Beni-Suef University

Faculty of Dentistry

Internship unit

Internship

Portfolio/ Clinical Cases

Log-Book

2023/2024

I. Introduction:

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. Case Presentation:

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. Clinical Requirements:

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
1. Anterior tooth colored restoration: • Class III • Class IV • Class V	One case for each
2. Preventive restorations: • PRR (Preventive resin restoration) • Pits & fissures sealants • Fluoride application	1 case
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 • Direct veener	2 cases
8. Indirect Composite / Ceramic restorations (Onlays/ Overlays)	1 case
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 sterilization. Clinical cases/ diagnosis and emergency treatment. Hand 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.
3. Clinical Practice in Endodontics (Advanced Preclinical) Didactic /2/ 1Wk., Clinical /18 /2Wks.	Submit: Four previously obturated extracted teeth (4 teeth) • Retreatment (3 teeth) • Perforation repair (1 tooth)	
4. Clinical Practice in Endodontics (Advanced Clinical) Clinical /40 /4Wks.	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

Oral MEDICINE&

PERIODONTOLOGY

Diagnostic sheet

- **Patient history**

Name:……. Age:……. File number: …….

Gender:…….. Marital status: ……. Phone number: …….

- **Medical History**

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- **Dental History**

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- **Chief complain**

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Clinical Examination

- **Extra-oral Examination**

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- **Intra-Oral Examination**

1- Soft tissue:

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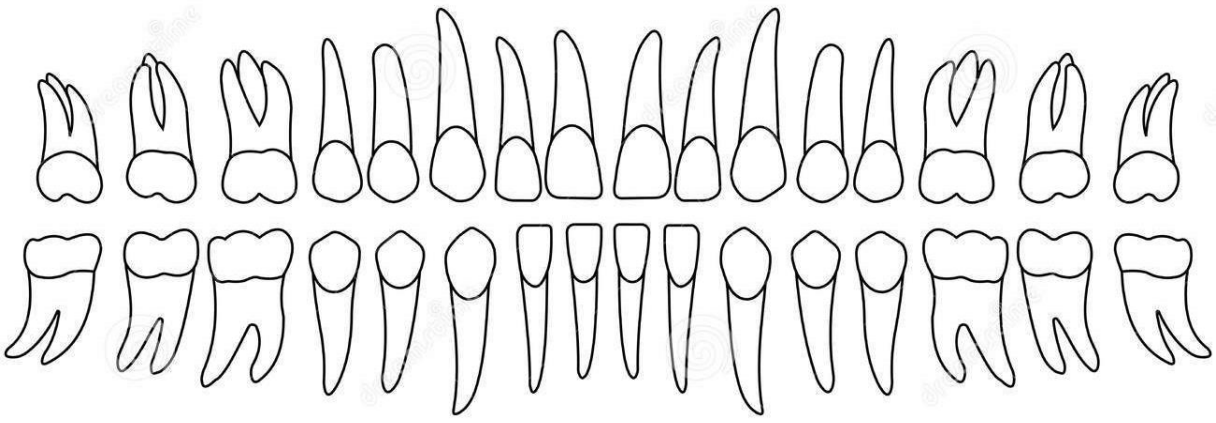
2- Hard tissue



- **Lab investigations**

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- **Radiographic examination**

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Diagnosis

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Treatment Plan

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Supervisor Signature:

Points:

Diagnostic sheet

- **Patient history**

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- **Medical History**

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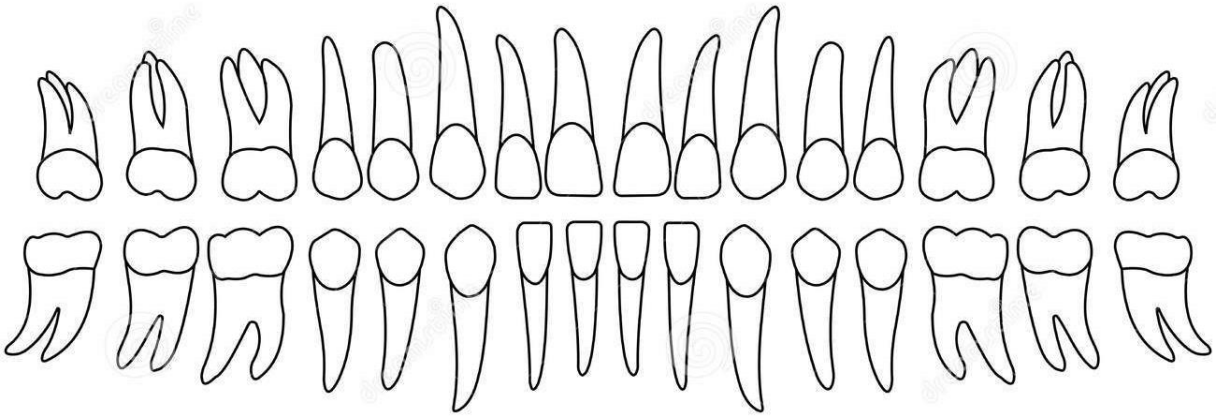

