

1. Log For Technical Work

	Units
Occ1ulsal splints	4
Plated dies and articulations	30
Complete denture units	8
Processed resilient lining	2
Cast gold units	1
Ceramo-metal units	0
Cobalt chrome cast framework	3

2. Fixed Restorative Procedures

	Units
Ceramo - metals crowns	134
Ceramic crowns	41
Ceramic veneers	5
Pontics	11
Precision attachments	5
Gold crowns/onlays	10
Post cores/root caps (gold)	22
Amalgams	0
Composite resins	30
Glass ionomers	10

3. Removable Prostheses

	Units
Complete dentures (Units)	20
Complete Overdentures (Implant/Teeth)	4/2
Partial dentures (Metal)	10
Immediate/Transient Dentures (Acrylic)	7
R.P.D.'s with Attachments	6
Relines/Rebates/Reset teeth	12

4. Implant Cases

Edentulous Maxilla	2	
Fixed: Resin on metal	1	
Ceramo-metal	0	
Removable	1	
Edentulous Mandible	3	
Fixed: Resin on metal	0	
Ceramo-metal	0	
Removable	3	
	Single Unit Cases	Multiple Unit Cases
Partial Maxilla	2	1
Mandible	0	2
Cases requiring CT IMR Scans	0	9
Cases Maintained	0	0

5. Maxillo / Facial Prostheses

	Type of Appliance
Prostheses fitted	1
Prostheses maintained	0

6. T.M.D. And Orofacial Pain Cases

Cases Managed	4
Splits fitted	4
Cases requiring imaging procedures	0
Cases involving allied Health Professionals	0
Physiotherapist	0
Psychologist	0
Neurologist	0
Others	0

7. Quantities assessment

Implant-Retained Crowns/ Bridges	Teeth PFM Crowns/ Bridges	All-Ceramic Crowns/ Bridges	Inlays/ Onlays	Veneers	Crowns with precision attachments	Gold copings with/ without attachments	Post & Cores
14	145	41	14	5	5	10	22
TOTAL Fixed Units 256							

Complete Dentures	Implant-Retained Overdentures	Teeth-retained Overdentures	Chrome Partial Dentures	Precision attachments partials	Immediate / Transitional dentures
14	4	2	10	6	7
TOTAL Removable Dentures 43					

Log of all patients treated during the programme

(In alphabetical order)

(Click on patient's name to go to the treatment report)

Serial	Patient Name	Treatment Summary
1	Albert Young	P/P.
2	Allyson Creed	2-unit implant-retained cantilever bridge.
3	Billie Sonne	6 Empress crowns 13-23.
4	Carolie Purcell	F/F severely resorbed ridges.
5	Charles Powrie	Pcc/Pcc Teeth-retained Max overdenture with direct Dalbo Rotex attachment.
6	Colva Johnson	F/F Implant-retained Mand overdenture with Locators attachments.
7	David Grotherr EXAM CASE	Full Mouth Rehab; Max: Implant-Supported fixed full arch bridge Mand: 11 PFM units.
8	Dianne Staley	F/F Implant-retained Mand overdenture with Locators attachments.
9	Donna Water	-/F Implant-retained Mand overdenture with Ball attachments.
10	Eric Enoch	F/P Burning Mouth Syndrome.
11	Frank Risch	F/F Injection Molding.
12	Gaby Cueva	4 PFM crowns.
13	Gillian Bukie	6 lava and 4 PFM crowns.
14	Glynnes Friend	2 CEREC inlays
15	Helen Andrew	4-Unit Procera Anterior bridge.
16	Irene Hall	F/F Balanced occlusion.
17	James Ross	Pcc/Pcc plus 4 PFM crowns.
18	Jane Hemmant	6-unit PFM bridge.
19	Janeen Cahalane	Full Mouth Rehab, 6 Lava and 14 PFM crowns.
20	Janice Gerard	F/Pcc Lingualized occlusion.
21	John Flynn	Immediate F/F.
22	John Schacht EXAM CASE	Full mouth rehab; 8 implants, 4x3-unit implant-supported bridges and 6PFM crowns.

23	Judith Reid	2 CEREC single crowns.
24	Kate Digby	3-unit Lava Bridge.
25	Kathy Searle EXAM CASE	Pcc/Pcc Teeth-retained overdentures with indirect Balls attachments on canines.
26	Krzysztof Matecki	3 PFM crowns & 3-unit PFM bridge.
27	Laurentina Grilo	Pcc/Pcc overdentures (Max precision attachment on canines/Mand 2 implants).
28	Leilawati Sulaiman	CEREC inlay.
29	Lesley Heald	2 single implants & 7 PFM crowns.
30	Lidia Wasilewicz EXAM CASE	F/- Implant-retained overdenture on bar with Locators.
31	Lorre Hersel	3 PFM crowns plus Pcc/-.
32	Maki Kidokovo	CEREC inlay.
33	Matthew Bushnell	4 Procera crowns.
34	Merle Barlow	Pcc/Pcc rotational denture.
35	Nellie Millner	F/F severely resorbed mand ridge.
36	Pauline Jones	11 PFM crowns + Pcc/Pcc.
37	Philip Robert	Maxillofacial case; cleft palate with lost pre-maxilla. F/ Teeth-retained overdenture on telescopic crowns with magnetic attachments.
38	Sandra Fitzgerald	F/Pcc.
39	Stephen Nagy	Immediate F/P.
40	Tammy Butler	Veneer on very dark RCTed incisor.
41	Teekelina Burgi	F/F Teeth-retained overdenture with Magnetic attachments.
42	Tim Gale	12 Procera crowns plus 8 Empress onlays.
43	Tony Reynierse	2-Unit cantilever PFM bridge and -/Pcc.

Treatment Report

Patient Name: Mr. Albert, Young
Record Number: 240826

Before Treatment 10.3.2005



After Treatment 1.8.2005



History:

Chief Complaint

Wants to be able to eat again

Medical History

- Recent heart surgery for valve replacement & pacemaker placement
- Rheumatic fever
- Pneumonia & emphysema
- Broken back
- Medications:
 - Marevah "warfarin"
 - Didrocal & primotestol "osteoporosis"
 - Colersyl "blood pressure"
 - Celebrex "arthritis"
 - Spiaiva, flixotide "chest"
 - Ventolin "emphysema"
 - tramadol "pain killer"

Dental History

Not significant.

Patient's Concerns

Function.

Examination:

Extra-oral

NAD.

Intra-oral

Max. Rt & Lt tuberosities are slightly sharp
Mand. severely resorbed ridge, Kennedy Cl IV
Mod 1

Teeth

Keys:

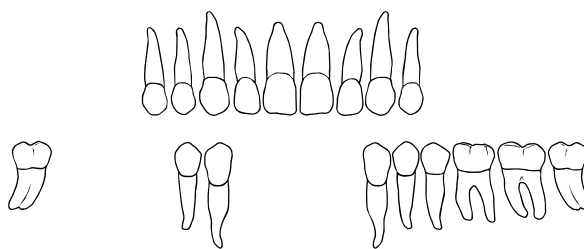
D Decay

A Amalgam

C Composite

G Glass-ionomer

R Crown



- Caries free.
- Class V glass ionomer restorations "almost in all of them".
- Class II composite on 35.
- EPT: -ve for 12, 11, 21 & 22.
- Grade 1 furcation involvement 36 & 37.
- No pathological pockets.

- Periodontium**
- Good oral hygiene.
 - Generalized mild-moderate marginal gingivitis.
 - Acceptable attached gingiva width.
 - Generalized moderate horizontal bone loss
 - Inter-radicular bone loss 36 & 37

Treatment Plan Construction of upper and lower acrylic removable partial denture.

Treatment Progress

10.3.05 Examination, upper and lower alginate impressions.

24.3.05 Jaw record and face bow transfer.
Teeth selection.

4.7.05 Try-in

18.7.05 Insertion.

1.8.05 Post-insertion follow up.

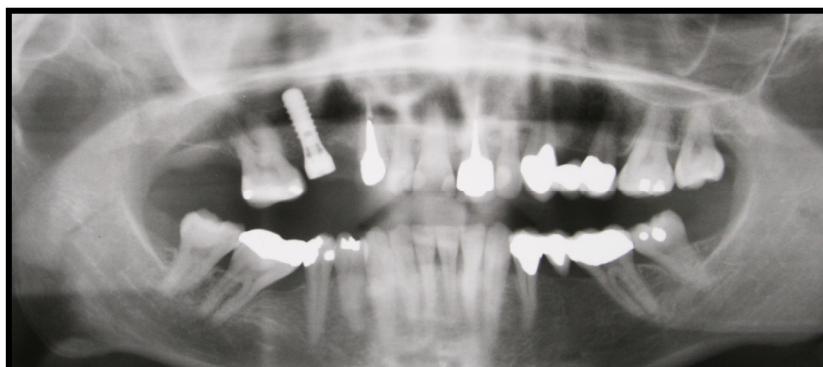
Treatment Report

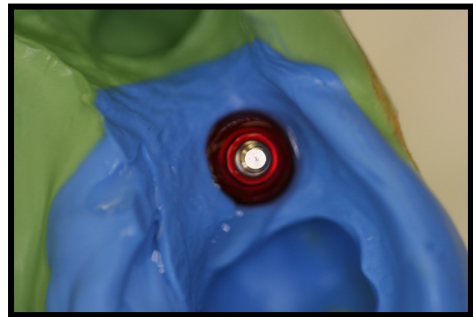
Patient Name: Mrs. Allyson, Creed

Date of Birth: 20.5.1967

Record Number: 222202

Before Treatment 27.7.2005





History:**Chief Complaint**

Referred by perio PG to construct implant-retained bridge to replace 14 & 15.

Medical History

Clear.

Dental History

Not significant.

Patient's Concerns

Esthetic and function.

Examination:**Extra-oral**

NAD

Intra-oral

NAD

Teeth

C R C C R C R-P-R A A

Keys:

D Decay

A Amalgam

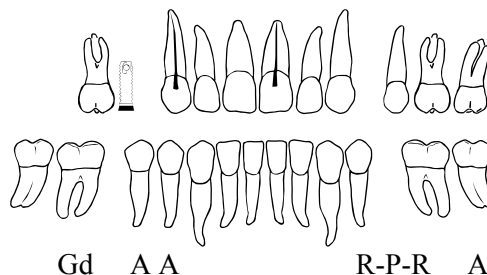
C Composite

G Glass-ionomer

R Crown

R-P-R Bridge

Gd Gold onlay



- No apparent caries.
- All amalgam restorations need proper finishing & polishing.
- Mild attrition.

Periodontium

- Fair oral hygiene.
- Mild-moderate marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan

Implant-retained cantilever bridge to replace 15 & 14.

Treatment Progress

27.7.05

Examination, upper & lower alginate impressions.

10.8.05

Maxillary secondary impression using PVS
“Extrude” in an open-tray technique.
Mandibular alginate impression.
Bite record with wax bite.
Shade to be taken by the technician using the light correcting machine.

5.4.06

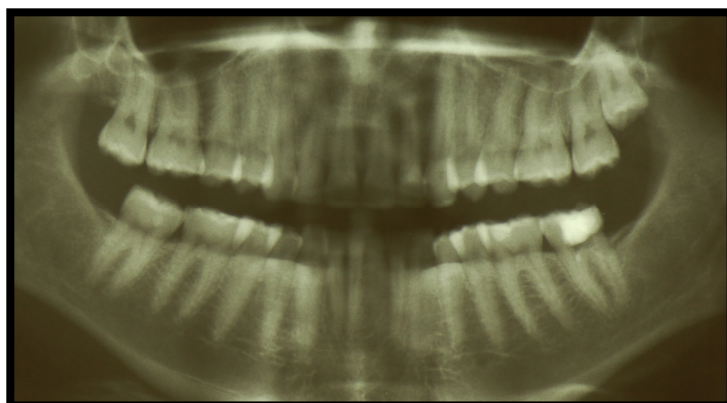
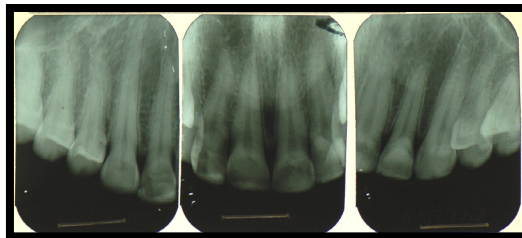
Cementation with Fuji IX.

Treatment Report

Patient Name: Mrs.Sonne, Billie

Record Number: 242298

Before Treatment 7.3.2007



History:

Chief Complaint Bad looking upper front teeth.

Medical History Clear

Dental History Composite veneers for the max anterior teeth.
History of mild bruxism at night.

Patient's Concerns Aesthetic.

Examination:

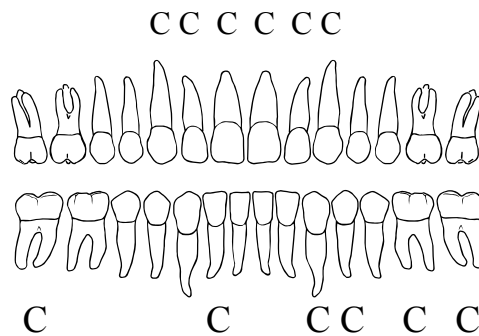
Extra-oral NAD

Intra-oral NAD

X-ray Impacted 28.

Teeth

Keys:
C Composite



- Caries free.
- No defective restorations.
- Mild attrition.
- No mobility.
- No pathological pockets.

Periodontium

- Good oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

- Treatment Plan**
- All-ceramic crowns (E.Max Zirconia) for the 13 & 23.
 - Ceramic veneers (E.Max) for the 12, 11, 21 & 22.
 - Night guard to control the mild bruxism.

Treatment Phases

- Phase I**
- Oral hygiene instruction.
 - Scaling and polishing.

Phase II N/A

- Phase III**
- Fabrication of the crowns and veneers.
 - Construction of a night guard.

- Phase IV**
- Maintenance with recall visits every 4 months.

Treatment Progress 7.3.07
 Patient was referred for veneering the maxillary front teeth 13-23.
 c/o Pt complains from bad looking composite restored max front teeth 13-23.
 c/e Pt has slightly worn off dentition with loss of VD by 1-2mm.
 Maxillary teeth are crowned with composite resin, has been done by undergrad one at a time --> don't match exactly.
 Records taken

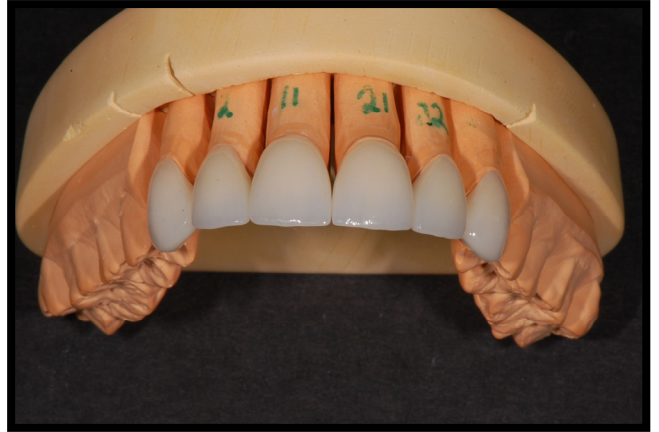
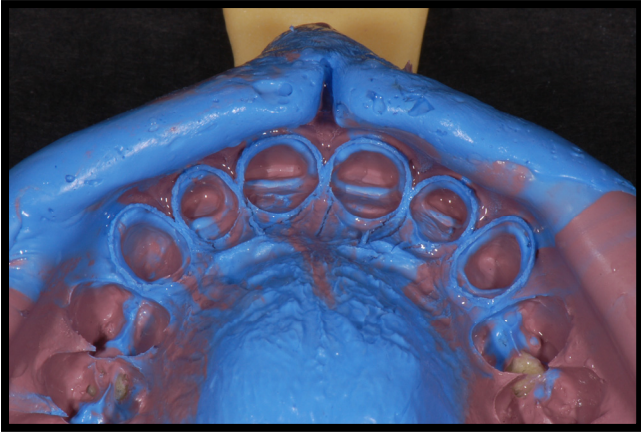
21.3.07
 LA Lignospan 2.2ml
 Prep 13 to 23 for all-ceramic crowns (E.Max)
 Temporization with Luxatemp crowns
 Patient will use the temp crowns as trial for esthetic

18.4.07
 LA Lignospan 2.2ml.
 Extrude secondary impressions.
 Re-cementation of the temp crowns.

24.5.07
 Cementation of 13 & 23 E.Max Zir crowns with Panavia and 12, 11, 21 & 22 Epress veneers with RelyX veneer.

30.5.07
 Review.

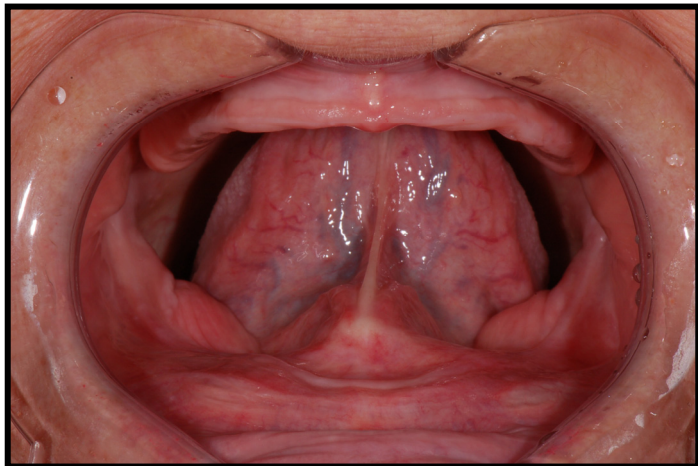
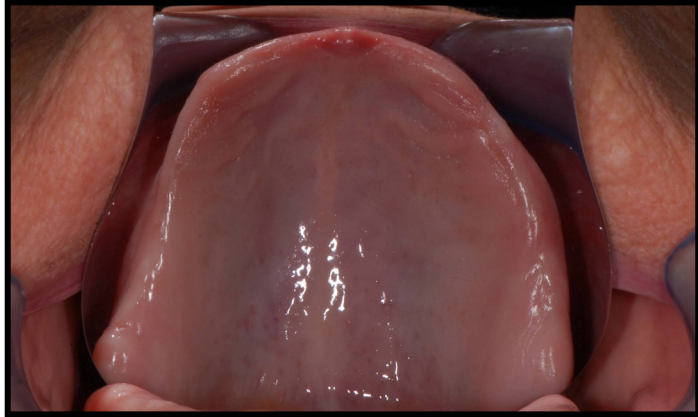


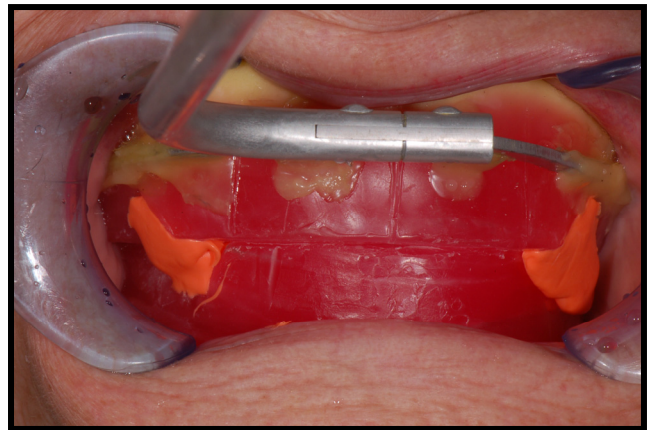
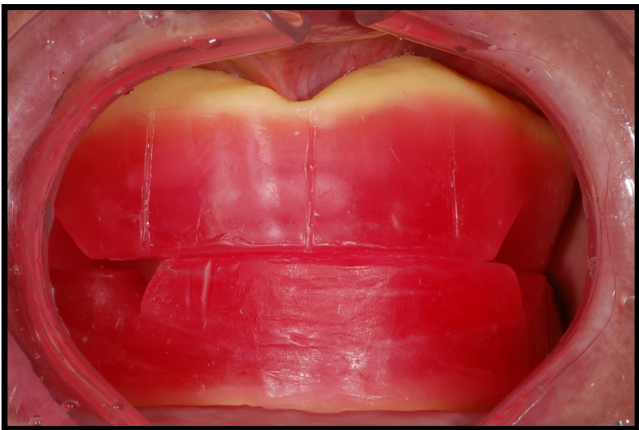
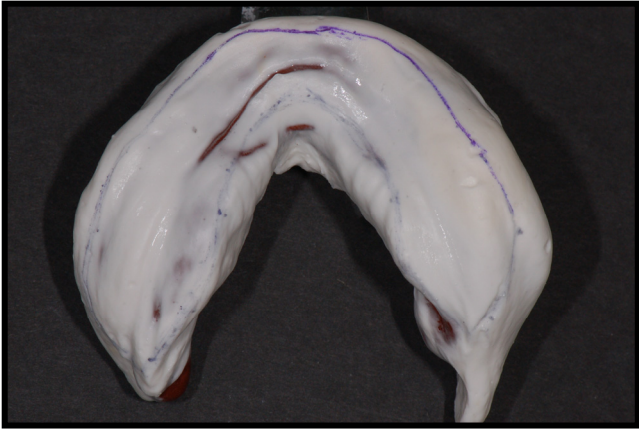


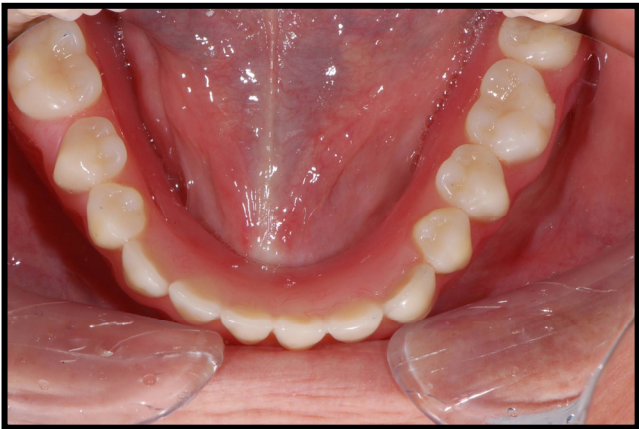


Treatment Report

Patient Name: Mrs.Purcell, Carolie







History:

Chief Complaint Ill fitting existing lower denture.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Esthetic and function.

Examination:

Extra-oral NAD.

Intra-oral

- Adequate salivary flow.
- Flat mandibular ridge with high muscle attachment encroaching the ridge.
- Maxillary ridge has slight flabby ridge anteriorly.

Treatment Plan Constructing new upper and lower complete dentures with balanced occlusion.

Treatment progress:**19.4.07**

Patient was referred for replacement of an uncomfortable dentures.

The dentures were made last year by an undergrad and they are uncomfortable. Pt gets frequent ulceration at the labial margin of the mandibular denture. And she doesn't like the porcelain teeth clicking sound.

History taking and examination. Alginate impressions taken.

26.4.07

marking the special tray extension on the models next to the patient.

10.5.07

Secondary impression with ZOE.

7.6.07

Jaw records and face bow transfer. Teeth selection.

19.7.07

Teeth try-in.

Centric is off. Remount records taken.

9.8.07

Teeth re try-in.

16.8.07

Insertion of the F/F.

Occlusion checked.

Post insertion instruction.

23.8.07

Review.

Some sore spots relieved.

6.9.07

Review.

Some sore spots relieved.

20.9.07

Review.

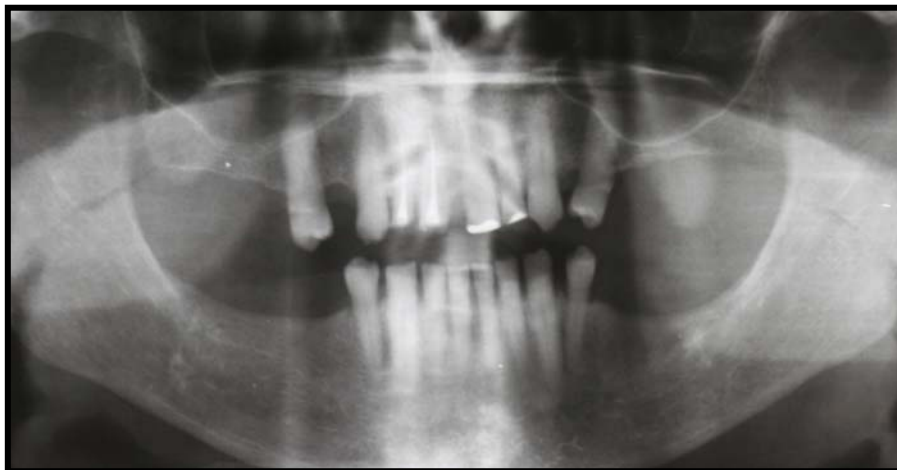
Treatment Report

Patient Name: Mr.Powrie, Charles

Date of Birth: 23.10.1932

Record Number: 240208

Before Treatment 00.4.2005



History:**Chief Complaint**

Need to fix the worn off teeth.

Medical History

- High blood pressure.
- Hyper-thyroidism.
- Polymyalgia.
- Osteoporosis.
- Asthma.
- Had radiation therapy.
- On steroid therapy.
- Medications: Fosamay, calcium, prednisilore, Coversyl, & Assantine.
- His Physician: Dr.J Van 3821 3433

Dental History

Crown lengthening for the upper anterior teeth last year.

Patient's Concerns

Function.

Examination:**Extra-oral**

NAD.

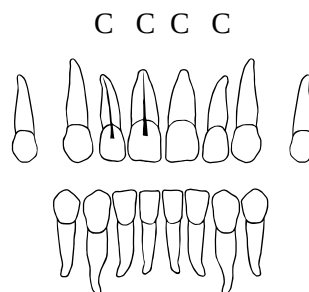
Intra-oral

Fordyce's granules I the buccal mucosa.

Teeth

Keys:

C Composite



- Severe attrition.
- Caries free.
- No mobility.
- No pathological pockets.

Periodontium

- Good oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan

- Maxillary teeth-retained overdenture with extra-coronal ball attachments on the four incisors.
- Mandibular conventional chrome cobalt removable partial denture.

Treatment Phases**Phase I**

- Oral hygiene instruction.
- Scaling and root planning.
- Extract tooth 25 since it is mesially tilted and may cost a lot to correct.

Phase II

- RCT for teeth 21 & 22.

Phase III

- Prep teeth 12, 11, 21 & 22 for gold coping.
- Fabrication of an extra-coronal ball attachment on the four incisors to retain the overdenture.
- Construct a mandibular chrome cobalt partial denture.

Phase IV

Maintenance with recall visits every 4-6 months.

Treatment Progress

00.4.05

Examination, upper and lower alginate impressions.

00.4.05

Treatment options discussed with the patient, been given in writing.
Patient would like to think about it.

25.5.05

Patient decided to go with the implant option.

1.8.05

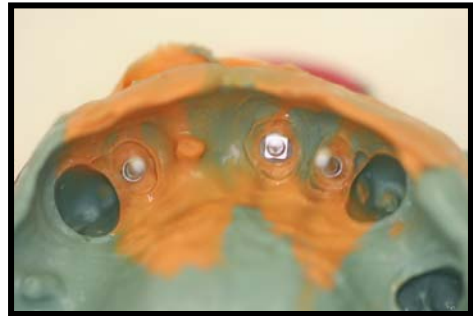
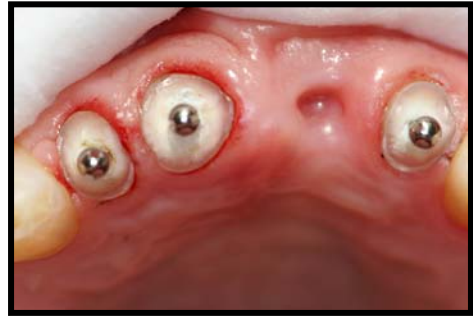
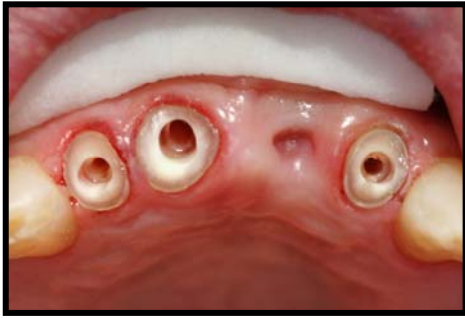
Patient had some financial problems and would like to change the Tx plan and go with a cheaper option.

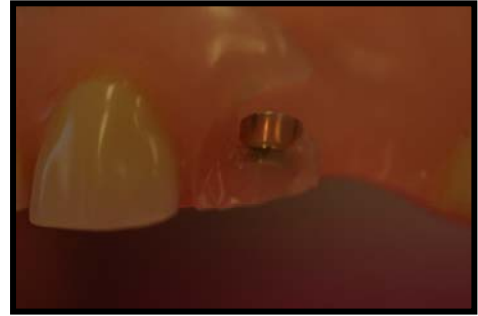
22.8.05

Teeth 21 & 22 plan→RCT.
LA "Lignospan" 1.8ml.
W.L. 21 19mm 35"
22 19mm 15"
Irrigation using LA "Lignospan", biomechanical instrumentation, temporization with "Cavit".

29.8.05	Tooth 22 plan→RCT. MAF 19mm 35” Step-back technique. Obturation with lateral condensation technique. Temporization with “Cavit”. Tooth 21 has a large open apex and could not be managed, to be referred to specialist or extracted.
7.9.05	Referred to surgery to extract teeth 21 and 25.
19.9.05	Teeth 21, 11 & 22, prep for gold coping. Temporization using “Protemp A3”.
26.9.05	Pt had financial troubles and can no longer afford the gold copings. Direct “Dalbo-Rotex” attachments are the alternatives. Modify the preparation to accommodate the Dalbo-Rotex posts.
13.10.05	Insertion of “Dalbo-Rotex” posts and cementation with Glass-ionomer cement “Fuji plus”.
20.10.05	Teeth try-in.
27.10.05	Insertion.
8.2.07	Patient broke his top full denture while brushing it. Arrangement with the lab done to repair it and insert it the next day. A ready made stainless steel plate was incorporated in the palate area for more strength.
26.4.07	Review
2.5.07	Assessment for replacing the -/Pcc with distal extension cantilever bridges right and left since pt can't tolerate the flanges. Decision made to go ahead with the bridges.
10.7.07	Review. Tx plan modification for cost reasons. -/Pcc to be used. -/Pcc soft relined with Viscogel.

19.7.07	Review. Patient is improving but still not totally happy.
2.8.07	Review. He wants another molar placed in the -/Pcc. Pick-up impression taken to re-sit the teeth.
9.8.07	Bite records for -/Pcc.
16.8.07	Insertion of the -/Pcc. Occlusion checked.
6.9.07	Max overdenture broke for the 3rd time. Decision made to re-make with chrome.
11.9.07	Mouth prep and secondary Extrude impression for Pcc/- overdenture.
20.9.07	Try-in of the Pcc/- framework.
4.10.07	Pcc/- teeth try-in.
11.10.07	Insert of the Pcc/- without the metal clip housing. Soft acrylic (Versicryl) used as clips instead of the metal housing. Denture is very retentive and stable.
18.10.07	Review.



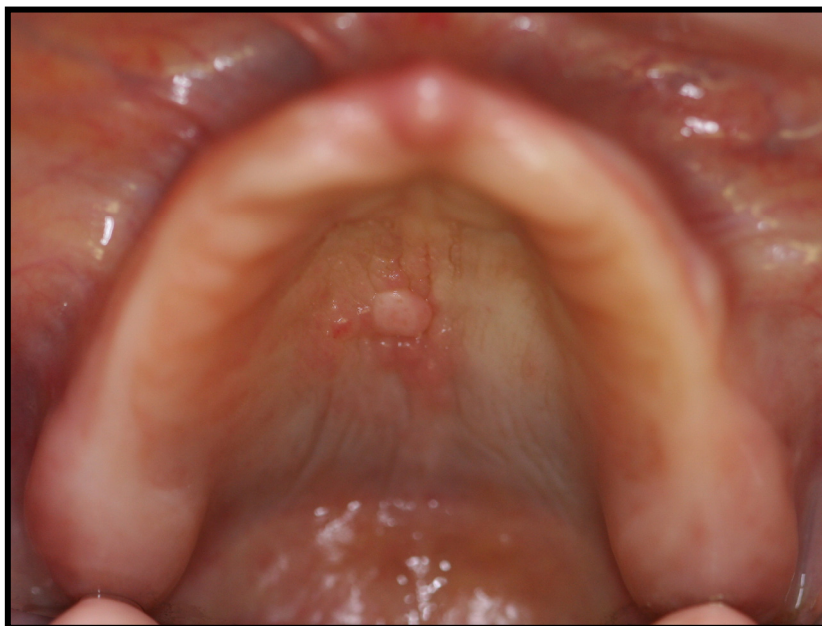


Treatment Report

Patient Name: Mrs. Johnson, Colva

Record Number: 252376

Before Treatment 21.7.2006



History:

Chief Complaint Wants to convert her conventional full mandibular denture to an implant-retained.

Medical History Clear.

Dental History Well made F/F.

Patient's Concerns Function and aesthetics.

Examination:

Extra-oral NAD

Intra-oral Adequate maxillary ridge. Flat mandibular ridge with sharp edge anteriorly.

