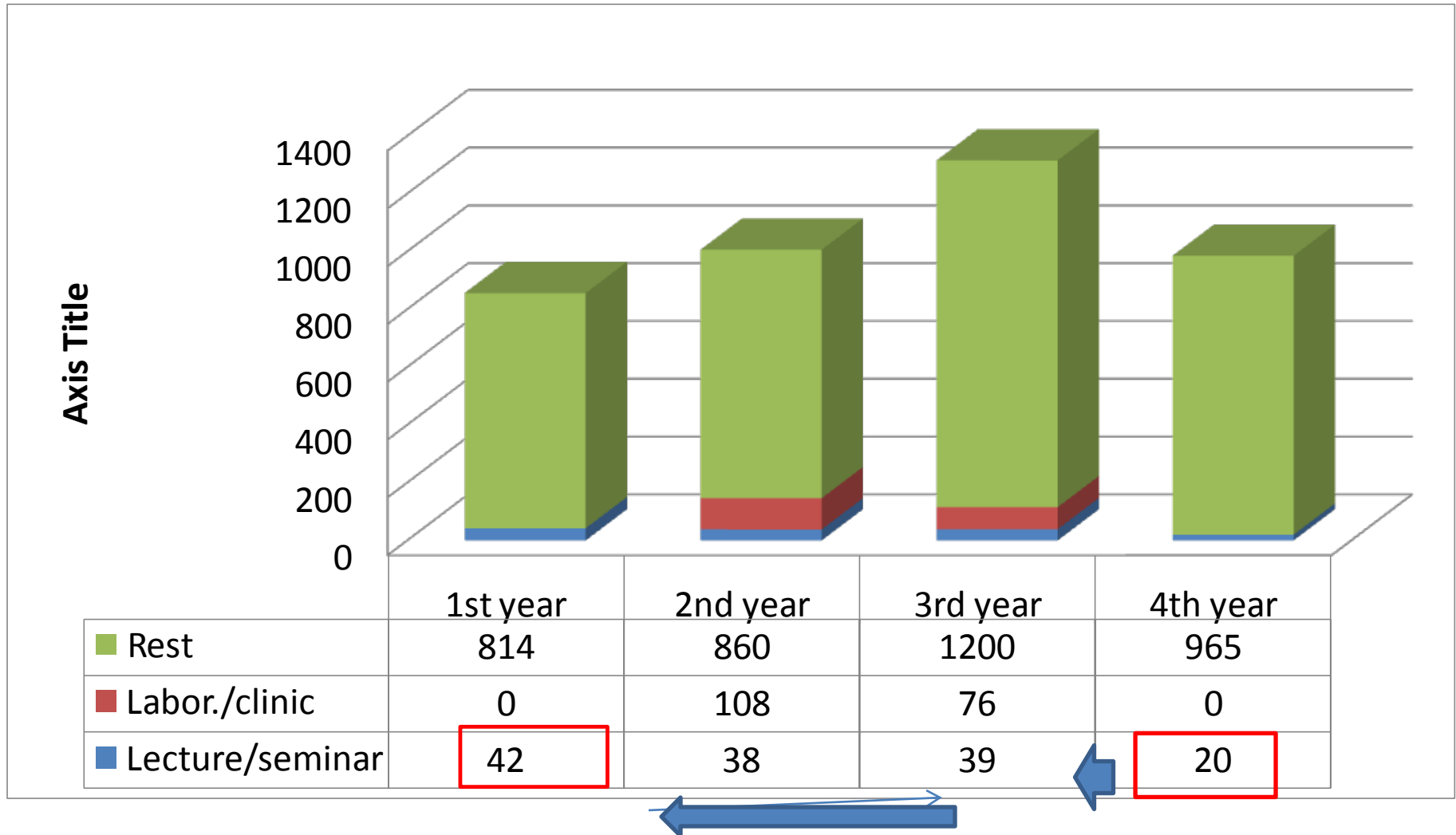
Particular to prosthodontics Fundamental core competency not particular to specific aspects of the prosthodontics curriculum

Prosthodontics Curriculum → 2009

QP program converted to IADPP in 2006 → major re-allocation of prosthodontics curriculum contents

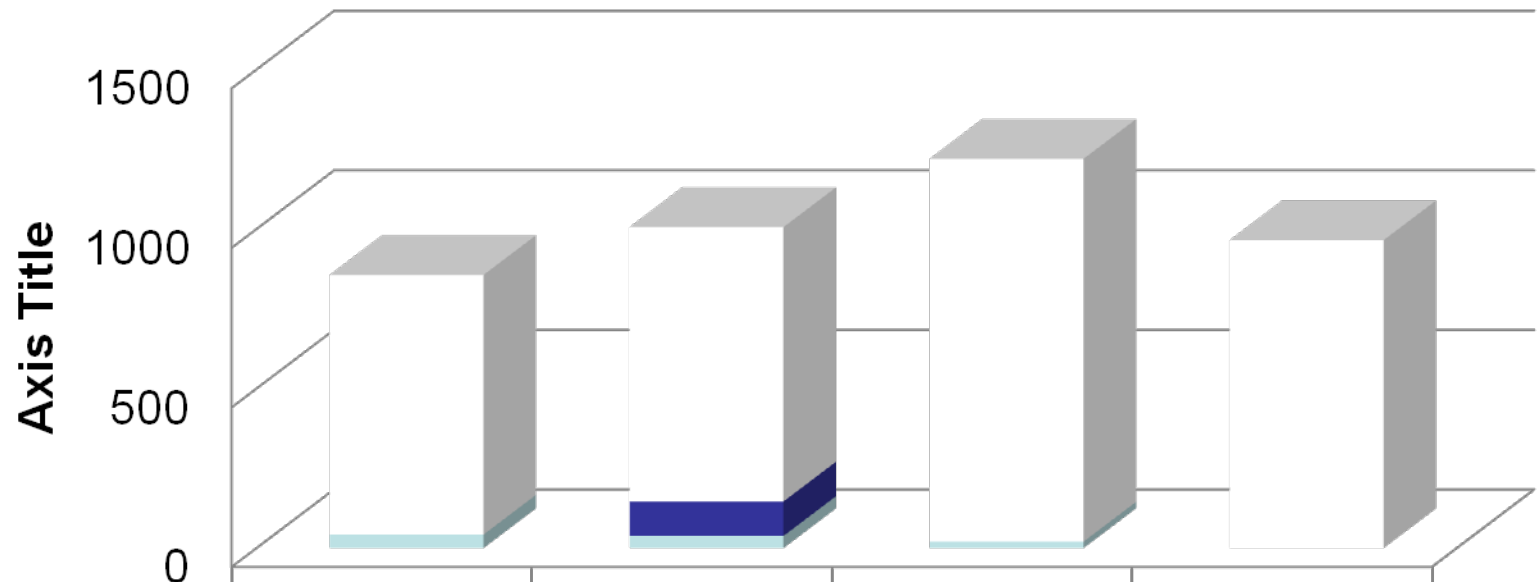


Prosthodontics Curriculum – 2010 → 2012



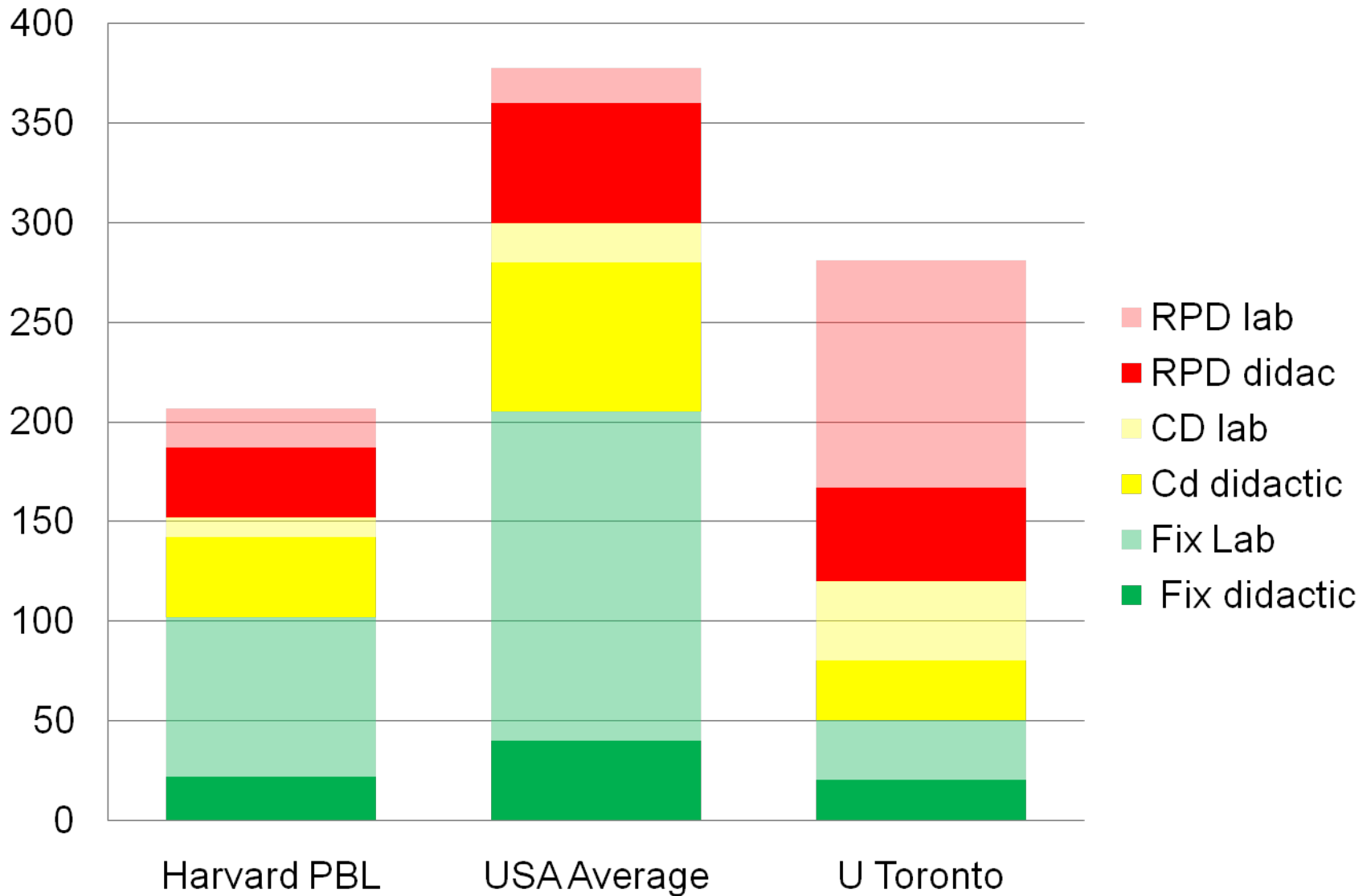
Prosthodontics Curriculum – 2010 → 2012

Chart Title



	1st year	2nd year	3rd year	4th year
Rest	814	860	1200	965
Labor./clinic	0	108		0
Lecture/seminar	42	38	20	0

Prosthodontic Hours -- North America*




Sharepoint - spring 2006

Dentistry > Prosthodontics > 3rd year

Welcome Asbjorn Jokstad | 

 **3rd year**

This Site 

Site Actions 

Home

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Documents

- Teaching resources in prosthodontics
- Lectures 3rd year

Pictures

- Your instructors

Lists

 Recycle Bin

Teaching resources for 3rd year dental students

Announcements

undergraduate guidelines for fabrication of immediate prostheses 11/21/2008 2:53 PM


















by Thuan Dao

Effective immediately, students should follow the following guidelines when treatment planning for immediate prostheses:

Unless there is pain and debilitating disease, the two step process beginning with posterior extractions and healing prior...