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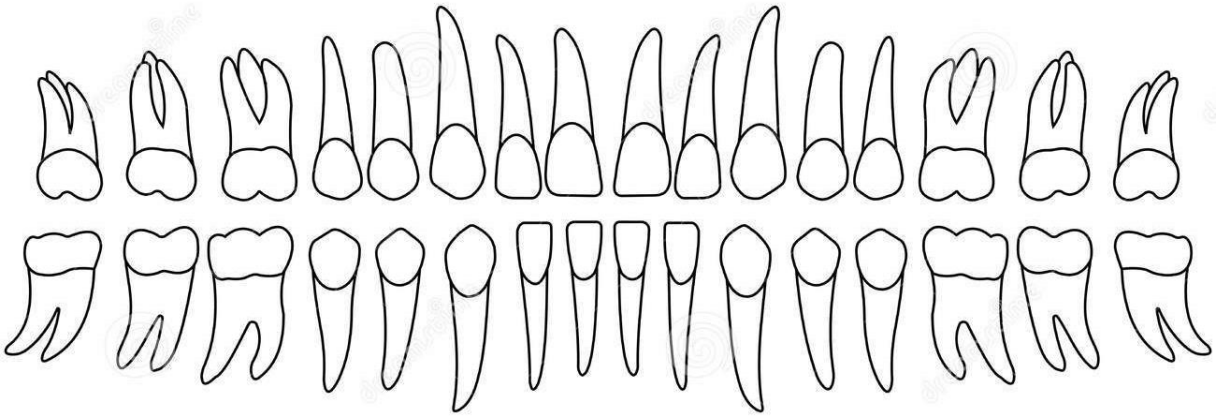

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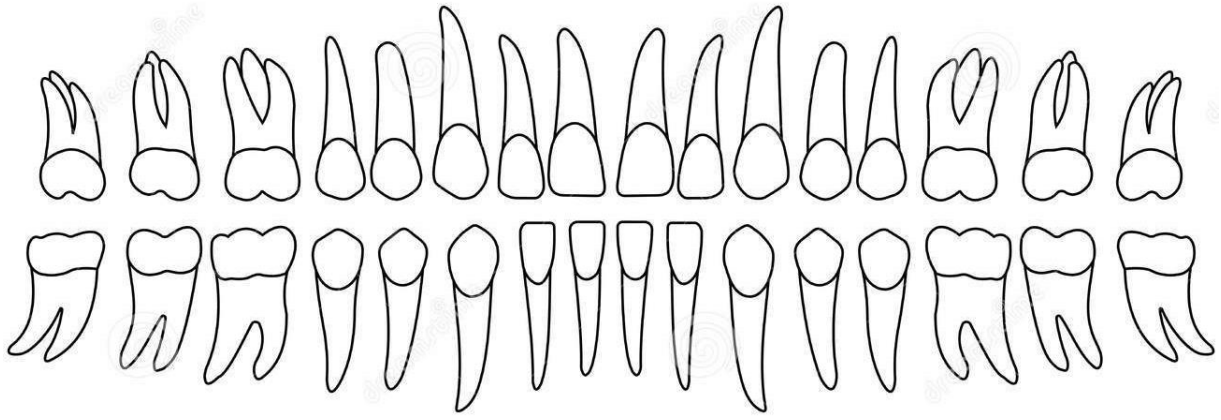

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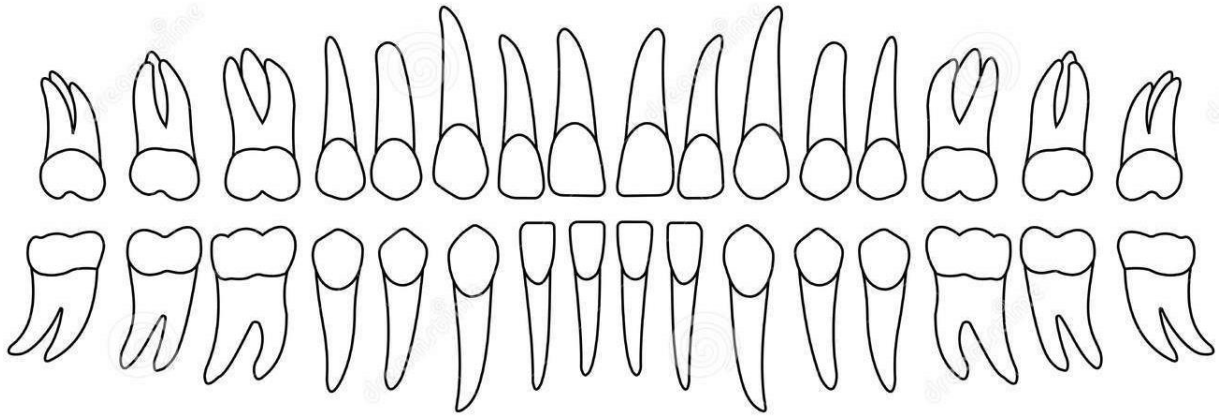

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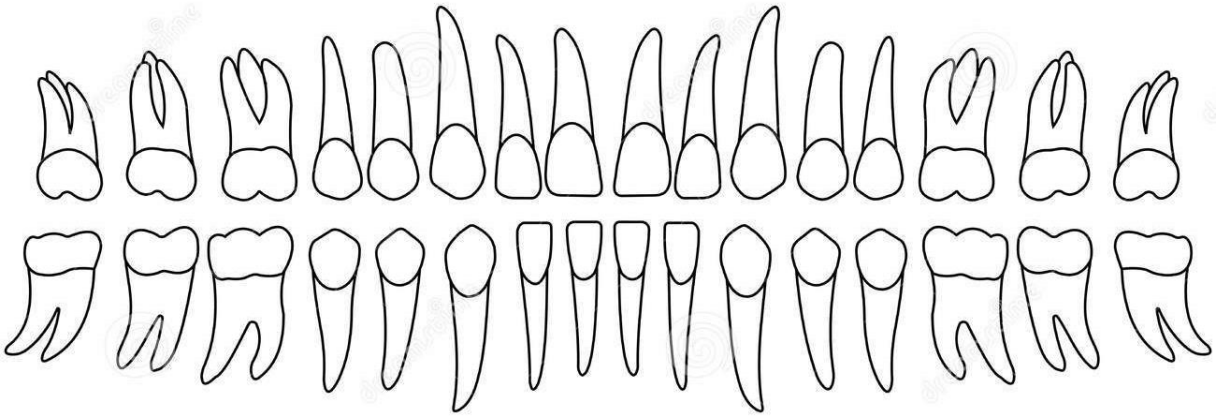