X-ray NAD

Treatment Plan

- Place 2 implants in the mandible and modify the existing denture to make implant-retained overdenture, with Locator attachments.

Treatment Phases

Phase I - Oral hygiene instructions.

Phase II - Implant placement surgery.

Phase III - Modification of the existing denture to an implant-retained overdenture with Loactor attachments.

Phase IV Maintenance with recall visits every 4 months.

Treatment progress *(Photos at the end)*

21.7.06

History taking and examination.

28.7.06

Tx plan explanation and referral to oral surgeon to place the implants.

1.2.07

Patient had 3 implant placed in the mandible, as planned.

15.2.07

Fitting of 3 Locator attachments and torque them to 30N.

An abutment level impression of the Locators was taken with Locators impression analogs using the existing denture with Impregum heavy.

Lingual metal plate is to be fabricated for extra strength

16.2.07

Insertion of the /F.

22.2.07

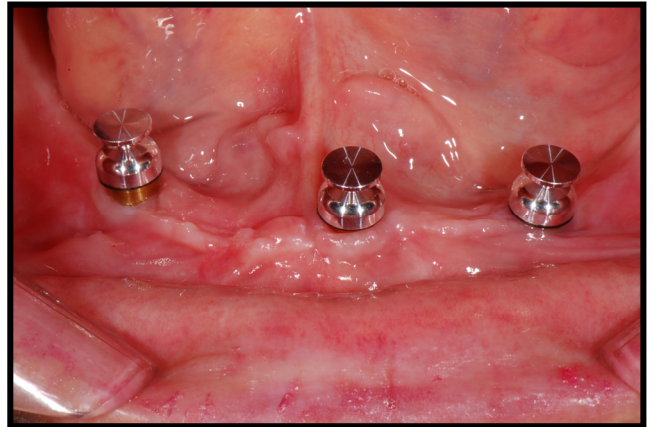
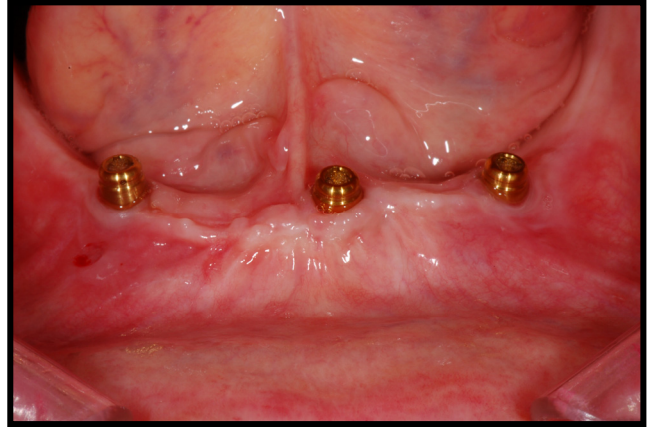
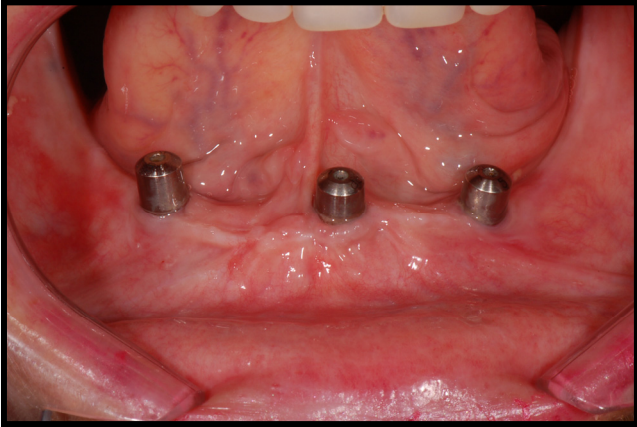
1 week review.

7.3.07

/F was taken to place a metal plate lingually for strength

8.3.07

Insertion



Final Examination Case Presentation

Patient Details

Patient Name	Mr. Grotherr, David
Date of Birth	25.3.1950
Record Number	251439

Referred by He was referred by his dentist for full mouth rehabilitation.

Chief Complaint The patient wants to replace his missing teeth with fixed alternatives. He already had partial removable dentures but he is not wearing them at all. He didn't like those dentures because of the palatal coverage and the fact that they are removable.

History

Medical History There is no history of serious illness and the patient is not currently under the care of a medical practitioner and is taking Antidepressant (Avenza) medications.

Dental History The patient had a cyst removed from right max sinus in 2001. He has been without posterior teeth for 7yrs. The patient is an irregular dental attendee, brushes twice daily and flosses once. He maintains moderate level of plaque control.

**Examination
Extra-Oral
Examination**

There was no evidence of any pathology and the patient exhibited a reasonable degree of facial symmetry. There was no evidence of dysfunction in the temporo-mandibular joint.



On smiling, the patient revealed 50% of his upper anterior teeth.



**Intra-Oral
Examination**

There was no evidence of pathology in the lips, tongue, cheek, and hard or soft palate. The patients salivary flow rate and quality of saliva had been evaluated and both were found to be normal.



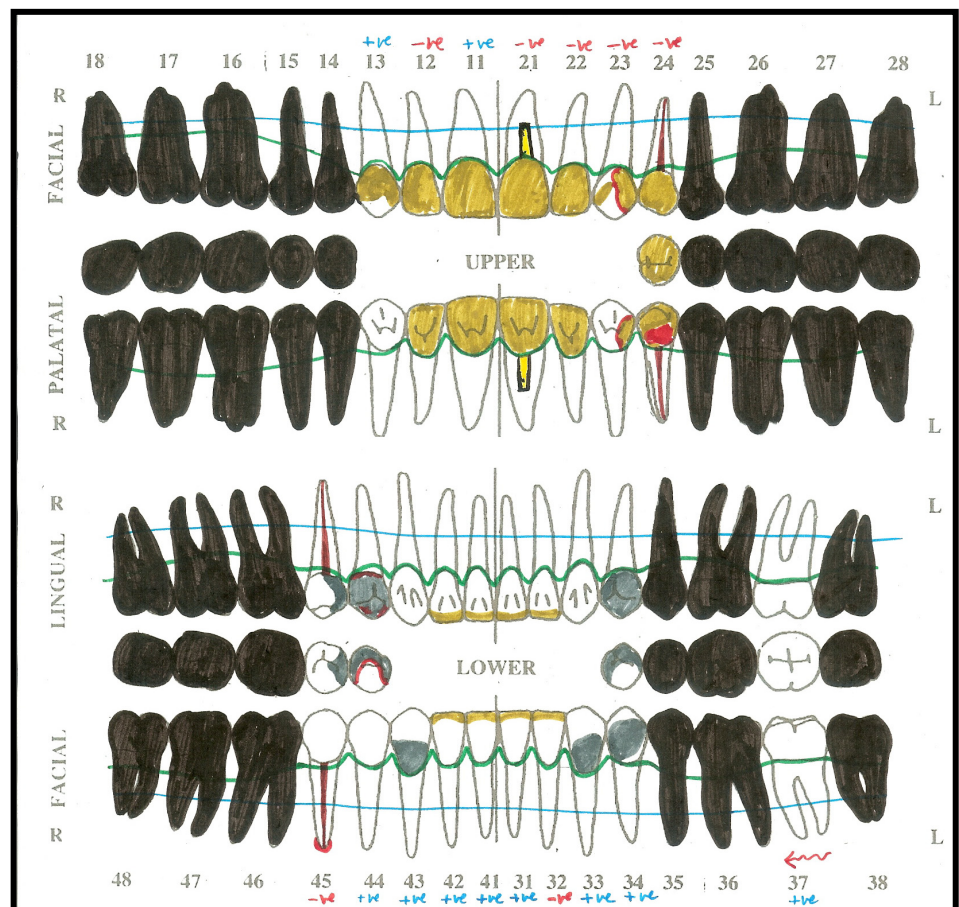
Periodontium

The periodontal status was monitored and treated by Perio Post-Graduate. The periodontal diagnosis was generalised mild-moderate oedema, especially interproximally with minimal erythema. Minimal plaque, calculus and recession.



Teeth

- RCT
- Decay
- Composite
- Amalgam
- Missing
- Vital +ve
- Non-Vital -ve
- Gingival Margin
- Muco-Gingival Junction
- Drifted →



Occlusion

The patient presented with class I skeletal and dental maxillo-mandibular relation. He has long standing missing posterior stoppers but the occlusal vertical dimension is minimally collapsed because of the occlusion on the mandibular premolars as well as the anterior maxillary and mandibular teeth.



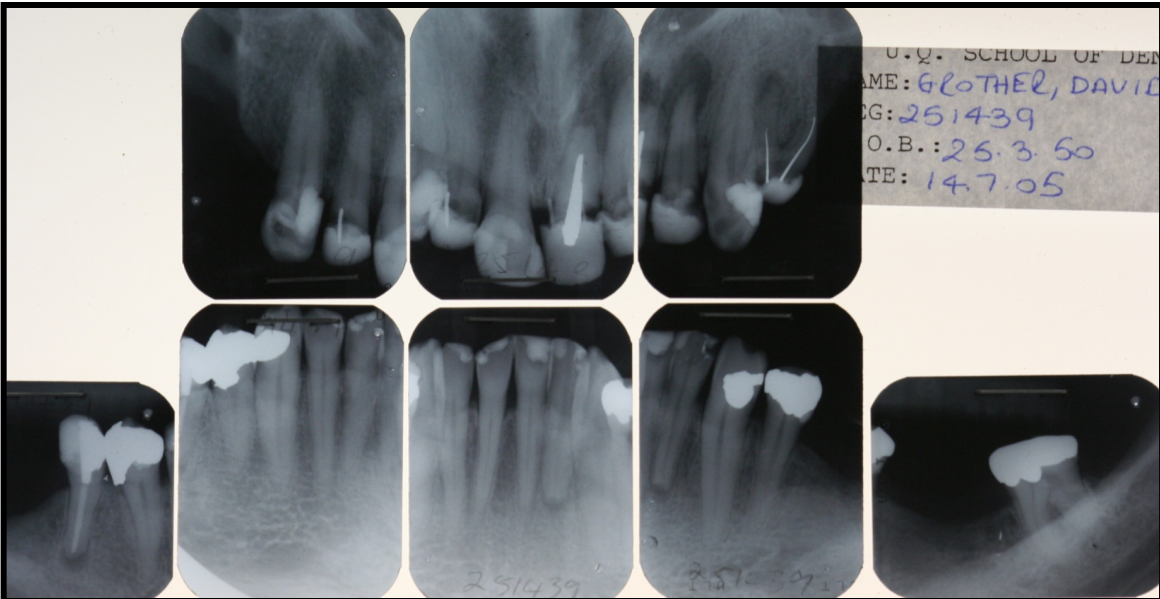
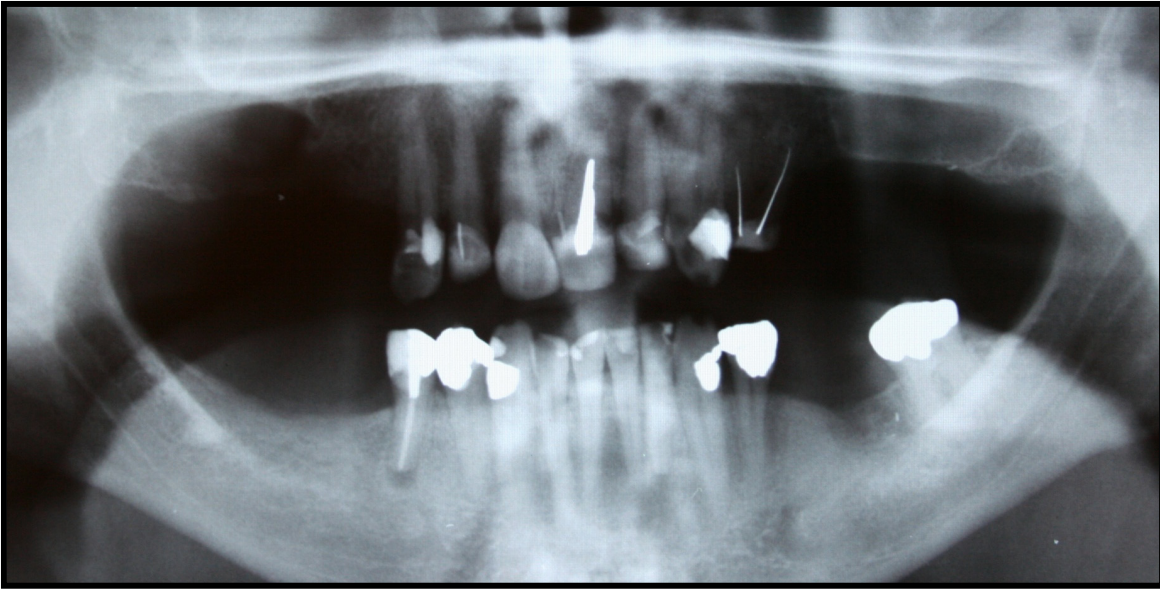
The midline was difficult to assess as the maxillary incisors are un-properly crowned with polycarbonate temporary crowns.

In lateral movements the patient shows canine guidance. On protrusion the mandible was guided by the incisors.



Radiographs

- Generalised mild horizontal bone loss, moderate at 36 region.
- Severe bone loss at max R&L sinus regions
- Un-usual Post in 21.
- Peri-apical radio-lucencies related to 12, 21, 22, 24, 32, and 45.
- Defective overhangs restorations 13, 21, 22, 23, 44.



Diagnosis

Patient occlusal vertical dimension is reduced because of the long standing missing posterior stoppers. However, the patient situation of having premolar as well as anterior occlusion helped maintaining the occlusal vertical dimension.

Prioritized Problem List

- Hopeless teeth
- Non-vital teeth
- Defective fillings
- Missing teeth
- Aesthetically compromised anterior teeth

Prioritized Patient's demands

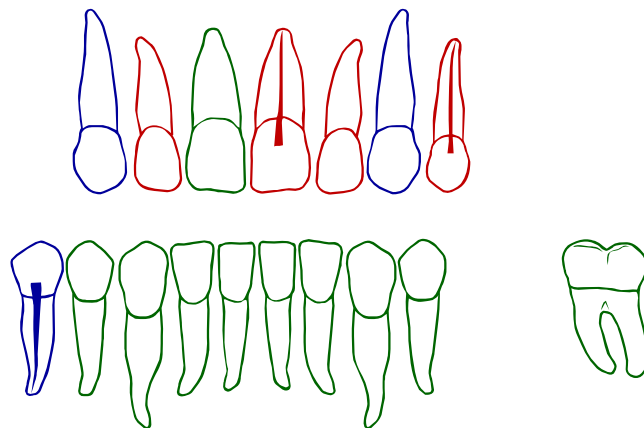
- Best long term results
- Fixed reconstructions
- Esthetic

General Prognosis

Very good considering patient motivation and cooperation

Teeth Prognosis

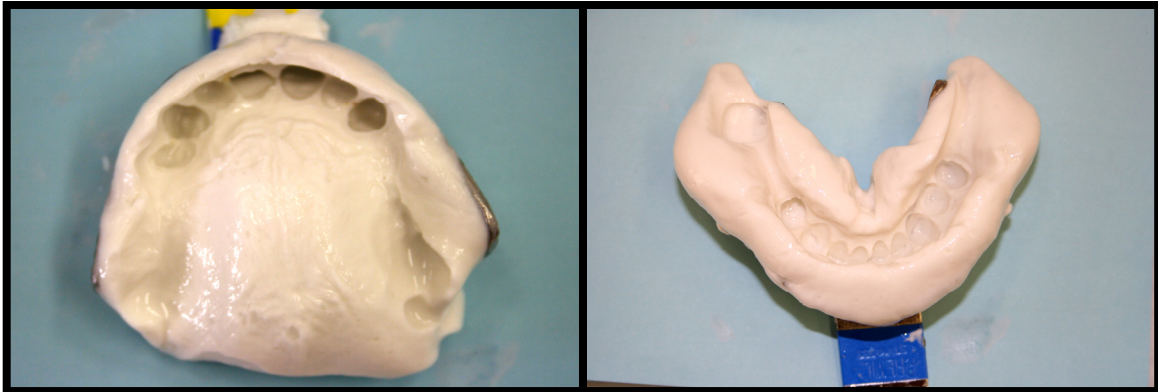
GOOD
QUESTIONABLE
HOPELESS



Treatment Plan	As the patient requests the best long term treatment alternative, decision was made not to count on teeth with either hopeless or questionable prognosis. Maxilla: - Clearance Toronto study 2006¹, Ferrigno et al 2006² - 6 implants at pre-maxilla to support a fixed acrylic denture. Jemt et al 2006³, Henry 2002⁴ - Shortened dental arch Wolfart et al 2005⁵, Witter et al 1999⁶ Mandible: - Follow-up 45 - RCT 32 - 3-unit bridge 33-37 - PFMs for the remaining teeth. T Walton 2002⁷, Tan et al 2004⁸
Survival Rates	Implant-supported maxillary full arch fixed bridges showed 90.6% survival over 15 years. Jemt et al 2006³ PFM crowns on vital teeth showed 85% survival over 15 years Walton 2002⁶ PFM bridges on natural teeth showed 89.1% survival over 10 years. Tan et al 2004⁸
Alternative Treatment Plans	Considering the patient's specific demand of only fixed alternatives there was no alternatives to suite him.

Treatment Progress

- 13.4.05 History taking.
Thorough extra-oral and intra-oral examination.
Upper and lower alginate impressions.



- 18.5.05 Treatment plan presentation.
Advantages and disadvantages of each treatment option were discussed with the patient.

- 13.7.05 Consultation visit with Implantologist. Verify the treatment plan.

- 7.9.05 Upper and lower Alginate impressions to construct upper and lower acrylic partial dentures to re-establish the vertical dimension.

- 5.10.05 Insertion of P/P.
Occlusion checked.



12.10.05

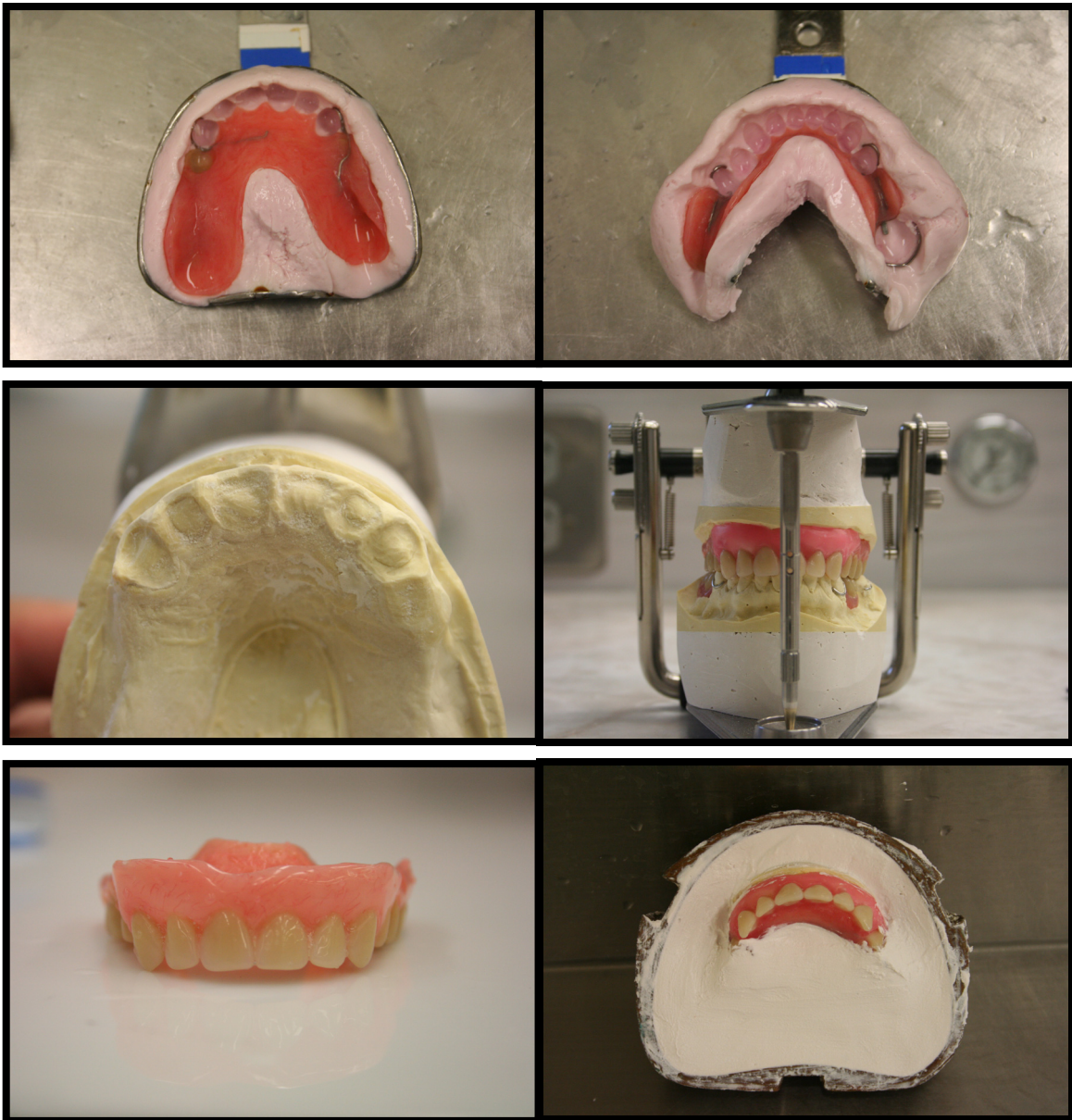
Review.
Some sore spots relieved.

25.1.06

Review & verify Tx plan.
Pt had financial troubles & would like to Split Tx & do
max this yr and mand next yr.

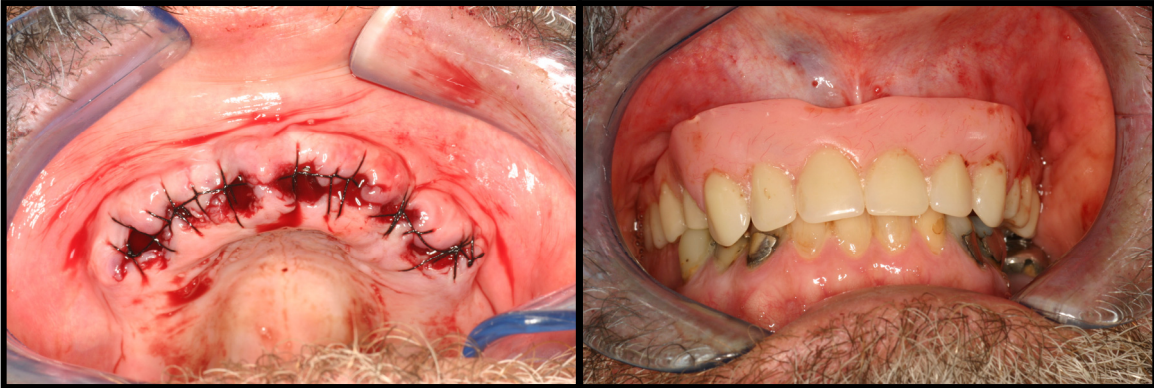
28.2.06

Pick up impression U/L for modifying the existing
upper denture to immediate full denture.



07.3.06

Extraction of all maxillary teeth, by perio P/G.
Insertion of the immediate maxillary full denture.



08.3.06

24hr review.
Ok.

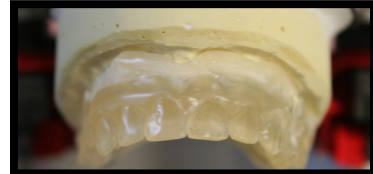
29.3.06

U/L impressions for the
surgical guide fabrication.
Soft reline the max denture
with Viscogel.



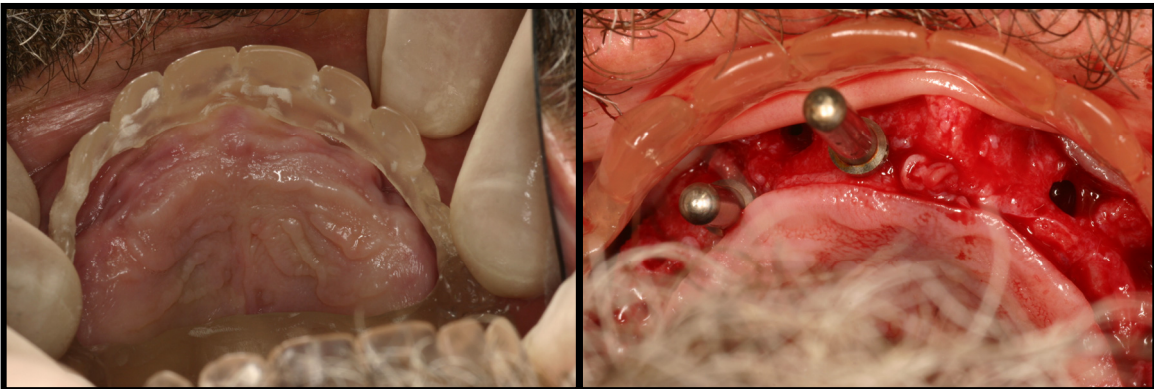
05.4.06

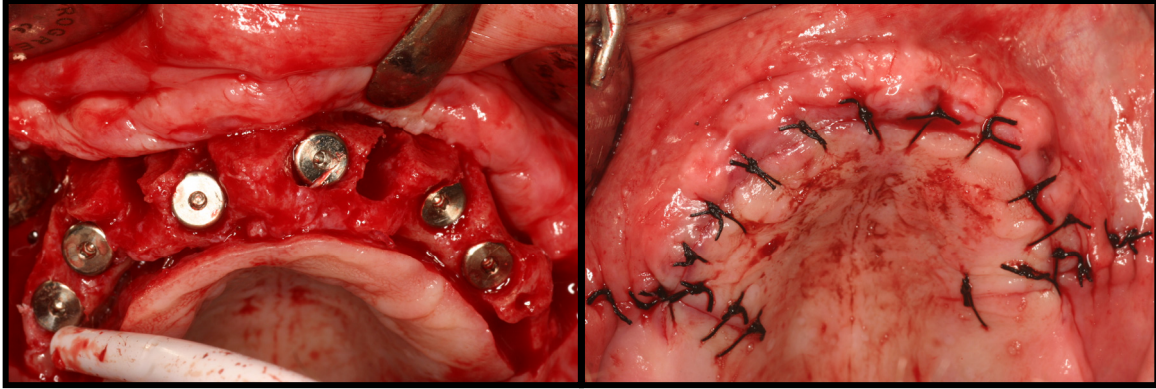
Soft reline with Viscogel
Denture copied for the
radiographic guide that was
then modifies to serve as
surgical guide.



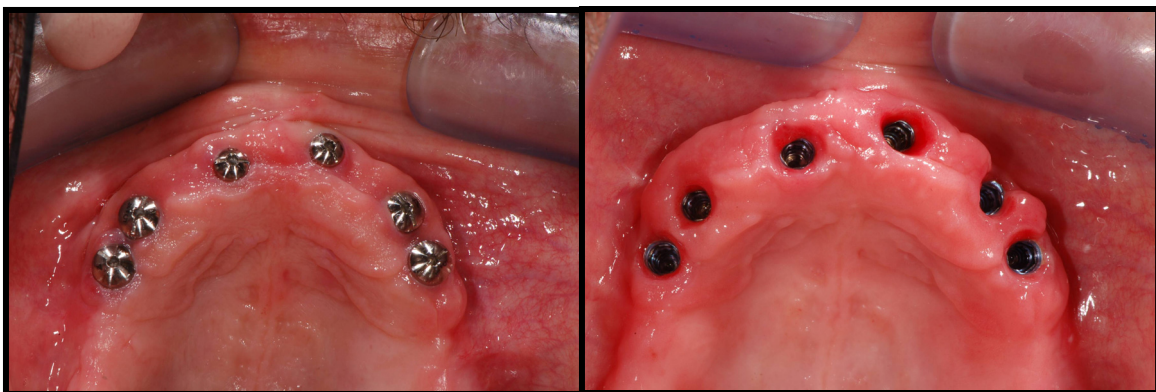
9.5.06

Implant placements surgery by perio PG. 6 3i implants
were placed. Surgical guide couldn't be followed as the
bone morphology was not perfect.



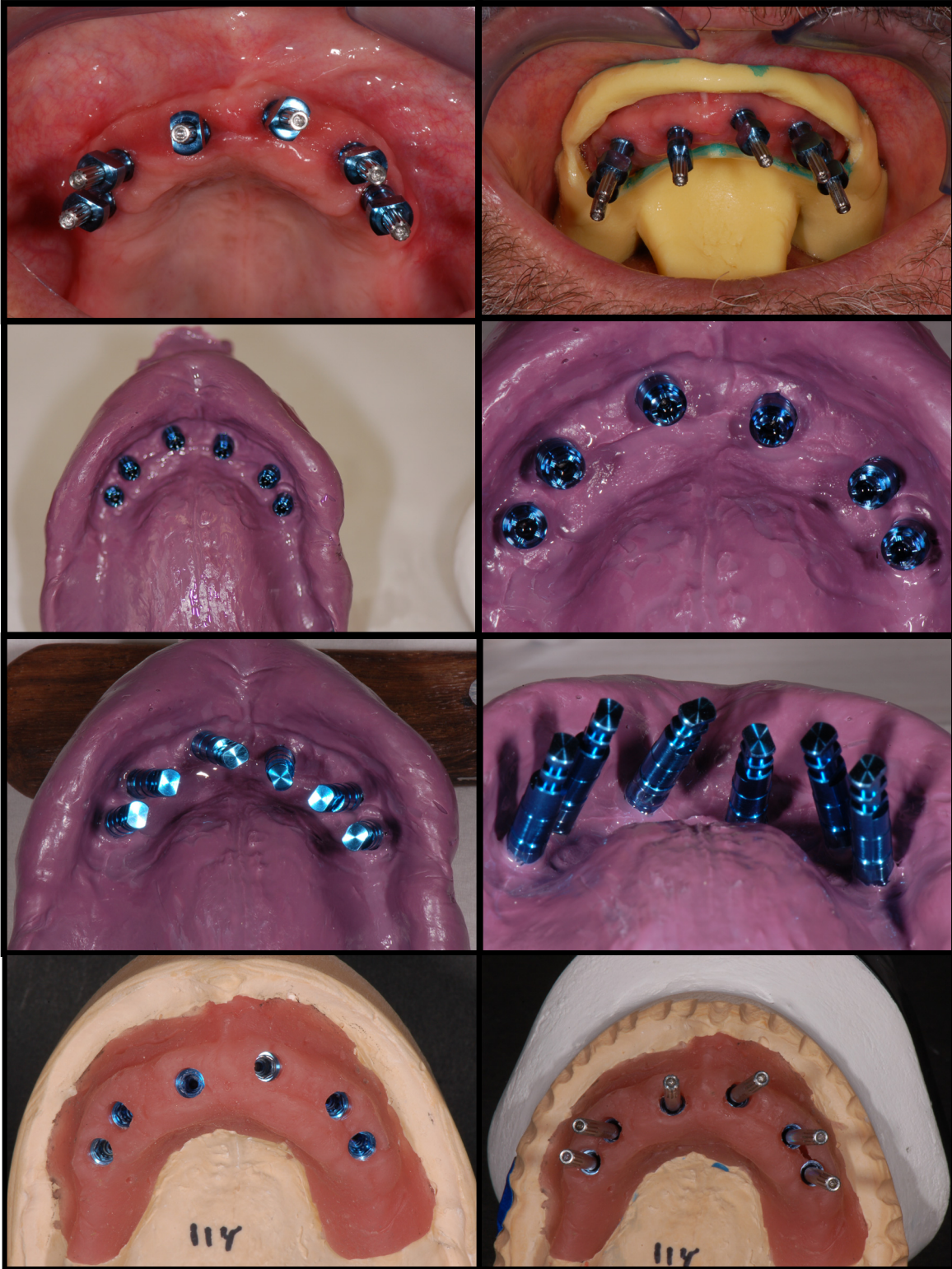


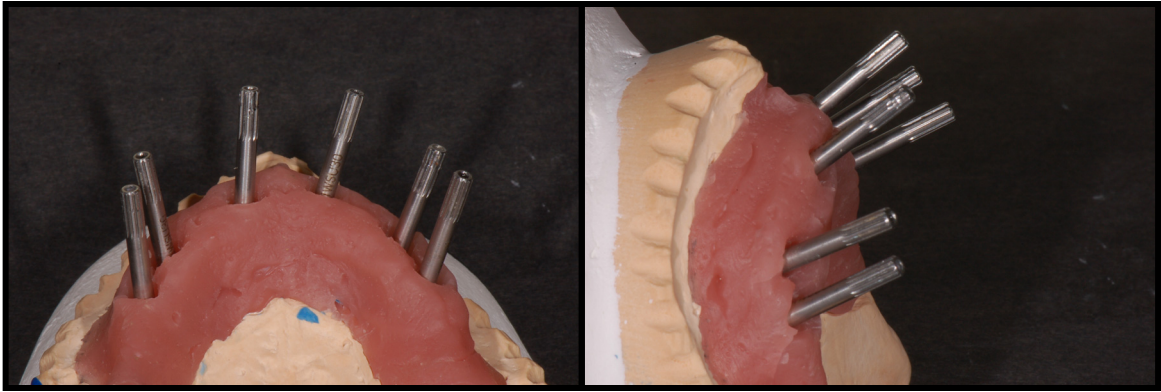
- | | |
|----------|--|
| 10.5.06 | 24hr review.
Healing is ok. Slight swelling. No pain. |
| 17.5.06 | 1 week review.
U/ denture reline with Viscogel. |
| 02.8.06 | Review.
Reline denture with Viscogel. |
| 29.8.06 | 2nd stage surgery. |
| 30.8.06 | Reline denture with Viscogel. |
| 11.10.06 | Implantologist advised patient is ready for pros work.
Healing is ok. |



18.10.06

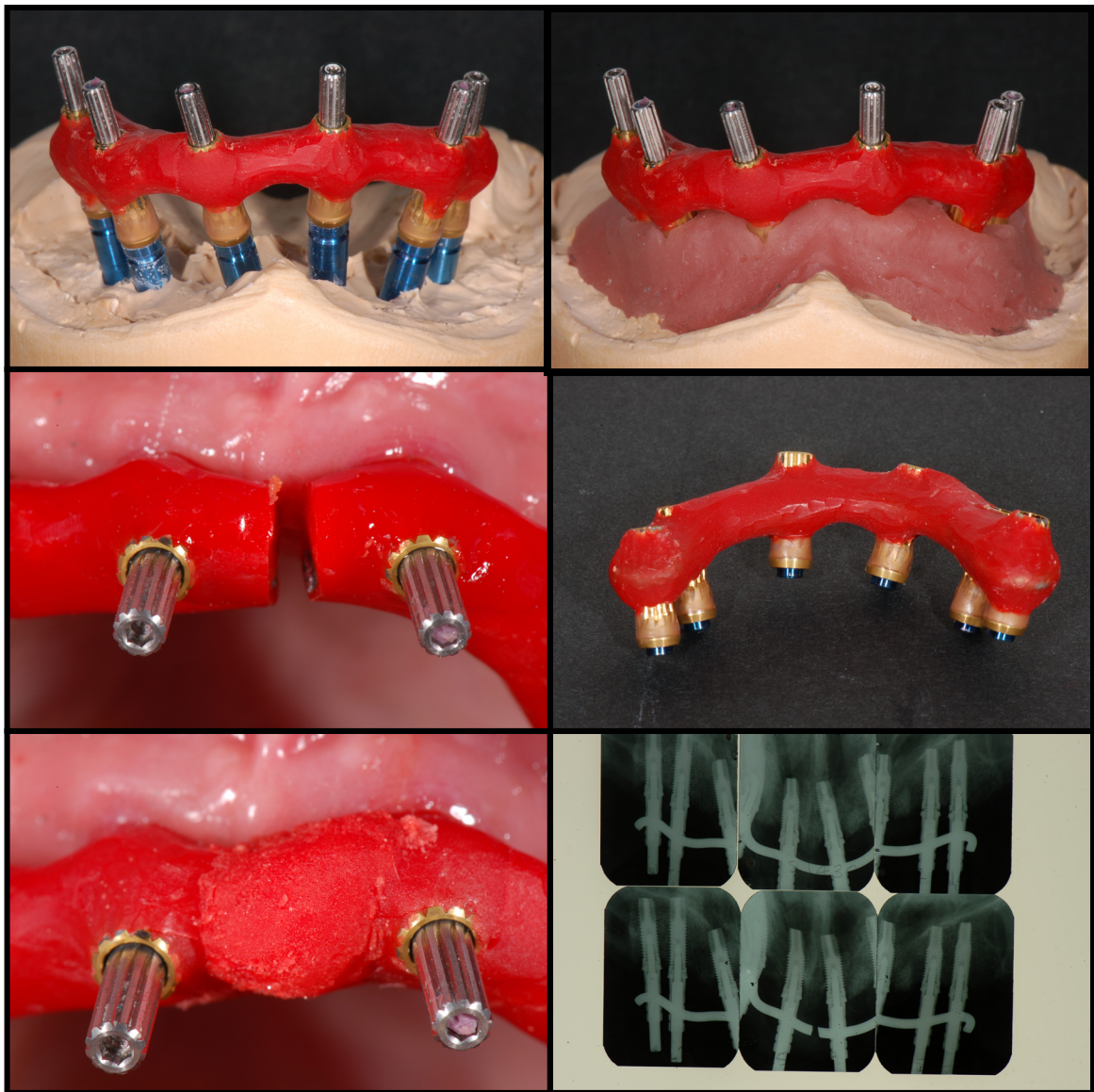
Implant level impression using Impregum.