Add new announcement

Lectures 3rd year

Type	Name	comment
	Preprosthetic Surgery	Dr Johnb Zarb. 2006.
	Precision Attachments	Overdentures and Precision Attachments. Dr John Zarb. 2006
	Myofascial pain	Myofascial Pain Evidence Based Management Strategies. Dr Tuan Dao.
	Partial edentulousness treatment planning	The tooth, the whole tooth and nothing but the tooth. Dr John Zarb. 2006
	RPD Russell	Restoration of Partially Edentulous Patients. Case History: Mrs. Russell. January 2006
	RPD protocols I and II	Removable Partial Dentures: Clinical and Laboratory Protocols (I & II). Dr Laing-Gibbard Oct 2005
	IS-PFM Single Tooth Implants	Single Implant Prosthodontics. Dr Laing-gibbard. 2006
	Impact_of_Osseointegration_on_Prosthodontics_II	Dr John Zarb. 2006
	Impact_of_Osseointegration_on_Prosthodontics_I	Dr John Zarb. 2006
	Anterior Esthetics For screen	Dr Aaron Fenton. 06 May 2005
	Anterior Esthetics For Print	Dr Aaron Fenton. 06 May 2005
	IS-CLOD	Implant supported overdentures. Dr Thuan Dinh, 12 Jan 2006
	Relining	Relining Removable Prostheses. Dr John Zarb. 2006
	RPD designing	Removable Partial Dentures: A review of indications, protocol, and principles of designing. Dr Laing-Gibbard 8 September 2005
	Immediate Dentures	Management of Patients with Immediate Dentures. Dr John Zarb 2006
	Fundamentals Of Occlusion	Dr Laing-Gibbard lecture 28.11.2005
	Over- and interim dentures	How to fabricate interim dentures. Dr Laing-Gibbard lecture 14.11.2005

Links to external sites

- 1st year student lectures prosthodontics
- 2nd year student lectures prosthodontics
- Blackboard UofT Portal
- Video Library
- Dental Material Teaching U. of Florida

Add new link

Site Users

Aaron Fenton
Asbjorn Jokstad
Cynthia Enriquez
Deepak Nallaswamy Veeraiyan
Greg Mount
Hasan Alkumru
Heather Hyslop
Janet Dewinter
Joseph Fava
Leslie Laing Gibbard
Limor Avivi-Arber
Mark Lin
Mohammed Hani Zahran
Peter McDermott

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Blackboard - fall 2006

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Prosthodontics 477 Course Schedule

#	Date	Topic	Instructor	Manual	View Lecture Online	Additional Material	Print Handout	Learning Objectives
1	Thursday Sep 14	The concept of risk factors and prognostic factors in treatment planning, choice of interventions and prognosis	Dr Asbjorn Jokstad					
2	Thursday Sept 21	Evidence-based prosthodontics - principles, and need for implementation in practice	Dr Jim Anderson					
3	Thursday Sept 28	Treatment outcomes in prosthodontics and importance of oral hygiene compliance and good control routines	Dr Asbjorn Jokstad					
4	Thursday Oct 5	The dental technician - support and possibilities, and need for correct communication	LHM Lab. & Terri Jancen					
5	Thursday Oct 12	The patient with need for prosthodontic therapy- considerations for treatment planning, choice of interventions and prognosis	Dr Jim Anderson					
6	Thursday Oct 19	The adult patient with age and medical condition concerns - considerations for treatment planning, choice of interventions	Dr Aaron Fenton					

Announcements
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PORTAL

PROSTHODONTICS (Fall 2009-DEN477Y1-Y-LEC018) > CLINICAL ROUTINES

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Course Manual
Clinical Routines
Handouts
Lab And Referral
Learning Objective
Lecture Schedules
Lectures
Library Resources
Staff Information
Tools

Tools
Communication
Course Tools

Clinical Routines

Compiled Prosthodontics - Clinical Routines
Clinical Procedures.pdf (313.188 Kb)
Step-by-step descriptions of the fabrication of **partial fixed** and **partial removable** prostheses for **partially edentulous** patients and **removable prostheses** ("denture") for **fully edentulous** patients

Prosthodontics - Clinical Routines for FDPs
42pe_1 FDP.pdf (216.905 Kb)
Step-by-step descriptions of the fabrication of **partial fixed** prostheses for **partially edentulous** patients

Prosthodontics - Clinical Routines for RDPs
42pe_2 RDP.pdf (133.499 Kb)
Step-by-step descriptions of the fabrication of **partial removable** and **partial removable** prostheses for **partially edentulous** patients

Prosthodontics - Clinical Routines for CDs
42e1_DP.pdf (150.647 Kb)
Step-by-step descriptions of the fabrication of conventional prostheses for **fully edentulous** patients

Technical solutions for patients - Flow Charts
protho_steps.pdf (159.46 Kb)
protho_steps_horsontal.pdf (70.034 Kb)
Vertical and horizontal flow diagrams of the fabrication of **partial fixed** and **removable** prostheses for **partially edentulous** patients and **conventional dentures** for **fully edentulous** patients

Internet | Protected Mode: Off | 125%

PORTAL

PROSTHODONTICS Fall 2009-DEN477Y1-Y-LEC018 Lectures

Create Item Build Evaluate Collaborate

1 **Lecture 2 - The concepts of risk factors in prosthodontic treatment planning**
Attached Files: *477-2_view.pdf* (2.397 MB)

1 **Evidence Based Prosthodontics**
Item is no longer available. It was last available on Jul 30, 2010 2:20 PM.
Attached Files: *Evidence-based prosthodontics.pdf* (4.355 MB)

1 **SDA**
Enabled: Statistics Tracking
Attached Files: *SDA Oct09.pdf* (4.995 MB)

1 **Impact of Parafunction**
Attached Files: *Impact of parafunction - 4th yr - 8 X 2008 Lecture.pdf* (1.509 MB)

1 **Bounded Edentulous Space**
Item is no longer available. It was last available on Jul 26, 2010 2:05 PM.
Enabled: Statistics Tracking
Attached Files: *BES Year IV Oct 2009.pdf* (521.981 KB)

1 **Considerations for the Edentulous Patient**
Enabled: Statistics Tracking

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3rdYr BlackBoard
2ndYr BlackBoard
1st Yr BlackBoard

COURSE MANAGEMENT

BLACKBOARD Learn Home - Head

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PORTAL

PROSTHODONTICS (Fall 2009-DEN477Y1-Y-LEC018) Announcements

Create Announcement

1 **Lecture Feb 22 DEN377Y**
The lecture has been posted via BlackBoard. All the best...
Posted by: Cynthia Entwistle
Posted on: Wed, Feb 7, 2010

1 **Final Protho exam**
Dear Class of 2011:
The final Protho exam has been set, reviewed, and submitted. You will want to review the assigned reading as noted in the fall and winter lecture series, the content of the lectures, and any other information that you may have gleaned from the course. You had several seminars in the winter, and this information should be valuable for your practice. It will not necessarily be a part of the exam prep, as the content varied between groups based upon your input.
The format of the exam will be short answer, and you may be requested to provide diagram(s). Bring a pen and sharp pencil, spares in case they run out, and your student card.
There are 9 questions of equal value. The exam is worth 60% of your final mark. Good luck in your preparations and performance. A Fenton/R Paculanan
Posted by: Aaron Fenton
Posted on: Thu, Apr 1, 2010

1 **written marks**
Item is not available.
Dear Class of 2011: as announced, the written marks have been adjusted + 10. Welcome back. a
Posted by: Aaron Fenton
Posted on: Thu, Feb 18, 2010

1 **DEN377Y Lecture Jan 18, 2010**
Item is not available.
Hello everyone,
Posted by: Cynthia Entwistle
Posted on: Mon, Jan 18, 2010

Local intranet | Protected Mode: Off | 100%

Sharepoint – Fall 2010

Dentistry > Prosthodontics > Prosthodontic Procedures

Welcome Asbjorn Jokstad

Prosthodontic Procedures

Home

This Site

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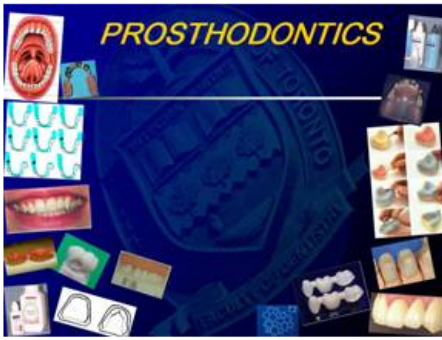
Resource site for undergraduate students

Announcements

WELCOME TO PROTHODONTICS! 5/12/2010 10:41 AM
by Asbjorn Jokstad

ENTER WEBSITE

Add new announcement



Comprehensive Examination Form

1

Patient's Name: _____ Chart #: _____ Date: _____
 Date of Birth: _____ Age: _____ Gender: _____

Dental Student's Name: _____

Please circle: DDSD DDSD

Chief Complaint and Patient's Expectation: _____

History of Chief Complaint: _____

Summary of Pertinent Medical History & Current Health Update: _____

Current Medications: _____

Social History:
 • Smoking: _____
 • Recreational Drug Use: _____
 • Other: _____

Form: July 2017

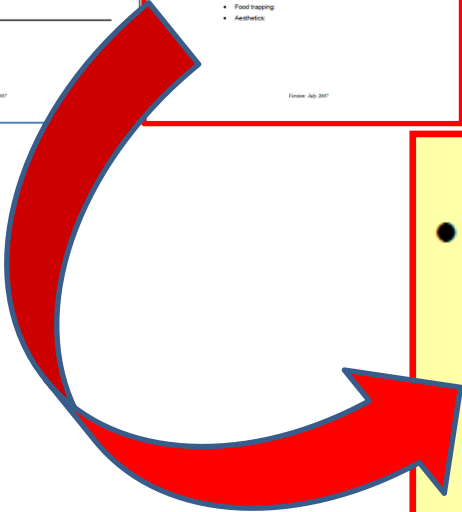
2

Dental history:
 • Frequency of dental visits:
 • Type of dental procedures performed at these visits:





















• Specific History of:
 • Dental Sensitivity:
 • Food impaction:
 • Tooth mobility:
 • Tooth migration:
 • Bleeding gingiva:
 • Reason for Tooth Loss:
 • Aesthetic concerns:

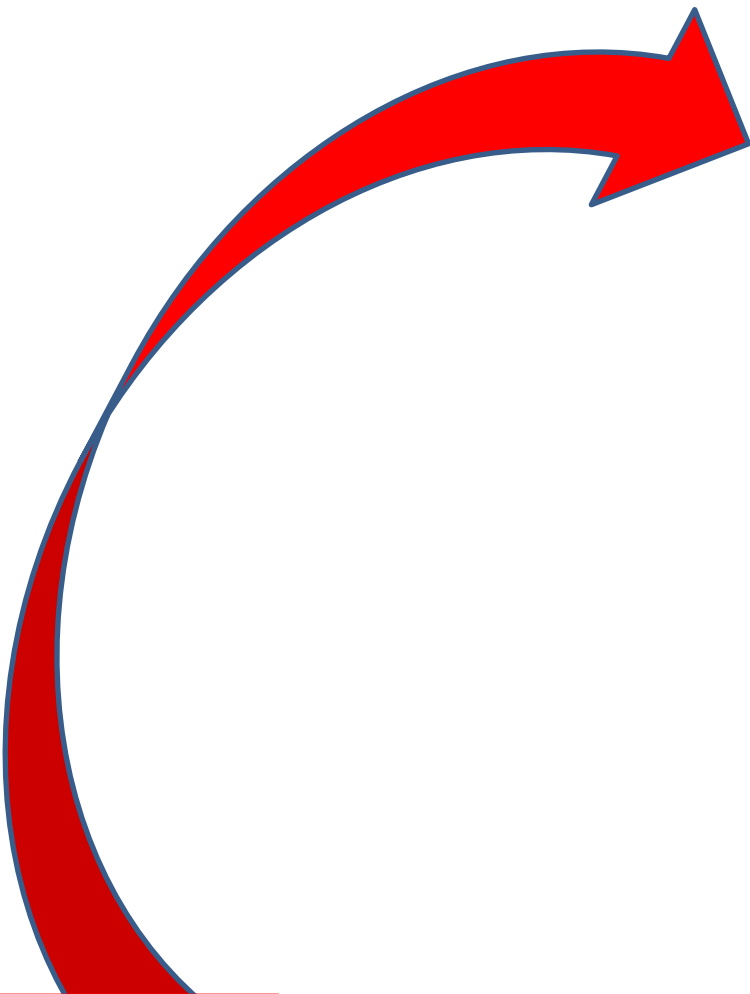
• If prostheses are present, patient's report of:
 • Age of present denture:
 • Number of previous prostheses:
 • If removable prostheses, wearing habit:
 • Satisfaction with previous prostheses:
 • Comfort:
 • Chewing efficiency:
 • Soreness:
 • Food trapping:
 • Aesthetics:

Form: July 2017



- **If prostheses are present, patient's report of:**
 - Age of present denture:
 - Number of previous prostheses:
 - If removable prostheses, wearing habit:
 - Satisfaction with previous prostheses:
 - Comfort:
 - Chewing efficiency:
 - Soreness:
 - Food trapping:
 - Aesthetics:

-  If prostheses are present, patient's report of:
 -   Age of present denture:
 -  • Number of previous prostheses:
 -   If removable prostheses, wearing habit:
 -   Satisfaction with previous prostheses:
 -   Comfort:
 -   Chewing efficiency:
 -   Soreness:
 -   Food trapping:
 -   Aesthetics:
 -   **Cleaning access/ability:**



Evaluation of current prostheses:

- Fixed partial prostheses:

Abutment / pontic Site 1:	Abutment / pontic Site 2:	Abutment / pontic Site 3:
------------------------------	------------------------------	------------------------------

Contour:

Quality of Margins:

Aesthetics:

Shade:

Shape:

Arrangement:

Lip support:

Smile Line:

Abutments:

Caries:

Abrasion/Erosion:

Mobility:

Pulp Status:

Gingival Health:

Occlusion:

Plane of occlusion:

Articulation:

Chart # _____ 11
Date: _____

Evaluation of current prostheses:

- Fixed partial prostheses: Site 1: _____ Site 2: _____ Site 3: _____

Contour: _____

Quality of Margins: _____

Aesthetic:

Shade: _____

Shape: _____

Arrangement: _____

Lip support: _____

Smile Line: _____

Abutments:

Caries: _____

Abrasion/Erosion: _____

Mobility: _____

Pulp Status: _____

Gingival Health: _____

Plane of occlusion: _____

Reviewed by self/doctor: _____
Signature: _____

Form: JAD 2017

12 Evaluation of current prostheses:

- Removable Prosthesis:

	Upper	Lower
Complete	Partial	Full
Partial	Full	Partial
Full	Partial	Full

Removable Classification:

Stability: _____

Retention: _____

Range extension: _____

Aesthetics:

Shade: _____

Shape: _____

Arrangement: _____

Lip support: _____

Smile Line: _____

Chap show: _____

Occlusion:

Interocclusal distance: _____

Articulation: _____

Tooth wear: _____

Plane of occlusion: _____

Tooth Position relative to Neutral Zone: _____

Abutments (only NA if not applicable):


Caries: _____

Abrasion/Erosion: _____

Mobility: _____

Pulp Status: _____

Gingival Health: _____

Current Design: 

Reviewed by self/doctor: _____
Signature: _____

Form: JAD 2017

Examination with Prosthodontic C

- Lip support: _____
- Smile line: _____
- Profile (convex, concave, straight): _____
- Temporomandibular Function:
 - Reported symptoms: _____
 - Clinical signs/symptoms: _____
 - Range of movement (mm):
 - Normal: _____
 - Sharp impairment: _____
 - Severe impairment: _____
 - Oral guided device: is there a side effect? _____
- Frequency spacer: mm _____
- Is existing vertical dimension of occlusion _____
- Should the plane of occlusion be modified? _____

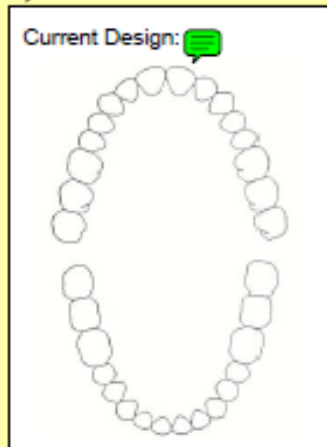
Evaluation of current prostheses:

Removable Prostheses

Upper		Lower	
Complete	<input type="checkbox"/>	Complete	<input type="checkbox"/>
Partial	<input type="checkbox"/>	Partial	<input type="checkbox"/>

- Kennedy Classification:
- Stability:
- Retention:
- Flange extension:
- Aesthetics:
 - Shade:
 - Shape:
 - Arrangement:
 - Lip support:
 - Smile Line:
 - Clasp show:
- Occlusion:
- Interocclusal distance:
- Articulation:
- Tooth wear:
- Plane of occlusion:
- Tooth Position relative to Neutral Zone:
- Abutments (write N/A if not applicable):

- Caries:
- Abrasion/Erosion:
- Mobility:
- Pulp Status:
- Gingival Health:



Reviewed by staff instructor:

 (signature)

Version: July 2007

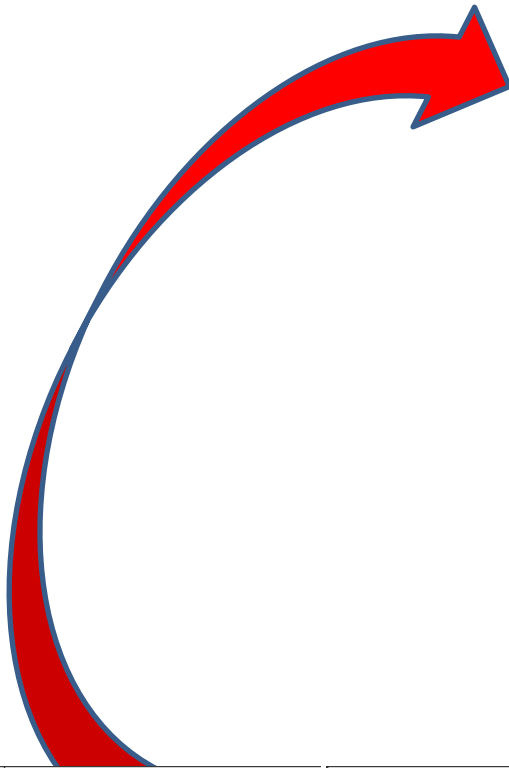


Chart # _____ 11
 Date: _____

Evaluation of current prostheses:

- Fixed partial prostheses: Site 1: _____ Site 2: _____ Site 3: _____

Contour: _____

Quality of Margins: _____

Aesthetic:

- Shade: _____
- Shape: _____
- Arrangement: _____
- Lip support: _____
- Smile Line: _____

Abutments:

- Caries: _____
- Abrasion/Erosion: _____
- Mobility: _____
- Pulp Status: _____
- Gingival Health: _____

Plane of occlusion: _____

Reviewed by staff instructor: _____
 (signature)

Form: July 2007

12 Evaluation of current prostheses:

- Removable Prostheses

	Upper	Lower
Complete	<input type="checkbox"/>	<input type="checkbox"/>
Partial	<input type="checkbox"/>	<input type="checkbox"/>

Kennedy Classification: _____

Stability: _____

Retention: _____

Flange extension: _____

Aesthetics:

- Shade: _____
- Shape: _____
- Arrangement: _____
- Lip support: _____
- Smile Line: _____
- Clasp show: _____

Occlusion:

- Interocclusal distance: _____
- Articulation: _____
- Tooth wear: _____
- Plane of occlusion: _____
- Tooth Position relative to Neutral Zone: _____
- Abutments (write N/A if not applicable): _____

Caries: _____

Abrasion/Erosion: _____

Mobility: _____

Pulp Status: _____

Gingival Health: _____

Current Design:

Reviewed by staff instructor: _____
 (signature)

Form: July 2007

Chart # _____
 Date: _____

Examination with Prosthodontic Considerations:

- Lip support: _____
- Smile line: _____

Profile (convex, concave, straight):



Temporomandibular Function:


- Reported symptoms: _____
- Clinical signs/symptoms: _____
- Range of movement (mm):

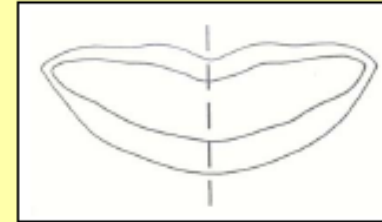
Normal	Open	R	L
Sharp impairment	Open	R	L
Severe impairment	Open	R	L
- On guided closure, is there a slide to vertical occlusion? If so, describe: _____
- freeway space: _____ mm
- Is existing vertical dimension of occlusion adequate? (explain): _____
- Should the plane of occlusion be modified? (explain): _____

Form: July 2007

Examination with Prosthodontic Considerations :



• Lip support:  



• Smile line: 



• Profile (convex, concave, straight):


• Temporomandibular Function:

Reported symptoms:  


Clinical signs/symptoms:  

Range of movement (mm):


Normal	Open	R	L	Pain Muscle/TMJ?: Y/N
Slight impairment	Open	R	L	Pain Muscle/TMJ?: Y/N
Severe impairment	Open	R	L	Pain Muscle/TMJ?: Y/N

On guided closure, is there a slide to centric occlusion? If so, describe: 

• Freeway space: mm

• Is existing vertical dimension of occlusion adequate? (explain): 



• Should the plane of occlusion be modified? (explain): 

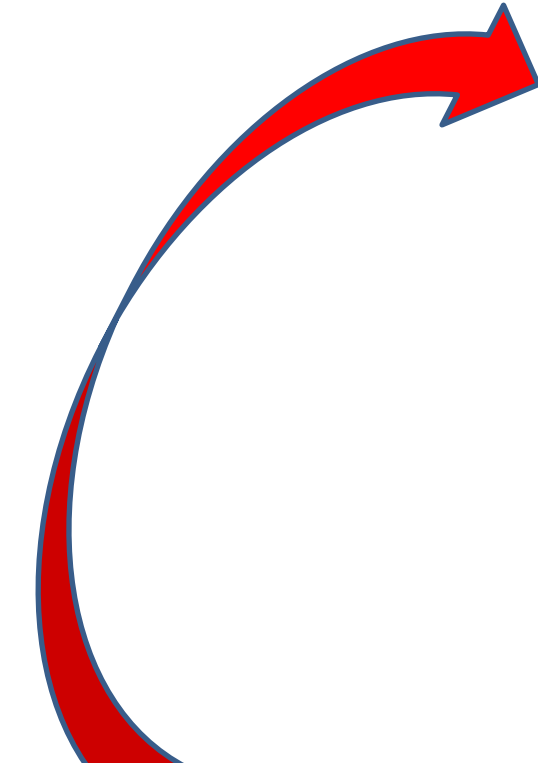
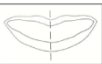


Chart #: _____
Date: _____

Examination with Prosthodontic Considerations :

- Lip support:
- Smile line:



- Profile (convex, concave, straight):
- Temporomandibular Function:
 - Reported symptoms:
 - Clinical signs/symptoms:
 - Range of movement (mm):

Normal	Open	R	L
Slight impairment	Open	R	L
Severe impairment	Open	R	L
 - On guided closure, is there a slide to centric occlusion? If so, describe:
- Freeway space: mm
- Is existing vertical dimension of occlusion adequate? (explain):
- Should the plane of occlusion be modified? (explain):