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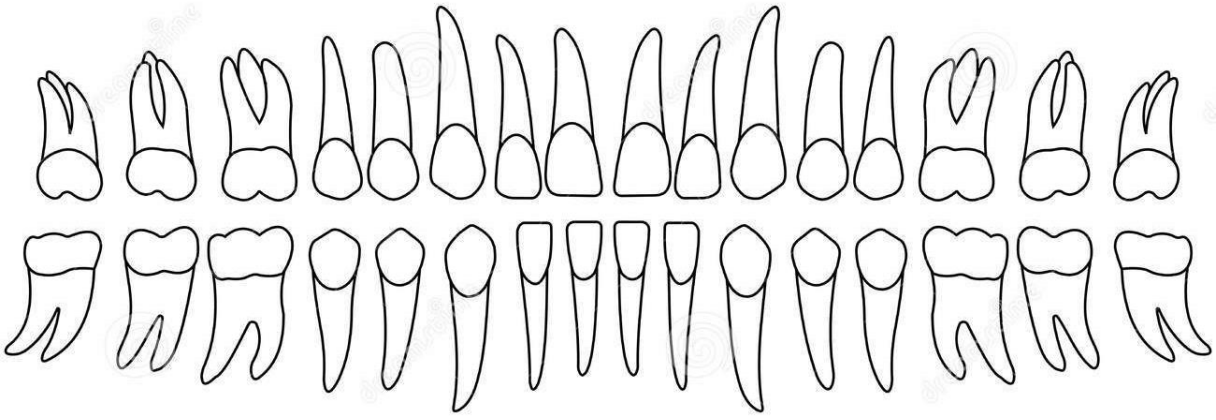

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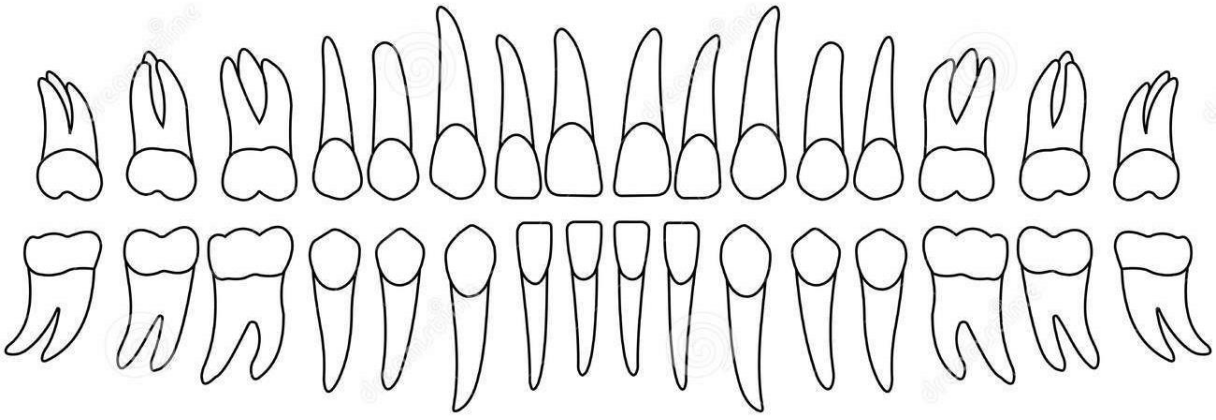

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Treatment Plan

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Supervisor Signature:

Points:

Oral Medicine cases

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:

Photograph of the lesion

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

Type:

Site:

Date of procedure:

Result:

Spot diagnosis:

Differential diagnosis:

1-

2-

3-

4-

Final diagnosis: _____

Treatment plan:

1:

2:

3:

Medication:

_____

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_____

Follow up:

Visit	***Notes and comments***	***photograph***	***Assigned dentist***
1			
2			
3			
4			

Points after case completion: **Signature:**

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:

Photograph of the lesion

Past dental history:

Clinical examination

Extra oral examination:

Lymph node examination:

History of lesion:

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Special investigation and Radiograph (if needed)

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Biopsy

Type:

Site:

Date of procedure:

Result:

Spot diagnosis:

Differential diagnosis:

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Final diagnosis: _____

Treatment plan:

1:

2:

3:

Medication:

_____

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Follow up:

Visit	***Notes and comments***	***photograph***	***Assigned dentist***
1			
2			
3			
4			

Points after case completion: **Signature**

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:

Photograph of the lesion

Past dental history:

Clinical examination

Extra oral examination:

Lymph node examination:

History of lesion:

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Description of lesion

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Special investigation and Radiograph (if needed)

Biopsy

Type:

Site:

Date of procedure:

Result:

Spot diagnosis:

Differential diagnosis:

1-

2-

3-

4-

Final diagnosis: _____

Treatment plan:

1:

2:

3:

Medication:

_____

_____

_____

Follow up:

Visit	***Notes and comments***	***photograph***	***Assigned dentist***
1			
2			
3			
4			

Points after case completion: Signature

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:

Photograph of the lesion

Past dental history:

Clinical examination

Extra oral examination:

Lymph node examination:

History of lesion:

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Description of lesion

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Special investigation and Radiograph (if needed)

_____

_____

Biopsy

Type:

Site:

Date of procedure:

Result:

Spot diagnosis:

Differential diagnosis:

1-

2-

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4-

Final diagnosis: _____

Treatment plan:

1:

2:

3:

Medication:

_____

_____

_____

Follow up:

Visit	***Notes and comments***	***photograph***	***Assigned dentist***
1			
2			
3			
4			

Points after case completion: **Signature**

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:

Photograph of the lesion

Clinical examination

Extra oral examination:

Lymph node examination:

History of lesion:

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Special investigation and Radiograph (if needed)

_____

_____

Biopsy

Type:

Site:

Date of procedure:

Result:

Spot diagnosis:

Differential diagnosis:

1-

2-

3-

4-

Final diagnosis: _____

Treatment plan:

1:

2:

3:

Medication:

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_____

Follow up:

Visit	***Notes and comments***	***photograph***	***Assigned dentist***
1			
2			
3			
4			

Points after case completion: **Signature**

Case no: **Patient name:** **Date:** **Diagnosis:** **Points:** **Signature:**

Furcation																	
Mobility																	
Recession																	
CAL																	
Pocket Depth																	
		8	**7**	**6**	**5**	**4**	**3**	**2**	**1**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Pocket Depth																	
CAL																	
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Case no: **Patient name:** **Date:** **Diagnosis:** **Points:** **Signature:**

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Furcation																	
Mobility																	
Recession																	
CAL																	
Pocket Depth																	
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Case no: **Patient name:** **Date:** **Diagnosis:** **Points:** **Signature:**

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Case no: **Patient name:** **Date:** **Diagnosis:** **Points:** **Signature:**

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Case no: **Patient name:** **Date:** **Diagnosis:** **Points:** **Signature:**

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Recession																	
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Case no: **Patient name:** **Date:** **Diagnosis:** **Points:** **Signature:**

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Case no: **Patient name:** **Date:** **Diagnosis:** **Points:** **Signature:**

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Case no: **Patient name:** **Date:** **Diagnosis:** **Points:** **Signature:**

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Case no: **Patient name:** **Date:** **Diagnosis:** **Points:** **Signature:**

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Case no: **Patient name:** **Date:** **Diagnosis:** **Points:** **Signature:**

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Case no: **Patient name:** **Date:** **Diagnosis:** **Points:** **Signature:**

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Pocket Depth																	
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Case no: **Patient name:** **Date:** **Diagnosis:** **Points:** **Signature:**

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Pocket Depth																
		8	**7**	**6**	**5**	**4**	**3**	**2**	**1**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Pocket Depth																
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Recession																
Mobility																
Furcation																

Case no: **Patient name:** **Date:** **Diagnosis:** **Points:** **Signature:**

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Mobility																	
Recession																	
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Pocket Depth																	
		8	**7**	**6**	**5**	**4**	**3**	**2**	**1**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Pocket Depth																	
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Recession																	
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Case no: **Patient name:** **Date:** **Diagnosis:** **Points:** **Signature:**

Furcation																	
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Pocket Depth																	
		8	**7**	**6**	**5**	**4**	**3**	**2**	**1**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Pocket Depth																	
CAL																	
Recession																	
Mobility																	
Furcation																	

Periodontal surgeries

Case No.		Date	/ /	File No.			
Patient Name				Age		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	ASSISSTANT	Under supervision	Under indirect supervision	Performed independent.	Supervisor Signature
Eliciting patient history						
Performing physical examination						
Ordering & Interpreting investigations						Head of the unit
Developing treatment plan						
Assessing fitness & preparation for surgery						
Surgery / Procedure						

Points:
Signature:

Periodontal surgeries

Case No.		Date	/ /	File No.			
Patient Name				Age		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	ASSISSTANT	Under supervision	Under indirect supervision	Performed independent.	Supervisor Signature
Eliciting patient history						
Performing physical examination						
Ordering & Interpreting investigations						Head of the unit
Developing treatment plan						
Assessing fitness & preparation for surgery						
Surgery / Procedure						

Points:
Signature:

Periodontal surgeries

Case No.		Date	/ /	File No.			
Patient Name				Age		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	ASSISSTANT	Under supervision	Under indirect supervision	Performed independent.	Supervisor Signature
Eliciting patient history						
Performing physical examination						
Ordering & Interpreting investigations						Head of the unit
Developing treatment plan						
Assessing fitness & preparation for surgery						
Surgery / Procedure						

Points:
Signature:


Oral
RADIOLOGY

Intern requirement sheet

	Patient Name	Procedure	Points	Supervisor Signature
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Operative
DENTISTRY

Case no:

Tooth:

Date:

Treatment plan &Procedure:

Class / surface:

Used materials: ……..

Pre-operative photographs **Operative photographs**

Post- operative photographs

Comments:

-<u>Procedure management assessment</u>

Infection Control: Field Preparation:

<u>Case assessment</u>

Cavity preparation: Restoration:

points: **Supervisor signature:**

Case no:

Tooth:

Date:

Treatment plan &Procedure:

Class / surface:

Used materials: ……..

Pre-operative photographs **Operative photographs**

Post- operative photographs

Comments:

-<u>Procedure management assessment</u>

Infection Control: Field Preparation:

<u>Case assessment</u>

Cavity preparation: Restoration:

points: **Supervisor signature:**

Case no:

Tooth:

Date:

Treatment plan &Procedure:

Class / surface:

Used materials: ……..

Pre-operative photographs **Operative photographs**

Post- operative photographs

Comments:

-Procedure management assessment

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- operative photographs

Comments:

-Procedure management assessment

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- operative photographs

Comments:

-<u>Procedure management assessment</u>

Infection Control: Field Preparation:

<u>Case assessment</u>

Cavity preparation: Restoration:

points: **Supervisor signature:**

Case no:

Tooth:

Date:

Treatment plan &Procedure:

Class / surface:

Used materials: ……..

