

Beni-Suef University
Faculty of Dentistry
Internship unit



Internship Portfolio/ Clinical Cases Log-Book 2023/2024

I. <u>Introduction:</u>

This **Portfolio** is an essential requirement by the Internship program, Faculty of Dentistry, Beni-Suef University as a record of clinical training and learning of approved programmed. The portfolio contains an individual sheet to record the following training and learning activities: reflective feedback of all work, preclinical and clinical requirements.

II. Teaching Methods:

Lectures:

Lectures are used to deliver core knowledge, to provide an overview of the subject and to guide students. Attendance at journal clubs and seminar presentations within the department further enhances the student's breadth of knowledge.

Interdisciplinary seminar:

The seminar theme is multidisciplinary management of patients. Presentation topics include, but are not limited to, treatment planning, complications, new therapies, diagnostic technologies, treatment philosophies, novel devices and materials, emerging science/technology, improved interdisciplinary communications.

III. Training and Learning Activities:

Consultant led diagnosis and treatment planning:

A cumulative record, in date order, of the clinics attended should be recorded, including joint ones with other dental and medical specialties.

Sheath 1: Assessment of level of intern on consultant led diagnosis and treatment planning:

Complete			Incomplete
Excellent	Good	Satisfactory	

IV. <u>Case Presentation</u>:

Tutorials:

Tutorials will be delivered by supervisors, in order to enhance the student's understanding, give guidance and act as a forum to discuss topics in a group environment.

Problem Solving:

Clinical case-based discussions: students will present clinical cases in which they have had a significant involvement in the development of a treatment strategy and/or managed/executed the restorative treatment care of the patient; defend the case in a comprehensive manner.

1	Required: Submit word document clinical case presentation	✓
2	Required: Hand-out delivered and included	✓

Sheath 2: Inter-department seminars:

Seminar and open discussion	Subject (PPT)

3	Required: Submit PowerPoint seminar	✓
4	Required: Disc delivered and included	✓

V. Book Review:

Table (1): subjects read in book review

Book title/year edition	Subject/chapter/authors

VI. <u>Clinical Requirements:</u>

At least two comprehensive cases (including a minimum of four different specialties) and clinical cases in each specialty should be submitted by the end of each round.

Table (2): Oral & Maxillofacial Radiology Clinical Requirements

Title	Requirements
1. Periapical X-ray	90
2. Panoramic X-ray	
3. CBCT	

Table (3): Operative Dentistry Clinical Requirements

Title	Requirements
Anterior tooth colored restoration:	One case for each
Class III	
Class IV	
• Class V	
2. Preventive restorations:	1 case
 PRR (Preventive resin restoration) 	
Pits & fissures sealants	
Fluoride application	
3. Bleaching	1 case
4. Resin infiltration	1 case
5. Replacement of defective restorations	2 cases
6. Complex MOD Cavities	4 cases (2 amalgam restorations and 2 composite restorations)
7. Esthetic restorations:	
Diastema closure	2 cases
Direct veener	
8. Indirect Composite / Ceramic restorations (Onlays/	1 case
Overlays)	
9. Restoration of endodontically treated teeth	2 cases

Table (4): Endodontics Clinical Requirements

Title		Requirements	
1.	Clinical Practice in Endodontics (Conventional Preclinical) Didactic /2/ 1Wk., Clinical /18 /2Wks.	Submit: Four extracted teeth (4 teeth) Conventional hand / rotary instrumentation of multi-rooted teeth (2 Maxillary, 2 Mandibular Molars)	
2.	Clinical Practice in Endodontics (Conventional Clinical) Didactic /2/ 1Wk., Clinical /38 /4Wks.	Infection control and instrument set-up and clareral condensation. Infection control and instrument set-up and chart of 3 (three) with complete diagnosis, treatment plan and emergency treatment. Conventional hand / rotary instrumentation and lateral condensation. Rotary instrumentation and lateral condensation. Submit: Case report and Diagnostic chart of 3 (three) with complete diagnosis, treatment plan and emergency management. Conventional hand / rotary instrumentation of 3 (three) single and multi-rooted teeth. Conventional root canal treatment (5) clinical cases.	
	Clinical Practice in Endodontics (Advanced Preclinical) Didactic /2/ 1Wk., Clinical /18 /2Wks. Clinical Practice in Endodontics (Advanced Clinical) Clinical /40 /4Wks.	Submit: Four previously obturated extracted teeth (4 teeth) • Retreatment (3 teeth) • Perforation repair (1 tooth) Conventional root canal treatment (5) and (2) retreatment clinical cases.	

Table (5): Fixed Prosthodontics Clinical Requirements

Title	Requirements
1.All-ceramic laminate veneer case	1 case
2. All-ceramic endo-crown case	1 case
3. Fiber post+ composite core+all ceramic crown or metal post+ core+ crown	1 case
4. Custom made metal post and core+ metal-ceramic crown	1 case
5. Simple or complex bridge	1 case
6. Retreatment of a failed bridge	1 case

Table (6): Removable Prosthodontics Clinical Requirements

Title	Requirements
1.Over denture (Telescopic, implant supported, tooth supported with attachment)	1 case
2. Vitallium	1 case
3. Single or complete denture	1 case
4. Acrylic partial denture	3 cases

Table (7): Oral Diagnosis, Oral Medicine & Periodontology Clinical Requirements

Title	Requirements
1. Comprehensive diagnosis cases 7 treatment planning	4 cases
2. Medicine cases + Biopsy	3 cases
3. Periodontal therapy (gingivitis/ periodontitis cases)	10 cases
4. Periodontal surgery	1 case

Table (8): Oral & Maxillofacial Surgery Clinical Requirements

Title	Requirements
1. Surgical removal of impacted teeth	20 cases
2. Simple extraction (closed)	
3. Complicated extraction (badly broken teeth)	
4. Extraction of remaining roots	
5. Dentoalveolar surgery (remaining root separation and surgical removal)	
6.Ridge preservation/ Bone graft	
7. Alveoloplasty	
8. Implant insertion	
9. Biopsy	

 Table (9): Pediatric Dentistry Clinical Requirements

Title	Requirements
1. Pulpotomy and/or pulpectomy	10 cases
2. Stainless steel crown	5 cases
3. Extraction	10 cases
4. Posterior restoration (permanent or deciduous)	5 cases
5. Anterior restoration (permanent or deciduous)	2 cases
6. Endodontic treatment (Anterior teeth)	1 case
7. Endodontic treatment (Posterior teeth)	1 case
8. Pit & Fissure sealant	4 cases
9. Space maintainer or habit breaking appliance	1 case
10. Case of interest (clinical & radiographic photos)	1 case

5	Required: Clinical case presentation	✓
6	Required: Submitted documented clinical cases including clinical charts,	✓
	radiographs and photographs or other diagnostic tool	

Requirements to be submitted:

- Cases completed should be reviewed and approved by the training supervisor. Comments
 should be more than just a note of the adequacy of treatment, e.g. they should include
 need for further training. Case reports must be documented demonstrating treatment
 performed throughout training. It is necessary to include photographs or radiographs with
 these cases.
- Case histories' data sheet of all treated cases are submitted.
- Case histories' data sheet must include: significant medical findings, history of treatments, history of medication, pre-treatment radiograph, and post-treatment radiograph.
- Radiographs and images are required. If conventional film-based radiographs are submitted, they should be free originals and defect free.
- Radiographs for multicanal cases must reveal all canals. Radiographs must be clear with proper angulations.
- Patient's tickets must be submitted with the case data sheet.

VII. Supervised Clinical Activity:

Supervised clinical activity will be undertaken on consultant-led new patient referral clinics. These will take place throughout the course. Students will undertake the comprehensive clinical management of patients within their chosen specialty and, as appropriate, interfacing with the other two specialties.

Clinical Practice:

Clinical care is provided in internship clinic. Emphasis is given to the patient's chief complaint, case workup, diagnosis and etiology of disease, treatment planning, and providing experience in a wide variety of approaches to treatment, clinical and photographic documentation.

Professional Communication:

Students will learn how to communicate at an appropriate level with colleagues, patients and other professionals.

VIII. Scientific Days and Attended Dental Meetings:

Date	Scientific day Title	

IX. Assessment:

Formative Assessments:

Monitoring of student progress is by a process of continuous assessment. Procedures in the clinical skills will be graded and recorded in the students' logbook. Students are encouraged to self-assess and feedback will be given on these procedures. The procedures will be assessed directly observed clinical procedures and clinical evaluation as per the set-up requirements.