Version: July 2007

14 • Unesthetic features:

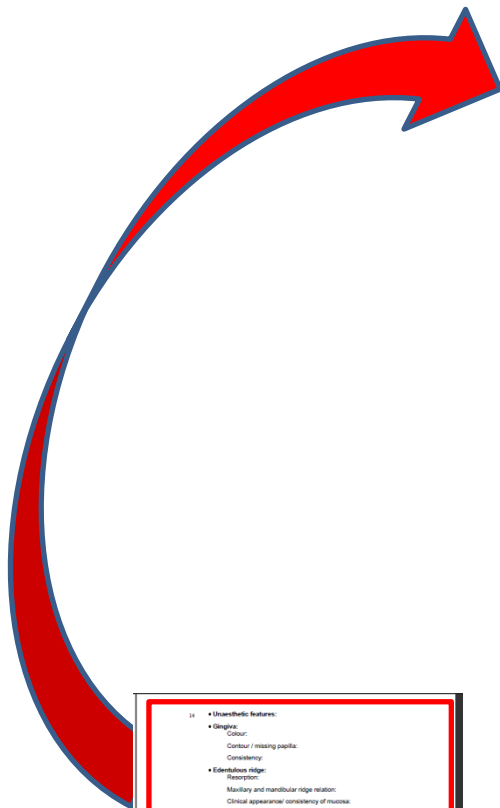
- Gingiva:
 - Colour:
 - Contour / missing papilla:
 - Consistency:
- Ectopic ridge:
 - Reception:
 - Mandibular and mandibular ridge relation:
 - Clinical appearance/consistency of mucosa:
 - Undercuts:

Summary of Findings for Potential Abutments:

- Teeth number: _____
- Mobility: _____
- Root form: _____
- Crown to root ratio: _____
- Caries: _____
- Erosion: _____
- Relation: _____
- Angulation: _____
- Periodontal status: _____
- Restoration quality: _____
- Endodontic status (from page 10): _____
- Pulp status: _____
- Periodontal Disease: _____
- FUL score contour: _____
- Quality of bone root filling: _____
- Overall Prognosis of Abutment: _____

Reviewed by: _____
Signature: _____

Version: July 2007



14

- **Unaesthetic features:**
 - **Gingiva:**
 - Colour:
 - Contour / missing papilla:
 - Consistency:
 - **Edentulous ridge:**
 - Resorption:
 - Maxillary and mandibular ridge relation:
 - Clinical appearance/ consistency of mucosa:
 - Undercuts:

Summary of Findings for Potential Abutments:

- **Tooth number** _____
- Mobility: _____
- Root form: _____
- Crown to root ratio: _____
- Caries: _____
- Extrusion: _____
- Rotation: _____
- Angulation: _____
- Periodontal status: _____
- Restoration quality: _____
- **Endodontic status (from page 10)**
- Pulp status: _____
- Periradicular Disease: _____
- PDL space contour: _____
- "Quality" of current root filling: _____
- **Overall Prognosis of Abutment** _____

Reviewed by staff instructor: _____
(signature)

Version: July 2007

- 14 • **Unaesthetic features:**
- **Gingiva:**
 - Colour:
 - Contour / missing papilla:
 - Consistency:
- **Edentulous ridge:**
 - Resorption:
 - Maxillary and mandibular ridge relation:
 - Clinical appearance/ consistency of mucosa:
 - Undercuts:
 - Morphology:**

Summary of Findings for Potential Abutments:

- **Tooth number** _____
- Mobility: _____
- Root form: _____
- Crown to root ratio: _____
- Caries: _____
- Extrusion: _____
- Rotation: _____
- Angulation: _____
- Periodontal status: _____
- Restoration quality: _____
- **Endodontic status (from page 10)**
- Pulp status: _____
- Periradicular Disease: _____
- PDL space contour: _____
- "Quality" of current root filling: _____
- **Overall Prognosis of Abutment** _____

	Abutment 1	Abutment 2	Abutment 3	Abutment 4	Abutment 5
Mobility:					
Root form:					
Crown to root ratio:					
Caries:					
Extrusion:					
Rotation:					
Angulation:					
Periodontal status:					
Restoration quality:					

Reviewed by staff instructor:

(signature)

If prostheses are present, patient's report of:

- Age of present denture:
- Number of previous prostheses:
- If removable prostheses, wearing habit:
- Satisfaction with previous prostheses:
- Comfort:
- Chewing efficiency:
- Soreness:
- Food trapping:
- Aesthetics:
- Cleaning access/ability:**

Sticky Note 31/07/2010 11:18:03 PM
jokstada Options
Upper: Constantly / Only when not sleeping/ Only occasionally / Never
Lower: Constantly / Only when not sleeping/ Only occasionally / Never

Sticky Note 31/07/2010 11:18:03 PM
jokstada Options
Tooth borne
Root covered
Full Removal
Implant supp
Implant supp
None / Acceptable / Unsatisfactory
Make a note if treatment expectations are discussed
in years

Sticky Note 31/07/2010 11:18:03 PM
jokstada Options
Last prosthesis: Satisfied / Unsatisfied
Second to last: Satisfied / Unsatisfied etc.
First prosthesis: Satisfied / Unsatisfied
Record reason(s) for past dissatisfaction

Sticky Note 31/07/2010 11:18:03 PM
jokstada Options
Good / Acceptable / Unsatisfactory

Sticky Note 31/07/2010 11:18:03 PM
jokstada Options
Good / Acceptable / Unsatisfactory
None / Acceptable / Unsatisfactory
Make a note if treatment expectations are discussed

Sticky Note 31/07/2010 11:18:03 PM
jokstada Options
Tooth form: Good / Acceptable / Unsatisfactory
Tooth shade: Good / Acceptable / Unsatisfactory
Prosthesis form: Good / Acceptable / Unsatisfactory
Make a note if treatment expectations are discussed

Sticky Note 31/07/2010 11:18:03 PM
jokstada Options
Good / Acceptable / Unsatisfactory

Sticky Note 31/07/2010 11:18:03 PM
jokstada Options
Why the question:
Identify cause and possibly rectify.

Sticky Note 31/07/2010 11:18:03 PM
jokstada Options
Why the question:
Consider not only the form and shade of the teeth. It may be that wrinkles /overcontoured flanges are perceived as problematic.

Sticky Note 31/07/2010 11:18:03 PM
jokstada Options
Why the question:
Rectify if the patient reports difficulties in being able to keep good oral hygiene.

Sticky Note 31/07/2010 11:18:03 PM
jokstada Options
Take into consideration manual dexterity that may compromise adequate oral hygiene
Poor oral hygiene will invariably cause problems and reduce the

Repl31/07/2010
jokstada Opt
Misprint - read:
Prosthesis:

Inser31/07/2010
jokstada Op
any

Repl31/07/2010
jokstada Op
Misprint - read: Ability



Implant Prosthetics teaching in Undergraduate Curriculum

Since late 80'ies.

Educational support from implant industry (Nobel Biocare) established in 2006

Guiding Principles for teaching implant prosthetics 1/3

- Implant prosthetics is today a routine procedure in many dental practices. It is therefore essential that dentists consider the modality amongst other alternative prosthodontic technical solutions for restoring / replacing lost tissue.
- In implant prosthetic management there are multiple risks of adverse treatment outcomes and a correct patient selection is essential.
- In the undergraduate program we strive to treat only patients with **low risk of adverse outcomes**.
- Even though we decline going forward with implant prosthetics in the undergraduate program, the students should realize that their patients can benefit from implant prosthetics, but will require a higher level of competency.
- In future professional practice best care of the patients in this category should be to refer to a specialist.
- Hopefully, students will be motivated to learn more about implant prosthetics once graduated and a few years of clinical experience.

Guiding Principles for teaching implant prosthetics 2/3

- Each patient is considered individually with regard to risk of adverse outcomes. Risk factors are:
 - Specific local anatomical or general medical conditions
 - “Ridge preservation” or Bone augmentation
 - Multiple adjacent implants
 - Implants in esthetically challenging locations
 - Implant supported bridges
- In practice: Single tooth restored with implant+crown or Edentulous mandible restored with an overdenture supported by two ball attachments

Association Report

Teaching Implant Dentistry in the Predoctoral Curriculum: A Report from the ADEA Implant Workshop's Survey of Deans

Vicki C. Petropoulos, D.M.D., M.S.; Nancy S. Arbree, D.D.S., M.S.; Dennis Tarnow, D.D.S.; Michael Rethman, D.D.S., M.S.; Jay Malmquist, D.M.D.; Richard Valachovic, D.M.D., M.P.H.; W. David Brunson, D.D.S.; Michael C. Alfano, D.M.D., Ph.D.

Abstract: In 2004, a survey of the deans of U.S. and Canadian dental schools was conducted to determine the implant dentistry curriculum structure and the extent of incorporating implant dentistry clinical treatment into predoctoral programs. The questionnaire was mailed to the deans of the fifty-six dental schools in advance of the ADEA Implant Workshop conference held in Arizona in November 2004. Out of the fifty-six, thirty-nine responded, yielding a response rate of 70 percent.

Conclusions –predoctoral students

Single-tooth implant restorations & implant-retained overdenture prostheses are performed in most schools

There is no clinical competency requirement for surgical implant placement in all schools and implant prosthodontics in most schools

Prosthodontic specialty faculty are often responsible for teaching implant prosthodontics

Periodontics and oral and maxillofacial faculty are commonly responsible for teaching implant surgery

Support from implant companies is common, with most providing for implant components at discounted costs

There is a lack of adequately trained faculty in implant dentistry, which is a significant challenge in providing predoctoral students with clinical experience with dental implants.

Types of implant-related procedures restored by predoctoral students

Answer	Number of Responding Schools (%)
Single tooth molar	27 (90%)
Single tooth bicuspid	26 (87%)
Implant overdenture with two implants and ball or stud attachment	25 (83%)
Single tooth anterior	18 (60%)
Simple 2-3-4 unit free-standing fixed partial denture	10 (33%)
Implant overdenture with two implants and a bar attachment	5 (17%)
No limit	1 (3%)
Other*	

*"Other" answers given:

- Assessed on a case-by-case basis for complexity.
- We are at the very beginning of a new clinical education program. Many answers reflect what we plan to do but have not reached the point yet of doing.
- No full mouth rehab, but do fixed-detachable mandibular prosthesis.
- Many times two implants will be placed in the posterior region of the mouth. These implants are typically restored as single crowns although occasionally they are splinted together.
- Simple two-unit free-standing fixed partial denture.
- We practically have no limits. The reason we can provide this type of experience is in part due to our surgical support from perio and oral surgery as well as the time that I invest with the students to guide them through the experience. My only specific restrictions are cases that we prefer to be under the supervision of grad prosthodontics, such as: immediate loading, fixed detachable, complex implant supported bar overdenture prostheses, and other full-mouth rehabilitations.

Student Information

UNDERGRADUATE IMPLANT MANUAL

Discipline of Prosthodontics

Faculty of Dentistry

University of Toronto

2007



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Definitions

(Discipline of Prosthodontics, Faculty of Dentistry, University of Toronto, 2007)

Abutment, dental implant	The portion of a dental implant that serves to support and/or retain any fixed or removable dental prosthesis—range: frequently dental implant abutments, frequently fixed and with occlusal dental implants, are changed to alter abutment design or use before a definitive dental prosthesis is fabricated. Such a preliminary abutment is termed an interim or loading abutment. The abutment chosen to support the definitive prosthesis is termed a definitive abutment. Conical implant abutments frequently are described by their form (e.g., cylindrical [Fig. A], ball [Fig. B]), height, material (e.g., ceramic, titanium, zirconium ceramic), or special design factor (e.g., spherical ball lock, spherical ball, spine).
Abutment level impression	A technique (shown in copy) in which the surface of an implant made at the height of the abutment is used directly using conventional crown and bridge techniques, or indirectly using an advanced impression technique.
Abutment form	Describes the abutment to the implant fixture, usually spherical in a sense to 35 form.
Abutment type: implant	A portion of a portion of an implant abutment made of ceramic, titanium, steel, or plastic.