25-10-2006

Verification jig.

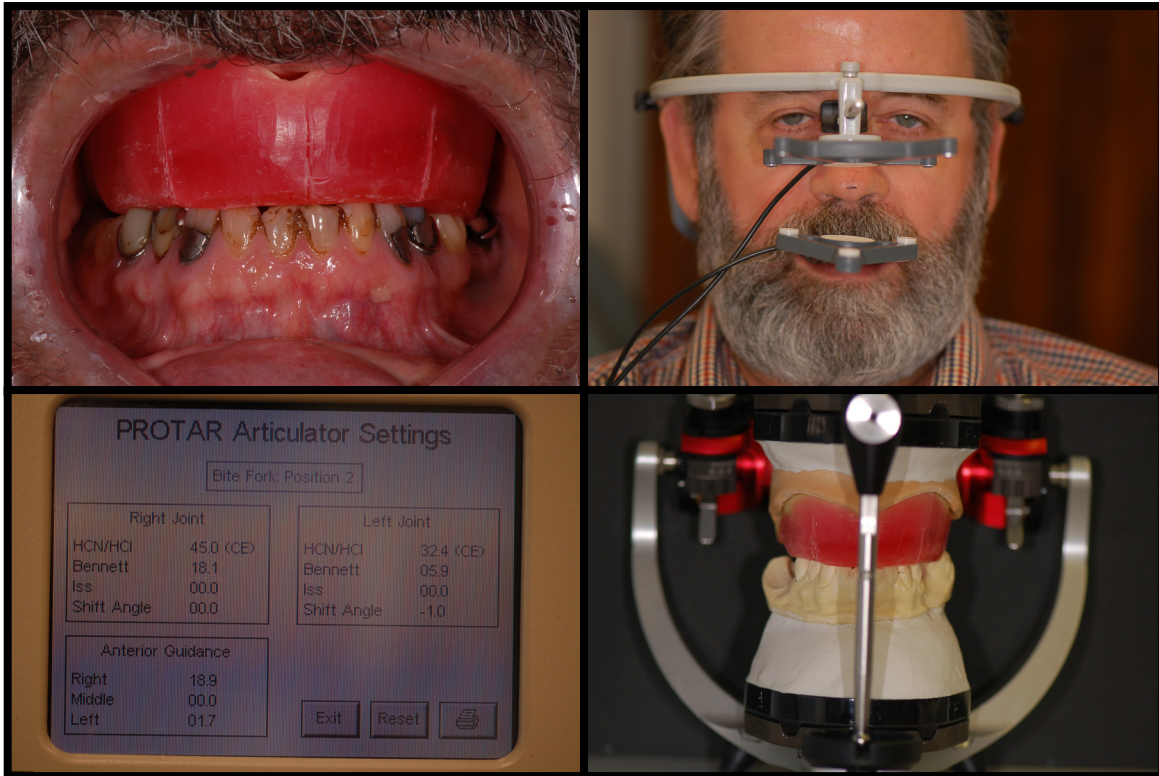


31/1/07

Review
Verify the treatment plan

21.2.07

Jaw registration records.
Face bow transfer using the ARCUSdigma electronic
face bow.
Teeth selection shade B4, mould 485 Her Kulzer
Optostar acrylic teeth

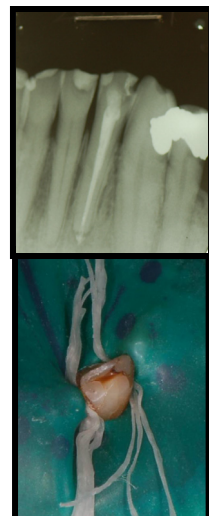


6.3.07

Tooth 32 needs RCT. Can't wait for CI 4 waiting list.
LA Lignospan 2.2ml IANB
Rubber dam application, access cavity, pulp debridement, Biomechanical cleaning and shaping, irrigation with Milton and normal saline. Dressing with Ca(OH)₂ and Cavit.

13.3.07

Obturation of the 32 with gatta percha and Keac fill.



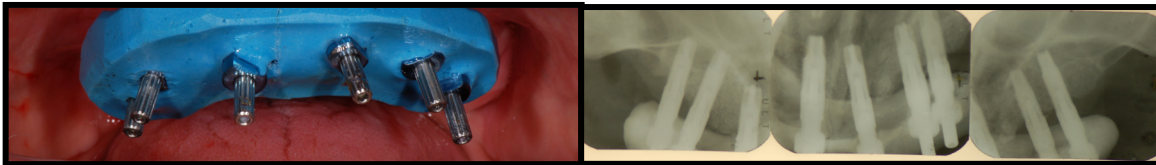
28.3.07

Teeth-try in
Needs whiter teeth (A3) and minor correction



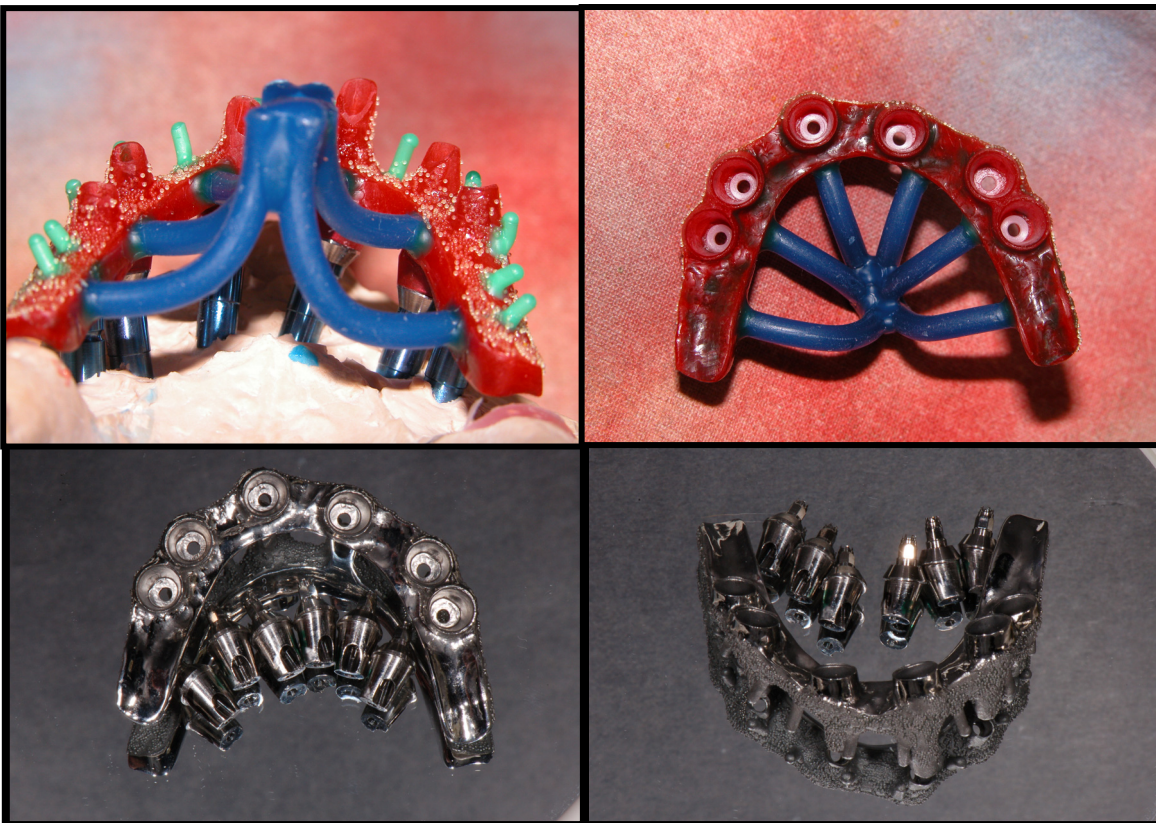
3.4.07

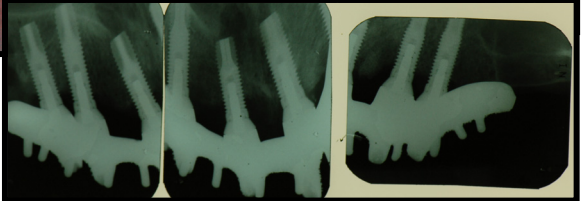
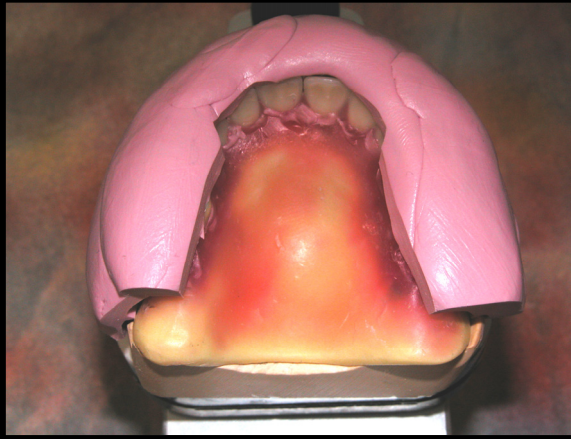
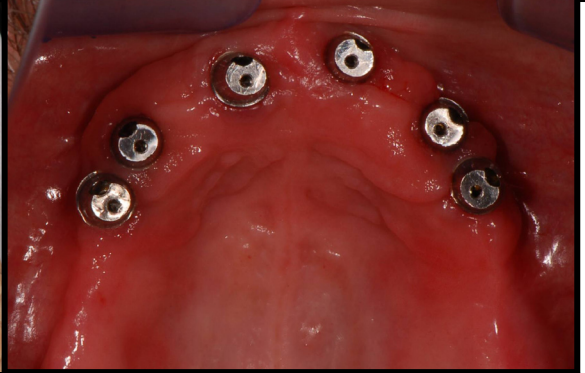
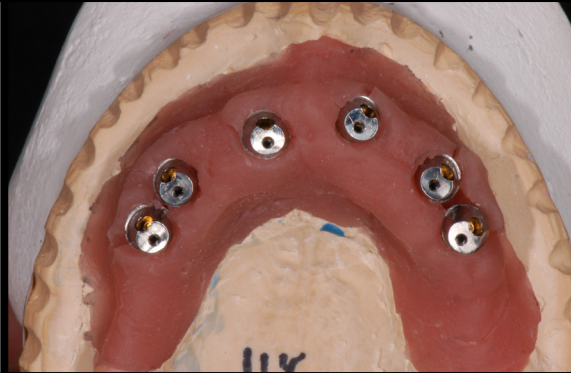
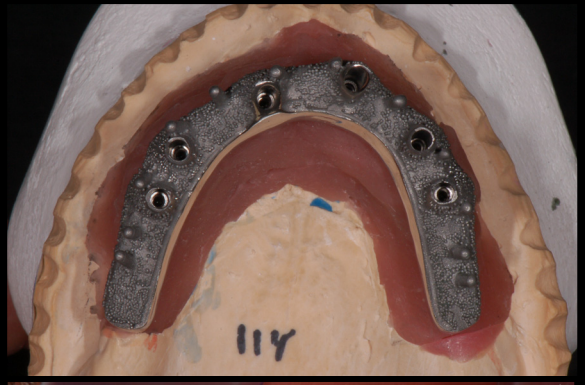
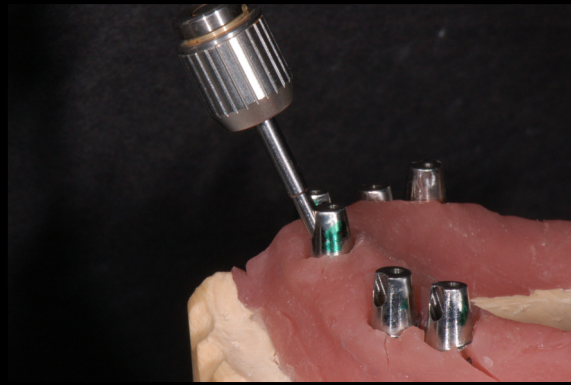
Try in of the verification jig made out of die stone.



17.4.07

Try-in of the metal bar.



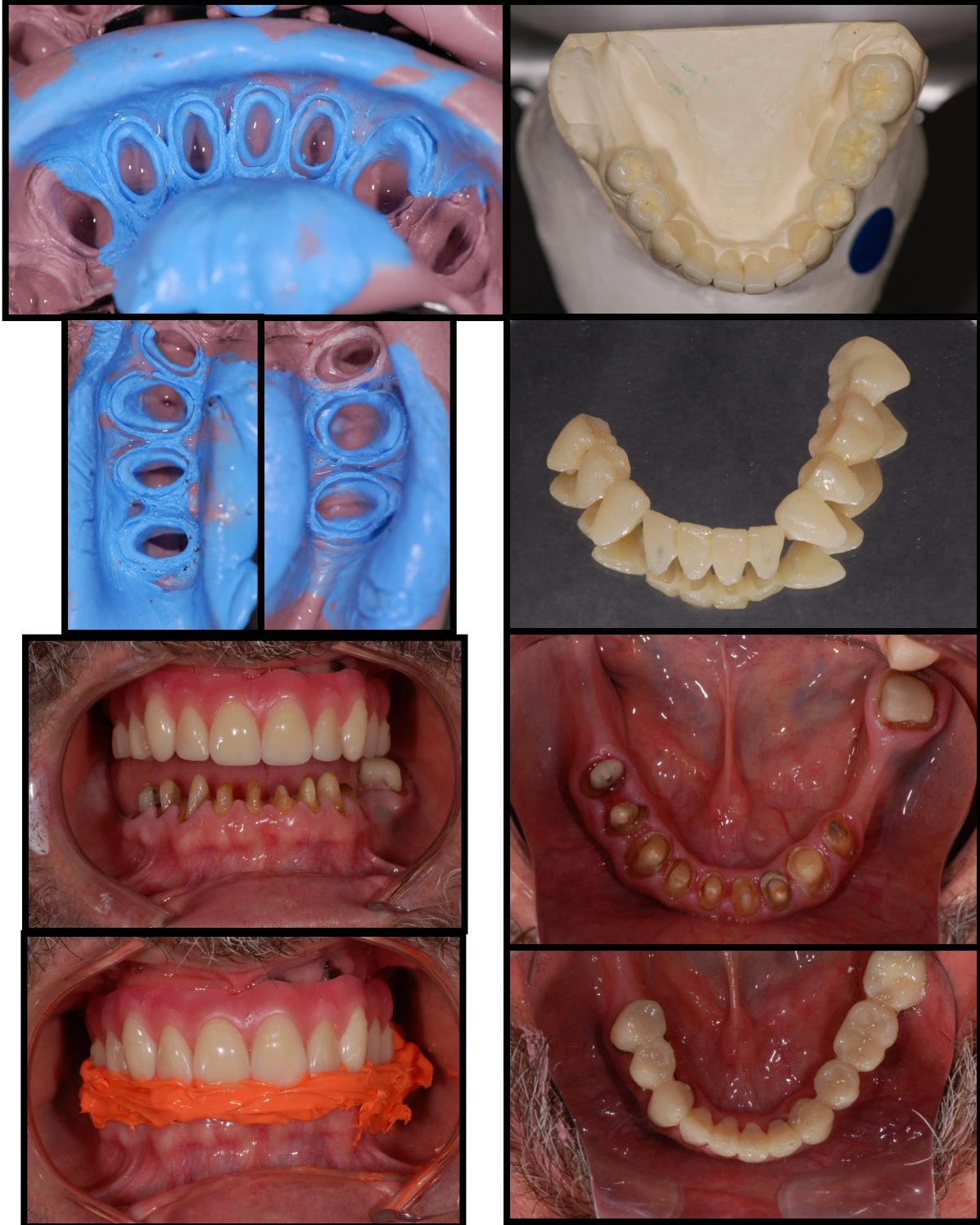


2.5.07

LA Lignospan 2.2ml.

Prep all Mand teeth for PFM crowns.

Sectional Extrude impression taken. Bite records were taken. Temporize with Luxatemp and Tempbond.



16.5.07

LA Lignospan 2.2ml.
Full arch Extrude impression taken with the Duralay
impression copings.

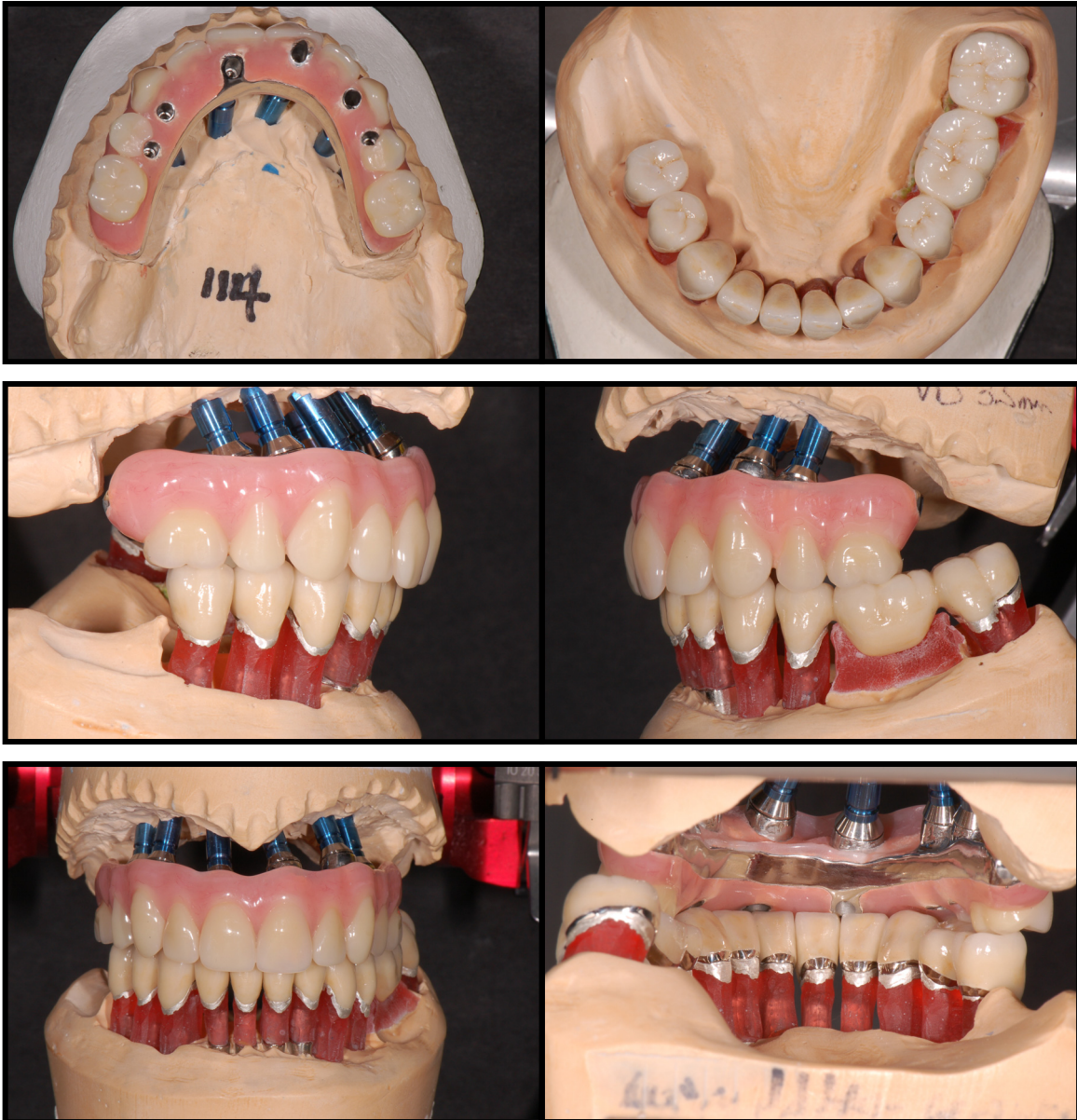


Try-in of the maxillary teeth.



25.7.07

Insertion of the maxillary full arch implant-supported fixed bridge.
Cementation of all the mandibular crowns temporarily with Tempbond.
Occlusion checked and adjusted.



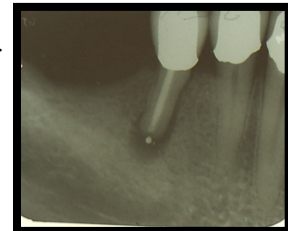


8.8.07

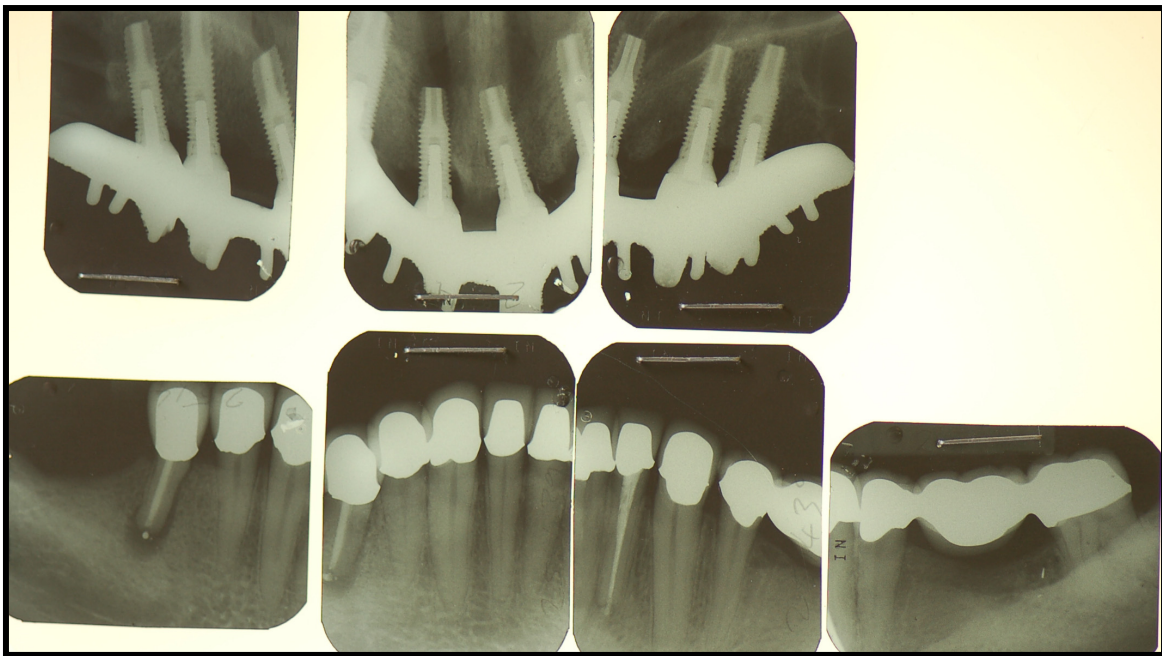
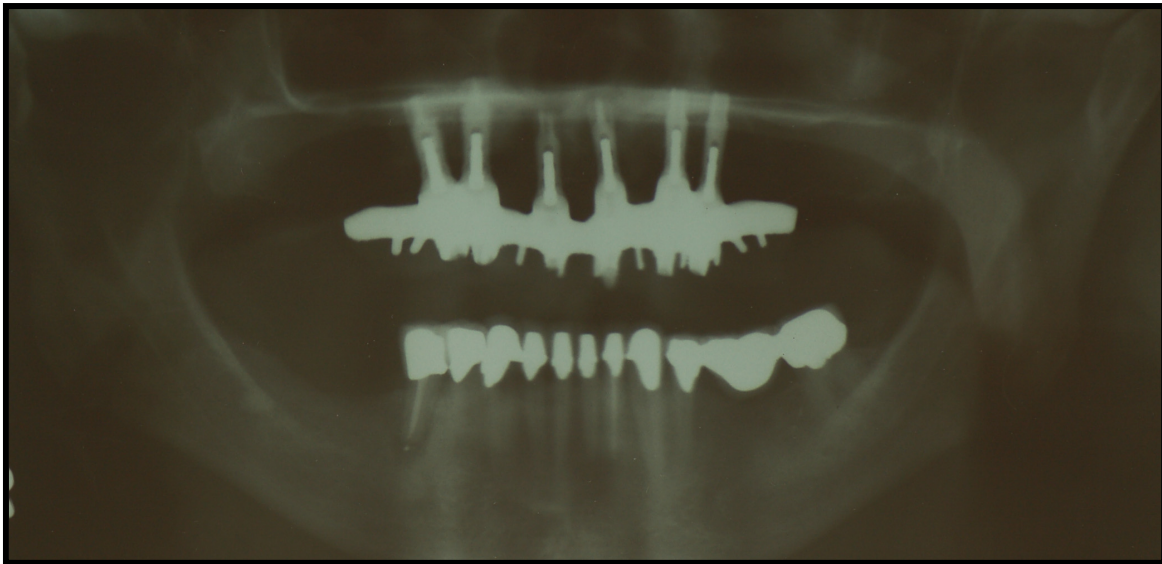
Review.

Patient is having trouble with the space above the maxillary denture that is made for hygienic purposes. Soft Viscogel reline to close the gap for trial to check whether the patient feels more comfortable. Patient instructed to buy a water pick to clean underneath the bridge. Occlusion checked and adjusted.

- 22.8.07 Review.
The soft recliner removed to check how the patient
couples without it.
Occlusion checked and adjusted.
- 5.9.07 Review.
Patient is getting adapted to the gap.
Occlusion checked.
- 18.9.07 Permanent cementation of all the mandibular PFM
crowns and bridge with Rely-X Unicem Maxicap.
- 19.9.07 As the gap left for hygienic purposes annoys the patient,
reline impression taken to block it out with acrylic.
- 21.9.07 Max bridge inserted.
Hygiene reinforced and patient
has been educated how to keep
the bridge clean using the
interdental brush and the water-
jet.
- 4.10.07 U/L alginate impressions and full mouth x-ray ordered.
- 16.10.07 Tooth 45 shows sign of root fracture (mobility and J-
shape Radiolucency around the root on x-ray).
Mobility was previously miss-diagnosed with occlusal
trauma.
Patient does not want to extract it as it is not hurting
him..!! And he doesn't like to compromise the aesthetic.
He was offered replacement of the crown for free. He
only pays for the fixture \$800.
Patient will think and get back to us.



Post-operative x-rays.



Before and after shots.





**Treatment
Result**

**Patient
Perspective**

The patient was extremely happy with the final aesthetic result. He had some difficulty in performing the required oral hygiene measures. Flossing was extremely difficult so he was advised to buy the water jet and he was showed how to use it properly as well as the interdental brush.

**Dentist
Perspective**

I was happy with the final treatment result and believe that an acceptable compromise had been reached between the desire for maximum aesthetics and functional longevity. The fit and aesthetic of all restorations was acceptable.

Lessons

I under-estimated the problems the gap underneath the maxillary bridge might cause. It is the most “annoying” problem the patient has. Patient should have been warned about this before the start.

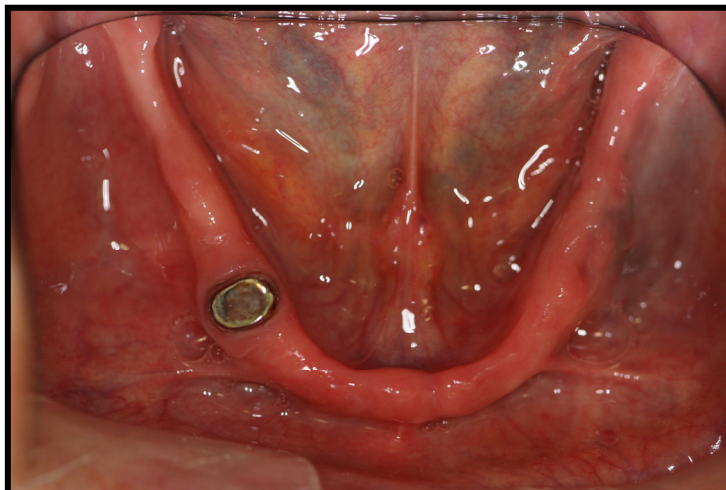
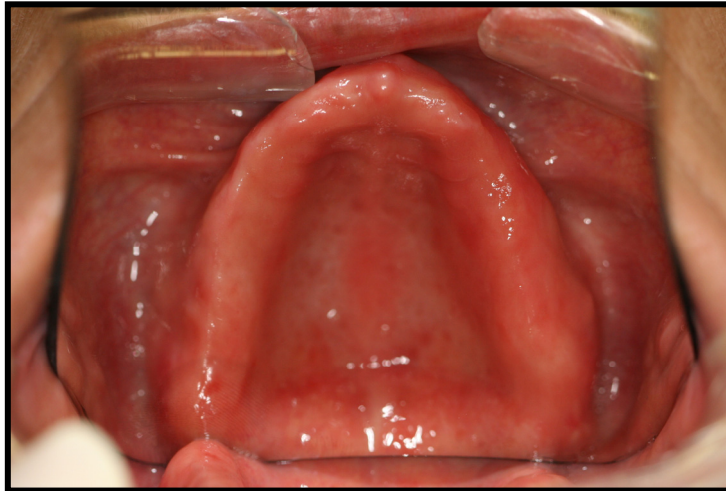
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3. Jemt T, Johansson J. Implant Treatment in the Edentulous Maxillae: A 15-Year Follow-Up Study on 76 Consecutive Patients Provided with Fixed Prostheses. *Clinical Implant Dentistry and Related Research* 2006;8:61-69.
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5. Wolfart S, Heydecke G, Luthardt RG, et al. Effects of prosthetic treatment for shortened dental arches on oral health-related quality of life, self-reports of pain and jaw disability: results from the pilot-phase of a randomized multicentre trial. *Journal of Oral Rehabilitation* 2005;32:815-822.
6. Witter DJ, Palenstein Helderman WH, Creugers NHJ, Kayser AF. The shortened dental arch concept and its implications for oral health care. *Community Dentistry and Oral Epidemiology* 1999;27:249-258.
7. Walton TR. An up to 15-year longitudinal study of 515 metal-ceramic FPDs: Part 1. Outcome. *Int J Prosthodont* 2002;15:439-445.
8. Tan K, Pjetursson BE, Lang NP, Chan ESY. A systematic review of the survival and complication rates of fixed partial dentures (FPDs) after an observation period of at least 5 years. III. Conventional FPDs. *Clinical Oral Implants Research* 2004;15:654-666.