Summative Assessments:

These will be undertaken at the end of each round and will include the following components: Clinical examinations will be based on oral and written presentation of cases treated by the student, and an ability to diagnose and treatment plan cases not seen previously by the student.

Clinical Cases Log-Book



Patient history Name:	Age:	File number:
Gender:	Marital status:	Phone number:
Medical History		
Dental History		
Chief complain		
	Clinical Examination	
Extra-oral Examination		
Intra-Oral Examination 1- Soft tissue:		
2- Hard tissue		
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Radiographic examination	
Diagnosis	
Treatment Plan	
Supervisor Signature:	
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2- Hard tissue		
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Oral Medicine cases

Case no:

Patient data

Name:	Occupation:	File no:
Gender:	Phone number:	
Age:	Marital status:	

Photograph of the lesion

Medical History

Underlying conditions:

Physician name& no:

Any Previous surgeries:

Medication:

Past dental history:

Clinical examination

Extra oral examination:

Lymph node examination:

History of lesion:

- Onset:
- Duration:
- Severity:
- Previous medication:
- Local factors:
- Course:

Description of lesion

- Shape:
- Size:
- Site:
- Floor:
- Base:
- Surface texture:
- Color:
- Distribution:
- Consistency:
- Tender or not:
- Rubbed off or not:

Special investigation and Radiograph (if needed)				

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Site:	Site:					
Date of	Date of procedure:					
Result:						
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<u>Differe</u>	ntial diagnosis:					
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<u>Final d</u>	iagnosis:					
<u>Treatm</u>	ent plan:					
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Follow up:						
<u>Visit</u>	Notes and comments	<u>photograph</u>	Assigned dentist			
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<u>3</u>						

Signature:

Points after case completion:

Case no:

Patient data

Name:	Occupation:	File no:
Gender:	Phone number:	
Age:	Marital status:	

Medical History

Underlying conditions: Physician name& no: Any Previous surgeries: Medication:

Past dental history:

Clinical examination

Extra oral examination:

Lymph node examination:

History of lesion:

- Onset:
- Duration:
- Severity:
- Previous medication:
- Local factors:
- Course:

Description of lesion

- Shape:
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- Consistency:
- Tender or not:
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Photograph of the lesion

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Points after case completion:

Signature

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Case no:

Patient data

Name:	Occupation:	File no:
Gender:	Phone number:	
Age:	Marital status:	

Medical History

Underlying conditions: Physician name& no: Any Previous surgeries: Medication:

Past dental history:

Clinical examination

Extra oral examination:

Lymph node examination:

History of lesion:

- Onset:
- Duration:
- Severity:
- Previous medication:
- Local factors:
- Course:

Description of lesion

- Shape:
- Size:
- Site:
- Floor:
- Base:
- Surface texture:
- Color:
- Distribution:
- Consistency:
- Tender or not:
- Rubbed off or not:

Special investigation and Radiograph (if needed)

Biopsy

Photograph of the lesion

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Date o	f procedure:		
Result:			
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Points after case completion:

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Case no:

Patient data

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Gender:	Phone number:	
Age:	Marital status:	

Medical History

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History of lesion:

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Description of lesion

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Patient data

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Gender:	Phone number:	
Age:	Marital status:	

Photograph of the lesion

Medical History

Underlying conditions: Physician name& no: Any Previous surgeries:

Medication:

Past dental history:

Clinical examination

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History of lesion:

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Periodontal surgeries

Case No.	Date	/ /		F	ile No.				
Patient Name				A	age		Sex		
Case Classification					·				
Case Presentation									
Management									
		ed experience ection must be fil							
Procedure / Activi	ty	OBSERVER	ASSISSSTAN	Under supervision	Under indirect supervision	inde	ormed pendent.		pervisor nature
Eliciting patient h	istory			3 0,					
Performing physic	eal examination								
Ordering & Interpreting investigations		ns						Hea	ad of the unit
Developing treatm	nent plan								
Assessing fitness a surgery	& preparation for								
Surgery / Procedu	re								

Points:
Signature:

Periodontal surgeries

Case No.	Date	/ /		F	ile No.			
Patient Name				A	\ge		Sex	
Case Classification								
Case Presentation								
Management								
	Achieved experience & competencies by the candidate. (This section must be filled and signed by the attending supervisor)							
Procedure / Activity		OBSERVER	ASSISSSTAN	Under supervision	Under indirect supervision	inde		Supervisor Signature
		08	AS	Under	Supervisi	Oli		
Eliciting patient his	tory							
Performing physica	l examination							
Ordering & Interpre	Ordering & Interpreting investigations							Head of the unit
Developing treatme	Developing treatment plan							
Assessing fitness & surgery								
Surgery / Procedure	,							

Points:	
Signature	

Periodontal surgeries

Case No.	Date	/ /		F	ile No.			
Patient Name				A	\ge		Sex	
Case Classification								
Case Presentation								
Management								
	Achieved experience & competencies by the candidate. (This section must be filled and signed by the attending supervisor)							
Procedure / Activity		OBSERVER	ASSISSSTAN	Under supervision	Under indirect supervision	inde		Supervisor Signature
		08	AS	Under	Supervisi	Oli		
Eliciting patient his	tory							
Performing physica	l examination							
Ordering & Interpre	Ordering & Interpreting investigations							Head of the unit
Developing treatme	Developing treatment plan							
Assessing fitness & surgery								
Surgery / Procedure	,							

Points:	
Signature	

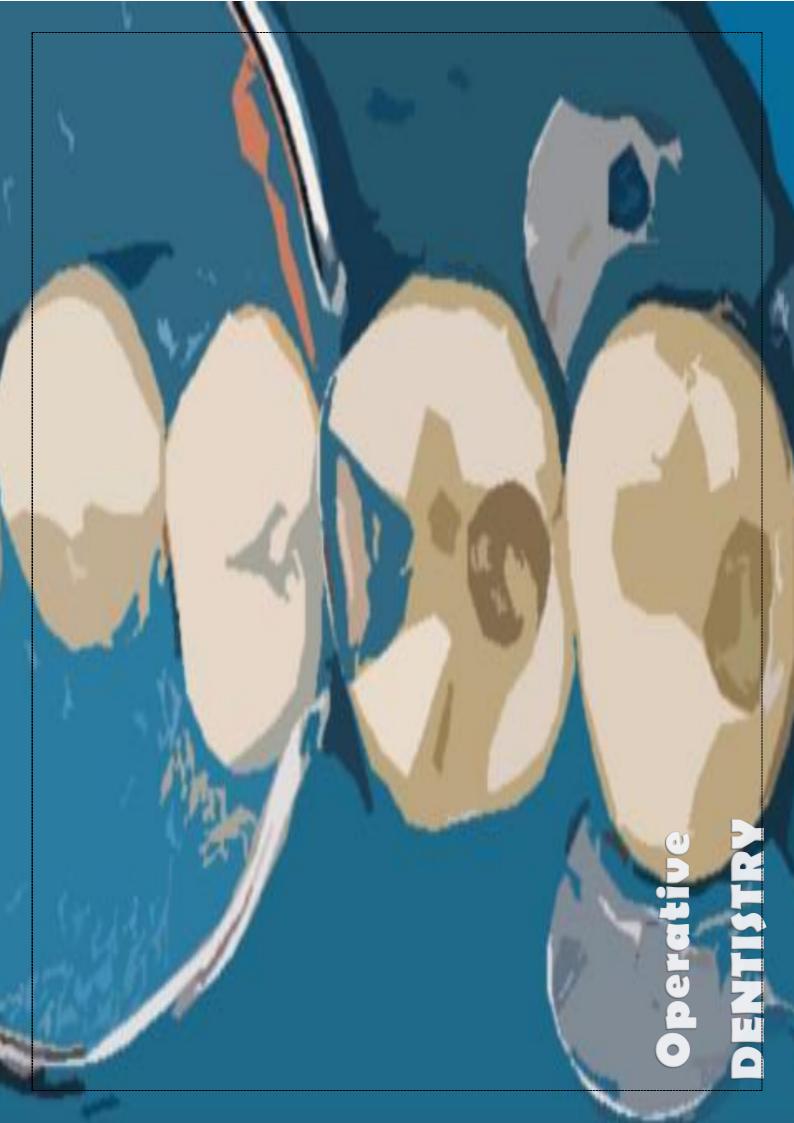


Intern requirement sheet

	Patient Name	Procedure	Points	Supervisor Signature
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Case no:				
Tooth:				
Date:				
Treatment plan &Procedure:				
Class / surface:				
Used materials:	•••••			
Pre-operative photographs Operative photographs				
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Comments:				
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Infection Control:	Field Preparation:			
Case assessment				
Cavity preparation:	Restoration:			
points:	Supervisor signature:			