Pre-operative photographs **Operative photographs**

Post- operative photographs

Comments:

-<u>Procedure management assessment</u>

Infection Control: Field Preparation:

<u>Case assessment</u>

Cavity preparation: Restoration:

points: **Supervisor signature:**

Case no:

Tooth:

Date:

Treatment plan &Procedure:

Class / surface:

Used materials: ……..

Pre-operative photographs **Operative photographs**

Post- operative photographs

Comments:

-Procedure management assessment

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- operative photographs

Comments:

-<u>Procedure management assessment</u>

Infection Control: Field Preparation:

<u>Case assessment</u>

Cavity preparation: Restoration:

points: **Supervisor signature:**

Case no:

Tooth:

Date:

Treatment plan &Procedure:

Class / surface:

Used materials: ……..

Pre-operative photographs **Operative photographs**

Post- operative photographs

Comments:

-Procedure management assessment

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- operative photographs

Comments:

-Procedure management assessment

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- operative photographs

Comments:

-Procedure management assessment

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- operative photographs

Comments:

-Procedure management assessment

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- operative photographs

Comments:

-Procedure management assessment

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- operative photographs

Comments:

-Procedure management assessment

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- operative photographs

Comments:

-Procedure management assessment

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- operative photographs

Comments:

-Procedure management assessment

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- operative photographs

Comments:

-Procedure management assessment

Infection Control: Field Preparation:

Case assessment

Cavity preparation: Restoration:

points: **Supervisor signature:**

ENDODONTICS

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 → #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.

ASSESSMENT SHEET 1

PATIENT NAME: AGE: GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	☐ Trauma	☐ Restoration	☐Carious exposure	☐ Pulpotomy
	☐ 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	

MEASUREMENTS:							
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

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		

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

ASSESSMENT SHEET 2

PATIENT NAME: AGE: GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	☐ Trauma	☐ Restoration	☐Carious exposure	☐ Pulpotomy
	☐ 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	

MEASUREMENTS:							
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

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		

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

ASSESSMENT SHEET 3

PATIENT NAME: AGE: GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	☐ Trauma	☐ Restoration	☐Carious exposure	☐ Pulpotomy
	☐ 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	

MEASUREMENTS:							
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

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		

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

ASSESSMENT SHEET 4

PATIENT NAME: AGE: GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	☐ Trauma	☐ Restoration	☐Carious exposure	☐ Pulpotomy
	☐ 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	

MEASUREMENTS:							
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

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		

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

ASSESSMENT SHEET 5

PATIENT NAME: AGE: GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	☐ Trauma	☐ Restoration	☐Carious exposure	☐ Pulpotomy
	☐ 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	

MEASUREMENTS:							
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

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		

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

ASSESSMENT SHEET 6

PATIENT NAME: AGE: GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	☐ Trauma	☐ Restoration	☐Carious exposure	☐ Pulpotomy
	☐ 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	

MEASUREMENTS:							
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

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		

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

ASSESSMENT SHEET 7

PATIENT NAME: AGE: GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	☐ Trauma	☐ Restoration	☐Carious exposure	☐ Pulpotomy
	☐ 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	

MEASUREMENTS:							
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

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		

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

ASSESSMENT SHEET 8

PATIENT NAME: AGE: GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	☐ Trauma	☐ Restoration	☐Carious exposure	☐ Pulpotomy
	☐ 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	

MEASUREMENTS:							
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

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		

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

ASSESSMENT SHEET 9

PATIENT NAME: AGE: GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	☐ Trauma	☐ Restoration	☐Carious exposure	☐ Pulpotomy
	☐ 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	

MEASUREMENTS:							
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

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		

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

ASSESSMENT SHEET 10

PATIENT NAME: AGE: GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	☐ Trauma	☐ Restoration	☐Carious exposure	☐ Pulpotomy
	☐ 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	

MEASUREMENTS:							
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

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		

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


Fixed
PROSTHODONTICS

Fixed partial denture restoring posterior teeth

Case:1

DENTAL HEALTH HISTORY

Confidential

Today's Date _____

Patient Name _____ Birthdate _____
Last First Initial

DENTAL 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 problems with any of the following

☐ Bad breath	☐ Grinding teeth	☐ 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 teeth	☐ Sensitivity to cold	☐ Sores or growths in your mouth

How often do you floss? _____ How often do you brush? _____

MEDICAL HISTORY

Physician's Name _____ Date of Last Visit _____

Have you had any serious illnesses or operations? _____ If yes, describe _____

Have you ever had a blood transfusion? ☐ Yes ☐ No If yes, give approximate dates _____

Have you ever taken any of the group of drugs collectively referred to as "fen-phen?" These include combinations of Ionimin, Adipex, Fastin (brand names of phentermine), Pondimin (fenfluramine) and Redux (dexfenfluramine.) ☐ Yes ☐ No

(Women) Are you pregnant? ☐ Yes ☐ No Nursing? ☐ Yes ☐ No Taking birth control pills? ☐ Yes ☐ No

Check (✓) if you have or have had any of the following:

☐ Anemia	☐ Cortisone Treatments	☐ Hepatitis	☐ Scarlet Fever
☐ Arthritis, Rheumatism	☐ Cough, Persistent	☐ High Blood Pressure	☐ Shortness of Breath
☐ Artificial Heart Valves	☐ Cough up Blood	☐ HIV/AIDS	☐ Skin Rash
☐ Artificial Joints	☐ Diabetes	☐ Jaw Pain	☐ Stroke
☐ Asthma	☐ Epilepsy	☐ Kidney Disease	☐ Swelling of Feet or Ankles
☐ Back Problems	☐ Fainting	☐ Liver Disease	☐ Thyroid Problems
☐ Blood Disease	☐ Glaucoma	☐ Mitral Valve Prolapse	☐ Tobacco Habit
☐ Cancer	☐ Headaches	☐ Pacemaker	☐ Tonsillitis
☐ Chemical Dependency	☐ Heart Murmur	☐ Radiation Treatment	☐ Tuberculosis
☐ Chemotherapy	☐ Heart Problems	☐ Respiratory Disease	☐ Ulcer
☐ Circulatory Problems	☐ Hemophilia	☐ Rheumatic Fever	☐ Venereal Disease

MEDICATIONS

List medications you are currently taking: _____

_____

_____

Pharmacy Name _____

Phone _____

ALLERGIES

☐ Aspirin	☐ Penicillin
☐ Barbiturates (Sleeping pills)	☐ Sulfa
☐ Codeine	☐ Latex _____
☐ Local Anesthetic	☐ Other _____

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:……..……..

Fixed partial denture restoring posterior teeth

Case:2

DENTAL HEALTH HISTORY

Confidential

Today's Date _____

Patient Name _____ Birthdate _____
Last First Initial

DENTAL 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 problems with any of the following

☐ Bad breath	☐ Grinding teeth	☐ 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 teeth	☐ Sensitivity to cold	☐ Sores or growths in your mouth

How often do you floss? _____ How often do you brush? _____

MEDICAL HISTORY

Physician's Name _____ Date of Last Visit _____

Have you had any serious illnesses or operations? _____ If yes, describe _____

Have you ever had a blood transfusion? ☐ Yes ☐ No If yes, give approximate dates _____

Have you ever taken any of the group of drugs collectively referred to as "fen-phen?" These include combinations of Ionimin, Adipex, Fastin (brand names of phentermine), Pondimin (fenfluramine) and Redux (dexfenfluramine.) ☐ Yes ☐ No

(Women) Are you pregnant? ☐ Yes ☐ No Nursing? ☐ Yes ☐ No Taking birth control pills? ☐ Yes ☐ No

Check (✓) if you have or have had any of the following:

☐ Anemia	☐ Cortisone Treatments	☐ Hepatitis	☐ Scarlet Fever
☐ Arthritis, Rheumatism	☐ Cough, Persistent	☐ High Blood Pressure	☐ Shortness of Breath
☐ Artificial Heart Valves	☐ Cough up Blood	☐ HIV/AIDS	☐ Skin Rash
☐ Artificial Joints	☐ Diabetes	☐ Jaw Pain	☐ Stroke
☐ Asthma	☐ Epilepsy	☐ Kidney Disease	☐ Swelling of Feet or Ankles
☐ Back Problems	☐ Fainting	☐ Liver Disease	☐ Thyroid Problems
☐ Blood Disease	☐ Glaucoma	☐ Mitral Valve Prolapse	☐ Tobacco Habit
☐ Cancer	☐ Headaches	☐ Pacemaker	☐ Tonsillitis
☐ Chemical Dependency	☐ Heart Murmur	☐ Radiation Treatment	☐ Tuberculosis
☐ Chemotherapy	☐ Heart Problems	☐ Respiratory Disease	☐ Ulcer
☐ Circulatory Problems	☐ Hemophilia	☐ Rheumatic Fever	☐ Venereal Disease

MEDICATIONS

List medications you are currently taking: _____

_____

_____

Pharmacy Name _____

Phone _____

ALLERGIES

☐ Aspirin	☐ Penicillin
☐ Barbiturates (Sleeping pills)	☐ Sulfa
☐ Codeine	☐ Latex _____
☐ Local Anesthetic	☐ Other _____

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:……..……..

Fixed partial denture restoring posterior teeth (Remake)

Case:3

DENTAL HEALTH HISTORY

Confidential

Today's Date _____

Patient Name _____ Birthdate _____
Last First Initial

DENTAL 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 problems with any of the following

☐ Bad breath	☐ Grinding teeth	☐ 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 teeth	☐ Sensitivity to cold	☐ Sores or growths in your mouth

How often do you floss? _____ How often do you brush? _____

MEDICAL HISTORY

Physician's Name _____ Date of Last Visit _____

Have you had any serious illnesses or operations? _____ If yes, describe _____

Have you ever had a blood transfusion? ☐ Yes ☐ No If yes, give approximate dates _____

Have you ever taken any of the group of drugs collectively referred to as "fen-phen?" These include combinations of Ionimin, Adipex, Fastin (brand names of phentermine), Pondimin (fenfluramine) and Redux (dexfenfluramine.) ☐ Yes ☐ No

(Women) Are you pregnant? ☐ Yes ☐ No Nursing? ☐ Yes ☐ No Taking birth control pills? ☐ Yes ☐ No

Check (✓) if you have or have had any of the following:

☐ Anemia	☐ Cortisone Treatments	☐ Hepatitis	☐ Scarlet Fever
☐ Arthritis, Rheumatism	☐ Cough, Persistent	☐ High Blood Pressure	☐ Shortness of Breath
☐ Artificial Heart Valves	☐ Cough up Blood	☐ HIV/AIDS	☐ Skin Rash
☐ Artificial Joints	☐ Diabetes	☐ Jaw Pain	☐ Stroke
☐ Asthma	☐ Epilepsy	☐ Kidney Disease	☐ Swelling of Feet or Ankles
☐ Back Problems	☐ Fainting	☐ Liver Disease	☐ Thyroid Problems
☐ Blood Disease	☐ Glaucoma	☐ Mitral Valve Prolapse	☐ Tobacco Habit
☐ Cancer	☐ Headaches	☐ Pacemaker	☐ Tonsillitis
☐ Chemical Dependency	☐ Heart Murmur	☐ Radiation Treatment	☐ Tuberculosis
☐ Chemotherapy	☐ Heart Problems	☐ Respiratory Disease	☐ Ulcer
☐ Circulatory Problems	☐ Hemophilia	☐ Rheumatic Fever	☐ Venereal Disease

MEDICATIONS

List medications you are currently taking: _____

_____

_____

Pharmacy Name _____

Phone _____

ALLERGIES

☐ Aspirin	☐ Penicillin
☐ Barbiturates (Sleeping pills)	☐ Sulfa
☐ Codeine	☐ Latex _____
☐ Local Anesthetic	☐ Other _____

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:……..……..