Treatment Report

Patient Name: Mrs.Staley, Dianne

Before Treatment 2.2.2006



History:

Chief Complaint Need to get her teeth-retained with magnets lower denture working again.

Medical History Clear.

Dental History Broken abutment that used to serve a teeth-retained lower overdenture with magnets, which had to be extracted.

Patient's Concerns Function and aesthetics.

Examination:

Extra-oral NAD

Intra-oral Adequate maxillary and mandibular ridges.

X-ray

Treatment Plan - Fabricate new F/F with balanced occlusion.
- Place 2 implants in the mandible for implant-retained overdenture with Locators.

Treatment progress *(Photos at the end)*

9.2.06

Pt was referred to have implants to retain her lower full denture, that was teeth-retained with magnets, after extraction of one abutment. Comprehensive oral exam.

6.4.06

Tx plan presentation.
F/implant-retained overdenture.

27.4.06

secondary impression with ZoE "SS White"

4.5.06

Jaw relation registration.
Face bow transfer.
Teeth selection.

18.5.06

Teeth try-in.
Arrangement for CT Scan for implant placement.

19.7.07

Review after implant placement.

16.8.07

Assess the height of the Locator abutment to be ordered. 3mm high.

23.8.07

Placement of the Locators and hand torque them.
Abutment level impression taken with the trial denture using Impregum.

13.9.07

Teeth try-in
Centric is off. Remount records taken.

20.9.07

Re teeth try-in.

2.10.07

Replace the healing abutments back for the patient review with the surgeon.

4.10.07

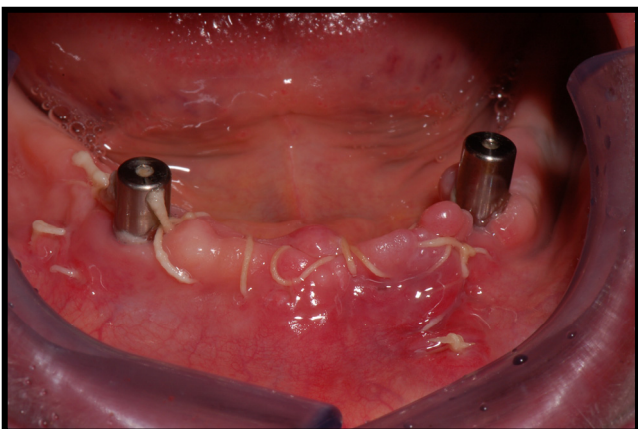
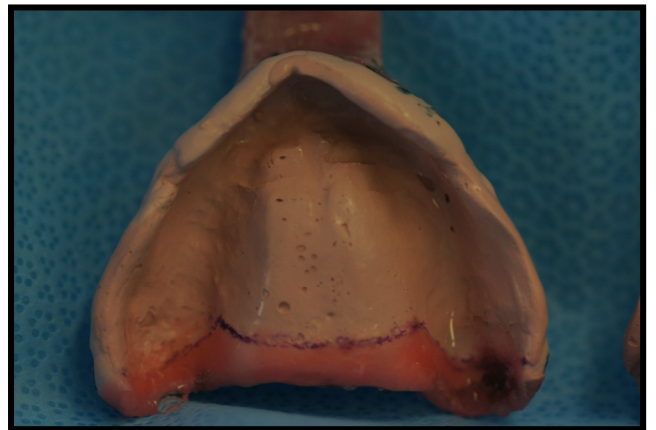
Replace the Locator abutments and torque to 35N.
Insertion of the F/F with the lightest clips.

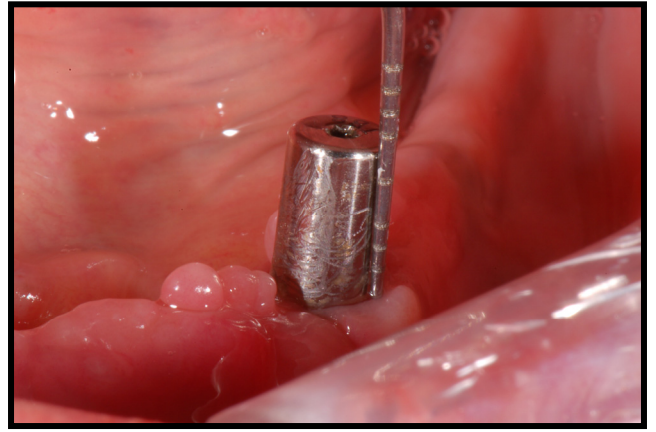
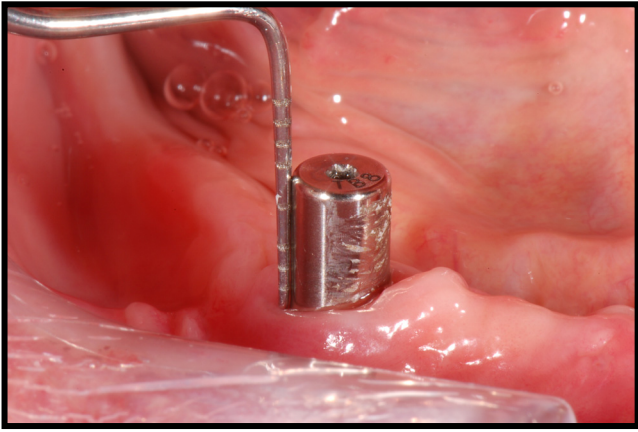
11.10.07

Review.

18.10.07

Review.



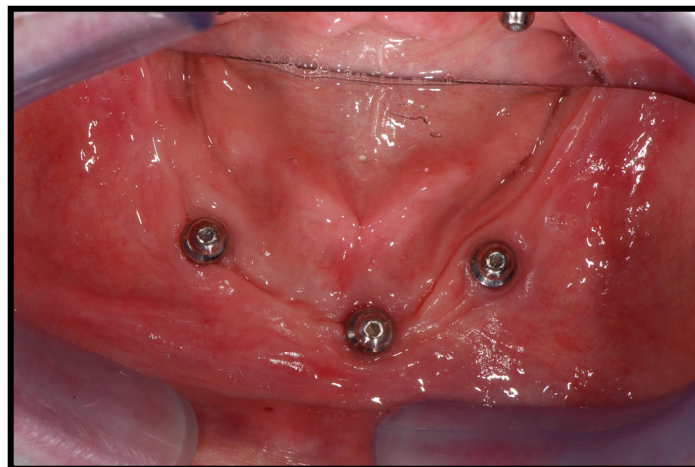
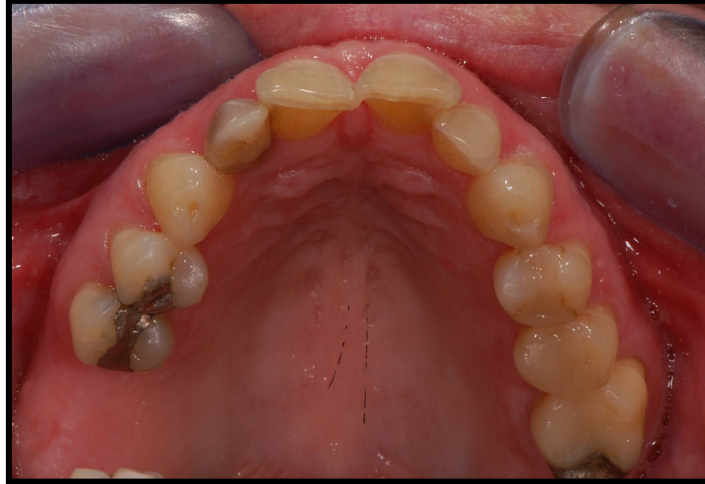


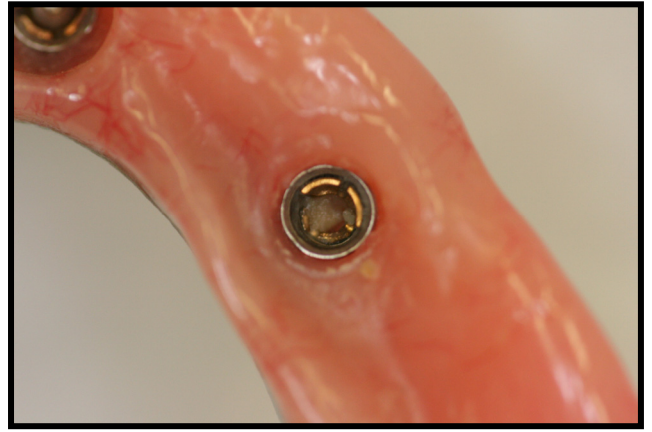


Treatment Report

Patient Name: Mrs. Water, Donna

Record Number: 220194





History:

Chief Complaint One of the metal clips broke for the second time.
Plus worn-off acrylic teeth.

Medical History Clear.

Dental History Mand Implant-retained full overdenture on ball
abutments with metal housing.

Patient's Concerns Esthetic and function.

Examination:

Extra-oral NAD.

Intra-oral - Maxillary natural teeth opposing mandibular
implant-retained full overdenture.

Treatment Plan - Replace denture acrylic teeth.
- Replace all abutments with larger ones.
- Replace metal clip housing with plastic
housing.

Treatment progress:

19-1-06

Pt has implant-retained lower full
denture with ball attachments.

1/2/07

Patient had one of the ball
abutment housing broken.
She also complains of frequent
bitting of her lower lip by her
anterior teeth.

On exam--> posterior teeth are
severely worn off leading to
decreased VD.

Plan--> replace the posterior
teeth with increasing the VD.
Plus replacing the broken
abutment housing.

15/2/07

Vertical dimension was
reinstabished using wax built up
on the posterior teeth and bite

registration was taken at centric
relation.

A protrusive record was taken
with a silicon bite registration
material.

An abutment level impression
was taken with Extruded for
replacing the broken ball
abutment housing.

Alginate impression of the
maxillary arch was taken as well.

16.2.07

Insertion of the denture.

22.2.07

1 week review.

Occlusion checked

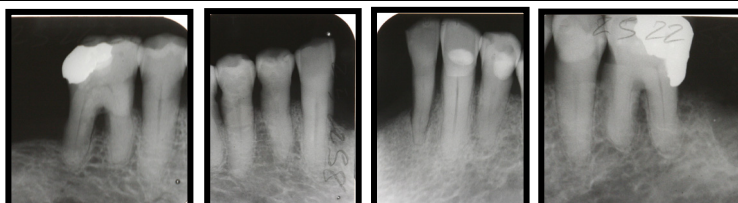
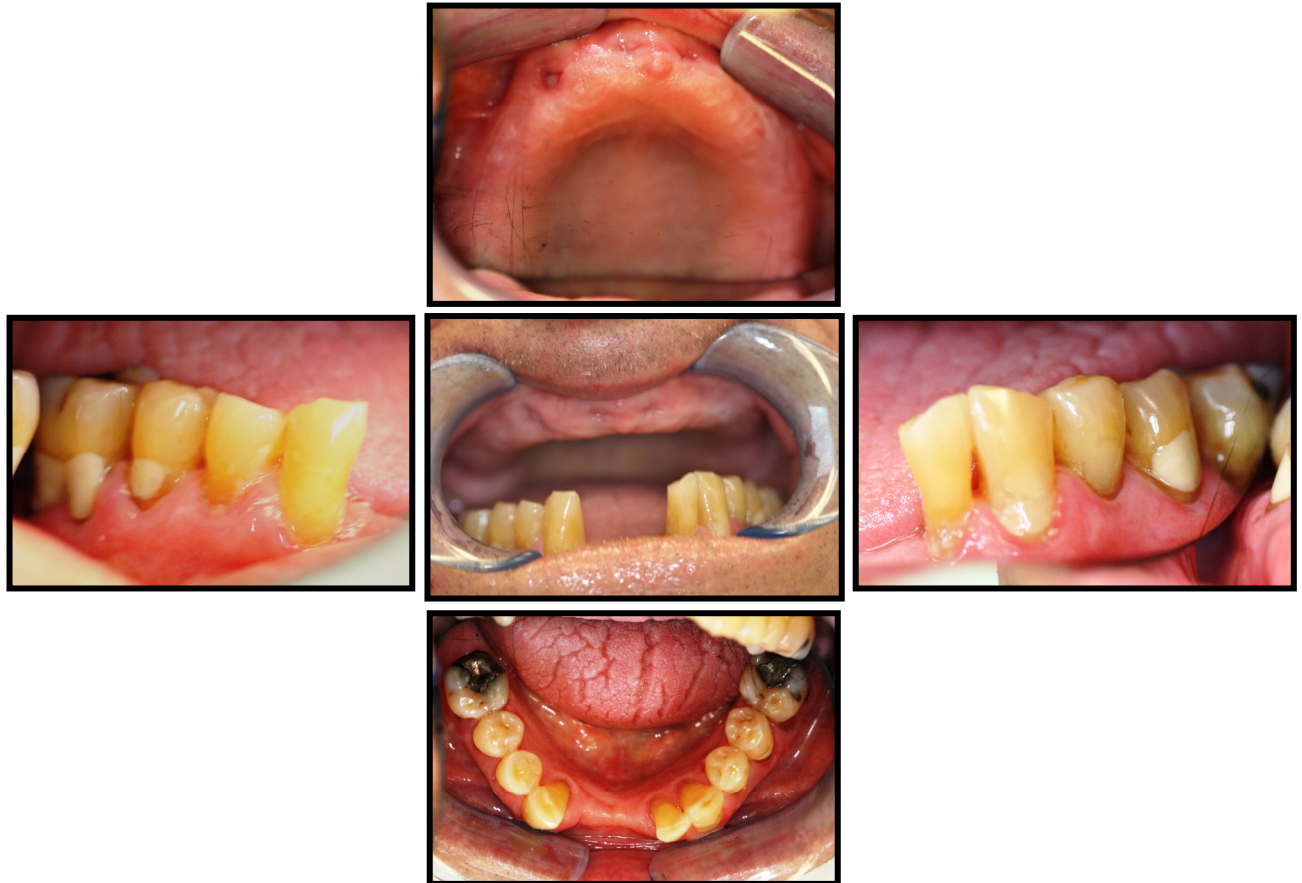
Treatment Report

Patient Name: Mr.Enoch,Eric

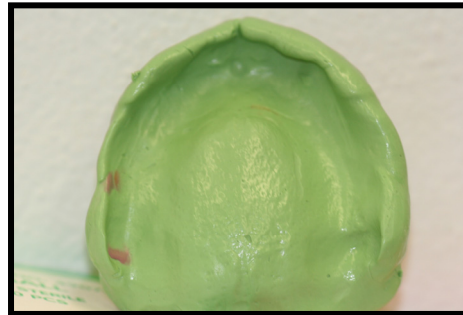
Date of Birth: 7.4.1924

Record Number: 252258

Before Treatment 18.8.2005



Secondary impression using
PVS "Extrude"



Try-in



After Treatment



History:**Chief Complaint**

Burning mouth started several months ago with altered taste sensation and numb feeling of the lips that are very dry.

Medical History

Clear.

Dental History

Clearance of the maxillary teeth with insertion of an immediate denture two months ago.

Patient's Concerns

Mainly function.

Examination:**Extra-oral**

NAD

Intra-oral

- Burning mouth syndrome.
- Generalized diffuse moderate to severe mucosal inflammation.
- Xerostomia.
- Viscous salivary flow.

X-ray

- Moderate to severe horizontal bone loss.
- Periapical rarefaction on furcations of 36 & 46.

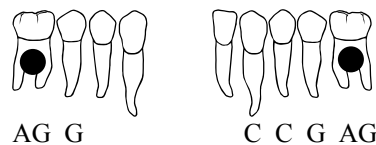
Teeth

Keys:

A Amalgam

C Composite

G Glass-ionomer



- Caries free.
- Mild attrition.
- No mobility.
- No pathological pockets.

Periodontium

- Fair oral hygiene.
- Moderate to severe generalized diffuse gingivitis.
- Acceptable attached gingiva width.

- | | |
|-----------------------|---|
| Treatment Plan | <ul style="list-style-type: none"> - Control the burning mouth syndrome (referral to oral medicine clinic). - Establishment of healthy dentition (extraction of hopeless teeth, caries excavation and restorations). - Fabrication of maxillary complete denture and mandibular removable partial denture. |
|-----------------------|---|

Treatment Phases

Phase I

- Consultation with oral medicine clinic to control the burning mouth syndrome.
- Oral hygiene instruction.
- Scaling and root planning.
- Caries excavation and restorations.

Phase II

- RCT's as needed.

Phase III

- Construction of maxillary complete denture and mandibular removable partial denture.

Phase IV

Maintenance with recall visit every 4-6 months.

Treatment Progress

18.8.05	Examination, upper & lower alginate impressions.
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5.9.05	Treatment plan explained to patient
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12.9.05	Maxillary secondary impression using PVS "Extrude".
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Jaw relation records and face bow transfer.
Teeth selection.

Teeth try-in.

Insertion of F/Pa.
Post-insertion instruction.

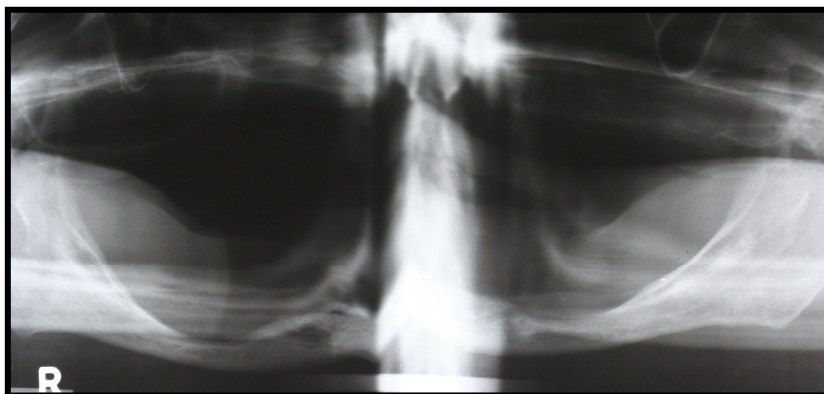
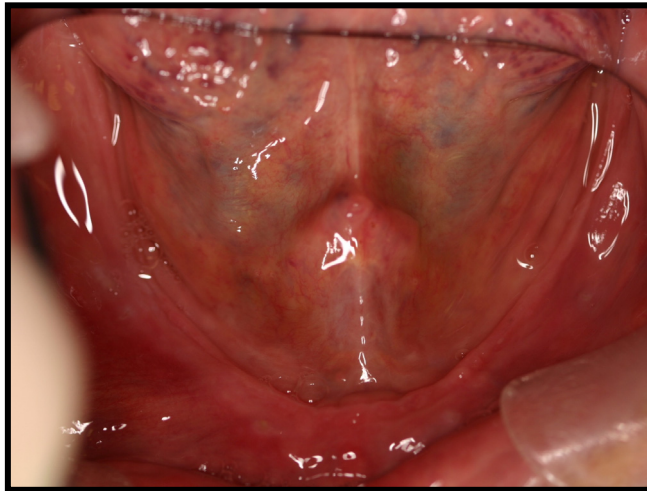
Review.

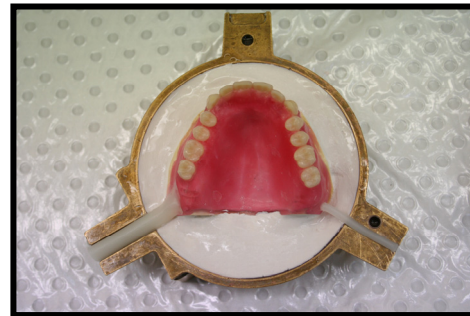
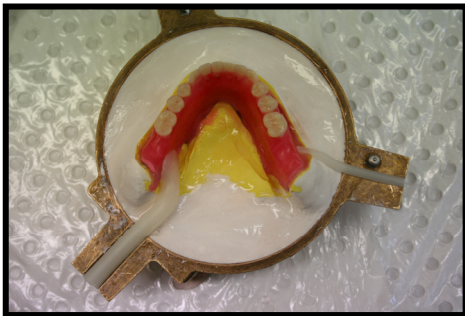
Treatment Report

Patient Name: Mr. Risch, Frank

Date of Birth: 2.9.1927

Record Number: 792270





History:

Chief Complaint Bad looking existing dentures.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Esthetic and function.

Examination:

Extra-oral NAD.

Intra-oral

- Adequate salivary flow.
- Flat mandibular ridge with high muscle attachment encroaching the ridge.
- Well defined maxillary ridge with slight flabby ridge anteriorly.

Treatment Plan Constructing new upper and lower complete dentures with the new "Heraeus Kulser" premium acrylic teeth and a realistic wax carving using the injection moulding processing technique..

Treatment Progress

17.3.05 Examination, upper and lower alginate impressions.

24.3.05 Treatment plan explained to the patient.
Upper and lower secondary impressions using ZoE "SS White".

13.4.05 Jaw relation and face bow transfer record using the conventional way.

30.5.05 Re-take the jaw relation and face bow transfer record using Gothic arch tracing system.
Teeth selection.

20.6.05 Upper anterior teeth try-in.

4.7.05 Teeth try-in.

25.7.05 Insertion.

1.8.05 Post-insertion follow up.

5.9.05

Patient complaining of not showing a lot of lower anterior teeth when he smiles. And he likes the lingual flanges to be overextended just like the previous denture.

Lower secondary impression using impression compound and ZoE "SS white" to increase the VD and extend the lingual flanges.

Try-in.

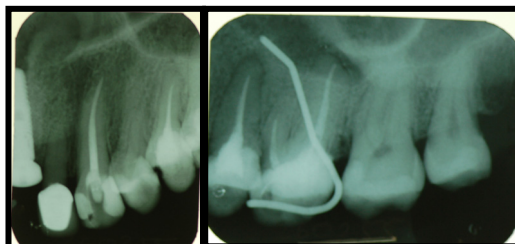
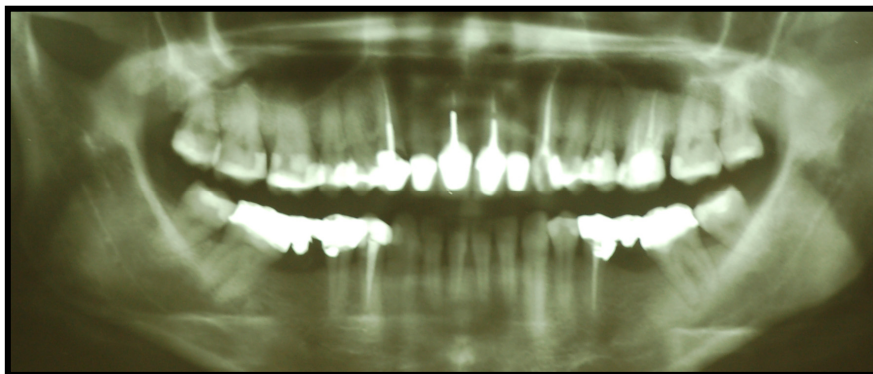
Insertion.

Treatment Report

Patient Name: Mrs.Cueva, Gaby

Record Number: 260255

Before Treatment 6.2.2007



History:

Chief Complaint Wants to crown 4 teeth.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Aesthetic.

Examination:

Extra-oral NAD.

Intra-oral NAD.

X-ray Radiolucency around recently RCTed 25.

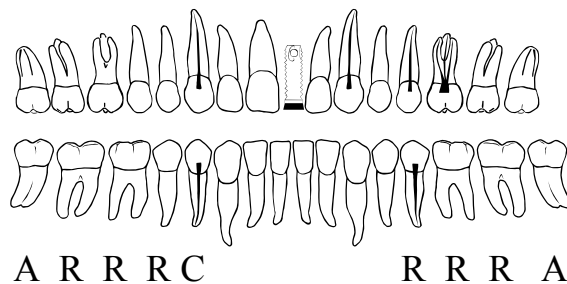
Teeth C C C C C R R R R C C C C C C

Keys:

A Amalgam

C Composite

R Crown



- Caries free.
- No defective restorations.
- Mild attrition.
- No mobility.
- No pathological pockets.

Periodontium

- Good oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan

- Casted post&core for 23 & 25.
- 4 PFM crowns for 23, 24, 25 & 26.

Treatment progress *(Photos at the end)*

6/2/07

Patient was referred for crowning teeth 23, 24, 25, 26 & 27.

Exam --> 27 can be safely restored with ceramic inlays. 23 PFM for aesthetic reasons. 25 & 26 RCTed and extensively restored with composite.

U/L Alginate impressions taken.

27.3.07

LA Lignospan 2.2ml

Prep 23, 24, 25 & 27 for PFM crowns and 23 & 25 for post and cores.

Temporization with Luxatemp and Tempbond.

3.4.07

LA Lignospan 2.2ml

Extrude impressions for 23 & 25 for post and core fabrication using the indirect technique.

Re-cement temp crowns.

9.5.07

LA Lignospan 2.2ml

Cementation of the casted post&cores with Fujiplus.

Extrude impressions for the crowns.

Re-cementation of the temp crowns.

30.5.07

Cementation of the PFM crowns with Fujiplus. 24 is temporized until the RCT finishes.

21.8.07

Review.

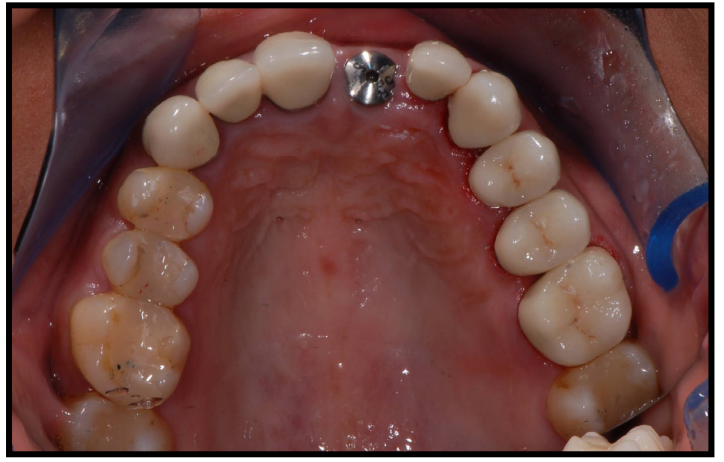
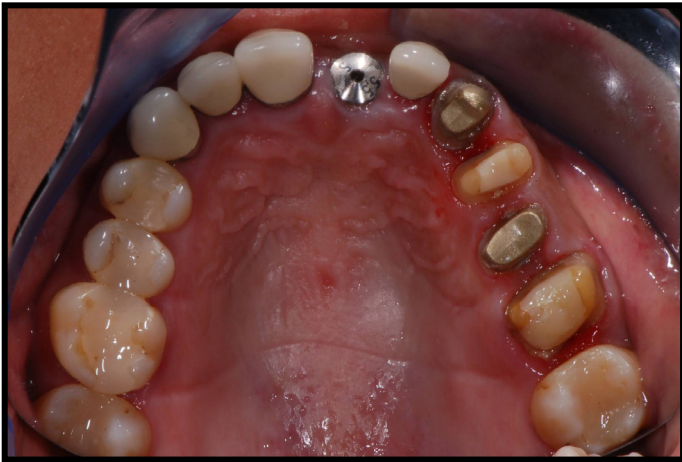
24 RCT is still not finished.

17.10.07

24 porcelain fractured buccally at finish line because of faulty removal during the RCT course.

Patient has been offered free replacement next year.

Repair with composite temporarily.



Treatment Report

Patient Name: Mrs. Buckie, Gillian

Record Number: 240434

Before Treatment 8.3.2006



History:

Chief Complaint Bad looking upper front teeth.

Medical History History of gastric reflux.

Dental History Several composite build-ups.

Patient's Concerns Aesthetic.

Examination:

Extra-oral NAD

Intra-oral Defective composite fillings.

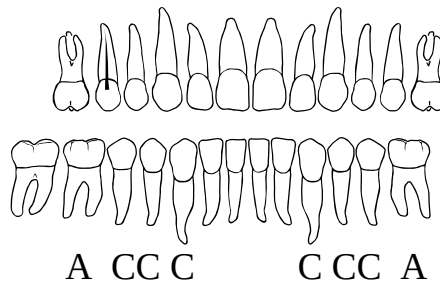
X-ray NAD

Teeth CC C C C C C C CC A

Keys:

A Amalgam

C Composite



- Caries free.
- Defective composite restorations.
- Mild-moderate attrition.
- No mobility.
- No pathological pockets.

Periodontium

- Fair oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan

- PFM crowns for 14, 15, 24 & 25.
- Lava crowns for 13-t-23.
- Composite build-ups for the lower teeth.

Treatment progress *(Photos at the end)*

8.3.06

Examination and records taking.

5.4.06

Tx plan presentation.

U/L impressions.

21.2.07

Review.

Tx plan verification.

4.4.07

LA Lignospan 2.2ml x2 buccal/labial infiltration.

Prep teeth 15 to 25 for Lava crowns.

Temporization with Luxatemp.

9.5.07

LA Lignospan 2.2ml.

Extrude secondary impression.

Re-cement temp with Tempbond.

31.7.07

Cementation of the 10 crowns with rely-X unicem.

Occlusion checked.

21.8.07

Review.

Patient now wants her lower teeth to be aesthetically enhanced.

Alginate impression taken for diagnostic wax up of mandibular teeth (5 to 5).

10.10.07

Composite bulid-ups for the Mand teeth 35-to-45.

Patient is very pleased with the outcome.





Treatment Report

Patient Name: Mrs. Friend, Glynnnes

Date of Birth: 26.1.1951

Record Number: 240746

Before Treatment 15.6.2005



History:

Chief Complaint Bad looking teeth.

Medical History Hormone replacement therapy.

Dental History Not significant.

Patient's Concerns Mainly esthetics.

Examination:

Extra-oral NAD

Intra-oral Mandibular moderate bilateral lingual tori.

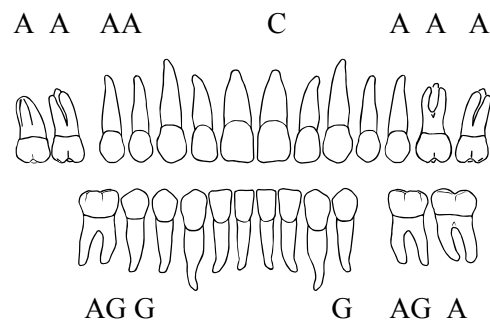
Teeth

Keys:

A Amalgam

C Composite

G Glass-ionomer



- No apparent carious teeth.
- Abrasion on several teeth.
- Several defective restorations.
- No mobility.
- No pathological pockets.

Periodontium

- Healthy gingiva with mild-moderate marginal gingivitis.
- No calculus deposits
- Acceptable attached gingiva width.
- Localized gingival recession on teeth with abrasion.

Treatment Plan - Replace amalgam filling with CEREC inlays/onlays.

Treatment progress

16.5.05

Examination, upper and lower alginate impressions.

29.6.05

Treatment options discussed with the patient.

Treatment cost explained.

3.8.05

Tooth 45, plan→CEREC inlay.

LA "Lignospan" 1.0 ml.

Removal of temp filling and prep for ceramic inlay using CEREC3 machine.

Cementation using "Panavia".

10.8.05

Tooth 46, plan→CEREC inlay.

LA "Lignospan" 1.0 ml.

Removal of amalgam filling and prep for ceramic inlay using CEREC3 machine.

Cementation using "Panavia".

24-8-05

Tooth 36, plan→CEREC inlay.

LA "Lignospan" 1.0 ml.

Removal of amalgam filling and prep for ceramic inlay using CEREC3 machine.

Cementation using "Panavia".



Treatment Report

Patient Name: Mrs. Andrew, Helen

Record Number: 270489

Before Treatment 10.7.2007



History:**Chief Complaint**

Wants to replace old anterior bridge.

Medical History

Clear.

Dental History

Facial trauma when she was child lead to anterior open bite.

Congenitally missing maxillary lateral incisors.