Case no:	
Tooth:	
Date:	
Treatment plan &Procedure:	
Class / surface:	
Used materials:	•••••
Pre-operative photographs	Operative photographs
Post- opera	ative photographs
Comments:	
-Procedure management assessn	<u>nent</u>
Infection Control:	Field Preparation:
Case assessment	
Cavity preparation:	Restoration:
points:	Supervisor signature:

Case no:	
Tooth:	
Date:	
Treatment plan & Procedure:	
Class / surface:	
Used materials:	•••••
Pre-operative photographs	Operative photographs
Post- opera	ntive photographs
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Infection Control:	Field Preparation:
Case assessment	
Cavity preparation:	Restoration:
points:	Supervisor signature:

Case no:	
Tooth:	
Date:	
Treatment plan & Procedure:	
Class / surface:	
Used materials:	•••••
Pre-operative photographs	Operative photographs
Post- opera	ntive photographs
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-Procedure management assessn	<u>nent</u>
Infection Control:	Field Preparation:
Case assessment	
Cavity preparation:	Restoration:
points:	Supervisor signature:

Case no:	
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Treatment plan & Procedure:	
Class / surface:	
Used materials:	•••••
Pre-operative photographs	Operative photographs
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Case assessment	-
Cavity preparation:	Restoration:
points:	Supervisor signature:

Case no:	
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Treatment plan & Procedure:	
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Used materials:	•••••
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Infection Control:	Field Preparation:
Case assessment	
Cavity preparation:	Restoration:
points:	Supervisor signature:

Case no:	
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Treatment plan &Procedure:	
Class / surface:	
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Case assessment	
Cavity preparation:	Restoration:
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Case no:	
Tooth:	
Date:	
Treatment plan &Procedure:	
Class / surface:	
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Cavity preparation:	Restoration:
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Cavity preparation:	Restoration:
points:	Supervisor signature:

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Pre-operative photographs	Operative photographs
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Post- opera	ative photographs
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Infection Control:	Field Preparation:
Case assessment	
Cavity preparation:	Restoration:
points:	Supervisor signature:

Case no:	
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Treatment plan & Procedure:	
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Cavity preparation:	Restoration:
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Cavity preparation:	Restoration:
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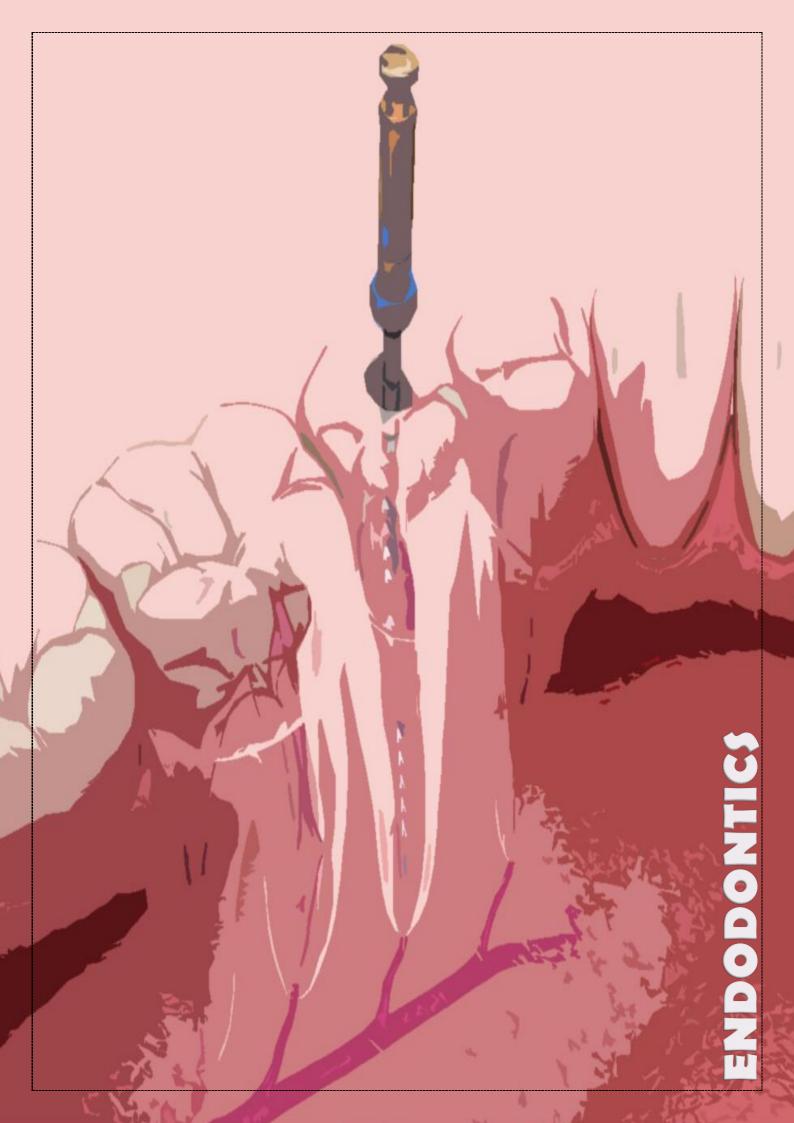
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Cavity preparation:	Restoration:
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Cavity preparation:	Restoration:
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Tooth:	
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Class / surface:	
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Pre-operative photographs	Operative photographs
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Case assessment	
Cavity preparation:	Restoration:
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Case no:	
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Case assessment	
Cavity preparation:	Restoration:
points:	Supervisor signature:

Case no:	
Tooth:	
Date:	
Treatment plan & Procedure:	
Class / surface:	
Used materials:	••••••
Pre-operative photographs	Operative photographs
	ntive photographs
Comments:	
-Procedure management assessm	<u>nent</u>
Infection Control:	Field Preparation:
Case assessment	
Cavity preparation:	Restoration:
points:	Supervisor signature:



List of Endodontics Clinical Requirements

Type of treatment/ Line of treatment	Units	Points
A: Conventional standard cases Total number:		
Anterior		
Premolars		
Maxillary molars		
Mandibular molars		
B: Non-surgical retreatment cases	Total number:	
Anterior		
Premolars		
C: Preclinical conventional extracted teeth	Total number:	
Maxillary molars		
Mandibular molars		
D: Preclinical retreated extracted teeth	Total number:	
Maxillary molars		
Mandibular molars		
Total number:		, , , , , , , , , , , , , , , , , , ,
Total points:		

Instruments and Materials

- 1. Lab coat.
- 2. Goggles.
- 3. Face mask.
- 4. Gloves.
- 5. Over-gloves.
- 6. Wrapping (Adhesive rolls).
- 7. Napkins.
- 8. Napkin holder.
- 9. Plastic cups.
- 10. Plastic syringes.
- 11. Needles (Long & Short).
- 12. Suction tips (High/low).
- 13. Blower tips.
- 14. Diagnostic set (mirror, probe, tweezers).
- 15. Excavator.
- 16. Irrigation: Sodium Hypochlorite (NaOCl).
- 17. Saline.
- 18. Cotton (normal).
- 19. Cotton rolls.
- 20. Endodontic file holder/ organizer.
- 21. Xray films.
- 22. X-ray film holder.
- 23. Metal syringe.
- 24. Anesthesia.
- 25. High speed handpiece contra.
- 26. Low speed handpiece.
- 27. Adaptor.
- 28. Round burs (#2,3,4)
- 29. Tapered with round end stones (Different sizes).
- 30. Endo-Z bur.
- 31. Gates glidden burs: 3 from each size: #2,#3,#4.
- 32. Build up material (Composite, etch & Bond).
- 33. Rubber dam sheets (Size: 6''x6'' inches, Medium).
- 34. Rubber dam sheets punch.
- 35. Rubber dam clamps (1 of each): Anterior & Premolar teeth (Chinese brands are will not be allowed ONLY: HYGENIC® or KSK®).
- 36. Rubber dam clamp holder.

- 37. Rubber dam frame.
- 38. Endometer.
- 39. EDTA gel.
- 40. Manual files
- 41. K-files (MANITM/ DENTSPLYTM) 3 boxes: #10.
- 42. K-files (MANITM/ DENTSPLYTM) 3 boxes: #15.
- 43. K-files (MANITM/ DENTSPLYTM) 3 boxes: #15-40.
- 44. K-files (MANITM/ DENTSPLYTM) 2 boxes: #45-80.
- 45. K-files (Long files) (MANITM/DENTSPLYTM): #15-80.
- 46. Flexible files (MANITM/ DENTSPLYTM): #15-40.
- 47. H-files (MANITM/ DENTSPLYTM) 1 box: #25-80.
- 48. Paper points: sizes: $\#35 \rightarrow \#80$.
- 49. Gutta percha: sizes: #25 → #80.
- 50. Glass slab.
- 51. Cement spatula
- 52. Sealer (Resin-based sealer).
- 53. Spreaders (hand or finger): #30 & 35.
- 54. Scissors.
- 55. Torch.
- 56. Condenser/ hot instrument.
- 57. Temporary filling.
- 58. Surface disinfectant.
- 59. Sterilization pouches.