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:……..……..

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:……..……..

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:……..……..

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 Signature:…….

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				

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				

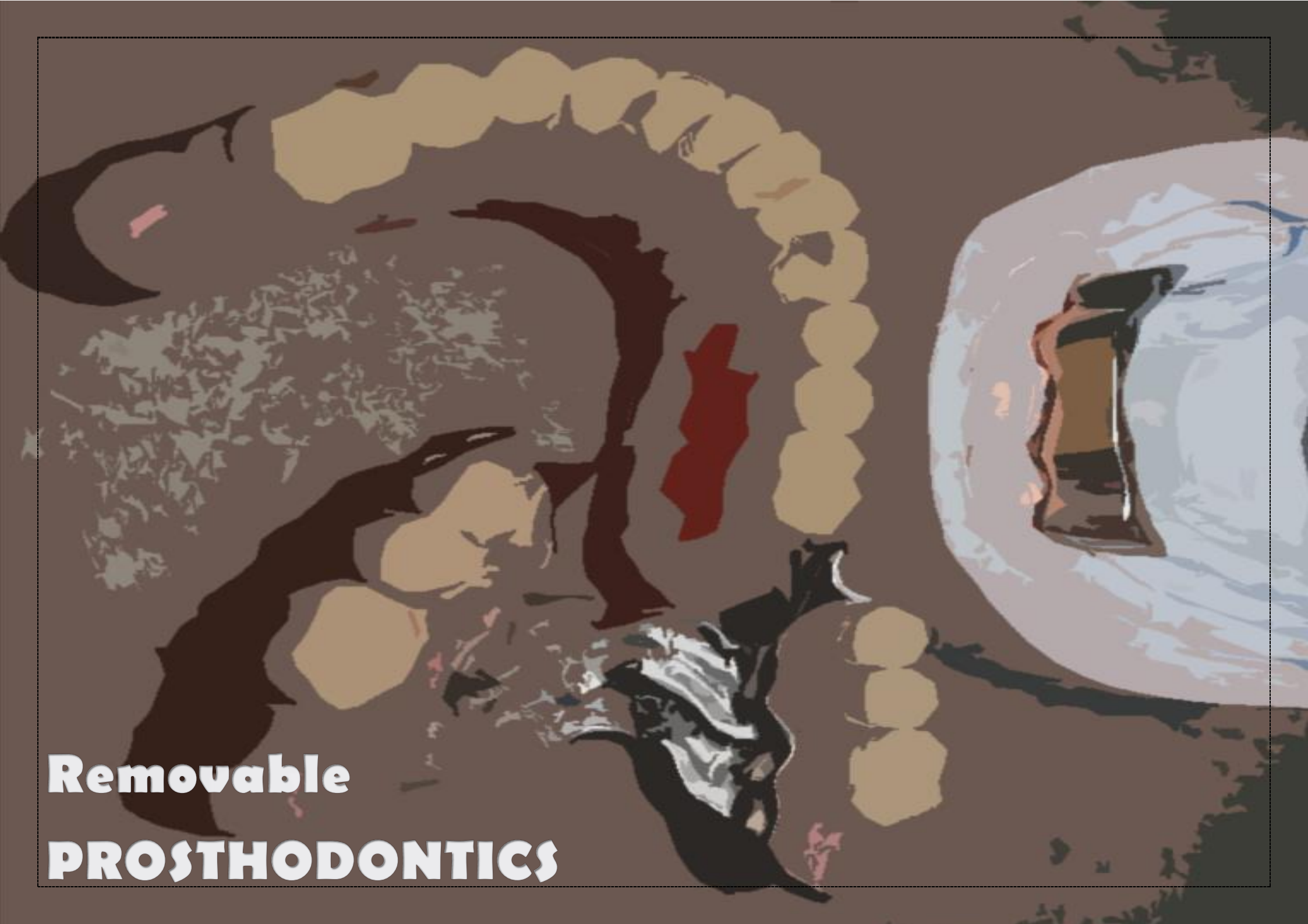
Points:…….Signature:……..……..

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:……..……..


Removable
PROSTHODONTICS

Complete Denture case

Case Description:

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

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: ***signature***

Complete Denture case

Case Description:

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

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: ***signature***

Partial Denture case

Case Description: Patient's name..... Age: Sex:

Tel. No.....

Medical history.....

.....

.....

Dental history.....

.....

.....

Chief complaint.....

.....

.....

Diagnosis.....

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

Points after case completion: ***signature***

Partial Denture case

Case Description: Patient's name..... Age: Sex:

Tel. No.....

Medical history.....

.....

.....

Dental history.....

.....

.....

Chief complaint.....

.....

.....

Diagnosis.....

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

Points after case completion: ***signature***

Partial Denture case

Case Description: Patient's name..... Age: Sex:

Tel. No.....

Medical history.....

.....

.....

Dental history.....