A. Fixed/implant and/or acrylic
B. Abutment and/or acrylic
C. Ball abutment and/or acrylic

Implant Prosthodontics in the undergraduate clinics

Faculty of Dentistry
University of Toronto

September 2007



Faculty of Dentistry
University of Toronto

Prosthodontics

The following documentation package has been prepared to provide you with the guidelines for providing your patient with implant-supported prosthesis.

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Additional information about treatment modification can be obtained from:



Faculty of Dentistry
University of Toronto

Prosthodontics

- Cases of information to patients and teaching patients students:
- Undergraduate students will have the opportunity to provide for their assigned patients one implant-supported overdenture in the lower jaw (supported by ball abutments on two implants) or one to two implant-supported single crowns.
- The implant prosthodontics must be a component of a comprehensive treatment plan that the UIC coordinator has approved.
- Preparation for treatment planning are pre-study visits, current radiographs, and case knowledge about your patient's dental and oral health history, needs and preferences.
- The treatment planning for implant-supported prosthesis is to be done in the undergraduate clinic together with your prosthodontic specialty teacher. Your prosthodontic specialty teacher will also be available in the Implant Prosthodontics Unit located in the Department of Prosthodontics, Class.
- All patients require a complete dental and/or orthodontic (D/O) treatment of the implant site before proceeding with implant-supported therapy. Current dental appointments are limited to 30 minutes (15 minutes for adults, 15 minutes for children).
- The case study package for a completed case is made and available for the implant surgery and will be available or made during the surgery session in the direction of the surgery.
- Patients who are associated in such undergraduate studies will receive up to 2 ECTS credits for the prosthodontic components (coursework of fixed dentures).
- Implants are only to be placed on bone and not on soft tissue or on a metal retention body (overdenture on crown of lower implant or crown of lower study).
- Patients requiring other types of implant-supported prosthesis can be referred to Graduate Prosthodontics. The Dental Faculty internal referral form must be used before the patient visit.
- The fees are substantially higher.
- The waiting time for consultation or receiving for patients is 1-3 weeks.
- The waiting time for treatment to begin is approximately 3-6 weeks after consultation.
- This time will be longer (3-6 weeks) for special or unique cases such as long-span, or cases to simulate existing pathology of adjacent teeth or soft tissue.
- Overall treatment time is at least 7-9 months. This depends on the work being treated: maxilla - 9-12 months, mandible - 7-9 months.

FOR YOUR INFORMATION

Undergraduate implant Manual

Implant Prosthodontics in the undergraduate clinics

Student Information

UNDERGRADUATE IMPLANT MANUAL

Discipline of Prosthodontics

Faculty of Dentistry

University of Toronto

2007

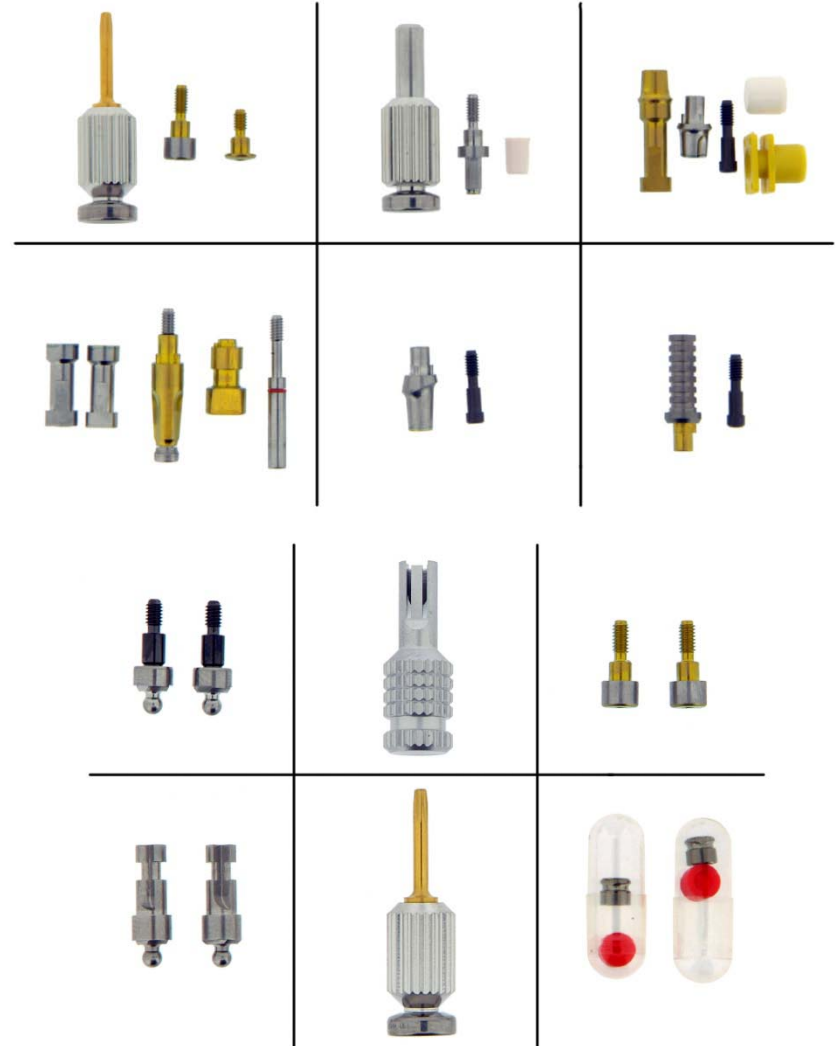


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Definitions (Discipline of Prosthodontics Terms - 1, 2, Prosthodontics Century 847) (10/02/2005)

Abutment, dental implant	The portion of a dental implant that serves to support and/or retain any fixed or removable dental prosthesis—range: femorally distal implant abutments, especially those used with unilateral distal implants, are changed to other abutment design or use before a definitive dental prosthesis is fabricated. Such a preliminary abutment is referred to as a trial or loading abutment. The abutment classes to support the definitive prosthesis are termed a definitive abutment. Dental implant abutments (generally) are described by their form (e.g., cylindrical (Fig. A), ball (Fig. B), hook), material (e.g., ceramic, titanium, stainless steel), or special design factors (e.g., internal hex lock, external hex lock, splines).
Abutment level impression	A negative formwork or copy in reverse of the surface of an implant made at the height of the abutment either directly using conventional crown and bridge techniques, or indirectly using an abutment impression matrix.
Abutment form	Structure attached to the implant fixture, usually splined to a range to 35 degrees.
Abutment type (copy)	A replica of a portion of an implant abutment made of brass, aluminum, steel, or plastic.
	<p>A. Fixture-level wax prep/impression B. Abutment-level prep/impression C. Ball abutment matrix/impression</p>



Undergraduate implant Manual

Student Kits

Student Information

Dr. Ashjorn Jokstad,
Discipline Head

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IPU Director

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Administrative Assistant

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Dr. Limor Avivi-Arber

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Dr. Nina D'Souza

Dr. Reena Garcia

Dr. Natalie Wong

Surgical Staff
Dr. Gerald Baker

Dr. Peter Birek

Dr. Cameron Clokie

Dr. Lesley David

Dr. Albert Hadad

General information to patients and undergraduate students:

- Undergraduate students will have the opportunity to provide for their assigned patients one implant-supported overdenture in the mandible (supported by ball attachments on two implants) or up to two implant-supported single crowns.
- The implant prosthodontics must be a component of a comprehensive treatment plan that the CCP coordinator has approved.
- Prerequisites for treatment planning are good study casts, current radiographs, and close knowledge about your patient's dental and medical history, needs and preferences.
- The treatment planning for implant supported prosthesis is to be done in the undergraduate clinic together with your prosthodontic specialty instructor. Your periodontics specialty instructor will also be consulted.
- For 2007-2008, the implant placement surgery will only be available in the Implant Prosthodontic Unit located in the Postgraduate Prosthodontic Clinic.
- All patients require a surgical consultation with an IPU member of the surgical staff before proceeding with implant surgery and further therapy. Consultation appointments are booked through Ms Janet Dewinter (see address below)
- The student must assure that a surgical stent is made and available for the implant surgery and will be able to observe or assist during the surgery session at the discretion of the surgeon.
- Patient costs will be discounted as each undergraduate student will receive up to 2 free implants plus supplementary components (courtesy of Nobel Biocare).
- Implants are only to be placed into healed extraction sites and usual minimum bony dimensions are 10mm of bone height and 6mm of bone width.

General Information

Implant Prosthodontics in the undergraduate clinics

Faculty of Dentistry
University of Toronto

September 2007

Faculty of Dentistry
University of Toronto

Treatment Plan Chart # 83821

Patient Name: UG TP Sample, Implantina Date Approved: 14-Jun-2007

Patient's Primary Concerns

Chief Concerns Implant - Single Tooth
Clinical Signs & Symptoms Missing Tooth
Additional problems not on Above List

Date	Site	Code	Description	Site	Factor	Estimate
		0200	Acrylic Crown W/ 7.2 unit			22.00
		0201	Metallic Implant			40.00
		L1000	Mandibular Implant, Lab			75.00
		79010	1st Stage Surg. Op. Res. Cost			200.00
		79011	1st Stage Surgery/Conv. Svc			40.00
		80010	IPU clinic conditioning	01		22.00
		79014	2nd Stage Surg. Op. Res. Cost	11		150.00
		79014	2nd Stage Surgery/Conv. Svc	01		40.00
		90010	IPU clinic conditioning	01		22.00
		21011	IPM Svc. on Implant - Lab	11		150.00
		L2010	IPM Svc. on Implant - Lab	11		75.00
			Net Total:			\$1,894.00
			Gross Total:			\$1,979.00

Proposed treatment and fee are subject to change.
Laboratory fee will be added to actual cost.

Faculty of Dentistry
University of Toronto

Treatment Plan Chart # 83821

Patient Name: UG TP Sample, Implantina Date Approved: 14-Jun-2007

Patient's Primary Concerns

Chief Concerns missing tooth
Clinical Signs & Symptoms Missing Tooth
Additional problems not on Above List

Date	Site	Code	Description	Site	Factor	Estimate
		0201	Ceramic 1 Unit			22.00
		0201	Payment 1 Unit			22.00
		0202	Acrylic Crown W/ 7.2 unit			40.00
		0202	Payment 2 Unit			40.00
		L1000	Mandibular Implant, Lab			75.00
		79011	1st Stage Surg. Op. Res. Cost			200.00
		79011	1st Stage Surgery/Conv. Svc			40.00
		80010	IPU clinic conditioning	01		22.00
		79014	2nd Stage Surg. Op. Res. Cost	21	43	330.00
		79014	2nd Stage Surgery/Conv. Svc	01		40.00
		90010	IPU clinic conditioning	02		22.00
		90010	IPU clinic conditioning	02		22.00
		L1010	ODI Implant - Ball - Lab	01		50.00
		L1100	ODI Implant - Lab	01		75.00
		51022	ODI Implant Ball Attachment	01		175.00

Faculty of Dentistry
University of Toronto

The following documentation package has been prepared to provide you with the guidelines for providing your patient with implant-supported prosthesis.