PATIENT NAME:		AGE: GEN	DER: F M		
TOOTH NO.:					
MEDICAL HISTROY:					
CHIEF COMPLAINT:					
DENTAL HISTORY:					
History of tooth	☐ Trauma	☐ Restoration	□Carious exposu	ıre	
	☐ Caries	☐ Pulp		□ RCT	
Nature of pain	☐ None	□ Mild	☐ Moderate	☐ Severe	
Quality of pain	☐ Dull	☐ Sharp	☐ Throbbing		
Onset of pain	☐ Constant	□ Intermittent	☐ Spontaneous		
Location	☐ Localized	☐ Diffuse		Referred	
Initiated by	☐ Cold	☐ Sweet	☐ Mastication	☐ Palpation	
	☐ Heat	☐ Spontaneous	☐ Keeps	awake at night	
Relieved by	□ Cold	☐ Heat		OTC–Meds	

MEASUF	REMENTS:						
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE
CANAL PREP	PARATION TEG	CHNIQUE:					
SEALER TYPE	:						

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

adiograph	Post-op radiograph

PATIENT NAME:		AGE: GEN	der: F M		
TOOTH NO.:					
MEDICAL HISTROY:					
CHIEF COMPLAINT:					
DENTAL HISTORY:					
History of tooth	□ Trauma	☐ Restoration	□ Carious exposu	ıre Dulpotomy	
	☐ Caries	☐ Pulp		□ RCT	
Nature of pain	□ None	□ Mild	☐ Moderate	□ Severe	
Quality of pain	☐ Dull	☐ Sharp		Throbbing	
Onset of pain	☐ Constant	☐ Intermittent	☐ Spontaneous		
Location	☐ Localized	☐ Diffuse		Referred	
Initiated by	☐ Cold	☐ Sweet	☐ Mastication	☐ Palpation	
	☐ Heat	☐ Spontaneous	☐ Keeps	awake at night	
Relieved by	□ Cold	□ Heat		OTC–Meds	

MEASUR	REMENTS:						
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE
CANAL PREP	ARATION TE	CHNIQUE:					
SEALER TYPE	:		 				

OBTURATION TECHNIQUE:

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

adiograph	Post-op radiograph

PATIENT NAME:		AGE: GEN	IDER: F M		
TOOTH NO.:					
MEDICAL HISTROY:					
CHIEF COMPLAINT:					
DENTAL HISTORY:					
History of tooth	☐ Trauma	☐ Restoration	□Carious exposu	ure Pulpotomy	
	☐ Caries	☐ Pulp		□ RCT	
Nature of pain	☐ None	□ Mild	☐ Moderate	☐ Severe	
Quality of pain	☐ Dull	☐ Sharp		Γhrobbing	
Onset of pain	☐ Constant	☐ Intermittent	☐ Spontaneous		
Location	☐ Localized	☐ Diffuse		Referred	
Initiated by	☐ Cold	☐ Sweet	☐ Mastication	☐ Palpation	
	☐ Heat	☐ Spontaneous	☐ Keeps	awake at night	
Relieved by	☐ Cold	☐ Heat		OTC–Meds	

MEASUF	REMENTS:						
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE
CANAL PREP	PARATION TEG	CHNIQUE:					
SEALER TYPE	:						

Steps	Comments	Supervisor's signature
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Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

adiograph	Post-op radiograph

PATIENT NAME:		AGE: GEN	DER: F M	
TOOTH NO.:				
MEDICAL HISTROY:				
CHIEF COMPLAINT:				
DENTAL HISTORY:				
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Relieved by	□ Cold	☐ Heat		OTC–Meds

MEASUR	REMENTS:						
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE
CANAL PREPARATION TECHNIQUE:							
SEALER TYPE:							

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

RADIOGRAPHS						
Per-op radiograph	WL radiograph	MC radiograph	Post-op radiograph			

PATIENT NAME:		AGE: GEN	ider: F M	
TOOTH NO.:				
MEDICAL HISTROY:				
CHIEF COMPLAINT:				
DENTAL HISTORY:				
History of tooth	☐ Trauma	☐ Restoration	□Carious exposu	ure Pulpotomy
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Initiated by	☐ Cold	☐ Sweet	☐ Mastication	☐ Palpation
	☐ Heat	☐ Spontaneous	☐ Keeps	awake at night
Relieved by	☐ Cold	☐ Heat		OTC-Meds

MEASUF	REMENTS:						
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE
CANAL PREPARATION TECHNIQUE:							
SEALER TYPE:							

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Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

adiograph	Post-op radiograph

PATIENT NAME:		AGE: GEN	IDER: F M	
TOOTH NO.:				
MEDICAL HISTROY:				
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DENTAL HISTORY:				
History of tooth	☐ Trauma	☐ Restoration	□Carious exposu	ure Pulpotomy
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CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE
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RADIOGRAPHS						
Per-op radiograph	WL radiograph	MC radiograph	Post-op radiograph			

PATIENT NAME:		AGE: GEN	IDER: F M		
TOOTH NO.:					
MEDICAL HISTROY:					
CHIEF COMPLAINT:					
DENTAL HISTORY:					
History of tooth	☐ Trauma	☐ Restoration	□Carious exposu	re Dulpotomy	
	☐ Caries	☐ Pulp		RCT	
Nature of pain	☐ None	□ Mild	□ Moderate	□ Severe	
Quality of pain	☐ Dull	☐ Sharp	☐ Throbbing		
Onset of pain	☐ Constant	☐ Intermittent	☐ Spontaneous		
Location	☐ Localized	☐ Diffuse		Referred	
Initiated by	☐ Cold	☐ Sweet	☐ Mastication	☐ Palpation	
	☐ Heat	☐ Spontaneous	☐ Keeps a	awake at night	
Relieved by	☐ Cold	□ Heat		DTC–Meds	

MEASUR	EMENTS:						
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE
CANAL PREP	ARATION TE	CHNIQUE:					
SEALER TYPE	::						

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

adiograph	Post-op radiograph

PATIENT NAME:		AGE: GEN	IDER: F M		
TOOTH NO.:					
MEDICAL HISTROY:					
CHIEF COMPLAINT:					
DENTAL HISTORY:					
History of tooth	☐ Trauma	☐ Restoration	□Carious exposu	ure Pulpotomy	
	☐ Caries	☐ Pulp		□ RCT	
Nature of pain	☐ None	□ Mild	☐ Moderate	☐ Severe	
Quality of pain	☐ Dull	☐ Sharp	☐ Throbbing		
Onset of pain	☐ Constant	☐ Intermittent	□ Sp	ontaneous	
Location	☐ Localized	☐ Diffuse		Referred	
Initiated by	☐ Cold	☐ Sweet	☐ Mastication	☐ Palpation	
	☐ Heat	☐ Spontaneous	☐ Keeps	awake at night	
Relieved by	☐ Cold	☐ Heat		OTC–Meds	

MEASUR	REMENTS:						
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE
CANAL PREP	ARATION TE	CHNIQUE:					
SEALER TYPE	i:						

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

RADIOGRAPHS			
Per-op radiograph	WL radiograph	MC radiograph	Post-op radiograph

PATIENT NAME:		AGE: GEN	IDER: F M		
TOOTH NO.:					
MEDICAL HISTROY:					
CHIEF COMPLAINT:					
DENTAL HISTORY:					
History of tooth	☐ Trauma	☐ Restoration	□Carious exposu	re Dulpotomy	
	☐ Caries	☐ Pulp		RCT	
Nature of pain	☐ None	□ Mild	□ Moderate	□ Severe	
Quality of pain	☐ Dull	☐ Sharp	☐ Throbbing		
Onset of pain	☐ Constant	☐ Intermittent	☐ Spontaneous		
Location	☐ Localized	☐ Diffuse		Referred	
Initiated by	☐ Cold	☐ Sweet	☐ Mastication	☐ Palpation	
	☐ Heat	☐ Spontaneous	☐ Keeps a	awake at night	
Relieved by	☐ Cold	□ Heat		DTC–Meds	