.....

.....

Chief complaint.....

.....

.....

Diagnosis.....

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

Points after case completion: ***signature***

Partial Denture case

Case Description: Patient's name..... Age: Sex:

Tel. No.....

Medical history.....

Dental history.....

Chief complaint.....

Diagnosis.....

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

Points after case completion: ***signature***

Partial Denture case

Case Description: Patient's name..... Age: Sex:

Tel. No.....

Medical history.....

.....

.....

Dental history.....

.....

.....

Chief complaint.....

.....

.....

Diagnosis.....

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

Points after case completion: ***signature***

Advanced case

Case Description:

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

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: ***signature***

Advanced case

Case Description:

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

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: ***signature***

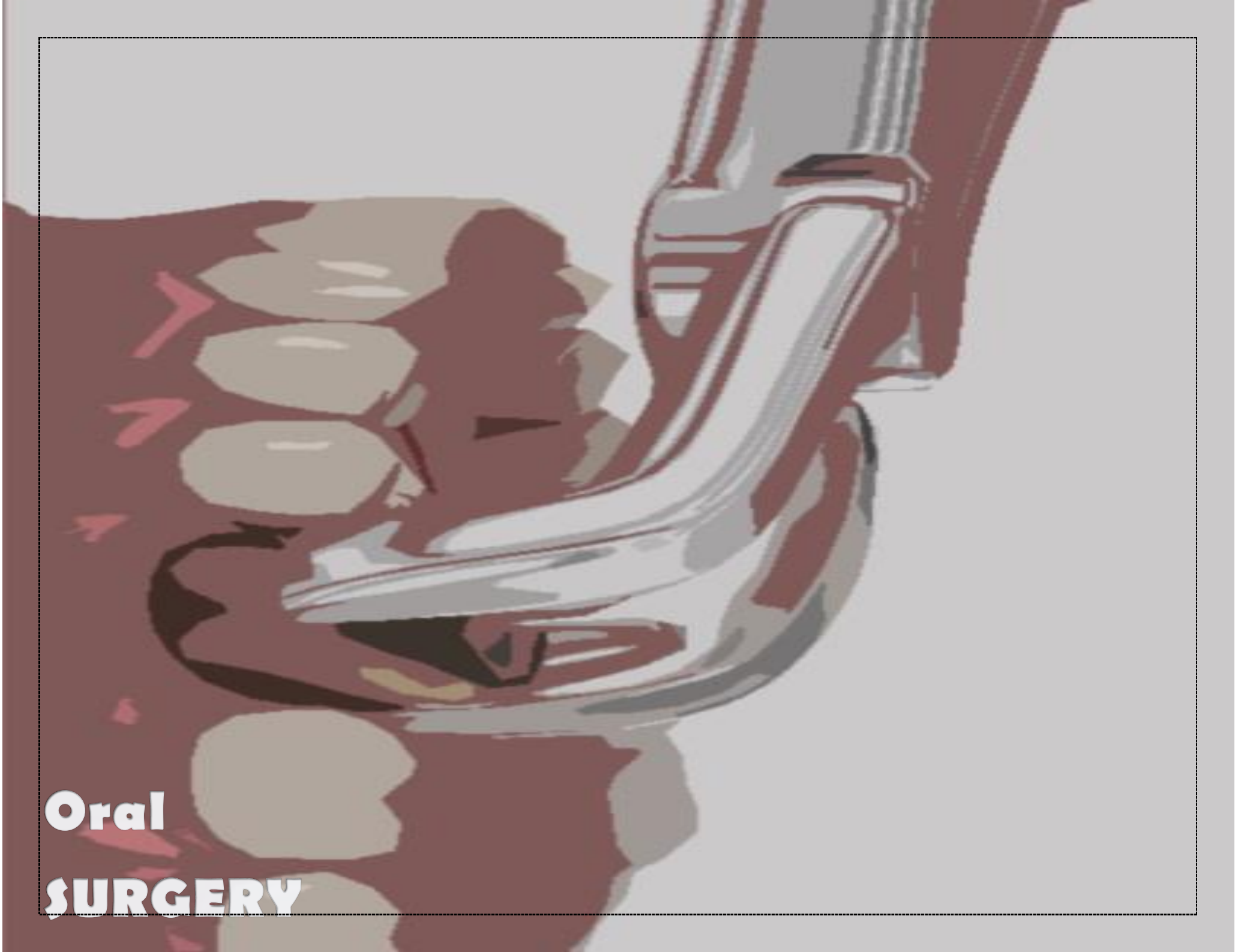
Advanced case

Case Description:

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

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: ***signature***


Oral
SURGERY

Date	Procedure	Points	Signature

Date	Teeth	Points	Supervisor

Date	Procedure	Points	Signature

Date	Procedure	Points	Signature

Date	Teeth	Points	Supervisor

Case documentation

Case documentation

Case documentation

Case documentation

Pediatric
DENTISTRY

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
- Formcresol
- 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 Pulectomies	10		
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 Name	File No.	Procedure	Points	Signature
1)			1st visit: 2nd visit:		
2)			1st visit: 2nd visit:		
3)			1st visit: 2nd visit:		
4)			1st visit: 2nd visit:		
5)			1st visit: 2nd visit:		
6)			1st visit: 2nd visit:		
7)			1st visit: 2nd visit:		
8)			1st visit: 2nd visit:		

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

COMPREHENSIVE CASES

Comprehensive case 1

procedure	Signature	Points

Case documentation

Comprehensive case 2

procedure	Signature	Points

Case documentation

Comprehensive case 3

procedure	Signature	Points

Case documentation

Comprehensive case 4

procedure	Signature	Points

Case documentation