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Sample form, single-tooth maxillary and mandibular	13
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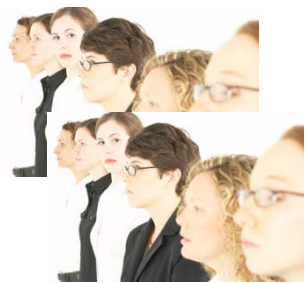
Faculty of Dentistry
University of Toronto

General information to patients and undergraduate students:

Undergraduate students will have the opportunity to provide for their assigned patients one implant-supported overdenture in the mandible (supported by ball attachments on two implants) or up to two implant-supported single crowns.	•
The implant prosthodontics must be a component of a comprehensive treatment plan that the CCP coordinator has approved.	•
Prerequisites for treatment planning are good study casts, current radiographs, and close knowledge about your patient's dental and medical history, needs and preferences.	•
The treatment planning for implant supported prosthesis is to be done in the undergraduate clinic together with your prosthodontic specialty instructor. Your periodontics specialty instructor will also be consulted.	•
For 2007-2008, the implant placement surgery will only be available in the Implant Prosthodontic Unit located in the Postgraduate Prosthodontic Clinic.	•
All patients require a surgical consultation with an IPU member of the surgical staff before proceeding with implant surgery and further therapy. Consultation appointments are booked through Ms Janet Dewinter (see address below)	•
The student must assure that a surgical stent is made and available for the implant surgery and will be able to observe or assist during the surgery session at the discretion of the surgeon.	•
Patient costs will be discounted as each undergraduate student will receive up to 2 free implants plus supplementary components (courtesy of Nobel Biocare).	•
Implants are only to be placed into healed extraction sites and usual minimum bony dimensions are 10mm of bone height and 6mm of bone width.	•
Patients requiring other types of implant supported prosthesis can be referred to Graduate Prosthodontics. The Dental Faculty internal referral form must be used before the patient visit.	•
The fee is substantially higher.	•
The waiting time for treatment to begin is approximately 3-6 weeks after consultation.	•
This form will be signed if there is a need for special imaging studies such as tomography, or a need to eliminate existing pathology of adjacent teeth or soft tissue.	•
Overall treatment time is about 10 months. This depends on the bony healing time available at each site. Mandibles are 10 months.	•

Cost estimates (Implantina)

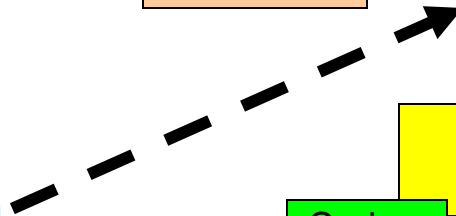
Implant Prosthodontics in the undergraduate clinics



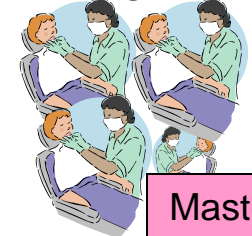
diagnostics



+/- radiographs
+/- report



Undergrad Student



Master problem

Comprehensive examination form

Examination history

Caries risk

Diet

AXIUM EHR

Medical questionnaire
Consent to obtain more information

Pros. Consult



Collection, use & disclosure
Consent to use information

Clinical regulations
General consent (for treatment)

Emergency examination chart
Consent for emergency treatment

Medical letter

OD
Chart
audit

2 implants / student
Uncomplicated
Single crowns
or
mand. ball-overdenture

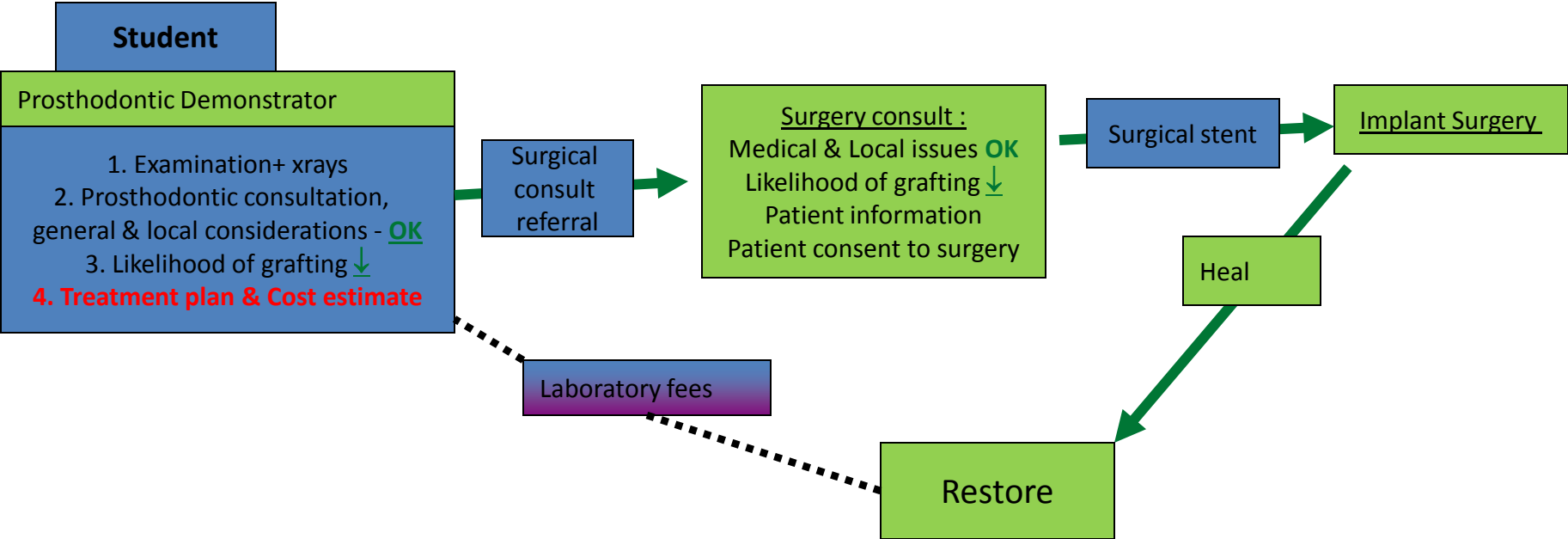
Axium Referral



IPU-surgeon

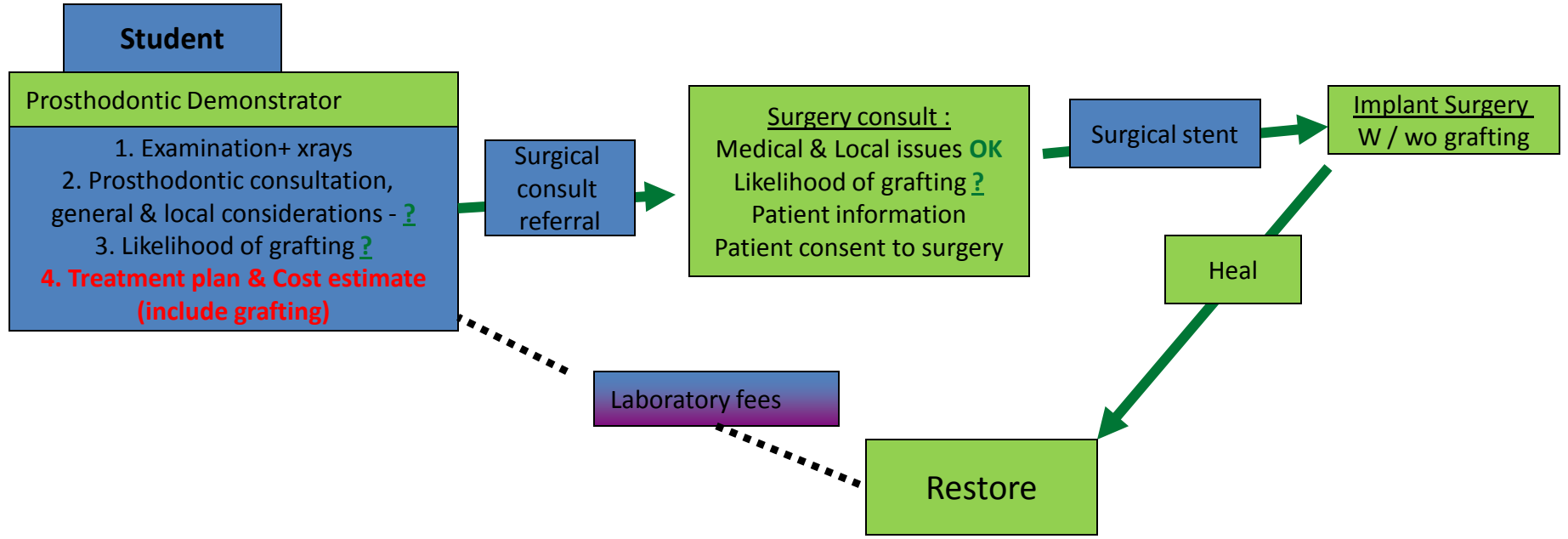
Planned patient flow from the undergraduate Clinics

Scenario 1 – No reason to suspect need for grafting



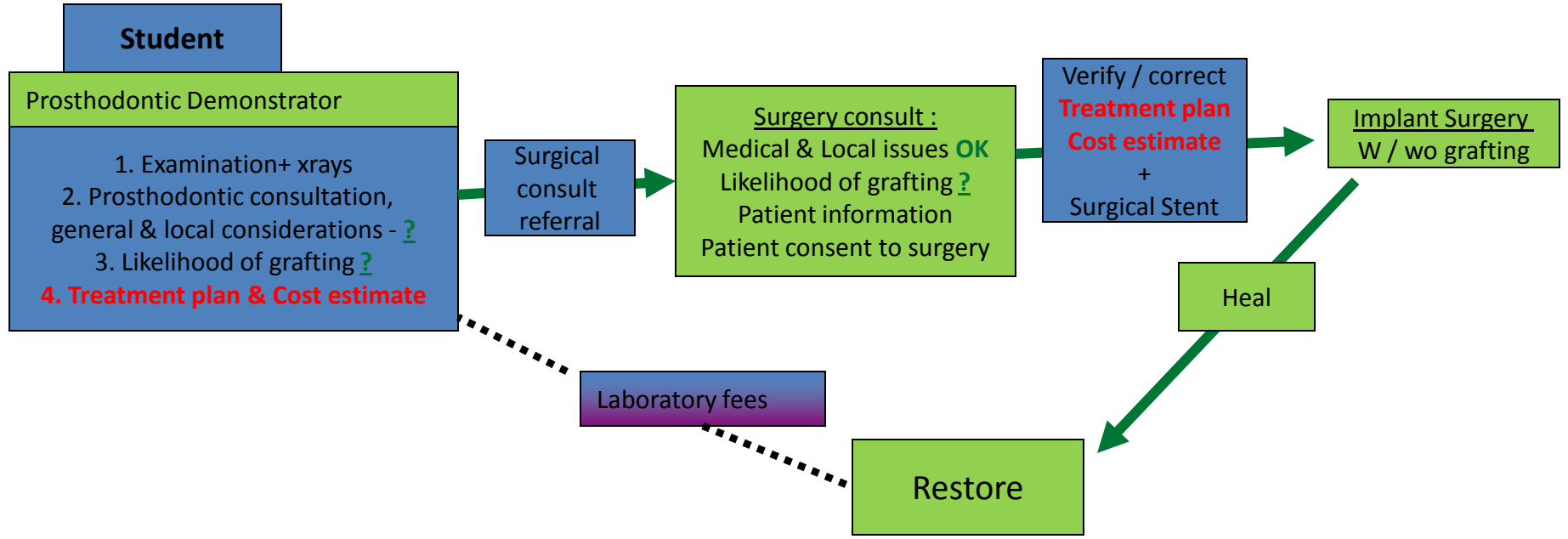
Planned patient flow from the undergraduate Clinics

Scenario 2 - Possible need for grafting during surgery identified before surgical consultation. Include grafting in txplan and fees.