MEASUR	EMENTS:						
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE
CANAL PREP	ARATION TE	CHNIQUE:					
SEALER TYPE	::						

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

adiograph	Post-op radiograph

PATIENT NAME:		AGE: GEN	IDER: F M	
TOOTH NO.:				
MEDICAL HISTROY:				
CHIEF COMPLAINT:				
DENTAL HISTORY:				
History of tooth	☐ Trauma	☐ Restoration	□Carious exposu	re Dulpotomy
	☐ Caries	☐ Pulp	□ RCT	
Nature of pain	□ None	□ Mild	☐ Moderate	☐ Severe
Quality of pain	☐ Dull	☐ Sharp	T	Throbbing
Onset of pain	☐ Constant	☐ Intermittent	□ Spo	ontaneous
Location	☐ Localized	☐ Diffuse	☐ Referred	
Initiated by	☐ Cold	☐ Sweet	☐ Mastication	☐ Palpation
	☐ Heat	☐ Spontaneous	☐ Keeps	awake at night
Relieved by	□ Cold	☐ Heat		DTC–Meds

MEASUR	REMENTS:						
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE
CANAL PREP	ARATION TE	CHNIQUE:					
SEALER TYPE	i:						

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

MC radiograph	Post-op radiograph



Fixed partial denture restoring posterior teeth

Case:1

DENTAL HEALTH HISTORY

Confidential

atient Name			rthdate
Last			
	DENTA	L HISTORY	
Reason for Today's Visit		Date of last dental care	
Former Dentist		Date of last dental X-rays	
Address			
Check (✓) if you have had pro	blems with any of the following		
☐ Bad breath	☐ Grinding tee	eth 🗆	Sensitivity to hot
☐ Bleeding gums	☐ Loose teeth	or broken fillings	Sensitivity to sweets
☐ Clicking or popping jaw	☐ Periodontal	treatment	Sensitivity when biting
\square Food collection between te	eeth	o cold	Sores or growths in your mouth
How often do you floss?		How often do you brush?	
	MEDICA	AL HISTORY	
Physician's Name		Date o	f Last Visit
Have you had any serious illne	sses or operations?	_ If yes, describe	
Have you ever had a blood trar	nsfusion?	es, give approximate dates	
The second secon			
Have you ever taken any of the	rmine), Pondimin (fenfluramine) a	red to as "fen-phen?" These include and Redux (dexfenfluramine.) \Box	Yes □ No
Have you ever taken any of the	rmine), Pondimin (fenfluramine) a	and Redux (dexfenfluramine.)	e combinations of Ionimin, Adipex Yes
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? Check (✓) if you have or have	rmine), Pondimin (fenfluramine) a ☐ Yes ☐ No Nursing? ☐ 1 æ had any of the following:	and Redux (dexfenfluramine.) 🔲 Yes 🗆 No Taking birth control	Yes □ No pills? □ Yes □ No
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? ☐ Check (✓) if you have or have ☐ Anemia	ermine), Pondimin (fenfluramine) a Yes \sum No \text{Norsing?} \sum \text{V} had any of the following: \sum \text{Cortisone Treatments}	and Redux (dexfenfluramine.) \(\subseteq \) Yes \(\subseteq \text{No} \) Taking birth control \(\subseteq \text{Hepatitis} \)	Yes □ No pills? □ Yes □ No □ Scarlet Fever
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? ☐ Check (✓) if you have or have ☐ Anemia ☐ Arthritis, Rheumatism	ermine), Pondimin (fenfluramine) and Yes No Nursing?	and Redux (dexfenfluramine.) \(\bigcup \cdot \) Yes \(\bigcup \text{No} \text{Taking birth control} \) \(\bigcup \text{Hepatitis} \) \(\bigcup \text{High Blood Pressure} \)	Yes No pills? Yes No Scarlet Fever Shortness of Breath
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves	ermine), Pondimin (fenfluramine) a Yes No Nursing? had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood	and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS	Yes No pills? Yes No Scarlet Fever Shortness of Breath Skin Rash
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? ☐ Check (✓) if you have or have ☐ Anemia ☐ Arthritis, Rheumatism	ermine), Pondimin (fenfluramine) armine), Pondimin (fenfluramine) armine), Pondimin (fenfluramine) armine had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes	and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain	Yes No pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves	ermine), Pondimin (fenfluramine) and Yes No Nursing? e had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy	and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease	Yes No pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints	ermine), Pondimin (fenfluramine) at Yes No Nursing? At had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting	and Redux (dexfenfluramine.)	Yes No pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma	ermine), Pondimin (fenfluramine) and Yes No Nursing? e had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy	and Redux (dexfenfluramine.)	Yes No pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems	ermine), Pondimin (fenfluramine) at Yes No Nursing? At had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting	and Redux (dexfenfluramine.)	Yes No pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit Tonsillins
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease	ermine), Pondimin (fenfluramine) at Yes No Nursing? The had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting Glaucoma	and Redux (dexfenfluramine.)	Yes No pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease Cancer	ermine), Pondimin (fenfluramine) armine), Pondimin (fenfluramine) armine), Pondimin (fenfluramine) armine (fen	and Redux (dexfenfluramine.)	Yes No pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit Tonsillitis
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease Cancer Chemical Dependency	ermine), Pondimin (fenfluramine) armine), Pondimin (fenfluramine) armine), Pondimin (fenfluramine) armine President American (Pough, Persistent Cough, Persistent Diabetes Epilepsy Fainting Glaucoma Headaches Heart Murmur	and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease Liver Disease Mitral Valve Prolapse Pacemaker Radiation Treatment	Yes No pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit Tonsillitis Tuberculosis
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease Cancer Chemical Dependency Chemotherapy Circulatory Problems	ermine), Pondimin (fenfluramine) are mine), Pondimin (fenfluramine) are had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting Glaucoma Headaches Heart Murmur Heart Problems	and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease Liver Disease Mitral Valve Prolapse Pacemaker Radiation Treatment Respiratory Disease Rheumatic Fever	Yes No pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit Tonsillitis Tuberculosis
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease Cancer Chemical Dependency Chemotherapy Circulatory Problems	rmine), Pondimin (fenfluramine) a Yes No Nursing? had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting Glaucoma Headaches Heart Murmur Heart Problems Hemophilia	and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease Liver Disease Mitral Valve Prolapse Pacemaker Radiation Treatment Respiratory Disease Rheumatic Fever	Yes No pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit Tonsillitis Tuberculosis Ulcer Venereal Disease
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease Cancer Chemical Dependency Chemotherapy Circulatory Problems	rmine), Pondimin (fenfluramine) a Yes No Nursing? had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting Glaucoma Headaches Heart Murmur Heart Problems Hemophilia	and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease Liver Disease Mitral Valve Prolapse Pacemaker Radiation Treatment Respiratory Disease Rheumatic Fever	Yes No pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit Tonsillitis Tuberculosis Ulcer Venereal Disease ERGIES
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease Cancer Chemical Dependency Chemotherapy Circulatory Problems	rmine), Pondimin (fenfluramine) are remine), Pondimin (fenfluramine) are had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting Glaucoma Headaches Heart Murmur Heart Problems Hemophilia	and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease Liver Disease Mitral Valve Prolapse Pacemaker Radiation Treatment Respiratory Disease Rheumatic Fever	Yes No pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit Tonsillitis Tuberculosis Ulcer Venereal Disease ERGIES

Bridge Design:

DATE	STEP	Infection	Procedure	Signature	Comment
		Control	Score		
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Preparation				
	-				
	1 st abutment				
	2 nd abutment				
	3 rd abutment				
	4.Final impression				
	5.Provisional restoration				
	6.Try-in evaluation				
	7.Final restoration				

Points:S	Signature:
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Fixed partial denture restoring posterior teeth