Patient's Concerns

Aesthetic.

Examination:**Extra-oral**

NAD.

Intra-oral

Anterior open bite.

X-ray

NAD.

Teeth

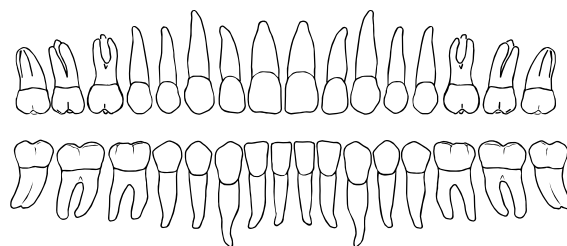
A C R R C A A A

Keys:

A Amalgam

C Composite

R Crown



C C C C A A

- Caries free.
- No defective restorations.
- Mild attrition.
- No mobility.
- No pathological pockets.

Periodontium

- Good oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan

- Casted post&core for 23 & 25.
- 4 PFM crowns for 23, 24, 25 & 26.

Treatment progress *(Photos at the end)*

10.7.07

Patient has been referred for replacement of an old defective Maryland anterior bridge replacing the congenitally lost maxillary lateral incisors utilizing the centrals as abutments.

Full mouth examination.

Records taken.

31.7.07

Tx plan presentation.

Pt is happy to proceed.

4.9.07

L.A Lignospan 2.2ml.

Prep 11 and 21 for Procera bridge.

21 has deep recurrent caries palataly.

Traumatic pulp exposure.

Pulp extirpation and dressing with calciumhydroxide and Cavit.

Temporization with Luxatemp and cementation with Tempbond.

11.9.07

L.A Lignospan 2.2ml.

RCT for 21.

Secondary impression with Emprigum.

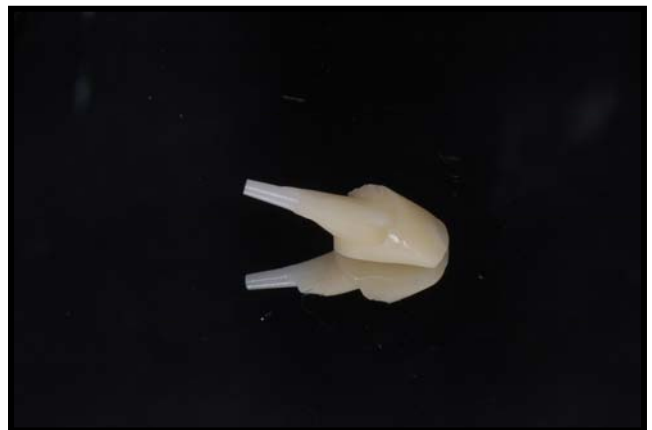
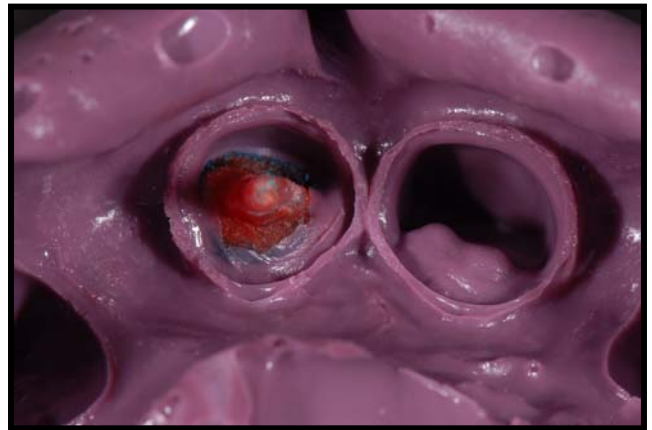
Temporization with Luxatemp and Tempbond.

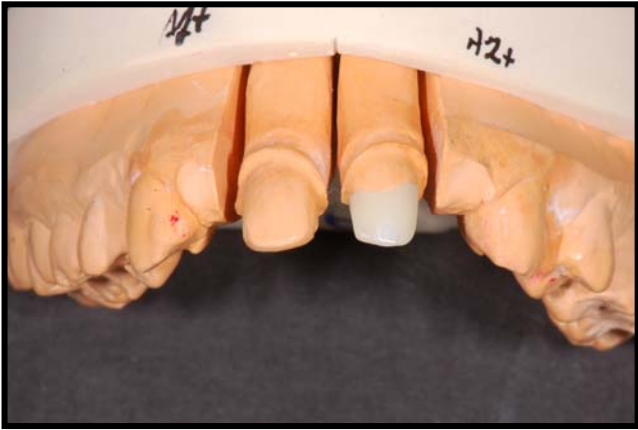
18.9.07

Re-take secondary impression.

17.10.07

Insertion of the Procera bridge with Rely-X Unicem.





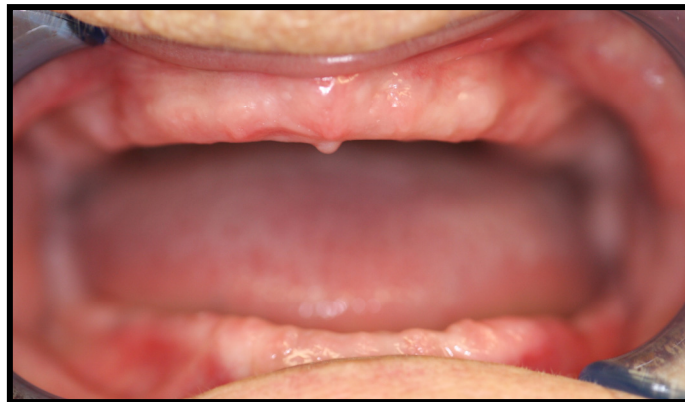
Treatment Report

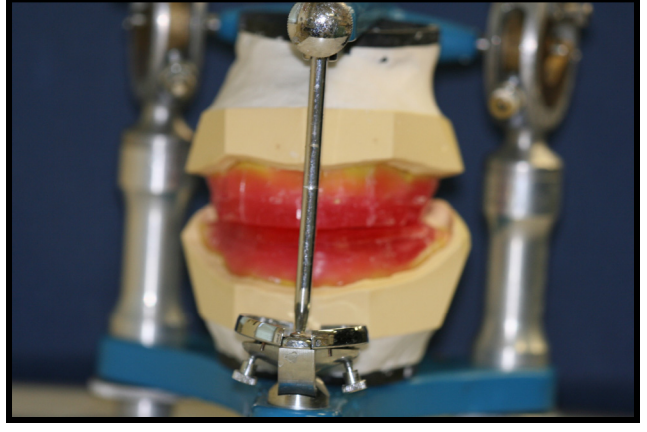
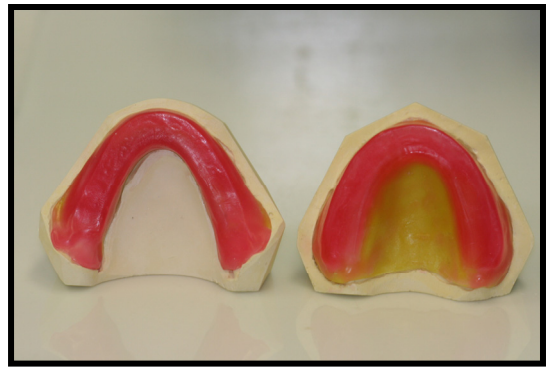
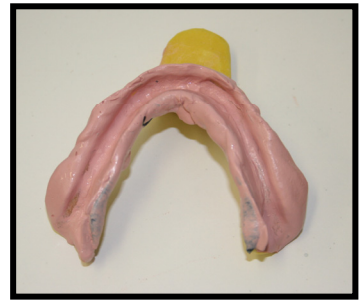
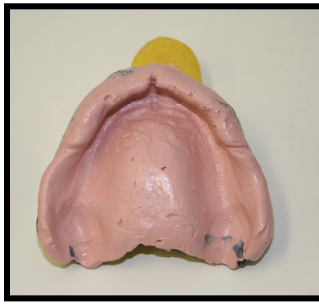
Patient Name: Mrs. Hall, Irene

Date of Birth: 17.5.1938

Record Number: 215491

Before Treatment 4.8.2005





History:

Chief Complaint Her existing dentures were done by a technician, and they are not working good.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Esthetic and function.

Examination:

Extra-oral NAD.

Intra-oral Maxilla, well defined with slight flabby ridge anteriorly.
Mandible, thin resorbed ridge with high muscle attachments.
Adequate saliva.

Treatment Plan New upper and lower complete dentures.

Treatment Progress

4.8.05 Examination, upper alginate impression and lower compound impression.

18.8.05 Secondary impression using ZoE "SS White" after border moulding with green stick.

1.9.05 Jaw relation records and face bow transfer.
Teeth selection.

15.9.05 Try-in, wrong centric. Remount centric record.

Try-in, ok.

Insertion, post-insertion instructions.

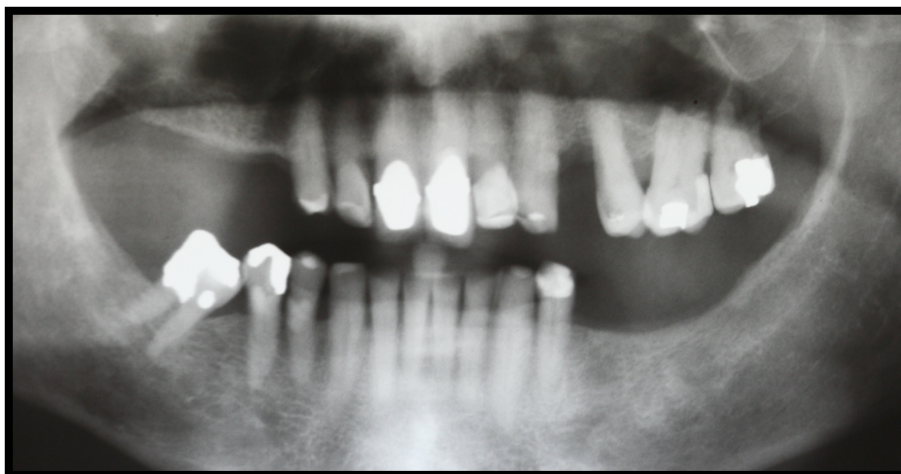
Review.

Treatment Report

Patient Name: Mr.Ross, James

Date of birth: 9.3.1927

Record Number: 262543



History:

Chief Complaint Wants to replace missing teeth.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Function.

Examination:

Extra-oral Nothing significant.

Intra-oral

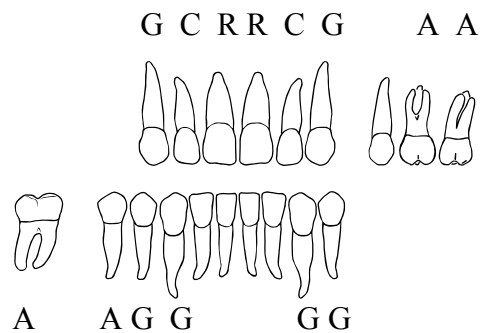
Keys:

A Amalgam

C Composite

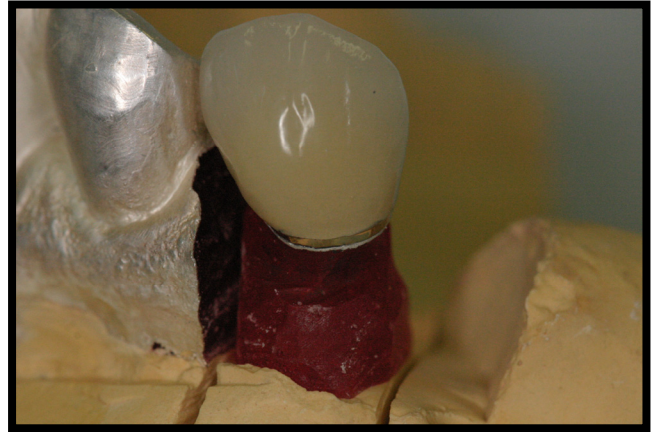
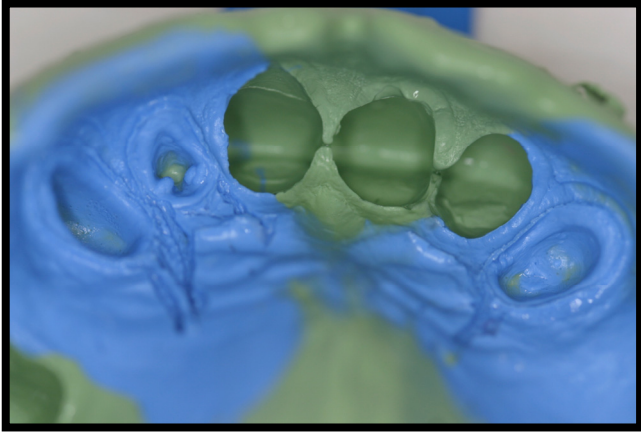
G Glass-ionomer

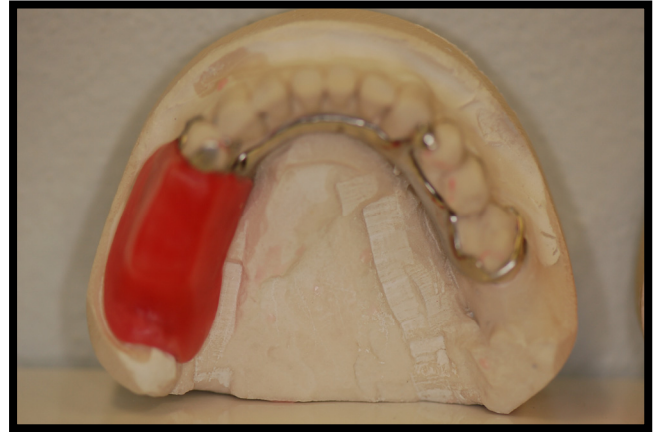
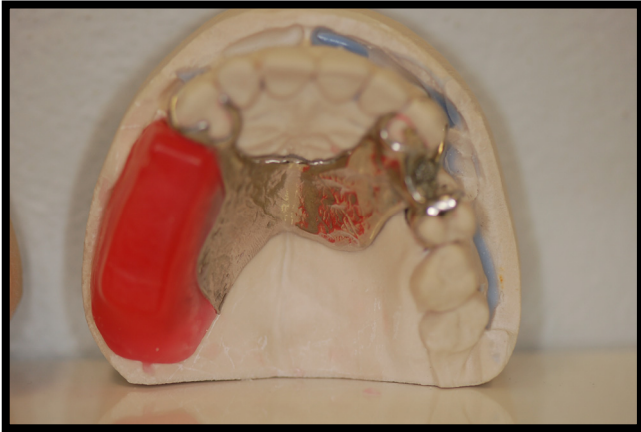
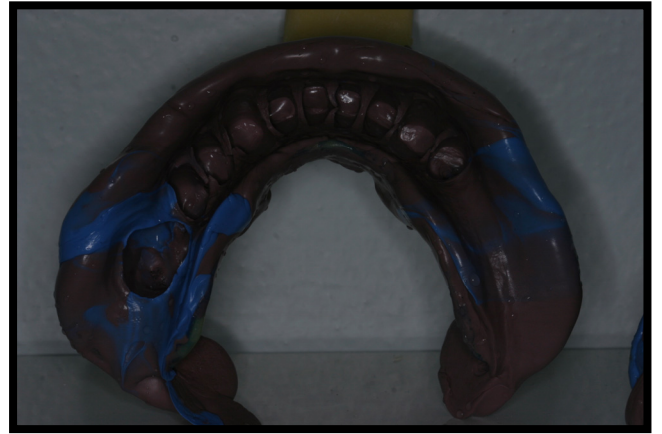
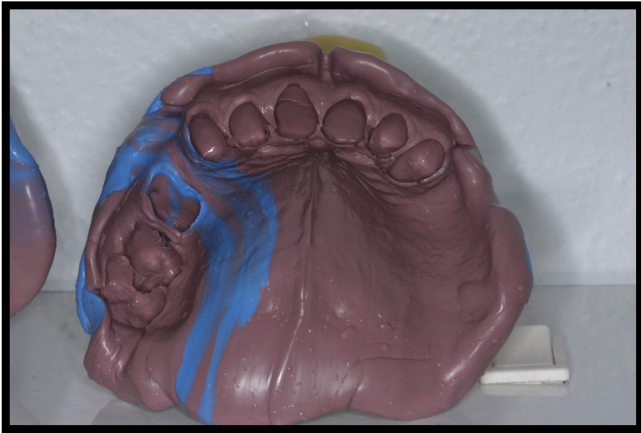
R Crown



- No active lesions.
- No pathological pockets.
- No mobility.
- Moderate attrition of the lower anteriors.
- 25&26 are overerupted; 47 is mesially drifted.

Treatment Plan Max: PFM crowns on 13,22,23 then Pcc/.
Mand: PFM crown on 34 then /Pcc.







Treatment Report

Patient Name: Mrs.Hemmant, Jane

Date of birth: 31.8.1964

Record Number: 220846

History:

Chief Complaint Wants to replace 15yrs old front bridge.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Aesthetics.

Examination:

Extra-oral Nothing significant.

Intra-oral No detectable active lesions.

Periodontium - Good oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan 6-unit PFM bridge 13-23.

Treatment progress

10-May-06

History taking and examination.

Primary alginate impressions.

23-5-06

LA Xylocaine Labial & palatal infiltration. Removal of the old bridge.

Refine the prep of the abutments. Secondary impression with Extrude.

Temporary cement the old bridge back.

12-Jul-06

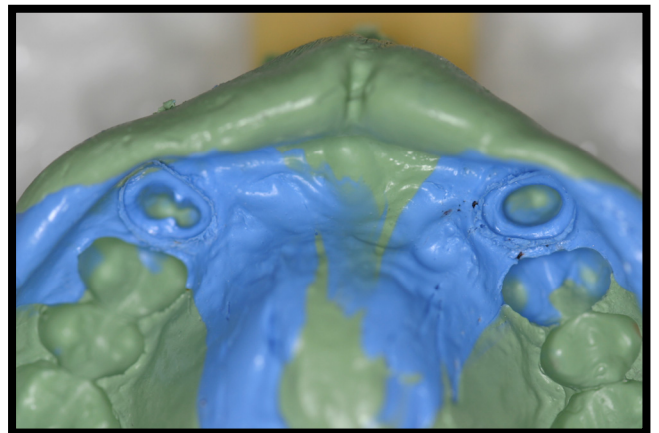
Metal try-in. Ok.

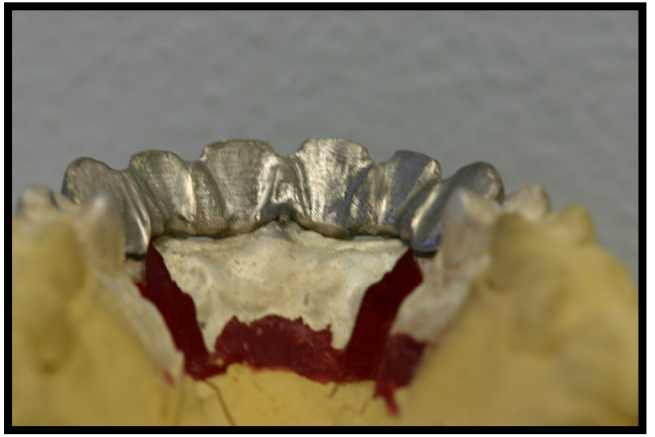
09-Aug-06

Check-in the finished bridge.

Cleaning the abutments with pumice.

Cementation with FujiPlus.





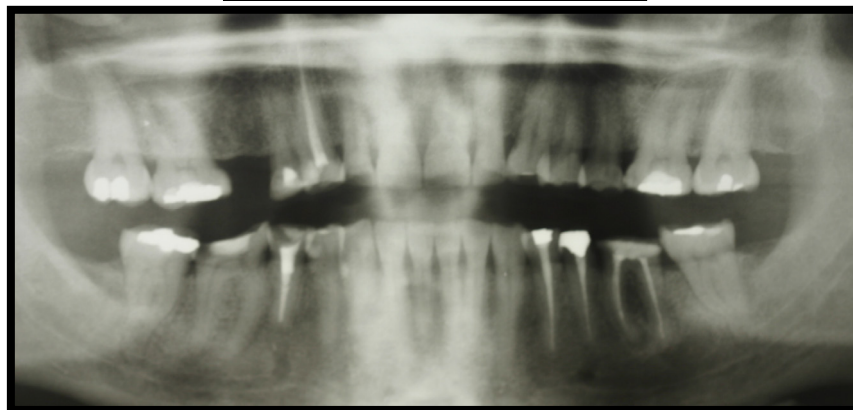
Treatment Report

Patient Name: Mrs.Calahane, Janeen

Date of Birth: 29.10.1960

Record Number: 943347

Before Treatment 6.4.2005



History:**Chief Complaint**

Restoring the worn off teeth.

Medical History

- Controlled stable asthma.
- Controlled hypotension.
- Medications for gastric reflex.
- No allergy.
- Her doctor: Dr. John Coffery 3272 5115

Dental History

Not significant.

Patient's Concerns

Mainly esthetic.

Examination:**Extra-oral**

NAD.

Intra-oral

- TMJ: clicking on opening and closing on left side.
- Maxilla: moderate-sever bony exostosis.
- Mandible: moderate bony exostosis.

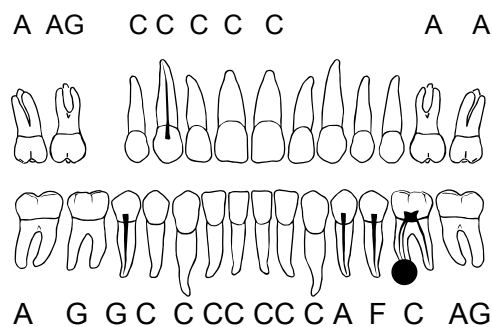
Teeth**Keys:**

A Amalgam

C Composite

G Glass-ionomer

F Fractured



- Periapical rarefaction on 46.
- Moderate-severe attrition.
- No apparent carious teeth.
- Several defective restorations.
- No mobility.
- No pathological pockets.

Periodontium

- Healthy gingiva with mild marginal gingivitis.
- No calculus deposits
- Acceptable attached gingiva width.

Treatment Plan

- Control the gastric reflux.
- Control the clenching and bruxism.
- Increase the vertical dimension using PFM crowns on all posterior teeth except 17 & 27.
- All-ceramic Lava crowns for upper anterior teeth.

Treatment Phases**Phase I**

- Oral hygiene instruction
- Constructing a night guard.
- Replacing all defective restorations and prep all teeth for crowns and place temporaries “with the existing vertical dimension”.
- Construct and place temporary crowns “with the new increased vertical dimension” to judge the patient tolerance for the increased vertical dimension, to be inserted all in the same visit.

Phase II

- RCT for teeth 14, 25, 26 & 46.

Phase III

- Custom post& cores fabrication for 13, 14, 25, 26, 34, 35, 36, 45 & 46.
- Crowns fabrication.

Phase IV

Maintenance with frequent recall visits every 6 months.

Treatment progress (Photos at the end)

6.4.05
Examination.
Upper & lower alginate impression.

27.4.05
Treatment options discussed with patient, she'll think & decide.

29.6.05
Patient decided on the Tx option she likes.
Upper & lower alginate impression for construction of the night guard.

6.7.05
Tx plan modification "cost wise" discussed with the patient.
Detailed Tx steps explained to patient.
Tx cost estimate 10,000\$.

27.7.05
From the diagnostic wax-up vertical dimension need to be increased 3mm.
Face bow record to mount casts on fully adjustable articulator "KaVo eva".

21.9.05
Tooth 13, plan→PFM crown.
LA "Lignospan" 1 ml
Removal of old composite, remaining tooth structure is too weak for the crown. Casted post & core to be fabricated.
Temporization with "protemp, A3".

5.10.05
Tooth 15, plan→ PFM crown.
LA "Lignospan" 1.8 ml.
Tooth preparation.
Temporization using direct technique with composite and template.

12.10.05
Tooth 16, plan→ PFM crown.
LA "Lignospan" 1.8 ml.
Tooth preparation.
Temporization using direct technique with composite and template.

19.10.05

Tooth 46 started to hurt the pt during eating. Consultation with Endodontics, removal of GP and placement of Ca(OH) paste in the canal for 6 months, then x-ray, either re-RCT or extraction.

25.1.06
Review & verify Tx plan.

8.2.06
26 removal of old defective amalgam and secondary caries, Very deep, PFM full porcelain coverage prep, core build up with "Luxacore", temp with "Luxatemp", cementation with "GC Fujicem".
25 PFM full porcelain coverage prep, temp with "Luxatemp", cementation with "GC Fujicem".

22.2.06
emergency visit, 1-fallen temp 16 crown
2-pain from left side with eating.
Tx the pain could be from 16, deep secondary caries or 36, failed RCT with PA RL.

24.2.06
Emergency visit, pt suffered severe cont pain that gets worse with hot drinks & she could not sleep last night
Dx-->26 has irreversible pulpitis.
Tx-->L.A. Xylocane 1.8 ml local infiltration, pulp extirpation, irrigation with normal saline & temp with "Cavit".

23.8. 06
Plan prep Q4.
LA Xylocaine 1.8ml IANB
Prep 44, 45, 46 & 47 for PFM crowns.
Teeth 45, 46 & 47 had their filling replaced with Luxacore.
Temp Luxatemp crowns cemented with Tempbond.

30.8.06
plan prep Q3.
L.A. lignospan 1.8 ml IANB .

Teeth 34, 35, 36, & 37 removal of all fillings & restoring with Luxacore.
Prep for PFM. Temp with Lexatemp & cement with RelyX tempbond.

13.9.06

LA Lignospan
Removal of all temp crowns
Placement of new ones with increased vertical dimension using Luxatemp cementation with FujiCem

31.1.07

Review
Verify the treatment plan

7.2.07

LA Lignospan 2.2ml at 13 & 14 region.
Prep 13 & 14 for PFM crowns.
Temporization with Luxatemp crwons with Tempbond cement.

21.3.07

Replace all temp crowns with new ones using Luxatemp

23.5.07

Pt has finished all RCT and is ready for Pros work.
LA Lignospan 2.2ml.
Post&core prep for Mand teeth 34, 35, 36, 45 & 46.
Extrude sectional impressions taken.
Recement temporaries with Tempbond.

12.6.07

LA Lignospan 2.2ml.
Post&core prep for Max teeth 13, 14, 25 & 26.
Extrude sectional impressions taken.
Recement temporaries with Tempbond.

17.7.07

Review.

24.7.07

Morning session; Maxilla.
Cement all posts with Maxcem.
New temporaries made with Luxatemp and cemented with Tempbond.

Afternoon session; Mandible.

Cement all posts with Maxcem.
New temporaries made with Luxatemp and cemented with Tempbond.

1.8.07

LA Lignospan 2.2ml.
Extrude full arch upper and lower secondary impressions.
Bite records taken.
Recement temporaries with Tempbond.

8.8.07

Electronic face-bow transfer.

22.8.07

Patient complains of pain and swelling related to 34.
X-ray taken doesn't show any pathological lesion.
Re-RCT is possible.
To be followed up.

12.9.07

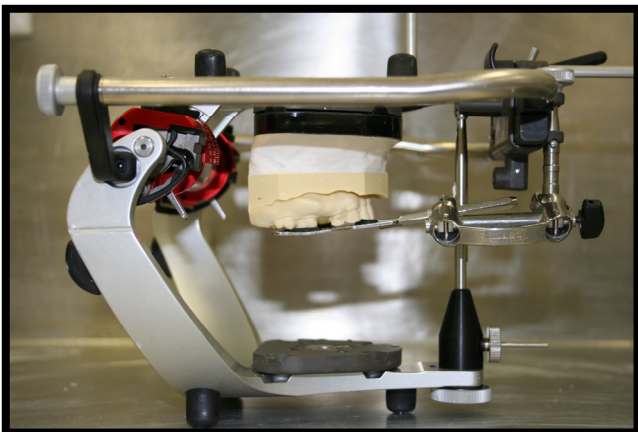
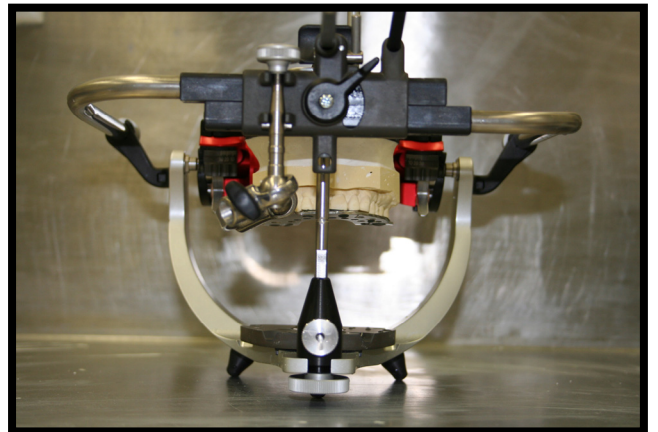
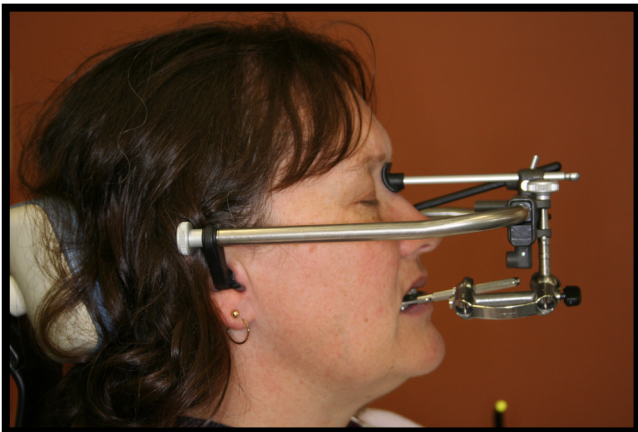
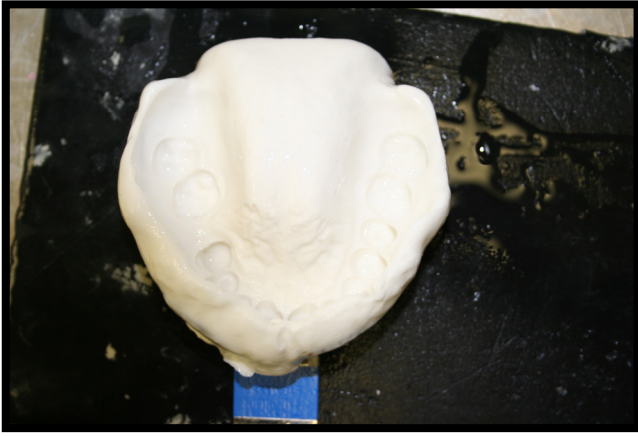
Review.
Swelling subsided. No pain on percussion on 34.

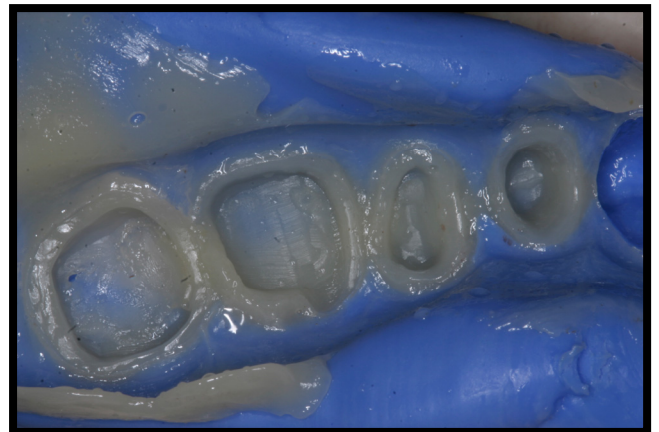
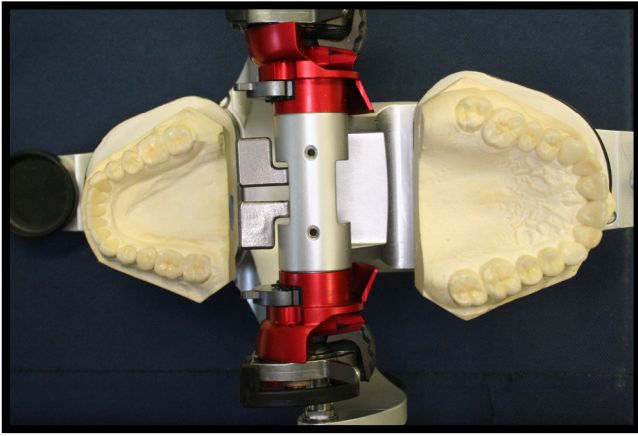
3.10.07

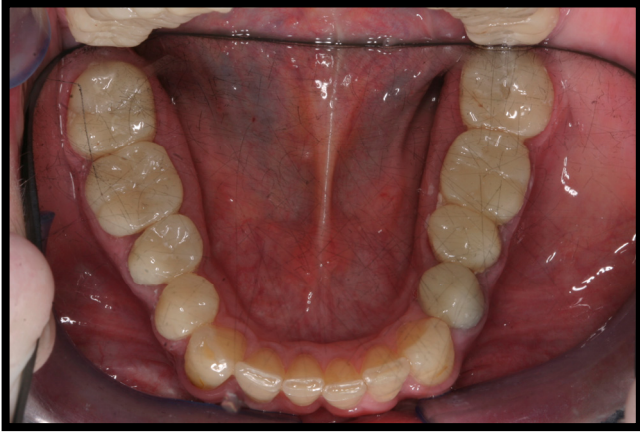
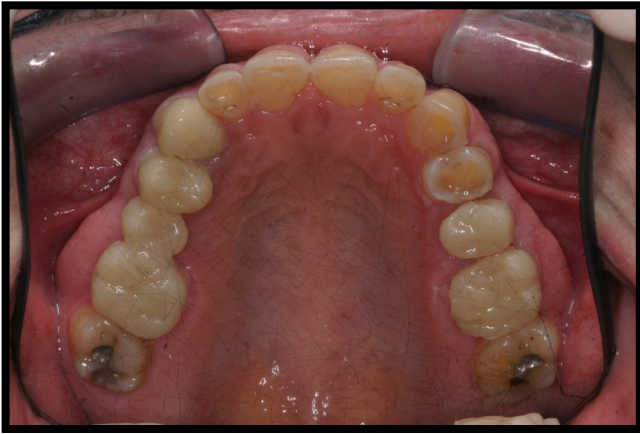
Insertion of the crowns and brisge and cementation with Rely-X Unicem.
24 & 25 were 0.25mm out of occlusion and bridge 14-16 pontic had 0.5mm space underneath it.
Sent back to the lab for porcelain add on.