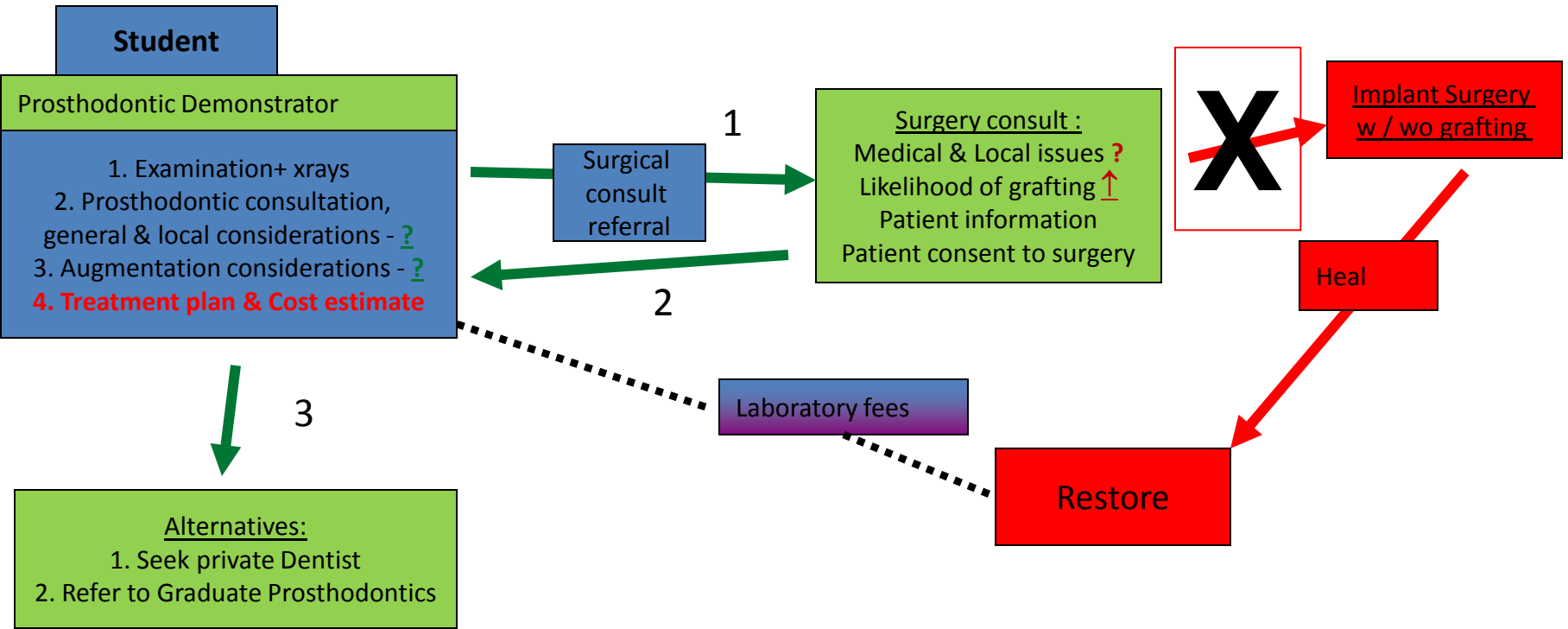
Planned patient flow from the undergraduate Clinics

Scenario 3 - Possible need for grafting during surgery identified by surgical consultatation. Txplan/fees must be corrected/adjusted and signed before proceeding

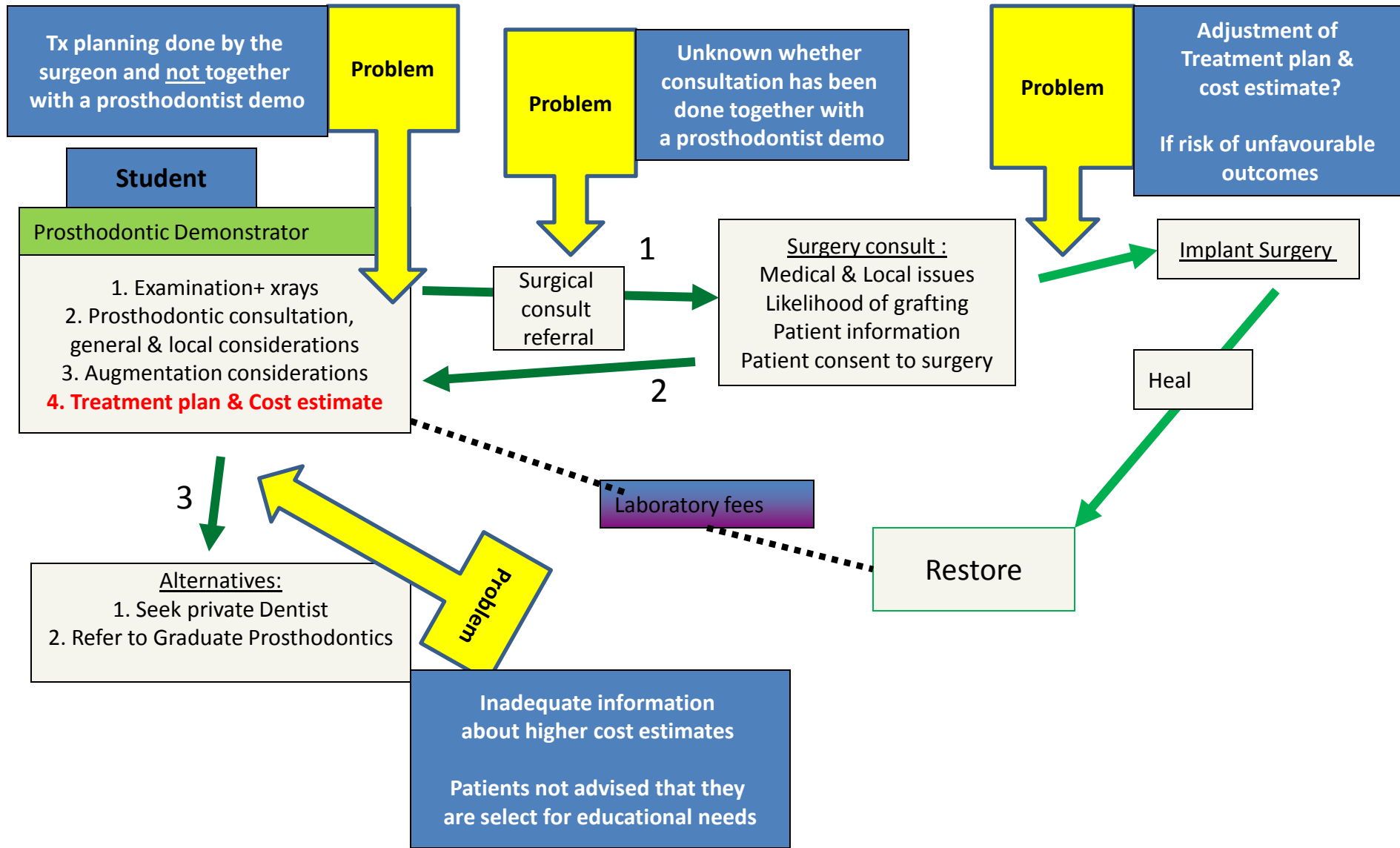


Unplanned patient flow from the undergraduate Clinics

Scenario 4: Grafting need identified before or during surgical consultation and patient still undergoes implant surgery



Current problems causing unplanned patient flow from the undergraduate Clinics



Information sheet 1/3

- Undergraduate students have the opportunity to provide one implant-supported overdenture supported by ball attachments on two implants in the mandible or up to two implant-supported single crowns for an assigned patient.
- The implant supported prostheses must be a component of a comprehensive treatment plan approved by your Comprehensive Care Program (CCP) Coordinator and signed by the patient.
- The treatment planning of the implant supported prosthesis is to be done in the undergraduate clinic together with your prosthodontic speciality instructor. Your periodontology speciality instructor should also be consulted.

Information sheet 2/3

- Implants are only to be placed into healed extraction sites and usual minimum bony dimensions are 10mm of bone height and 6mm of bone width.
- The implant placement must be done in the Implant Prosthodontic Unit (IPU) located in the Graduate Prosthodontic Clinic.
- All patients require a surgical consult with an IPU staff surgeon before proceeding with implant surgery and further therapy. Appointments for consultation are booked through the IPU patient manager office (room 355) (see details below).
- For the actual implant surgery the student must assure that a surgical stent has been made and is available. He/she will be able to observe/assist during surgery at the discretion of the surgeon
- Patient costs will be discounted as each undergraduate student will receive up to a maximum 2 free implants plus supplementary components (courtesy by Nobel Biocare).

Information sheet 3/3

- Patients in need of more than 2 implants or other types of implant-supported prostheses or any need of bone grafting cannot be treated in the undergraduate clinic. The patient may be considered for treatment in the graduate clinic if a thoroughly completed referral form has been forwarded together with adequate radiographs and study casts. Inform the patient that:
 - The patients are accepted on basis of the graduate clinic research and educational needs
 - The fees are substantially higher in the graduate clinic
 - The wait time for screening new patients is at least 3 weeks.
 - The overall treatment time is minimum 9 months.

Guiding Principles for teaching implant prosthetics 3/3

- Basically, our philosophy is compatible with treating patients according to the ITI “SAC (Straight-forward / Advanced / Complex) criteria. We deal only with the “S” category.
-



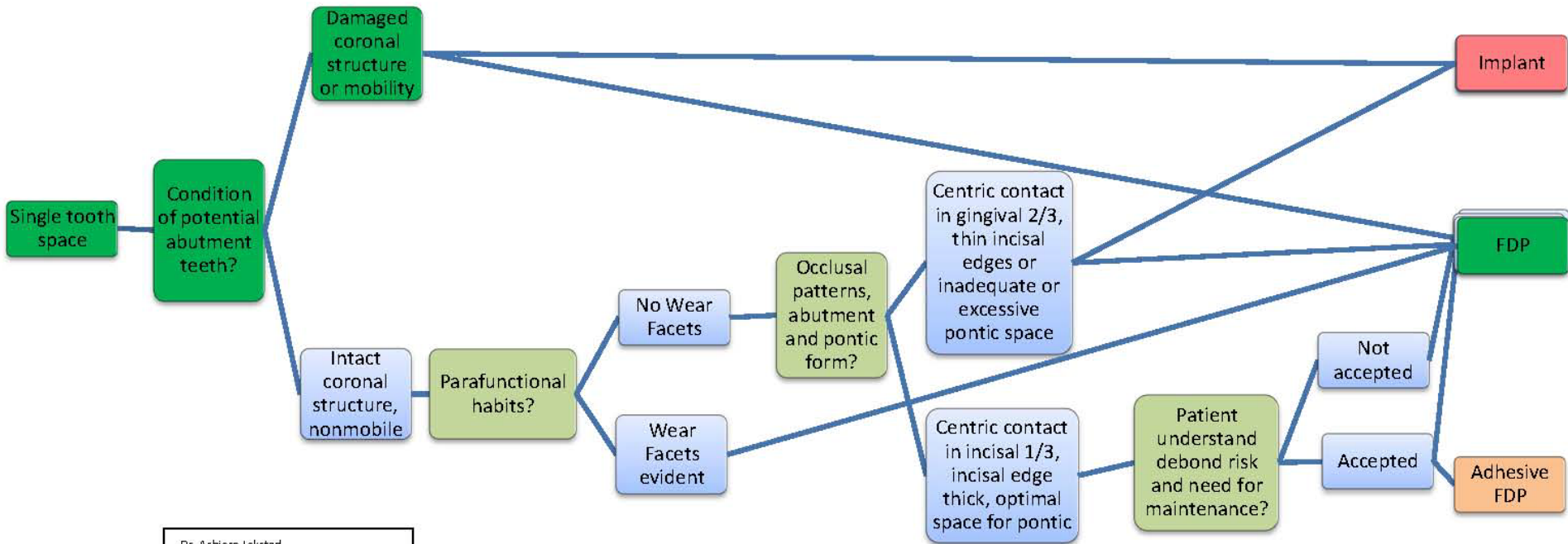
The SAC Assessment Tool

[click to continue](#)