Case:2

DENTAL HEALTH HISTORY

Confidential

			day's Date
atient Name		В	irthdate
Last		Initial	
	DENTA	L HISTORY	
Reason for Today's Visit		Date of last dental care	
Former Dentist		Date of last dental X-rays	
Address			
Check (✓) if you have had pro	oblems with any of the following		
☐ Bad breath	☐ Grinding tee	th	Sensitivity to hot
☐ Bleeding gums	☐ Loose teeth	or broken fillings	Sensitivity to sweets
☐ Clicking or popping jaw	☐ Periodontal	treatment	Sensitivity when biting
☐ Food collection between te	eeth	cold	Sores or growths in your mouth
How often do you floss?		How often do you brush?	Control of the Contro
	MEDICA	AL HISTORY	
Physician's Name	,	Date of	of Last Visit
1811 NO# 00 VANSCHUZIVE 2008: 9000/1925	sses or operations?	_ If yes, describe	
Have you ever had a blood tran	nsfusion?	es, give approximate dates	
Have you ever taken any of the	group of drugs collectively referr	es, give approximate datesed to as "fen-phen?" These includand Redux (dexfenfluramine.)	e combinations of Ionimin, Adipe
Have you ever taken any of the	group of drugs collectively referr rmine), Pondimin (fenfluramine) a	ed to as "fen-phen?" These includand Redux (dexfenfluramine.)	e combinations of Ionimin, Adipe
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant?	group of drugs collectively referring group, Pondimin (fenfluramine) and Yes No Nursing?	ed to as "fen-phen?" These includand Redux (dexfenfluramine.)	e combinations of Ionimin, Adipe Yes \sum No
Have you ever taken any of the Fastin (brand names of phenter	group of drugs collectively referring group, Pondimin (fenfluramine) and Yes No Nursing?	ed to as "fen-phen?" These includand Redux (dexfenfluramine.)	e combinations of Ionimin, Adipe Yes \sum No
Have you ever taken any of the Fastin (brand names of phente (Women) Are you pregnant? Check (🗸) if you have or have	group of drugs collectively referring rmine), Pondimin (fenfluramine) and Yes No Nursing?	ed to as "fen-phen?" These includ and Redux (dexfenfluramine.) Yes	e combinations of Ionimin, Adipe Yes □ No Il pills? □ Yes □ No
Have you ever taken any of the Fastin (brand names of phenter (Women) Are you pregnant? ☐ Check (✓) if you have or have ☐ Anemia	e group of drugs collectively referrements), Pondimin (fenfluramine) a Yes No Nursing? had any of the following: Cortisone Treatments	ed to as "fen-phen?" These includ and Redux (dexfenfluramine.)	e combinations of Ionimin, Adipe Yes
Have you ever taken any of the Fastin (brand names of phenter (Women) Are you pregnant? ☐ Check (✓) if you have or have ☐ Anemia ☐ Arthritis, Rheumatism	e group of drugs collectively referr rmine), Pondimin (fenfluramine) a Yes No Nursing? Yes had any of the following: Cortisone Treatments Cough, Persistent	ed to as "fen-phen?" These includ and Redux (dexfenfluramine.) fes No Taking birth contro Hepatitis High Blood Pressure	e combinations of Ionimin, Adipe Yes
Have you ever taken any of the Fastin (brand names of phenter (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves	e group of drugs collectively referring rmine), Pondimin (fenfluramine) at Yes No Nursing? Yes had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood	ed to as "fen-phen?" These includend Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS	e combinations of Ionimin, Adiper Yes No I pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles
Have you ever taken any of the Fastin (brand names of phenter (Women) Are you pregnant? ☐ Check (✓) if you have or have ☐ Anemia ☐ Arthritis, Rheumatism ☐ Artificial Heart Valves ☐ Artificial Joints	group of drugs collectively referrance, Pondimin (fenfluramine) and Yes No Nursing? had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes	ed to as "fen-phen?" These include and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain	e combinations of Ionimin, Adiper Yes
Have you ever taken any of the Fastin (brand names of phenter (Women) Are you pregnant? ☐ Check (✓) if you have or have ☐ Anemia ☐ Arthritis, Rheumatism ☐ Artificial Heart Valves ☐ Artificial Joints ☐ Asthma	e group of drugs collectively referrement), Pondimin (fenfluramine) at Yes No Nursing? Yes had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy	ed to as "fen-phen?" These included and Redux (dexfenfluramine.) fes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease	e combinations of Ionimin, Adiper Yes No I pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles
Have you ever taken any of the Fastin (brand names of phenter (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems	e group of drugs collectively referrance. Promine), Pondimin (fenfluramine) and the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting	ed to as "fen-phen?" These include and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease Liver Disease	e combinations of Ionimin, Adiper Yes No I pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles
Have you ever taken any of the Fastin (brand names of phenter (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease	e group of drugs collectively referrirmine), Pondimin (fenfluramine) at Yes No Nursing? Yes No Nursing? Yes had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting Glaucoma	ed to as "fen-phen?" These include and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease Liver Disease Mitral Valve Prolapse	e combinations of Ionimin, Adiper Yes No I pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit
Have you ever taken any of the Fastin (brand names of phenter (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease Cancer	group of drugs collectively referrance. group of drugs collectively referrance. Yes No Nursing? had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting Glaucoma Headaches	ed to as "fen-phen?" These include and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease Liver Disease Mitral Valve Prolapse Pacemaker	e combinations of Ionimin, Adiper Yes No I pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit Tonsillitis
Have you ever taken any of the Fastin (brand names of phenter (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease Cancer Chemical Dependency	e group of drugs collectively referrance in mine), Pondimin (fenfluramine) and Yes No Nursing? Yes No Nursing? Yes had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting Glaucoma Headaches Heart Murmur	ed to as "fen-phen?" These include and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease Liver Disease Mitral Valve Prolapse Pacemaker Radiation Treatment	e combinations of Ionimin, Adiper Yes No I pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit Tonsillitis Tuberculosis
Have you ever taken any of the Fastin (brand names of phenter (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease Cancer Chemical Dependency Chemotherapy Circulatory Problems	e group of drugs collectively referrance. gramine), Pondimin (fenfluramine) and the following: had any of the following: Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting Glaucoma Headaches Heart Murmur Heart Problems	ed to as "fen-phen?" These include and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease Liver Disease Mitral Valve Prolapse Pacemaker Radiation Treatment Respiratory Disease Rheumatic Fever	e combinations of Ionimin, Adiper Yes No I pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit Tonsillitis Tuberculosis
Have you ever taken any of the Fastin (brand names of phenter (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease Cancer Chemical Dependency Chemotherapy Circulatory Problems	group of drugs collectively referration), Pondimin (fenfluramine) at Yes No Nursing? Yes No Nursing? Yes No Nursing: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting Glaucoma Headaches Heart Murmur Heart Problems Hemophilia	ed to as "fen-phen?" These include and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease Liver Disease Mitral Valve Prolapse Pacemaker Radiation Treatment Respiratory Disease Rheumatic Fever	e combinations of Ionimin, Adiper Yes No I pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit Tonsillitis Tuberculosis Ulcer Venereal Disease
Have you ever taken any of the Fastin (brand names of phenter (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease Cancer Chemical Dependency Chemotherapy Circulatory Problems	e group of drugs collectively referrance. gramine), Pondimin (fenfluramine) and the following: had any of the following: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting Glaucoma Headaches Heart Murmur Heart Problems Hemophilia	ed to as "fen-phen?" These include and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease Liver Disease Mitral Valve Prolapse Pacemaker Radiation Treatment Respiratory Disease Rheumatic Fever	e combinations of Ionimin, Adiper Yes No I pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit Tonsillitis Tuberculosis Ulcer Venereal Disease ERGIES Penicillin
Have you ever taken any of the Fastin (brand names of phenter (Women) Are you pregnant? Check (✓) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease Cancer Chemical Dependency Chemotherapy Circulatory Problems	e group of drugs collectively referrimine), Pondimin (fenfluramine) at Yes No Nursing? Yes No Nursing? Yes No Nursing: Cortisone Treatments Cough, Persistent Cough up Blood Diabetes Epilepsy Fainting Glaucoma Headaches Heart Murmur Heart Problems Hemophilia CATIONS ntly taking:	ed to as "fen-phen?" These include and Redux (dexfenfluramine.) Yes No Taking birth control Hepatitis High Blood Pressure HIV/AIDS Jaw Pain Kidney Disease Liver Disease Mitral Valve Prolapse Pacemaker Radiation Treatment Respiratory Disease Rheumatic Fever ALL	e combinations of Ionimin, Adiper Yes No I pills? Yes No Scarlet Fever Shortness of Breath Skin Rash Stroke Swelling of Feet or Ankles Thyroid Problems Tobacco Habit Tonsillitis Tuberculosis Ulcer Venereal Disease ERGIES Penicillin

Treatment plan: Bridge Design:

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Preparation				
	1 st abutment				
	2 nd abutment				
	3 rd abutment				
	4.Final impression				
	5.Provisional restoration				
	6.Try-in evaluation				
	7.Final restoration				

Points:Signature:	•••
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Fixed partial denture restoring posterior teeth (Remake)