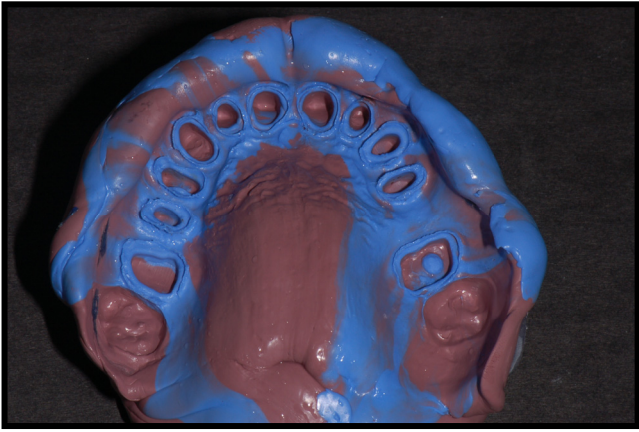
17.10.07

Insertion of the 24, 25 & bridge 14-16 with Rely-X Unicem.











Treatment Report

Patient Name: Mrs.Gerard, Janice

Date of birth: 21.12.1931

Record Number: 240980

History:

Chief Complaint

Wants to replace old dentures with ones that works!!

Medical History

- Hypertension, arthritis, gout, gastric reflux & cholesterol.
- Medications: Simvastatin, zylorrim, acima, calcitrol, aspirin & panadol.
- On steroid therapy.
- Allergy to tetracycline.
- Antibiotic prophylactics needed before extraction “tendency for dry socket”.
- Her doctor: Dr.Stuart Johnston 33001900.

Dental History

F/Pcc dentures fabricated recently by an undergrad student. Pt doesn't like it!!

Patient's Concerns

Aesthetics.

Examination:

Extra-oral

Nothing significant.

Intra-oral

Maxilla: Mild flabby ridge anteriorly.

Mandibular: Severely resorbed ridge.

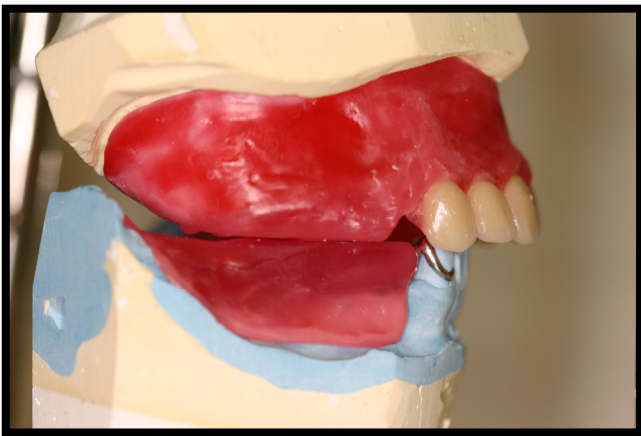
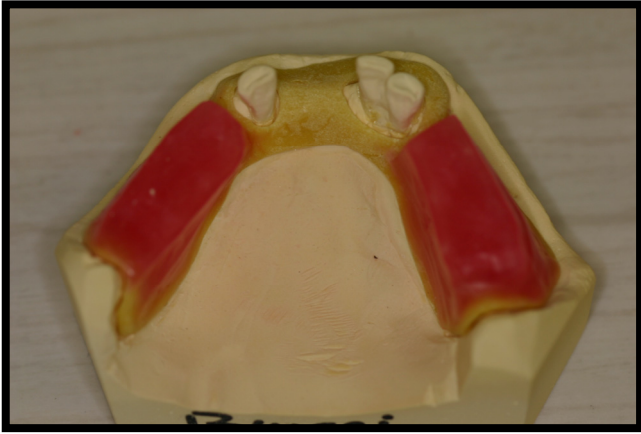
Remaining teeth



- Caries free.
- No defective restorations.
- Mild attrition.
- No mobility.
- No pathological pockets.

Treatment Plan

Re-do the F/Pcc with porcelain teeth and Lingualized occlusion.





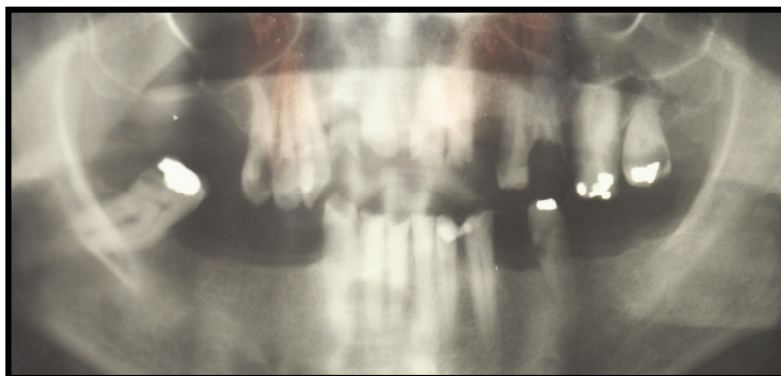
Treatment Report

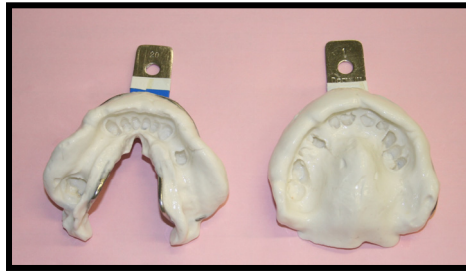
Patient Name: Mr. Flynn, John

Date of Birth: 16.9.1947

Record Number: 251468

Before Treatment 18.7.2005





History:

Chief Complaint Restoring the badly destructed teeth.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Function.

Examination:

Extra-oral NAD.

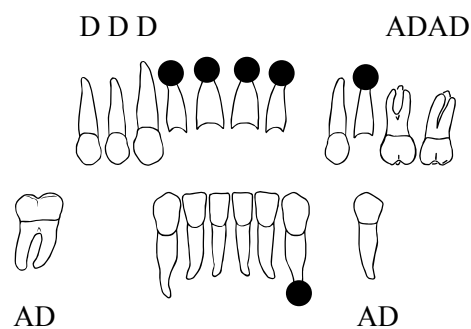
Intra-oral - Good salivary flow.

Teeth

Keys:

D Decay

A Amalgam



- Severe attrition.
- Multiple remaining roots.
- Collapsed occlusion.
- Multiple decayed teeth.
- All restoration with secondary caries.
- Periapical rarefaction around several teeth.

Periodontium

- Bad oral hygiene.
- Generalized moderate-severe marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan Clearance of all teeth and placement of immediate complete upper and lower dentures.

Treatment Phases

Phase I

- Oral hygiene instruction.
- Extraction of all teeth.

Phase II Skip.

Phase III Insertion of immediate full upper and lower dentures.

Phase IV Maintenance with recall visits every 6 months

Treatment Progress

18.7.05 Examination, upper and lower alginate impressions.
Tx plan options explained to patient.

25.7.05 Alginate impressions for construction of upper and lower immediate complete dentures.

25.8.05 Extraction of all teeth, in surgery clinic, and insertion of the immediate complete dentures.

26.8.05 Post-insertion follow up, overextension adjustments.

5.9.05 Review, some sore spots relieved.

Review, direct relining using “Visco-gel” for the lower denture.

Final Examination Case Presentation

Patient Details

Patient Name	Mr. Schacht, John
Date of Birth	14.3.1940
Record Number	221823

Referred by He was presented initially to the implant clinic 5 at the dental school with the view to replacing missing teeth with implants.

Chief Complaint The patient wants to replace his missing teeth with fixed alternatives. He already had partial removable dentures but he is not wearing them at all. He didn't like those dentures because of the palatal coverage and the fact that they are removable.

History

Medical History The patient is allergic to Penicillin. There is no history of serious illness and the patient is not currently under the care of a medical practitioner and is not taking any medications.

Dental History The patient is an irregular dental attendee, brushes twice daily and doesn't floss. He maintains moderate level of plaque control.

Examination
Extra-Oral
Examination

There was no evidence of any pathology and the patient exhibited a reasonable degree of facial symmetry. There was no evidence of dysfunction in the temporo-mandibular joint.



On smiling, the patient revealed 75% of his upper anterior teeth.



Intra-Oral Examination

There was no evidence of pathology in the lips, tongue, cheek, and hard or soft palate. The patients salivary flow rate and quality of saliva had been evaluated and both were found to be normal.



Periodontium

The periodontal status was monitored and treated by Perio Post-Graduate. The periodontal diagnosis was generalized minimal plaque and inflammation of the gingiva, generalized recession and 5mm pockets distal to 17 and 27. There was also generalized minimal bleeding on probing.



Teeth

Decay ■

Composite ■

Amalgam ■

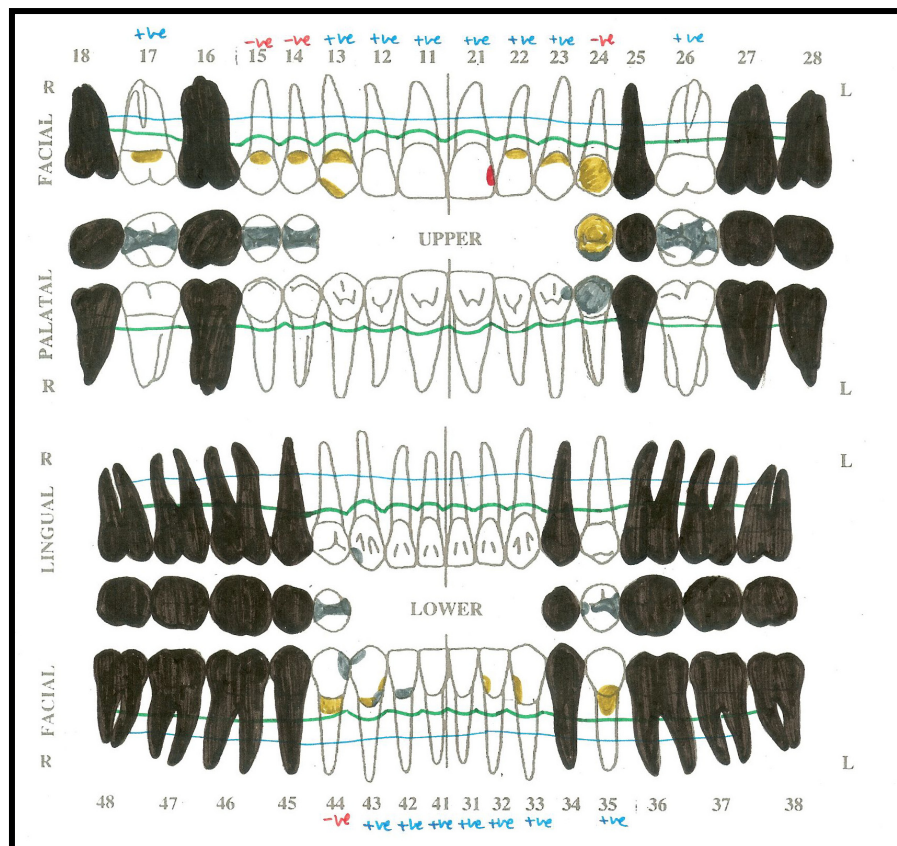
Missing ■

Vital +ve

Non-Vital -ve

Gingival Margin —

Muco-Gingival Junction —



Occlusion

The patient presented with edge-to-edge maxillo-mandibular teeth relation. He has long standing missing posterior stoppers but the occlusal vertical dimension is minimally collapsed because of the edge-to-edge relation. He used to chew on his front teeth that show signs of attrition without any sign or symptoms of occlusal overload or trauma.



There was a midline shift in the anterior region of approximately 2mm caused by distal drifting of the 21.

In lateral movements the mandible was very difficult to perform as the patient used to open-and-close chewing pattern without any lateral shift. On manipulation patient shows tendency toward canine guidance on the right and group function on the left. On protrusion the mandibular position was guided by the incisors.

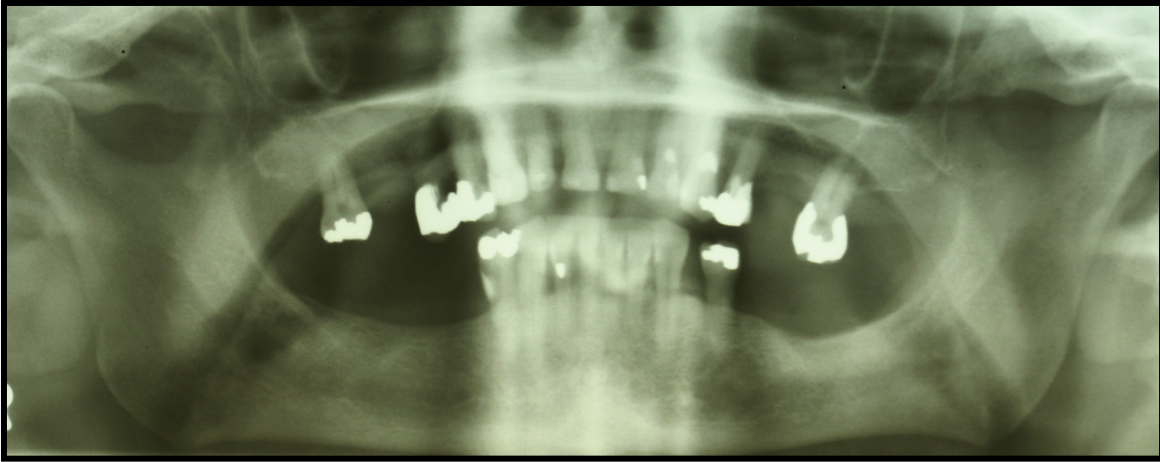


Mandibular teeth are not aligned. As teeth quadrant 3 are more lingually and distally positioned. While teeth in quadrant 4 are more buccally positioned.



Radiographs

No sign of any pathology was detected on the OPG. Maxillary sinuses opsonisation were apparent. Reduced bone support to the remaining maxillary molars.

**Diagnosis**

There was a considerable amount of wear evident on all teeth. From the clinical appearance the wear appeared to be a combination of erosion and attrition as described by Smith in 1989¹. The wear was diagnosed as physiologic combined with excessive load as the patient use his front teeth to chew. Different studies have given different values for occlusal wear that may be considered normal. Pintadao et al² states that the average physiological wear is 10.7µm per year.

Patient occlusal vertical dimension is reduced because of the long standing missing posterior stoppers. However, the patient situation of having an edge-to-edge occlusion helped maintaining the occlusal vertical dimension on the expense of attrition of the anterior teeth.

**Prioritized
Problem List**

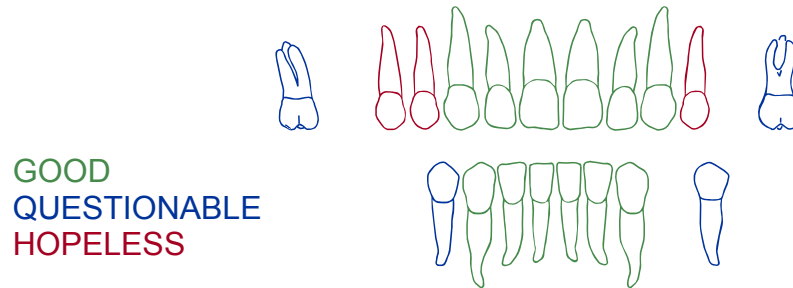
- Hopeless teeth
- Non-vital teeth
- Defective fillings
- Missing teeth
- Aesthetically compromised anterior teeth

Prioritized Patient's demands

- Best long term results
- Fixed reconstructions
- Esthetic

General Prognosis Very good considering patient motivation and cooperation

Teeth Prognosis



Treatment Plan As the patient requests the best long term treatment alternative, decision was made not to count on teeth with either hopeless or questionable prognosis.

Maxilla:

- Extract hapless and questionable teeth.
- 4 implants at 4 and 6 positions either side to support 3-unit bridges.
Brägger et al 2001³, Pjetursson et al 2004⁴
- PFMs for 13-to-23.

Walton 1999⁵

Mandible:

- Extract questionable teeth.
- 4 implants at 4 and 6 positions for 3-unit bridges.
- Composite build-ups for the anterior teeth.

Survival Rates Implant-supported PFM bridges showed 86.7% survival over 10 years.

Pjetursson et al 2004⁴

PFM crowns on vital teeth showed 85% survival over 15 years

Walton 2002⁶

**Alternative
Treatment Plans**

Considering the patient's demand of only fixed alternatives.

Maxilla:

Long span conventional fixed partial denture to replace the missing teeth utilizing the molars and canines.



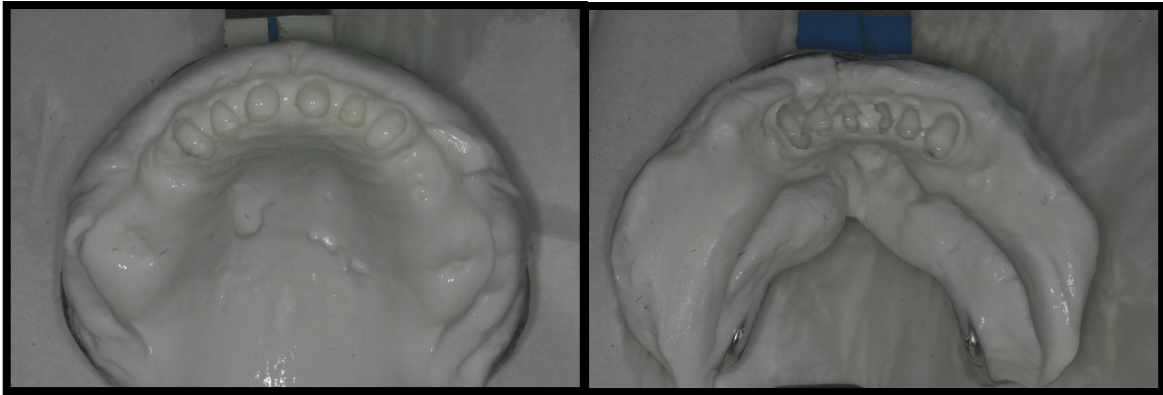
Mandible:

Distal cantilevered conventional bridges utilizing the canines and premolars with one tooth distal extension. Ending up with shortened dental arch.

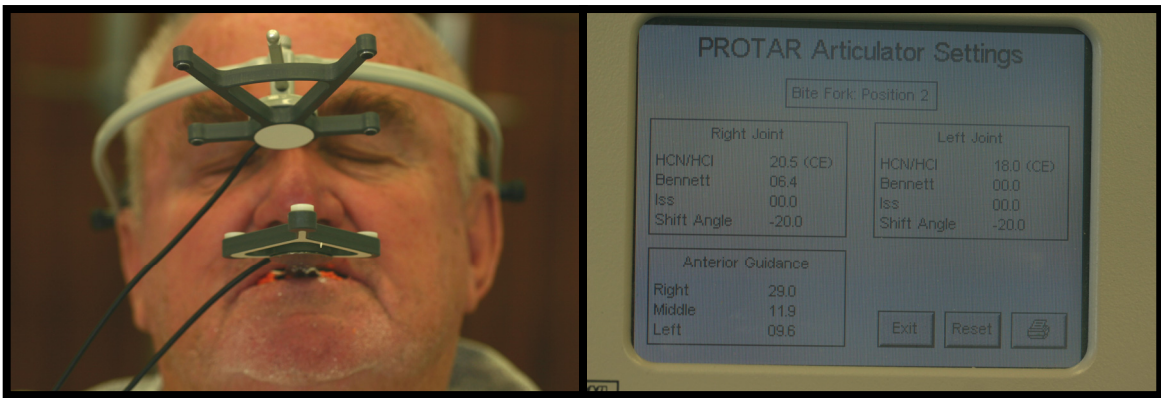


Treatment Progress

29.3.06 Thorough intra-oral and extra-oral examination.
U/L alginate impressions.



10.5.06 Jaw registration and face bow transfer using
ARCUDigma electronic face-bow.



24.5.06 Try-in P/P.

31.5.06 Insertion of P/P.



14.8.06

Extraction of teeth done in cl 4. Immediate placement of teeth in the existing denture done in cl 7 in the same day.



15.8.06

24hr review.

7.9.06

3 weeks review.



14.9.06

U/L alginate impressions for constructing surgical guides.

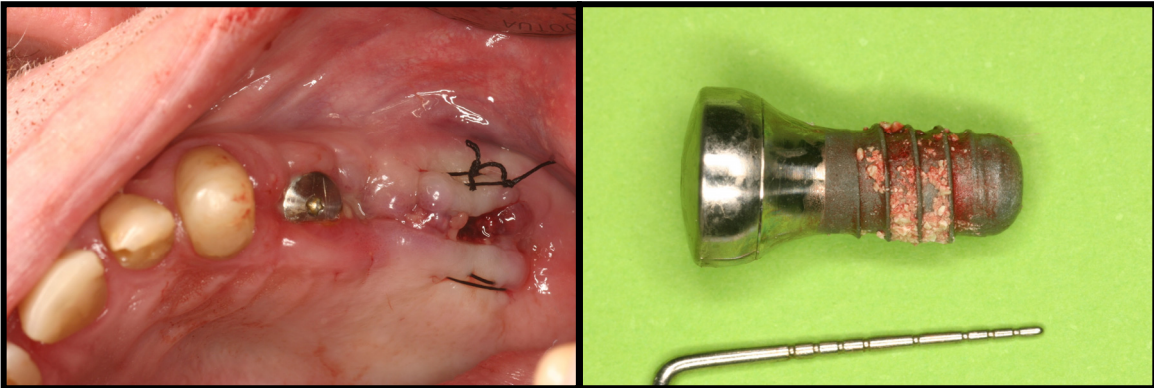


19.9.06

Implants placement surgery in cl 5 by Dr.Haifa hannawi Perio PG. Straumann implants were used regular and wide platforms.

20.10.07

Patient had early failure of the short implant at 16 location. Implant removed.



31.1.07

Review

Verify the treatment plan

Pt is scheduled for replacing the failed implant (16), plan is to insert a longer implant at (17) region.

5.2.07

17 Implant were placed at Cl 5 by Dr.Sven Perio PG.

13.2.07

U/L alginate impressions were taken to make the special trays for an open tray fixture level impressions.

28.3.07

LA Lignospan 2.2ml

Prep 13 to 23 for PFM crowns

Temporization with Luxatemp and cementation with Tempbond



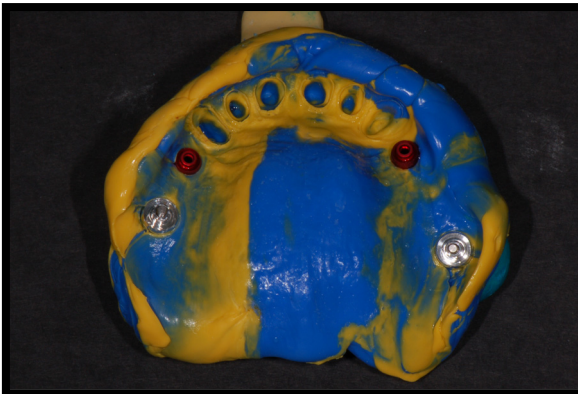
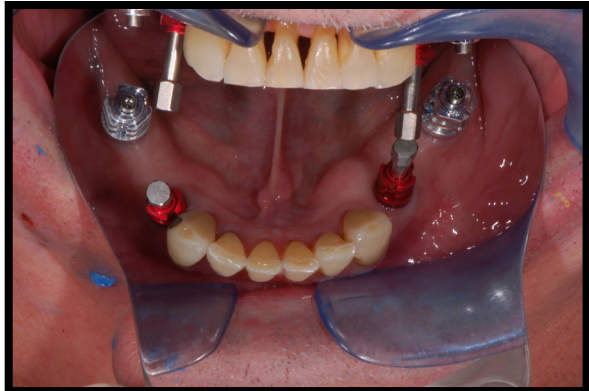
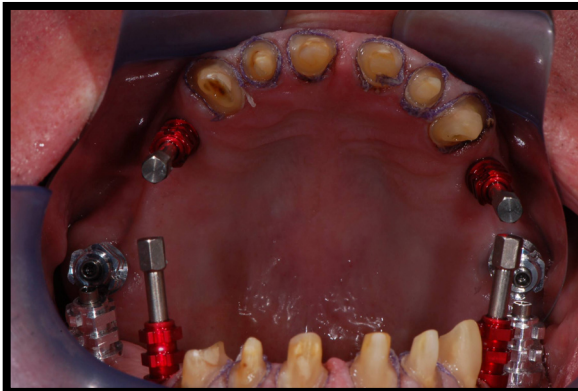
18.4.07

LA Lignospan 2.2ml

Fixture level impressions for all the implants using
Impregum.

Extrude impressions for the prepared teeth.

Re-cementation of the temp crowns.

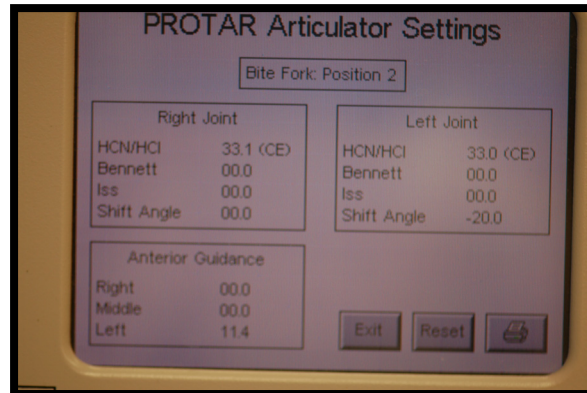
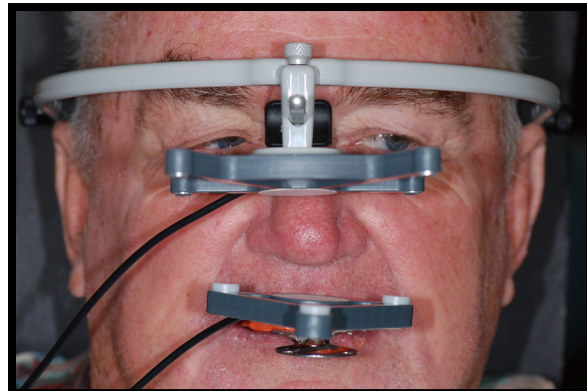
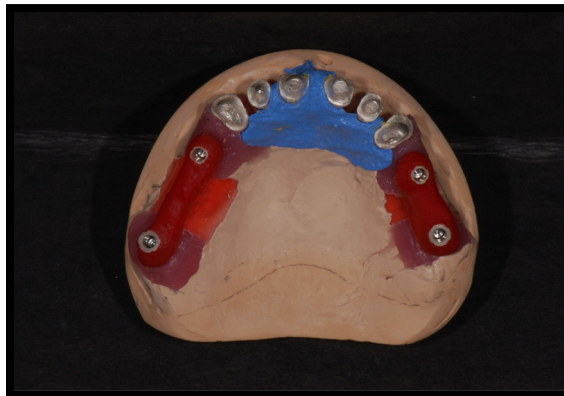
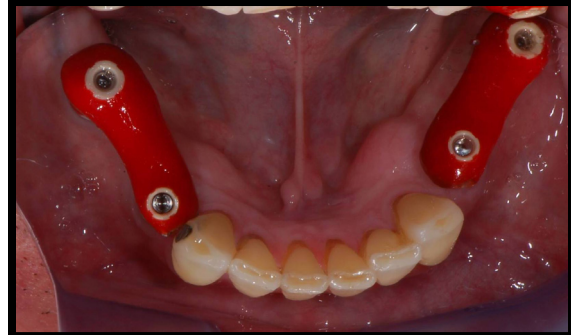
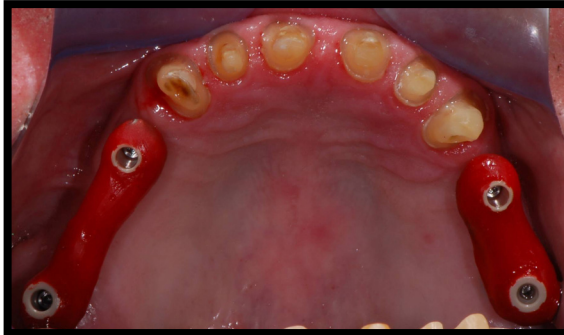


16.5.07

LA Lignospan 2.2ml.

Verification jigs tried in. Jaw records taken and face bow transfer.

Re-cement temp with Tempbond

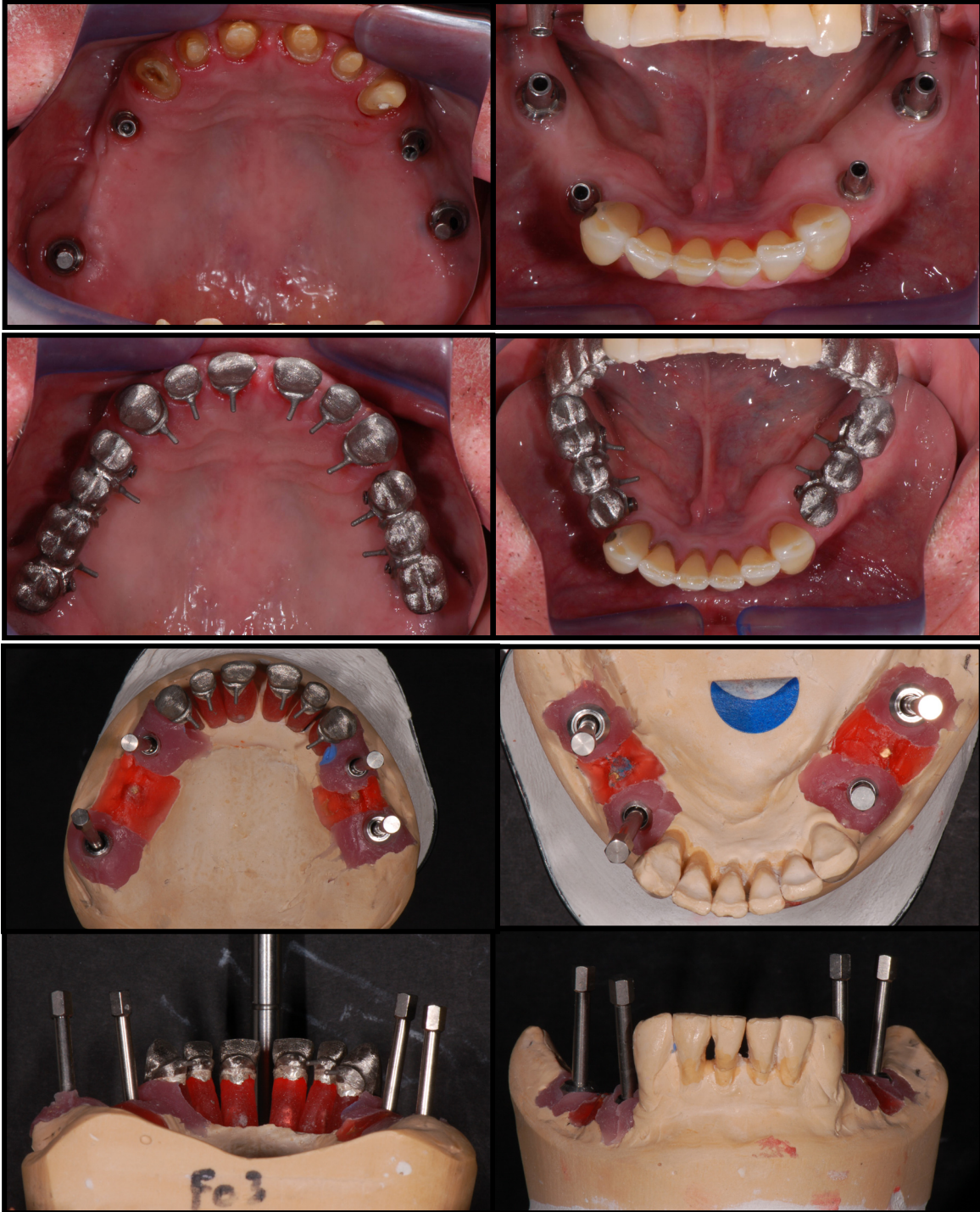


5.6.07

LA Lignospan 2.2ml.