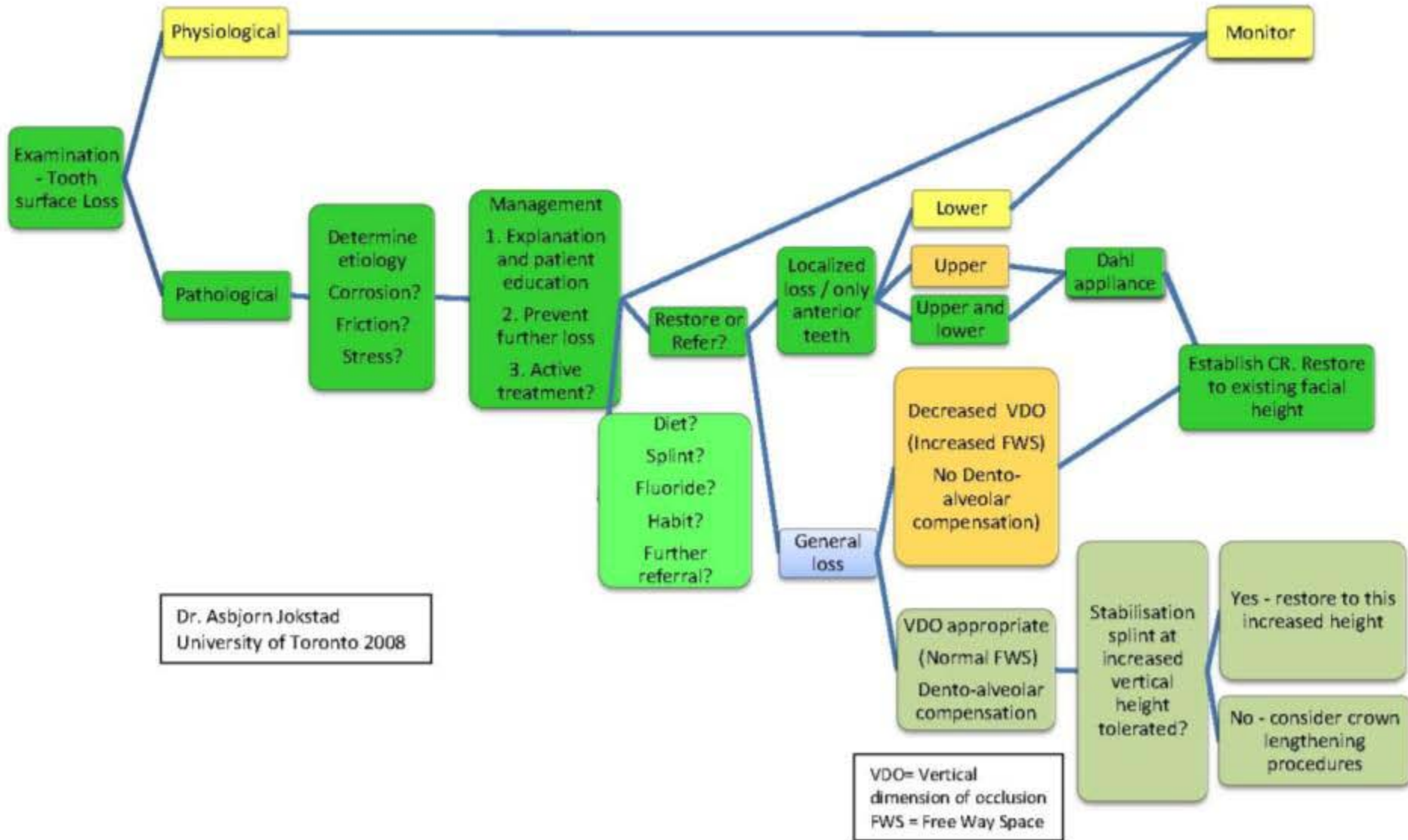
S Straightforward
A Advanced
C Complex

<http://www.iti.org/var/external/sac-tool/default-1000.htm>

Single tooth space – treatment decisions



Tooth Substance Loss – treatment decisions



Dr. Asbjorn Jokstad
 University of Toronto 2008

I. No loss of vertical dimension of occlusion and the remaining dentition not compromised by caries, periodontal support, restorations or wear

Maxilla	Maxilla posterior	Mandible anterior	Mandible posterior	Missing teeth
 	   	 		1. A single missing tooth
				More than a single tooth missing 2. Solitary locations
 	   			3. Resulting in a shortened quadrant
 	 	 		4. Resulting in a bounded edentulous space
	 	 		5. Resulting in a fully edentulous quadrant
	 	 		6. One or more missing teeth + one or more bounded edentulous spaces

From: The Prosthodontics Sharepoint Website

Technical solutions for patients with partial edentulous jaws

	Clinic session 1	PRESCRIPTION FOR: Laboratory Session 1	Clinic session 2 (U++)	PRESCRIPTION FOR: Laboratory Session 2	Clinic session 3 (U++)	PRESCRIPTION FOR: Laboratory Session 3	Clinic session 4	PRESCRIPTION FOR: Laboratory Session 4	Clinic session 5 (U++)	PRESCRIPTION FOR: Laboratory Session 5	Clinic session 6 (U++)
Fixed Dental Prosthesis 42pe.1	00 Preprosthesis Care 01 Treatment Planning 02 Tray selection and impression 03 Maxillo-mandibular Index 04 Disinfection	05 Trimmed stone study cast 06 Mounting in articulator 07 Waxup (Optional)	07 Verify laboratory work 08 Planning of prosthesis design & materials, including shade and mold 11 Tooth preparation 12 Temporary FDP 13 Gingival cord 14 Impression 15 Maxillo-mandibular Index 16 Temporary FDP cementing 17 Disinfection	Options: 09 Template for abutment preparation 10 Template for temporary FDP [Custom incisal guide table for articulator] 18 Master cast with dies 19 Metal frame casted	20 Verify laboratory work 21 Check fit & dimension metal frame (repeat 16 Temporary FDP) 22 Disinfection	23 Bisque bake 24 Verify laboratory work 25 Check esthetic & fit & dimension & occlusion (repeat 16 Temporary FDP cementing) 26 Disinfection	27 Glazing & completion	28 Verify laboratory work 29 Final Control Esthetic & fit & dimension & occlusion 30 Permanent Cementation 31 Advise (possible + sessions) 32 Possible discomfort	--	--	--
Removable Dental Prosthesis 42pe.2	01 Treatment Planning 02 Tray selection and impression 03 Maxillo-mandibular relations index 04 Facebow registration 05 Disinfection	06 Trimmed stone study cast 07 Articulator mounting (Alternative B: 26 Occlusal Rim (if needed) 08 Occlusal rim check 09 Maxillo-mandibular relations index 04 Facebow registration 05 Disinfection 07 Articulator mounting)	08 Verify laboratory work 09 Tentative plan for prosthesis design 11 Individual Impression tray 14 Tooth preparation 15 Impression technique 16 Impression 17 Maxillo-mandibular relations index 04 Facebow registration 05 Disinfection 07 Articulator mounting)	10 Surveyor analysis 11 Individual Impression tray 21 Verify wax-up/disinfect 20c Framework cast	12 Verify laboratory work 13 Planning of prosthesis design & materials 14 Tooth preparation 15 Impression technique 16 Impression 17 Maxillo-mandibular relations index 18 Facebow Registration 19 Disinfection	[Optional: 20a Master cast + 20b Wax-up framework] 21 Verify wax-up/disinfect 20c Framework cast	21 Verify laboratory work 22 Intraoral Check 23 Tooth shade/mold selection 24 Disinfection	[Optional: 22a Occlusal rim with wax + 26 Customise wax-up + disinfect 25b Tooth setup in wax	26 Verify laboratory work 27 Intraoral check 28 Disinfection	29 Completion of RDP	30 Verify laboratory work 31 Intraoral check 32 Patient advise oral hygiene 33 Adjustment appointment + + Possible Session 34 Possible discomfort

Ver. 16/09/2009/A.1.

Technical solutions for patients with partial edentulous jaws - FIXED

	Clinical Session 1	01 Treatment Planning 02 Tray selection and Impression 03 Maxillo-mandibular Index 04 Disinfection		Clinical Session 2	08 Planning of prosthesis design & materials, including shade and mold 11 Tooth preparation 12 Temporary FDP 13 Gingival cord 14 Impression 15 Maxillo-mandibular Index 16 Temporary FDP cementation 17 Disinfection	(optional choice of clinic or lab session)	05 Trimmed stone study cast 06 Mounting In articulator 07 Waxup (Optional) 09 Preparation 10 Temporary FDP
Fixed Dental Prosthesis (42pe.1)			Laboratory Session 1				
00 Pre-prosthetic Care (possible ++ sessions)			Laboratory Session 2				18 Die casts 19 Metal frame cast
	Clinical Session 3	20 Extraoral verification of labor. work 21 Check fit & dimension metal frame (repeat 16 Temporary FDP cem.) 22 Disinfection of metal frame	Laboratory Session 3				23 Bisque bake
	Clinical Session 4	24 Extraoral verification of labor. work 25 Check esthetic & fit & dimension & occlusion (repeat 16 Temporary FDP cementing) 26 Disinfection of FDP	Laboratory Session 4				27 Glazing & completion
	Clinical Session 5	28 Extraoral verification of labor. work 29 Final Control Esthetic & fit & dimension & occlusion 30 Permanent Cementation 31 Advise (possible + sessions)					
Possible Clinical Session 6							

42pe.1 Partial Fixed Dental Prosthesis (PFDP)

Clinical Session 0

PREPROSTHETIC TREATMENT

No remaining caries
Periodontal disease has been addressed and patient in hygiene phase
Gross occlusal interferences has been corrected

Clinical Session 1

TREATMENT PLAN AND CONSENT

1. Treatment plan options have been discussed and patient has consented to proceed with fixed prosthesis

PRELIMINARY IMPRESSIONS

- A correct tray of appropriate size has been selected
The impression material has been handled properly
The impression has been checked for clear details. There are no voids or tears in critical areas
- Accurate maxillo-mandibular relations index for mounting master casts
- The impression(s) and index disinfected according to protocol →→→→

Verify:

LABORATORY PRESCRIPTION 1:
5 Trimmed stone study cast
6 Mounting in articulator
7 Waxup (Optional)

42pe.2 Partial Removable Dental Prosthesis (PRDP)

Clinical Session 0

PREPROSTHETIC TREATMENT

No remaining caries
Periodontal disease has been addressed and patient is in a hygiene phase
Gross occlusal interferences have been corrected

Clinical Session 1

TREATMENT PLAN AND CONSENT

1. Treatment plan options have been discussed and patient has consented to proceed with a removable prosthesis

PRELIMINARY IMPRESSIONS AND STUDY CAST

- A correct tray of appropriate size has been selected
The impression material has been handled properly
The impression checked for clear details and without voids or tears in critical areas

Verify and rectify if:

- Improper tray selection
- Inaccurate impression (does not include all anatomical landmarks)

42e.1 Removable Dental Prosthesis ("Denture")

Clinical Session 0

PREPROSTHETIC TREATMENT

If teeth present in antagonist jaw:
No remaining caries
Periodontal disease has been addressed and patient in hygiene phase
Gross occlusal interferences has been corrected

Clinical Session 1

TREATMENT PLAN AND CONSENT

1. Treatment plan options have been discussed and patient has consented to proceed with a full denture

PRELIMINARY IMPRESSIONS

- A correct tray of appropriate size has been selected
 - The impression material has been handled properly
 - The impression has been checked for clear details of anatomical landmarks (retromolar pads and tuberosities). The impression has an appropriate border extension. There are no voids or tears in critical areas
- The impression(s) disinfected according to protocol →→→→→→→→→→

Verify:

Adequate Disinfection Procedure Followed

LABORATORY PRESCRIPTION 1:
4 Trimmed stone study cast
5 Customized impression tray