Case:3

DENTAL HEALTH HISTORY

Confidential

		To	oday's Date
atient Name			irthdate
Last	First	Initial HISTORY	
		•	
Reason for Today's Visit		Date of last dental care	
Former Dentist		Date of last dental X-rays	
Address			
Check (✓) if you have had prol	blems with any of the following ☐ Grinding teeth		☐ Sensitivity to hot
☐ Bleeding gums	☐ Loose teeth o		Sensitivity to sweets
☐ Clicking or popping jaw	☐ Periodontal tro		Sensitivity when biting
☐ Food collection between te			☐ Sores or growths in your mouth
How often do you floss?	V	How often do you brush?	
	MEDICAL	LHISTORY	
Physician's Name		Date	of Last Visit
Have you had any serious illnes	sses or operations?	f yes, describe	
Have you ever had a blood tran	sfusion?	, give approximate dates	
	group of drugs collectively referred rmine), Pondimin (fenfluramine) an		
(Women) Are you pregnant?	Yes □ No Nursing? □ Ye	es No Taking birth contro	ol pills? 🗌 Yes 🗌 No
Check (\(\)) if you have or have Anemia Arthritis, Rheumatism Artificial Heart Valves Artificial Joints Asthma Back Problems Blood Disease Cancer Chemical Dependency Chemotherapy Circulatory Problems MEDIC List medications you are current	☐ Cortisone Treatments ☐ Cough, Persistent ☐ Cough up Blood ☐ Diabetes ☐ Epilepsy ☐ Fainting ☐ Glaucoma ☐ Headaches ☐ Heart Murmur ☐ Heart Problems ☐ Hemophilia	☐ Aspirin	☐ Scarlet Fever ☐ Shortness of Breath ☐ Skin Rash ☐ Stroke ☐ Swelling of Feet or Ankles ☐ Thyroid Problems ☐ Tobacco Habit ☐ Tonsillitis ☐ Tuberculosis ☐ Ulcer ☐ Venereal Disease LERGIES ☐ Penicillin
		☐ Barbiturates (Sleeping pill	s) 🗌 Sulfa
		☐ Codeine	☐ Latex
Pharmacy Name			

DATE	STEP	Infection		Signature	Comment
		Control	Score		
	1.Diagnosis				
	2.Diagnostic cast &				
	Xrays				
	3.Preparation				
	1 st abutment				
	2 nd abutment				
	3 rd abutment				
	4.Final impression				
	5.Provisional restoration				
	6.Try-in evaluation				
	7.Final restoration				

Points:	Signature:
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All ceramic restoration

Case:4
Patient Name:
Medical Hx:
Treatment plan:

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Preparation				
	1 st abutment				
	2 nd abutment				
	3 rd abutment				
	4.Final impression				
	5.Provisional restoration				
	6.Try-in evaluation				
	7.Final restoration				

Points:	Signature:
	··· = ================================

Resin bonded Fixed partial denture restoring Anterior teeth

Case:
Patient Name:
Medical Hx:
Treatment plan:

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Preparation				
	1 st abutment				
	2 nd abutment				
	3 rd abutment				
	4.Final impression				
	5.Provisional restoration				
	6.Try-in evaluation				
	7.Final restoration				

Points:	Signature:
	0

Endodontically treated teeth restored with readymade post

Case:
Patient Name:
Medical Hx:
Treatment plan

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Root canal preparaion				
	Xray for RC preparation				
	Coronal Preparation				
	Ferrule preparation				
	4.Post cementation				
	5.Core buildup				
	6.preparation for FPD				
	7.Final Impression				
	8.Try-in evaluation				
	9.Final restoration				

Pointe:	.Signature:
Pomis:	.Signature:

Endodontically treated teeth restored with readymade post

Case:
Patient Name:
Medical Hx:
Treatment nlan

DATE	STEP	Infection		Signature	Comment
		Control	Score		
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Root canal preparaion				
	Xray for RC preparation				
	Coronal Preparation				
	Ferrule preparation				
	4.Post cementation				
	5.Core buildup				
	6.preparation for FPD				
	7.Final Impression				
	8.Try-in evaluation				
	9.Final restoration				

Points:	Signature:

Endodontically treated teeth restored with readymade post

Case:
Patient Name:
Medical Hx:
Treatment plan

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Root canal preparaion				
	Xray for RC preparation				
	Coronal Preparation				
	Ferrule preparation				
	4.Post cementation				
	5.Core buildup				
	6.preparation for FPD				
	7.Final Impression				
	8.Try-in evaluation				
	9.Final restoration				

Points:	Signature:	•••
Supervisor Signat	ıre:	

Endodontically treated teeth restored with Custom made post

Case:
Patient Name:
Medical Hx:
Treatment plan

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Root canal preparaion				
	Xray for RC preparation				
	Coronal Preparation				
	Ferrule preparation				
	4.Post impression				
	5.Post cementation				
	6.preparation for FPD				
	7.Final Impression				
	8.Try-in evaluation				
	9.Final restoration				

Datata	Cianatuma
Points:	Signature:

Endodontically treated teeth restored with Endocrown

Case:
Patient Name:
Medical Hx:
Treatment plan

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Intra coronal preparation				
	Sealing of Pulp chamber				
	Blocking of undercut				
	6.preparation for Endocrown				
	7.Final Impression				
	8.Try-in evaluation				
	9.Final restoration				

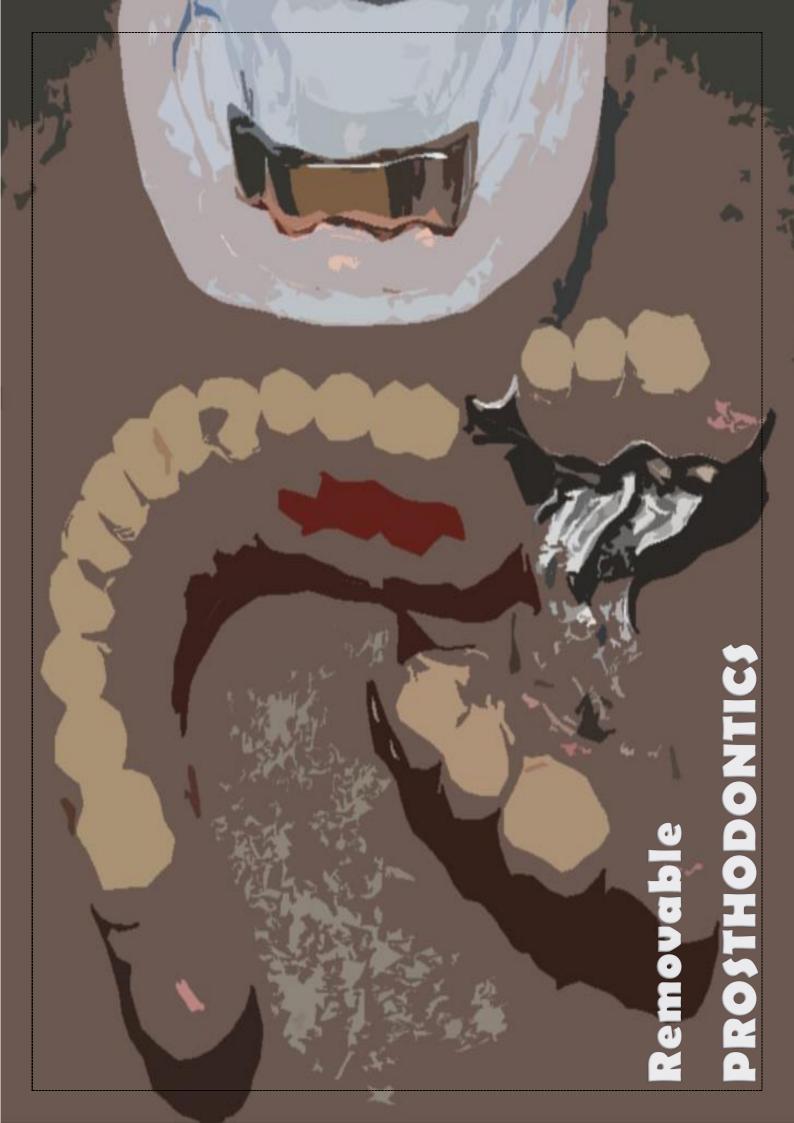
Points:	Signature:
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Restoring Anterior teeth with Laminate veneer

Case:
Patient Name:
Medical Hx:
Treatment plan:

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Preparation				
	1 st abutment				
	2 nd abutment				
	3 rd abutment				
	4.Final impression				
	5.Provisional restoration				
	6.Try-in evaluation				
	7.Final restoration				

Points: Signature:



Complete Denture case

Case 1	Description			
Patien	ıt's name			
A go				
Sex				
Tel. N	O•			
Denta	l history			
Chief	complaint			
No.	Steps	Signature	Date	