Metal try-in for all crowns and bridges. Cross pinning of the implant bridges to the implant abutments was used as the implants angulations were not acceptable for direct screw-retaining of the bridges.

Re-cement temporaries with Tempbond.

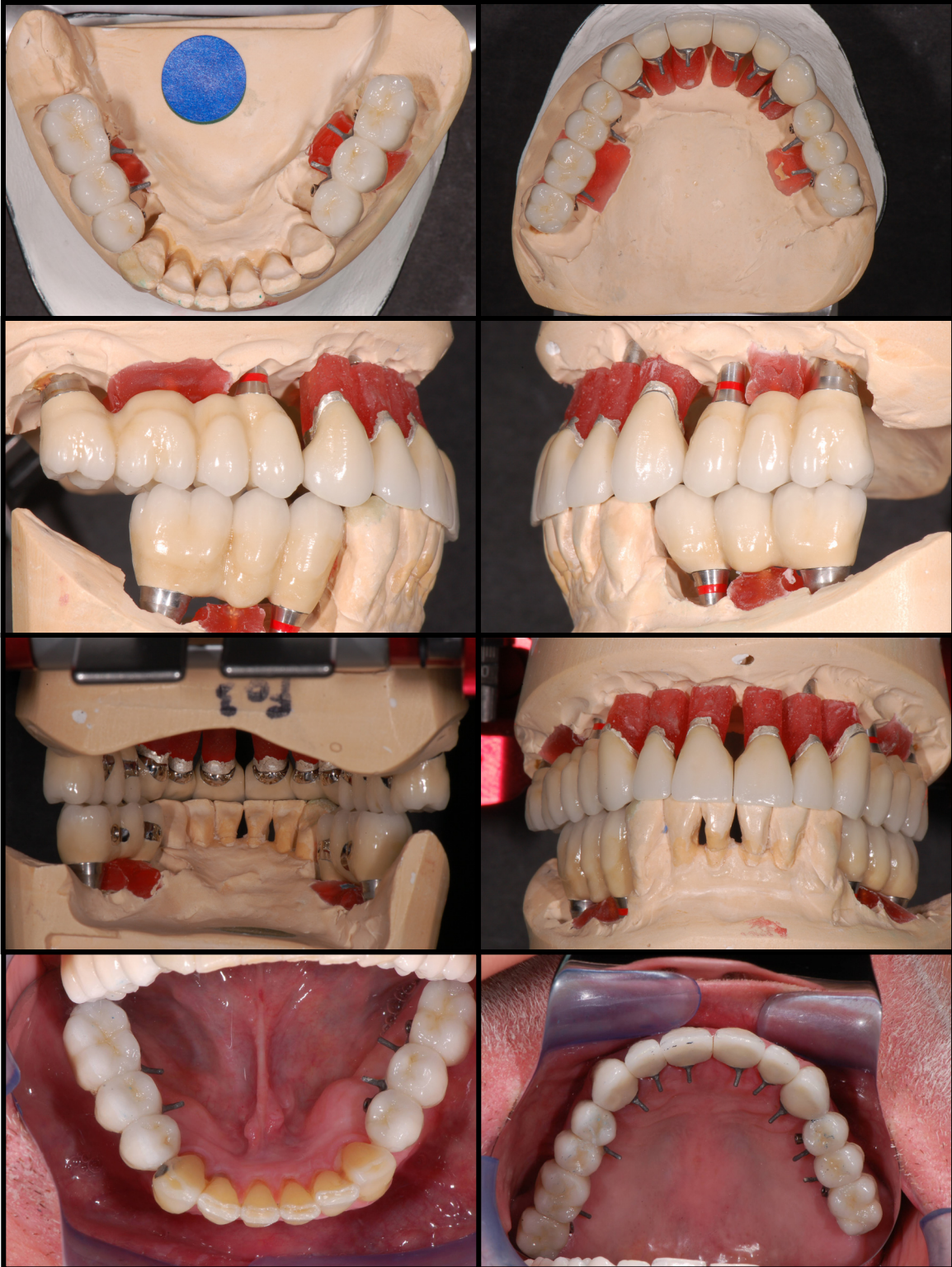


18.7.07

Porcelain try-in.

Needs some adjustments.

Bite records taken to selectively grind in the articulator.





25.7.07

After patient saw the Porcelain try-in, he asked for an aesthetic enhancement of the mandibular anterior teeth by replacing all amalgam fillings with tooth-colored ones.

LA Lignospan 2.2ml.

All mandibular anterior teeth filling were replaced by composite.



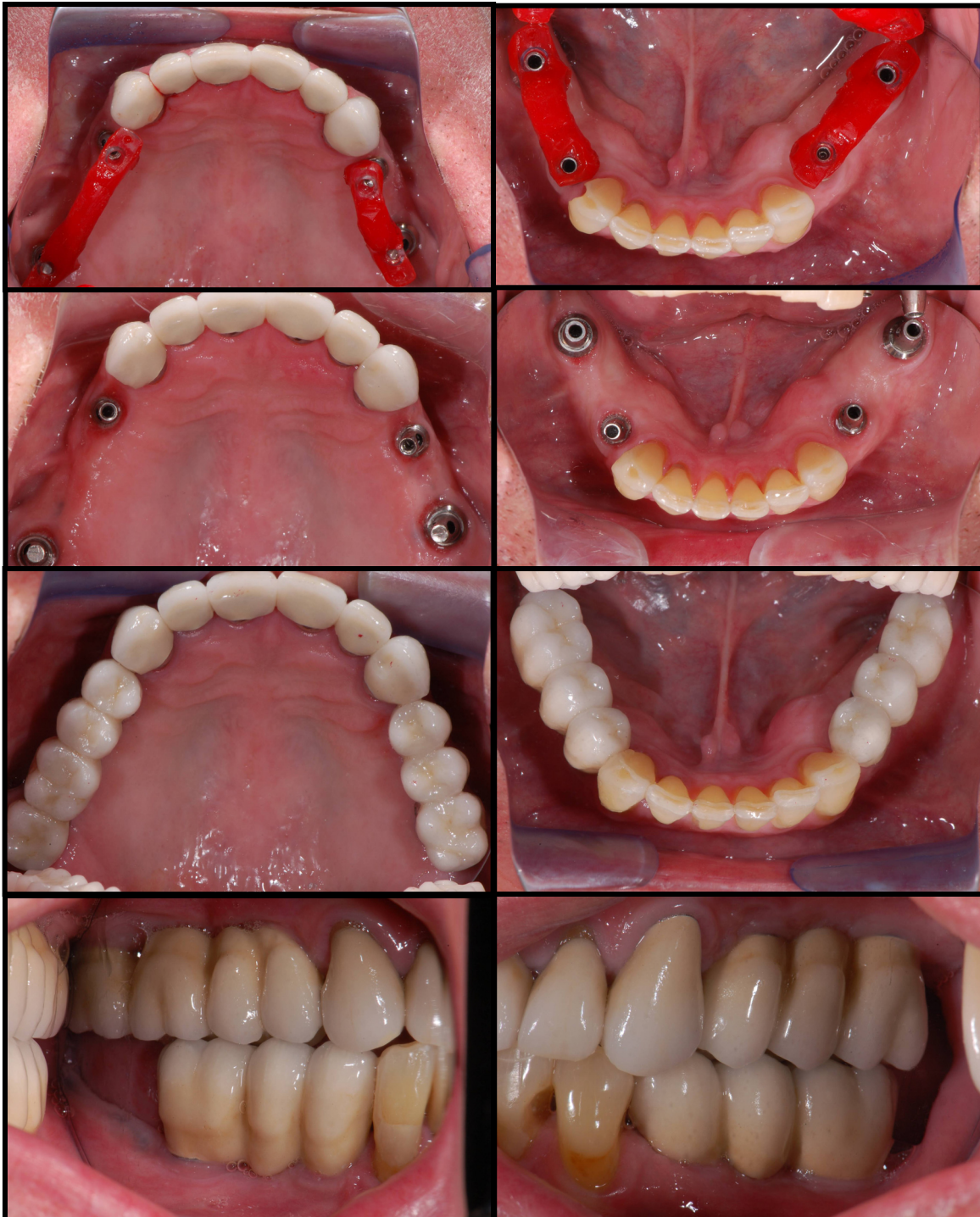
12.9.07

Insertion of the 6 PFMs 13-to-23 with Rely-X unicem.
Placement of the implant abutments using jigs and
torque to 30N.

Placement of the implant bridges.

Occlusion checked.

Patient has been placed on maintenance program with
recall visits every 3-4 months.

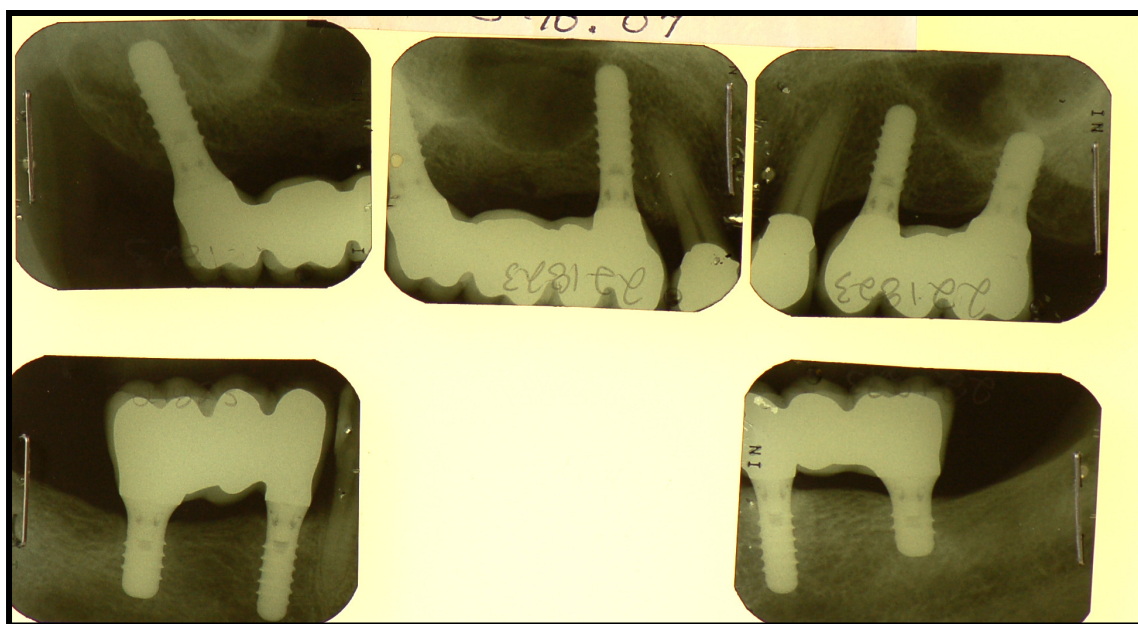
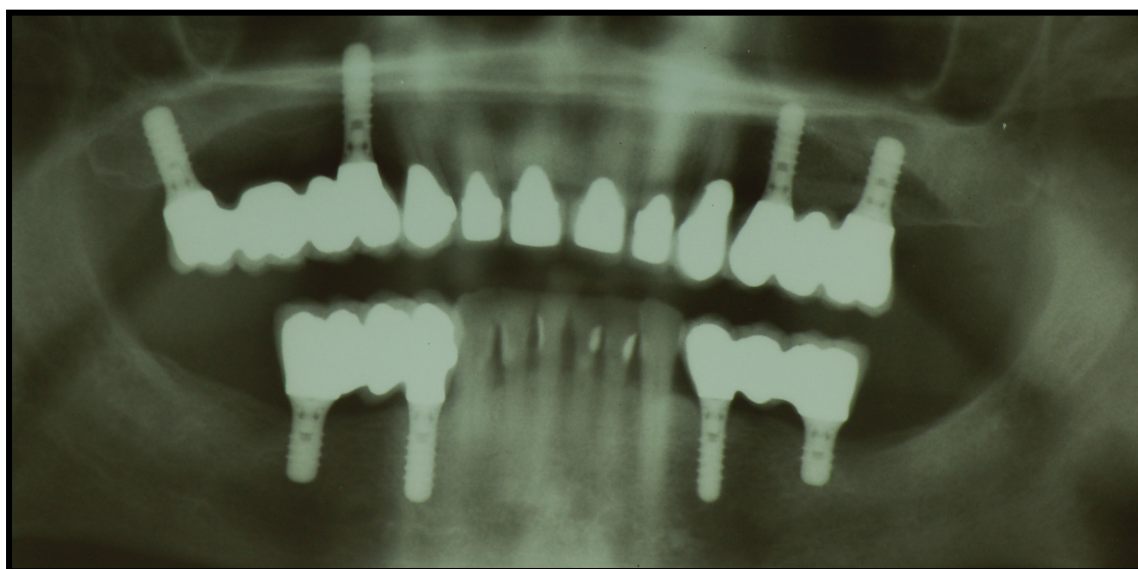


Before and after shots.





Post-operative x-rays.



**Treatment
Result**

**Patient
Perspective**

The patient was extremely happy with the final aesthetic result. He had some difficulty in performing the required oral hygiene measures. Flossing was extremely difficult so he was advised to buy the water jet and he was showed how to use it properly.

**Dentist
Perspective**

I was happy with the final treatment result and believe that an acceptable compromise had been reached between the desire for maximum aesthetics and functional longevity. The fit and aesthetic of all restorations was acceptable. Some gingival recession of the maxillary anterior teeth happened after cementation. This was not visible during the patients' normal activity and was not regarded as a reason for remaking this restoration.

Lessons

A great deal of clinical time was taken adjusting the occlusion of the bridges. This was most probably the result of insufficient attention to detail in record taking and recording of centric relation. The adjustment required was enough to warrant the retaking of this record during the porcelain try-in stage and the lower master model being remounted so that the restorations could be adjusted extra-orally.

References

- 1- Smith B. Toothwear: Aetiology and Diagnosis. Dental Update 1989; June: 204-212
- 2- Pintado-MR; Anderson-GC; DeLong-R; Douglas-WH. Variation in tooth wear in young adults over a two-year period. J-Prosthet-Dent. 1997 Mar; 77(3): 313-20
- 3- Bragger U, Aeschlimann S, Burgin W, Hammerle CHF, Lang NP. Biological and technical complications and failures with fixed partial dentures (FPD) on implants and teeth after four to five years of function. Clinical Oral Implants Research 2001;12:26-34.
- 4- Pjetursson BE, Tan K, Lang NP, Bragger U, Egger M, Zwahlen M. A systematic review of the survival and complication rates of fixed partial dentures (FPDs) after an observation period of at least 5 years. I. Implant-supported FPDs. Clinical Oral Implants Research 2004;15:625-642.
- 5- Walton TR. A 10-year longitudinal study of fixed prosthodontics: clinical characteristics and outcome of single-unit metal-ceramic crowns. Int J Prosthodont 1999;12:519-526.
- 6- Walton TR. An up to 15-year longitudinal study of 515 metal-ceramic FPDs: Part 1. Outcome. Int J Prosthodont 2002;15:439-445.

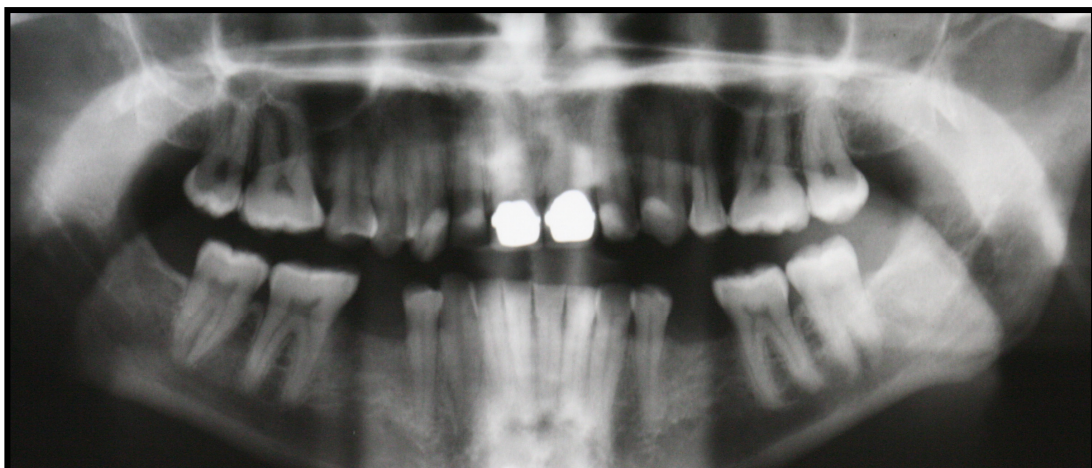
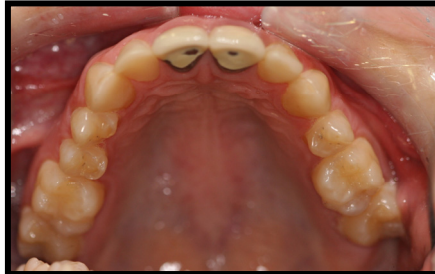
Treatment Report

Patient Name: Mrs.Reid, Judith

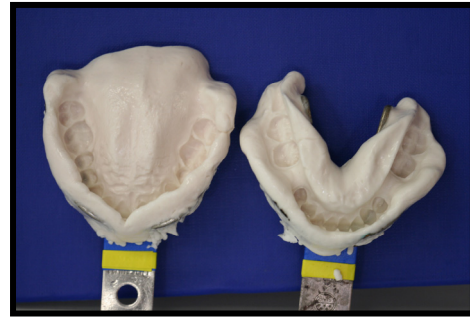
Date of Birth: 10.7.1966

Record Number: 941137

Before treatment



Primary U/L alginate impressions



**Preparation for all ceramic
CEREC crown on 22**



**Preparation for all ceramic
CEREC crown on 12**



After treatment



History:

Chief Complaint Bad looking upper lateral incisors.

Medical History Clear.

Dental History She had composite build up palatally on the upper lateral incisors and PFM crowns on the centrals.

Patient's Concerns esthetic

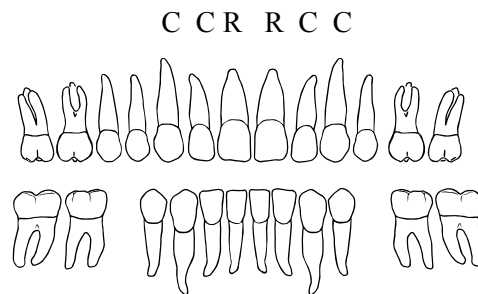
Examination:

Extra-oral NAD

Intra-oral Congenital missing all wisdoms, 25, 35 and 45.

Teeth

Keys:
C Composite
R Crown



- Caries free.
- No defective restorations.
- Mild attrition.
- No mobility.
- No pathological pockets.

Periodontium

- Good oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan

- Crowning the two lateral incisors with all-ceramic crowns.
- Restoring the missing 35 & 45.

Treatment Progress

Examination, primary U/L alginate impressions.

Preparation tooth 12 for CEREC crown and cementation with "Rely-x".

Treatment plan explained to pt. The importance of replacing the missing teeth explained to her.

Preparation tooth 22 for CEREC crown and cementation with "Rely-x".

Treatment Report

Patient Name: Mrs.Digby, Kate

Date of birth: 8.12.1978

Record Number: 260458

History:

Chief Complaint Wants to fix a broken front tooth.

Medical History Clear.

Dental History 12 remaining root.

Patient's Concerns Aesthetics.

Examination:

Extra-oral Nothing significant.

Intra-oral No detectable active lesions.

Periodontium - Good oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan 3-unit all-ceramic Procera bridge 13-11.

Treatment progress

23-8-06

History taking and examination.

Upper and lower Alginate impressions for diagnostic wax up.

13/09/2006

LA Lignospan

Prep 13 & 11 for all-ceramic Procera bridge with Ovate pontic to replace missing 12.

temp with Luxatemp bridge to try esthetic.

13/09/2006

LA Lignospan 2.2ml.

Prep 13 & 11 for all-ceramic bridge to replace missing 12.

temp with Luxatemp bridge to try esthetic.

27.2.07

Patient came to cl7 at 9am. Had temp bridge removed.

Then she went to cl4 for Exo of 12.

Came back to cl7 again for recementation of the temp bridge.

13.3.07

LA Lignospan 2.2ml.

Secondary impression using Extrude.

4.4.07

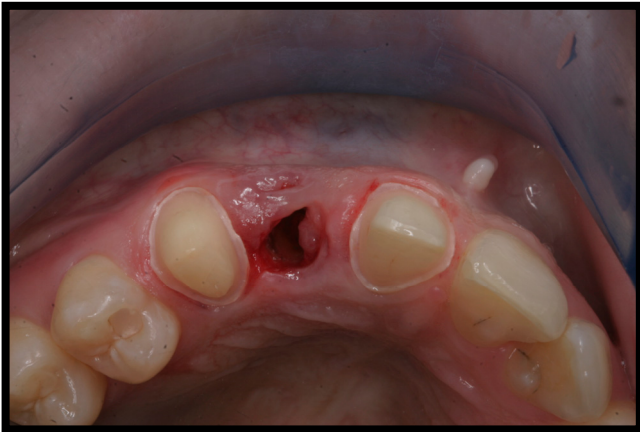
LA Lignospan 2.2ml.

Try-in of the Zirconia framework.

1.5.07

LA Lignospan 2.2ml.

Insert the LAVA bridge. Cement with Panavia.







Final Examination Case Presentation

Patient Details

Patient Name Mrs. Searle, Kathy
Date of Birth 7.9.1959
Record Number 250582

Referred by She was referred by her general dentist for professional care of occlusal rehabilitation.

Chief Complaint The patient wants to replace her missing teeth.

History

Medical History The patient's general health is good. She is on hormone replacement therapy.

Dental History The patient is an irregular dental attendee, brushes twice daily and flosses once a day. She maintains moderate level of plaque control.

Examination
Extra-Oral
Examination There was no evidence of any pathology and the patient exhibited a reasonable degree of facial symmetry. There was no evidence of dysfunction in the temporo-mandibular joint.

On smiling, the patient revealed all of her upper anterior teeth.



Intra-Oral Examination

There was no evidence of pathology in the lips, tongue, cheek, and hard or soft palate. The patients salivary flow rate and quality of saliva had been evaluated and both were found to be normal.

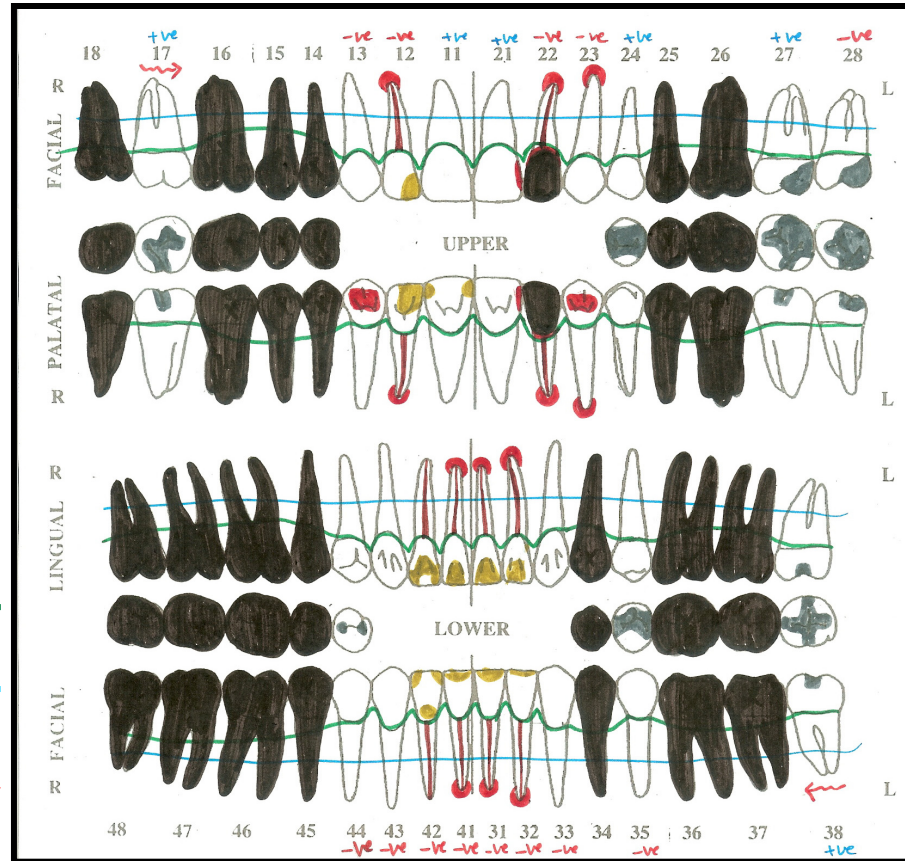
**Periodontium**

The periodontal diagnosis was generalized minimal plaque and inflammation of the gingiva. There was also generalized moderate bleeding on probing.



Teeth

RCT	
Crown	
Composite	
Amalgam	
Missing	
Vital	+ve 
Non-Vital	-ve 
Gingival Margin	
Muco-Gingival Junction	
Drifted	



Occlusion

The patient presented with skeletal as well as dental class I maxillo-mandibular relation. She has occluding posterior teeth on the left side that reserved the occlusal vertical dimension..



She used to forward her mandible to eat on her anterior teeth. This lead to moderate to sever attrition.

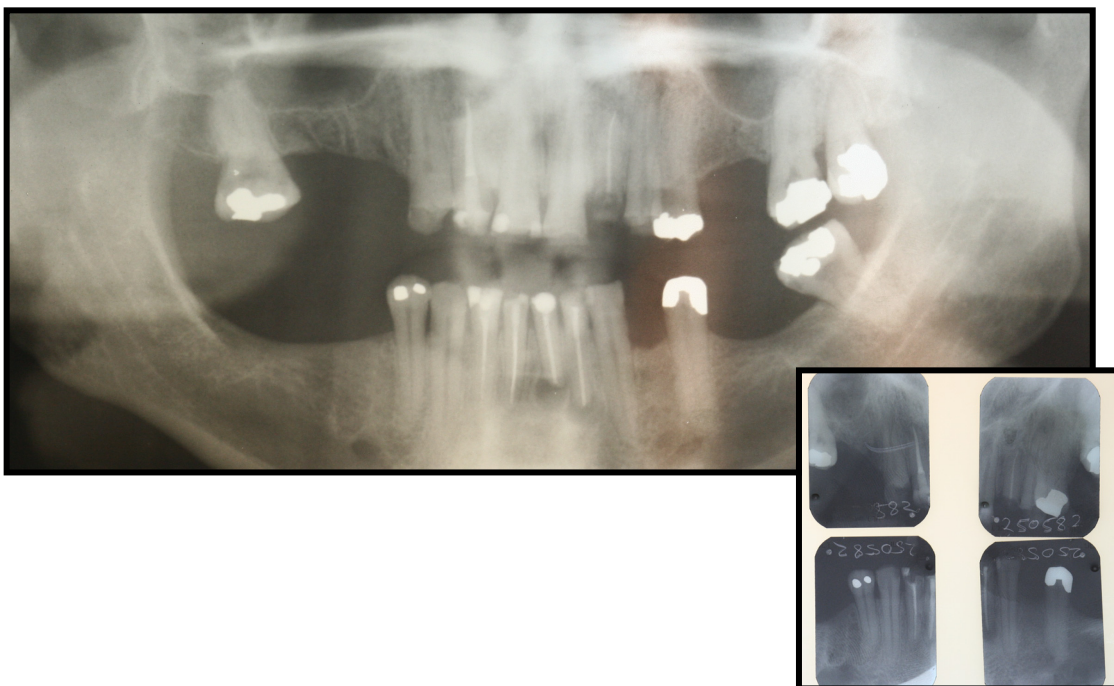


There was a midline shift in the anterior region of approximately 3mm to the left side.

In lateral movements the mandible was very difficult to manipulate as the patient used to open-and-close chewing pattern without any lateral shift. On manipulation patient shows tendency toward canine guidance.

Radiographs

- Radiolucency around 12, 22, 23, 32,31 & 41.
- Moderate maxillary sinuses opsonisation.



Diagnosis

There was a considerable amount of wear evident on anterior teeth. From the clinical appearance the wear appeared to be a combination of erosion and attrition as described by Smith in 1989¹. The wear was diagnosed as physiologic combined with excessive load as the patient uses her anterior teeth to chew. Different studies have given different values for occlusal wear that may be considered normal. Pintadao et al² states that the average physiological wear is 10.7µm per year.

The patient situation of having an edge-to-edge occlusion helped maintaining the occlusal vertical dimension on the expense of attrition of the anterior teeth.

Prioritized Problem List

- Hopeless teeth
- Non-vital teeth
- Defective crowns and bridges
- Missing teeth
- Aesthetically compromised anterior teeth

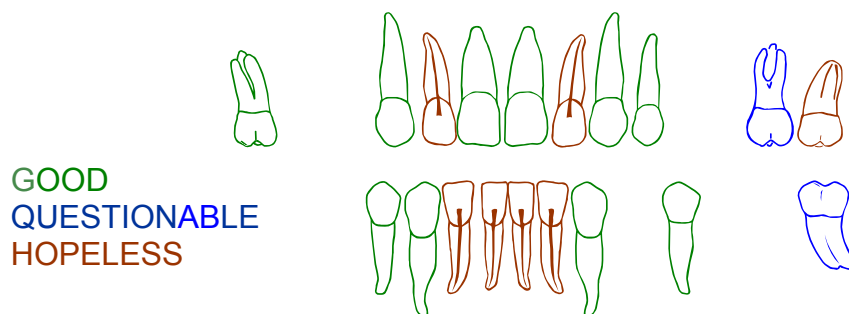
Prioritized Patient's demands

- Esthetic
- No palatal coverage
- Easy maintenance
- Best long term results

General Prognosis

Very good considering patient motivation and cooperation

Teeth Prognosis



Treatment Plan

- Extract hopeless teeth 12, 22, 28.
- RCT for the teeth 13, 23, 35, 33, 43, & 44.
Toronto study 2006³
- Casted posts with ball attachments on the canines.
- Gold crowns for 17, 27 & 37.
- Maxillary and mandibular root-retained full
overdentures.
Walton 1999⁴

Popovic et al 2007⁵

Survival Rates

Studies showed that oral hygiene and maintenance are a crucial factor in the survival of the overdentures.

Jorgensen et al 1995⁶

Alternative Treatment Plans

Maxilla:
Extract 12 & 22 then
fabricate 2x3-unit
bridges 13-11 & 21-23
then partial denture to
replace posterior teeth.



Mandible:
Extract incisors then
fabricate 6-unit bridge
33-43 then partial
denture to replace
posterior teeth.



**Treatment
Progress**

6.10.05	Examination and records taking.
27.10.05	Tx plan explained to pt, to start in 2006.
09.3.06	Tx plan re-verified
30.3.06	Tooth 23. Dx necrotic pulp. Tx L.A. Xylocane 2.2ml buccal & palatal infiltration. Access cavity, pulp debridement. I.F 40" W.L 20.5mm. Irrigation with Milton. Dressing with Ca(OH), Cavit and Fuji XI.
27.4.06	Tooth 23 L.A. Xylocane 2.2ml buccal & palatal infiltration. R.D. Application. Obturation with G.P. and AH26 sealant.
4.5.06	Tooth 13. Dx necrotic pulp. Tx L.A. Xylocane 2.2ml buccal & palatal infiltration. Access cavity, pulp debridement. I.F 15" W.L 22mm. Irrigation with Milton. Dressing with Ca(OH), Cavit and Fuji XI.
11.5.06	Tooth 13. L.A. Xylocane 2.2ml buccal & palatal infiltration. R.D. Application. Obturation with G.P. and AH26 sealant.
18.5.06	Tooth 33 for intentional RCT. L.A. Xylocaine 2.2ml IANB. R.D. application. Access cavity. Pulp extirpation. Biomechanical cleaning and shaping using the crown down technique. Irrigation with Milton, EDTA and LA. Dressing with Ca(OH) ₂ . Temp with Cavit and Fuji IX.

25.5.06

Tooth 43 for intentional RCT.

L.A. Xylocaine 2.2ml IANB. R.D. application. Access cavity. Pulp extirpation. Biomechanical cleaning and shaping using the crown down technique. Irrigation with Milton, EDTA and LA. Dressing with Ca(OH)₂. Temp with Cavit and Fuji IX.

1.6.06

LA Xylocaine bilateral IANB.

RD application. Obturation with GP and AH26 using lateral condensation technique.