No.	Steps	Signature	Date
1	D.		
1	Primary Imp.		
2	Secondary		
	Imp.		
3	Jaw		
	Relation		
4	Try- in		
5	Delivery		
6	Follow-up		
7	Follow-up		

Points after case completion:

Complete Denture case

Case 1	Description			
Patier	nt's name			
Age				
Sex				
Tel. N	To			
Medio				
Chief	complaint			
Diagn	osis			
No.	Steps	Signature	Date	

No.	Steps	Signature	Date
1	Primary		
	Imp.		
2	Secondary		
	Imp.		
3	Jaw		
	Relation		
4	Try- in		
5	Delivery		
6	Follow-up		
7	Follow-up		

Points after case completion:

Case 1	Description:	Patient's name	Age:	Sex:
Tel. N	lo			
Medio	cal history			
Denta	l history			
Chief	complaint			
	_			
No.	Steps	Signature	Date	

No.	Steps	Signature	Date
1	Primary		
	Imp.		
2	Mouth Preparation		
3	Secondary Imp.		
4	Metal Try-		
5	Jaw Relation		
6	Try- in		
7	Delivery		
8	Follow-up		

Points after case completion:

Case Description: Patient's name	 Age:	Sex:
Tel. No.		
Medical history	 	
Dental history		
Chief complaint		
Diagnosis		

No.	Steps	Signature	Date
1	Primary		
2	Imp. Mouth		
3	Preparation Secondary		
4	Imp. Metal Try-		
	in		
5	Jaw Relation		
6	Try- in		
7	Delivery		
8	Follow-up		

Points after case completion:

Case Description: Patient's	name	Age:	Sex:
Tel. No.			
Medical history			
Dental history			 .
Chief complaint			
Diagnosis			
No Ctons Cima		Doto	

No.	Steps	Signature	Date
1	Primary		
	Imp.		
2	Mouth		
	Preparation		
3	Secondary Imp.		
4	Metal Try-		
5	Jaw Relation		
6	Try- in		
7	Delivery		
8	Follow-up		

Points after case completion:

Case Do	escription: Pa	tient's name	Age:	Sex:
Tel. No	•			
Medica	l history			
Dental 1	history			
Chief co	omplaint			
	_			
Na	Stong	Cignotuno	Data	

No.	Steps	Signature	Date
1	Primary Imp.		
2	Mouth Preparation		
3	Secondary Imp.		
4	Metal Try-		
5	Jaw Relation		
6	Try- in		
7	Delivery		
8	Follow-up		

Points after case completion:

Case 1	Description: Pa	tient's name	Age:	Se
Tel. N	0			
Medic	cal history			
Chief	complaint			
Diagn	osis			
No.	Steps	Signature	Date	
1	Primary Imp.			
2	Mouth Preparation			
3	Secondary Imp.			
4	Metal Try-			
5	Jaw Relation			
6	Try- in			
7	Delivery			
8	Follow-up			
Points	after case com	letion:	sign	ature

Advanced case

Case Description:
Patient's name
Age
Sex
Tel. No.
Medical history
Dental history
Chief complaint
Diagnosis

No.	Steps	Signature	Date
1	Duimany		
1	Primary Imp.		
2	Secondary Imp.		
3	Jaw Relation		
4	Try- in		
5	Delivery		
6	Follow-up		
7	Follow-up		

Points after case completion:

Advanced case

Case D	escription:			
Patient	t's name			
Age				
Medica	al history			
Dental	history			
	T • /			
Chief	complaint			
D:				
Diagno)S1S			
No.	Steps	Signature	Date	
1	Primary			
	Imp.			
2	Secondary			
	Imp.			
3	Jaw			
	Relation			
4	Try- in			
5	Delivery			
6	Follow-up			
7	Follow-up			

Points after case completion:

Advanced case

Case]	Description:								
	-								
Sex	AgeSex								
Tel. N	Tel. No.								
Denta	l history								
Chief									
Diagn	osis	[g•							
No.	Steps	Signature	Date						
1	Primary								
1									
	Imp.								
2	Secondary								
	Imp.								
2									
3	Jaw								
	Relation								
4	Try- in								
5	Delivery								
6	Follow-up								
Ü	I one w cap								
7	Follow-up								

Points after case completion:



Date	Procedure	Points	Signature

Date	Teeth	Points	Supervisor

Date	Procedure	Points	Signature

Date	Procedure	Points	Signature

Date	Teeth	Points	Supervisor

Case documentation	
Case documentation	
	155
	133

Case docum	entation			
Case docum	Citation			
		156		

Case documentation	
cuse documentation	
	457
	157

Case documentation	
Case documentation	
	150
	158



Instruments

- Diagnostic set
- Excavator. Condenser
- Contra.
- burs(large round & endo Z) & stones(wheel or flame & fine taper)
- Rubber dam, Frame holder, punch, clamps, sheets
- Metal syringe, needles, plastic syringes
- K-H files
- Carver, burnisher
- Composite applicator
- Glass slab, spatula
- Ball & socket plier
- Bite block

Materials

- Gloves, Mask
- Napkin, cups & wrap
- Cotton, cotton roll, gauze
- Dental floss
- Paper points
- Periapical films
- Topical anesthesia (any type gel)
- Anesthetic carpules 2 %
- ZnO & eugenol
- Zincinol Metapex Glass ionomer cement
- Glass Ionomer capsule (Fugi II LC & Equa Fort HT)
- Conditioner (3M or GC)
- Equa coat Composite kit (3M, GC or ivoclar)
- Pit & fissure sealant
- Formeresol
- Sodiom hypochlorite & saline
- Tray, putty, alginate & stone
- Floride varnish (NaF 5%)
- X ray mount for each case

Clinical Requirements

Procedures	No. of cases Required	No. of cases Achieved	Points
Pulpotomies and /or	10		
Pulectomies			
Posterior Restoration			
(permanent or deciduous)	5		
Anterior Restoration (permanent or deciduous)	2		
Extractions	10		
Stainless Steel Crowns	5		
Endodontic treatment "Anterior tooth"	1		
Endodontic treatment "Posterior tooth"	1		
Pit & fissure sealant	4		
Space maintainers or habit breaking appliance	1		
Case of Interest			
"Clinical & Radiographic photos"	1		
Total no. of cases	40		

Pulpotomies & Pulpectomies

Date	Patient	File No.	Procedure	Points	Signature
	Name				
1)			1 st visit:		
			2 nd visit:		
2)			1 st visit:		
			2 nd visit:		
3)			1 st visit:		
			2 nd visit:		
4)			1 st visit:		
			2 nd visit:		
5)			1 st visit:		
			2 nd visit:		
6)			1 st visit:		
			2 nd visit:		
7)			1 st visit:		
			2 nd visit:		
8)			1 st visit:		
			2 nd visit:		

9)		1 st visit:	
		2 nd visit:	
10)		1 st visit:	
		2 nd visit:	

Posterior Restorations

Date	Patient Name	File No.	Procedure	Points	Signature
1)					
2)					
3)					
4)					
5)					

Anterior Restorations

Date	Patient Name	File No.	Procedure	Points	Signature
1)					
2)					

Extractions

Date	Patient Name	File No.	Tooth Number	Points	Signature
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

Stainless Steel Crowns

Date	Patient Name	File No.	Tooth Number	Points	Signature
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

Endodontic Treatment "Anterior"

Patient Name:
File Number:
Tooth Number:

Date	Procedure	File No.	Points	Signature
	Access			
	W.L			
	Master Apical File			
	Master Cone			
	Obturation			

X-Ray Films:

Preoperative	Initial File	Master Cone	Obturation

Endodontic Treatment "Posterior"

Patient Name:
File Number:
Tooth Number:

Date	Procedure	File No.	Points	Signature
	Access			
	W.L			
	Master Apical File			
	Master Cone			
	Obturation			

X-Ray Films:

Preoperative	Initial File	Master Cone	Obturation

Pit & fissure sealant

Date	Patient Name	File No.	Tooth No.	Points	Signature
1)					
2)					
3)					
4)					

Space maintainers

Date	Patient Name	File No.	Procedure	Points	Signature
1)					
2)					

Cases of Interest

Date	Patient Name	File No.	Procedure	Signature	Points
1)					
2)					
3)					



procedure	Signature	Points

C 1		
Case documentation		
	171	
	±/ ±	

procedure	Signature	Points

Ca	ase documei	ntation			
			173		

procedure	Signature	Points

Case documentation		
	175	

procedure	Signature	Points

Case documen	tation		
		177	