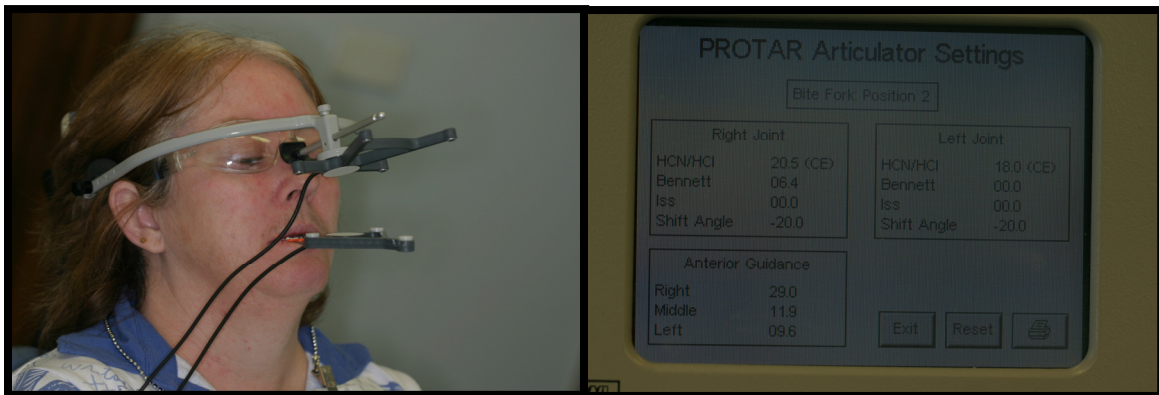
17.8.06

Verify Tx plan "pros part", cost, time frame & sequence explained to pt.

U/L alginate impressions.

31.8.06

Jaw relation and vertical dimension registration and face bow transfer using ARCUSdigma electronic face bow.



6.9.06

Prepare 13, 23, 33 & 43 for gold coping and ball attachments. Secondary impression using Extrude Temp with Fuji IX.



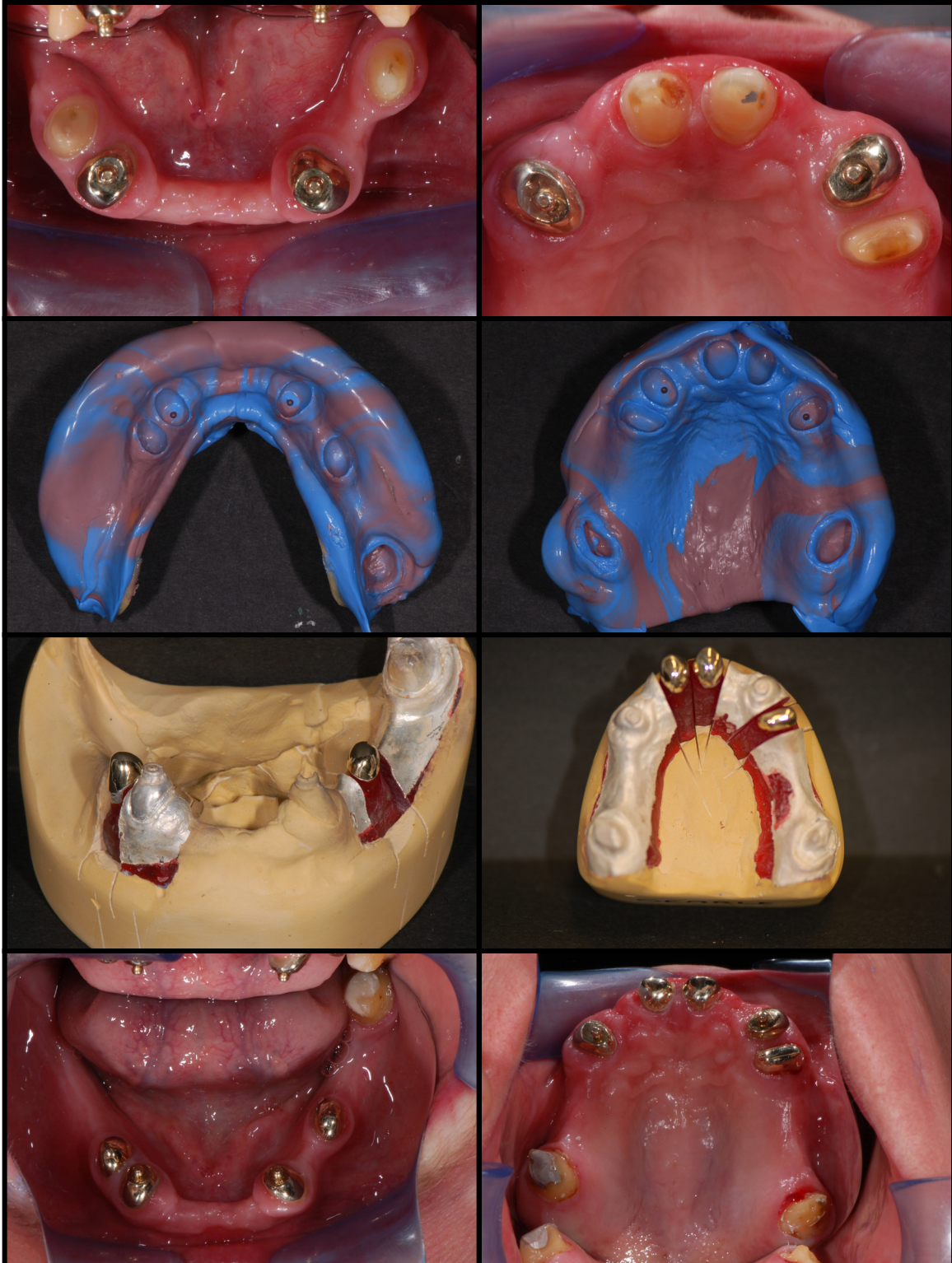
20.9.06

Extraction done in cl4.
Insertion of the immediate dentures.

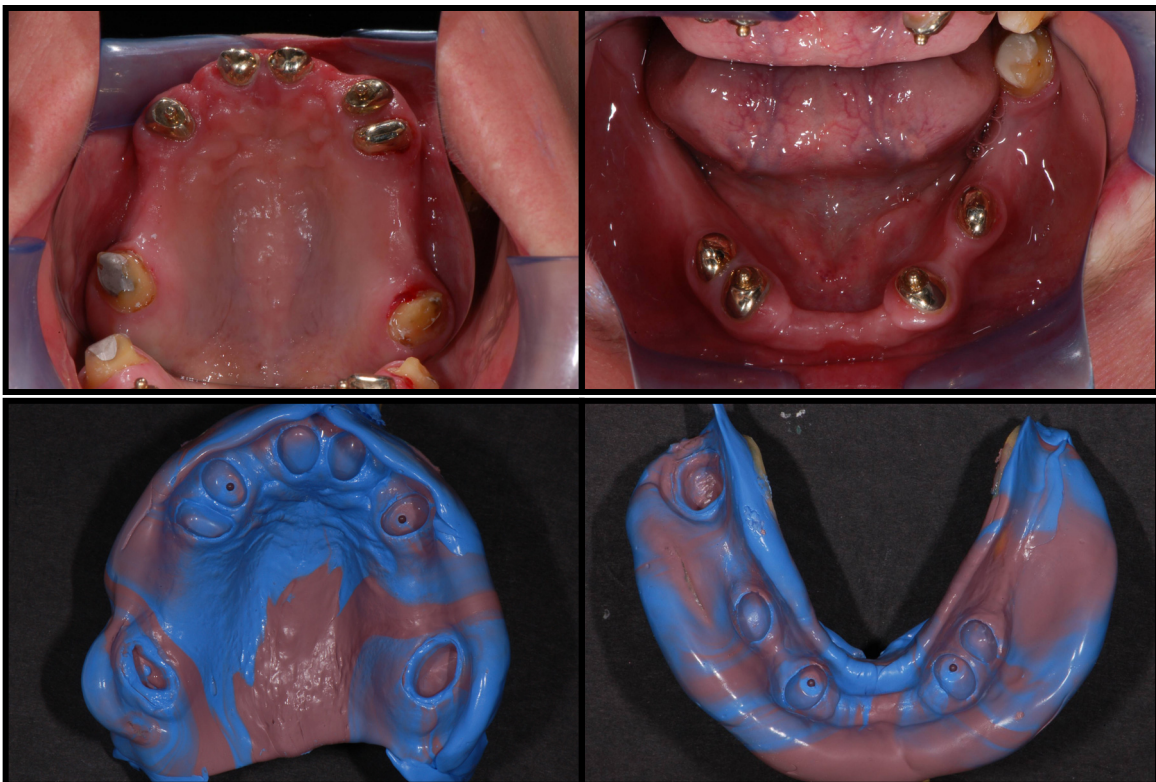


11.10.06

Cementation of 4 gold ball attachments using Fuji plus.
Prepare the remaining teeth to serve as bare-root
abutments with gold coping to help stabilize the
dentures and preserve the bone and the proprioception.



- 31.1.07 Review
Verify the treatment plan
- 7.2.07 Plan Prep 17, 27 for full gold crowns & 11, 21,& 24 for gold caps.
LA Lignospan 2.2ml regional infiltración.
17 & 27 removal of the old amalgams & recurrent caries and refill with Kitacsilver.
Temporization with Luxatemp crowns and Tempbond cement.
- 14.2.07 Plan prep 37 for full gold crown and 35 & 44 for gold caps.
LA Lignospan 2.2ml. 37 removal of its old amalgam filling along with the recurrent caries and refill with Kitacsilver.
Temporization with Luxatemp crowns and Tempbond cement.
- 15.3.07 Secondary impressions for the prepared molar teeth with Extrude.

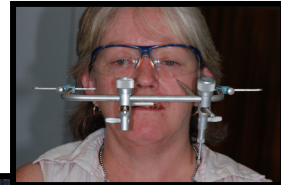


22.3.07

Jaw records and face bow transfer.

29.3.07

Teeth try-in. Repeated three times.



12.7.07

Cementation of the 3 gold crowns with Rely-X unicem.
Insertion of the Pcc/Pcc overdentures.
Occlusion checked.



2.10.07

Pcc/Pcc abutment clips' housing to be indirectly replaced with resilient acrylic (Versicryl) for aesthetic purposes.

Pcc/Pcc delivered the same day.



**Treatment
Result**

**Patient
Perspective**

The patient was extremely happy with the final aesthetic result. She had some difficulty in getting used to take the denture out. She has been showed how to keep clean the denture properly.

**Dentist
Perspective**

I was happy with the final treatment result and believe that an acceptable compromise had been reached between the desire for maximum aesthetics and functional longevity. The fit and aesthetic of the denture was acceptable.

Lessons

I under-estimated the importance of the occlusal clearance and the space needed for the ball attachments housing. Although the housing bulges didn't interfere with occlusion, they were not aesthetic as they show through the denture. Replacing the housing with the resilient acrylic (Versicryl) has solved the problem. I think I should have used Locator or Magnetic attachments as they require lesser space than the ball attachments.

References

- 1- Smith B. Toothwear: Aetiology and Diagnosis. Dental Update 1989; June: 204-212
- 2- Pintado-MR; Anderson-GC; DeLong-R; Douglas-WH. Variation in tooth wear in young adults over a two-year period. J-Prosthet-Dent. 1997 Mar; 77(3): 313-20
- 3- Marquis VL, Dao T, Farzaneh M, Abitbol S, Friedman S. Treatment Outcome in Endodontics: The Toronto Study. Phase III: Initial Treatment. Journal of Endodontics 2006;32:299-306.
- 4- Walton TR. A 10-year longitudinal study of fixed prosthodontics: clinical characteristics and outcome of single-unit metal-ceramic crowns. Int J Prosthodont 1999;12:519-526.
- 5- Brkovic-Popovic S, Stanisic-Sinobad D, Postic SD, Djukanovic D. Radiographic changes in alveolar bone height on overdenture abutments: a longitudinal study. Gerodontology 2007;Online early article.
- 6- Budtz-Jorgensen E. Prognosis of overdenture abutments in elderly patients with controlled oral hygiene. A 5 year study. Journal of Oral Rehabilitation 1995;22:3-8.

Treatment Report

Patient Name: Mr.Matecki, Krzysztof
Date of Birth: 22.11.1958

Record Number: 241383

Before Treatment 15.2.2006



History:

Chief Complaint Restoring worn off front teeth.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Aesthetic.

Examination:

Extra-oral No abnormality detected

Intra-oral No abnormality detected

X-ray No abnormality detected

Teeth A A A A D P R C C A D A

Keys:

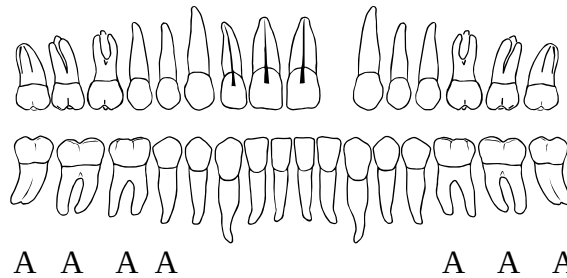
D Decay

A Amalgam

C Composite

R Crown

P Pontic



- Some decayed teeth.
- Several defective restorations with secondary caries.
- Mild-moderate attrition.
- No mobility.
- No pathological pockets.

Periodontium

- Good oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan

- Control active lesions.
- Replace defective restorations.
- Crown lengthening procedure to level the marginal gingiva.
- Crowns on teeth 13, 12 & 11.
- 3-unit bridge 21-23 to replace the missing 22.

Treatment Phases

Phase I

- Oral hygiene instruction.
- Scaling and root planning.
- Caries excavation and restorations.
- Replacement of all defective restorations.

Phase II

- Root canal treatment “as needed”.
- Crown lengthening.

Phase III

- Fabrication of post-&-cores for teeth 12, 11 & 21.
- Crowns fabrications for teeth 13, 12 & 11.
- 3-unit bridge 21-23.

Phase IV

Maintenance with recall visits every 6 months.

Treatment progress

25-1-06

Comprehensive oral exam, Records taken.

8-2-06

Tx options were explained, pt will think & get back to us.

15-2-06

Tx plan presentation

5-4-06

U/L alginate impressions.

3-5-06

L.A. Xylocaine 2.2 ml buccal infiltration.

Teeth 12,11&21 prep for casted port&core.

Extrude impression after retraction cord impregnated in Hemadent.

17-5-06

Cementation of the posts with Fujicem. Temporization with Luxatemp.

31-5-06

LA Xylocain 2.2ml. Removal of old bridge on 23. recurrent caries

excavation and restoration with composite.

Prep 13 and 23 for PFM. temporization with Luxatemp.

7-6-06

Referral to perio PG for crown lengthening to level the marginal gingiva of the Max front teeth.

12.9.07

Patient cancelled the periosurgery and would like to have the compromised crowns on the short teeth.

Disadvantages of this treatment have been explained to the patient.

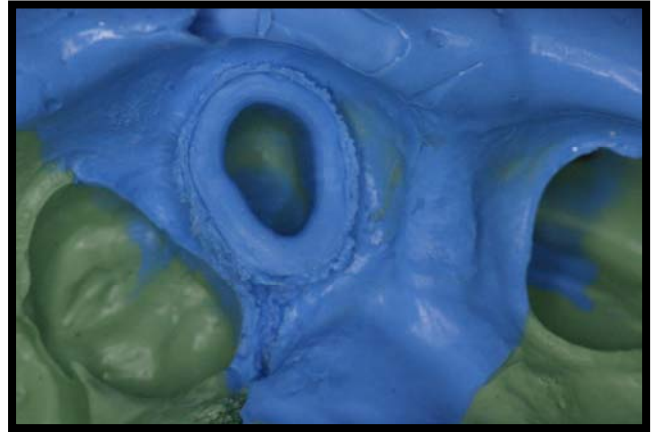
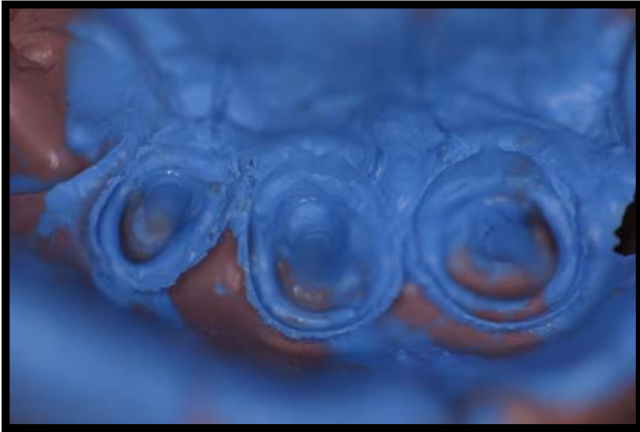
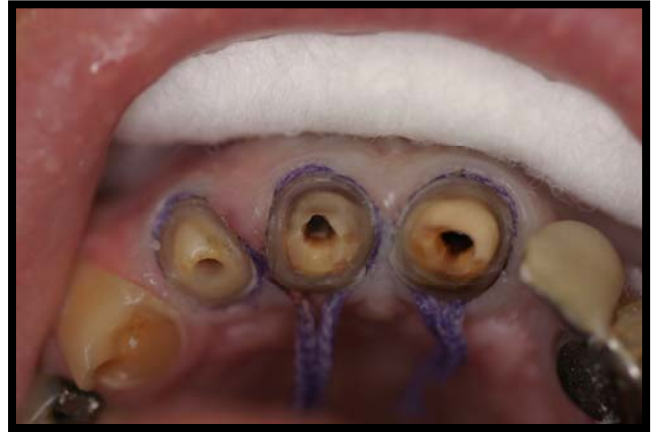
L.A. Lignospan 2.2 ml.

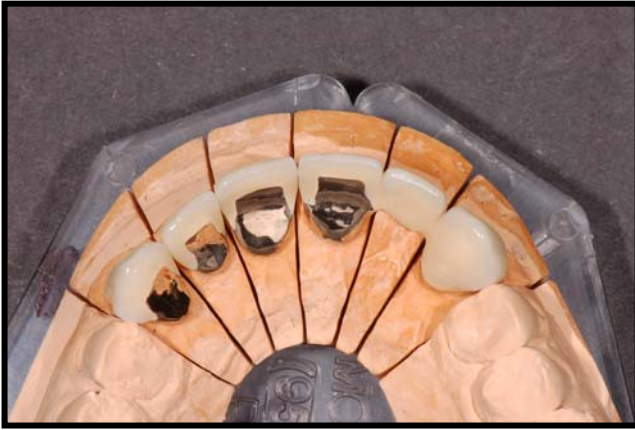
Refine the preparation of 13, 12, 11 for PFM crowns and 3-unit PFM bridge 21-23.

Temporization with Luxatemp and Tempbond.

17.10.07

Cementation of the PFM crowns and bridge with Rely-X Unicem.



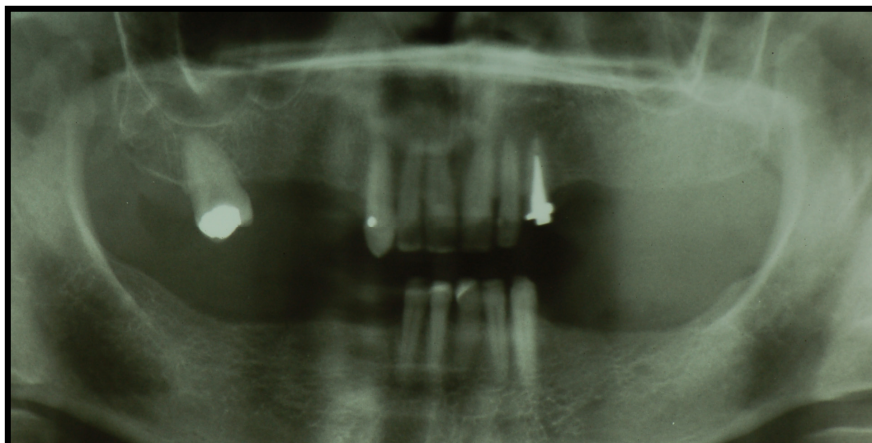


Treatment Report

Patient Name: Mrs.Grilo, Laurentina

Record Number: 981367

Before Treatment 1.3.2007



History:

Chief Complaint Wants to restore missing teeth and have a beautiful smile.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Aesthetic.

Examination:

Extra-oral NAD.

Intra-oral NAD.

X-ray NAD.

Teeth**A****A**

Keys:

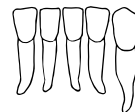
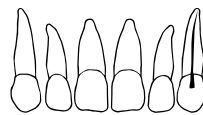
D Decay

A Amalgam

C Composite

G Glass-ionomer

R Crown



CCCCC

- Caries free.
- No defective restorations.
- Mild attrition.
- No mobility.
- No pathological pockets.

Periodontium

- Good oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan

Maxilla:

- PFM crown for 13 with distal ball attachments.
- Porcelain veneers for 12, 11, 21 & 22.
- Pcc/- overdenture with Locator attachment on 23 and ball attachment on 13.

Mandible:

- Place 2 implants at 34 and 43.
- -/Pcc overdenture with Locator attachments.

Treatment Phases**Phase I**

- Oral hygiene instruction.
- Scaling and root planning.

Phase II

- Implant placement by Peri PG.

Phase III

- Fabrication of the crown and veneers.
- Fabrication of the Pcc/Pcc overdentures.

Phase IV

Maintenance with recall visits every 3 months.

Treatment progress (Photos at the end)

1.3.07

C/O Patient was referred by a perio PG to formulate a Tx plan.

C/E Patient has Pcc/ attached with intra-coronal attachment (Locator) on 23 and conventional clasping. The fit was not good and the occlusion was compromised. The lower /P doesn't occlude properly with the Pcc/.

Records were taken.

14.3.07

Tx plan explained to the patient.

31.5.07

Surgical stent tried-in.

11.7.07

Review after implants placement.

2.8.07

Alginate impression taken for the mandible.

22.8.07

LA Lignospan 2.2ml.

Preparation of 13 for PFM crown with distal ball for the precision attachment.

Preparation of 12, 11, 21, 22 for labial porcelain veneers (Tx plan modification upon patient request).

Extrude sectional impressions taken.

Placement of temporaries made of Luxatemp with adhesive bond.

5.9.07

Fallen temp crowns. Re-made.

19.9.07

Final cementation of the veneers with Rely-X Veneer and the PFM crown with Rely-X Unicem.

Try-in of the Pcc/Pcc metal frameworks.

4.10.07

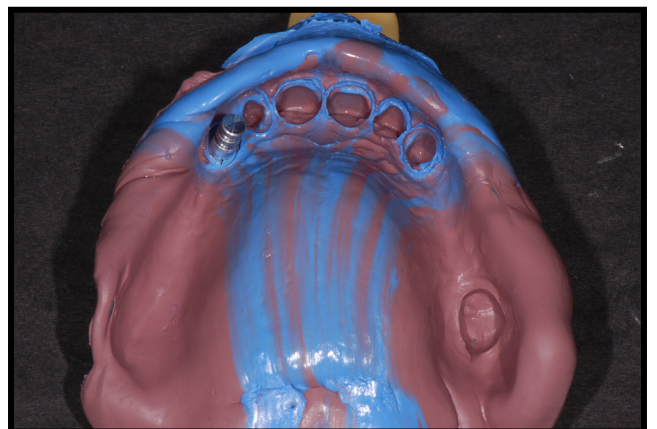
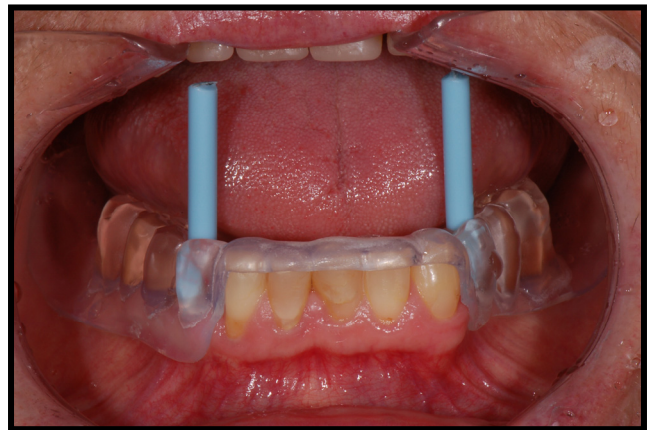
Pcc/Pcc teeth try-in.

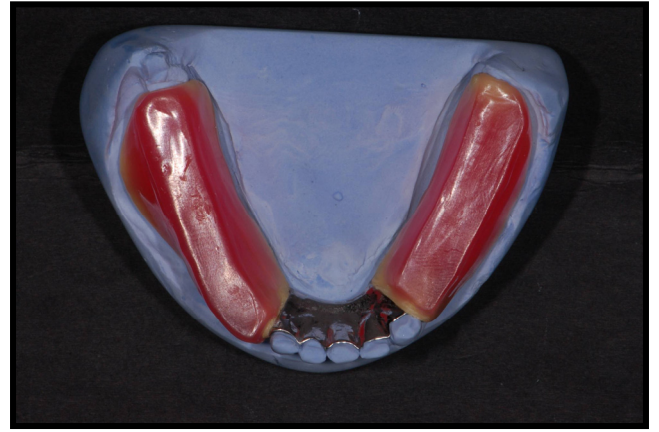
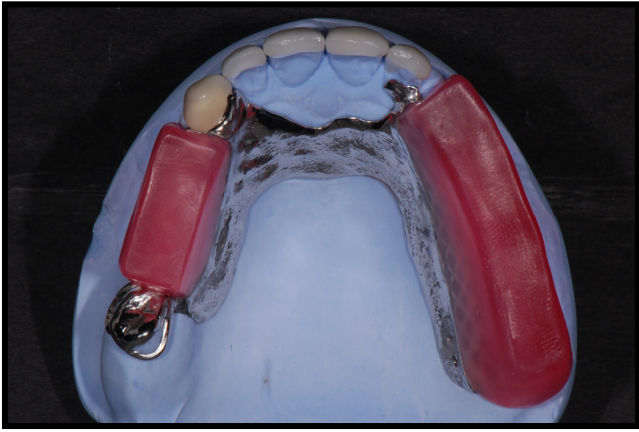
11.10.07

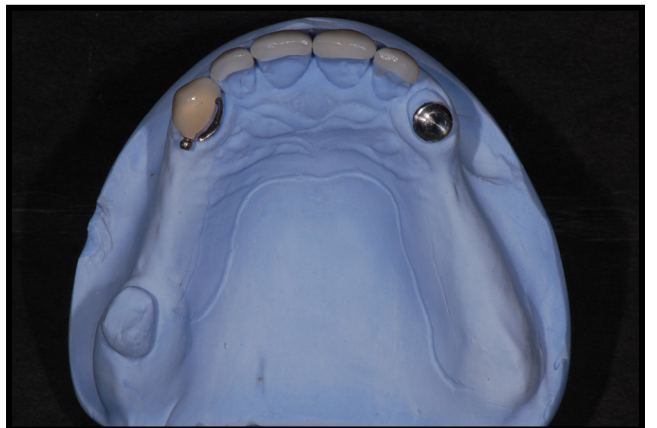
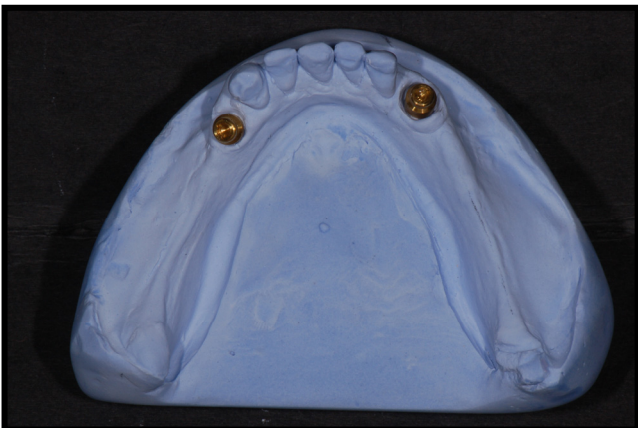
Insertion of the Pcc/Pcc.

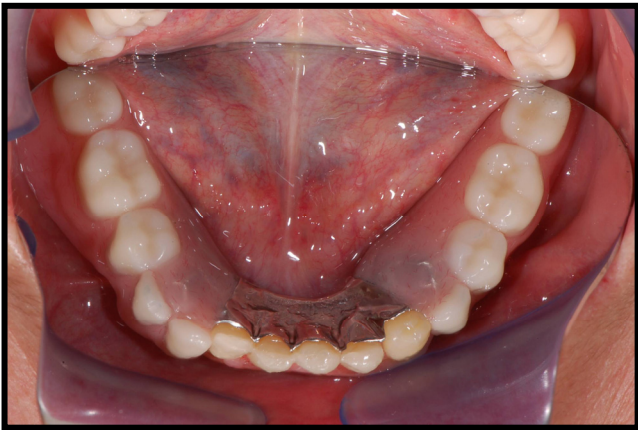
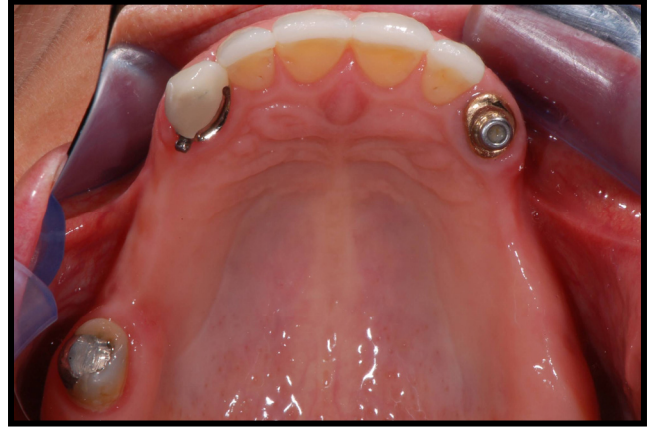
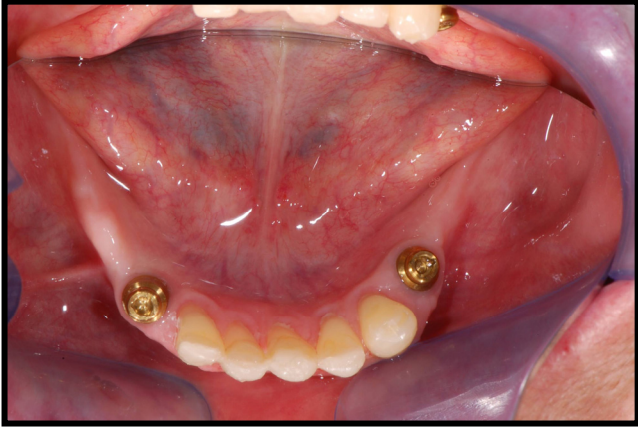
18.10.07

Review.









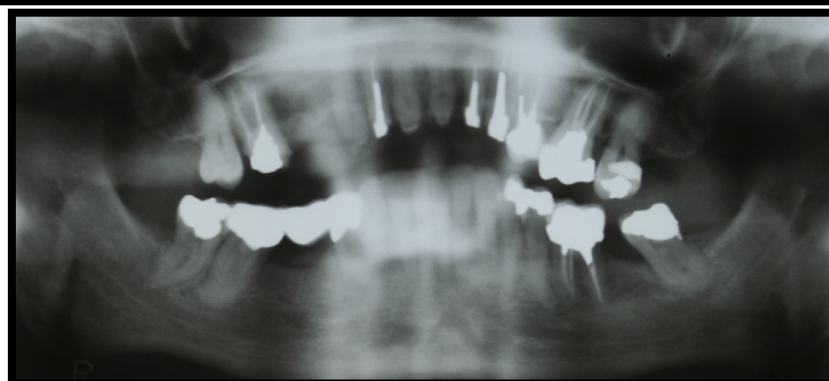
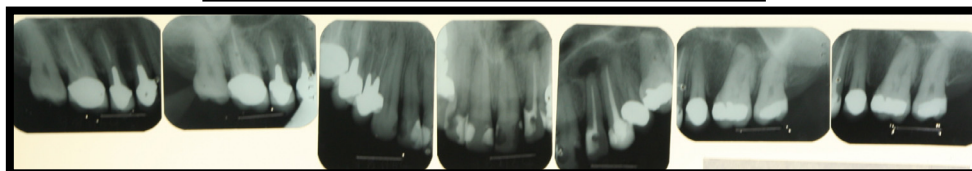
Treatment Report

Patient Name: Mrs.Heald, Lesley

Date of Birth: 9.3.1960

Record Number: 981164

Before Treatment 8.2.2006



History:

Chief Complaint

Having the temporary veneers and bridge replaced with permanent ones.

Medical History

Clear.

Dental History

3 years ago had teeth 16 & 13 prepared for 4-unit bridge and left temporized. Same thing with teeth 12, 11, 21, 22 & 23 prepared for PFM's and left temporized with composite crowns.

Patient's Concerns

Aesthetics.

Examination:

Extra-oral

NAD.

Intra-oral

Mild-moderate ridge resorption in the missing 14 & 15 region.

X-ray

Teeth

D TR P P TR < - - TV - - > R A A

Keys:

D Decay

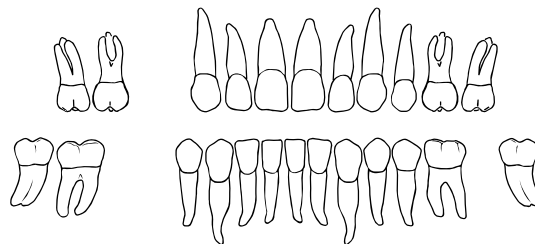
A Amalgam

R Crown

TR Temp crown

P Pontic

TV Temp composite
Veneer



D R P R A A R A

- Decayed teeth.
- Defective restorations.
- Mild attrition.
- No mobility.
- No pathological pockets.

Periodontium

- Fair oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan

- Control active lesions and replace all defective restorations.
- Remove all temporary veneers and crowns then refine the preparations for full single crowns on teeth 16, 13, 12, 11, 21, 22 & 23.
- 2 implants to replace the missing teeth 14 & 15.

Treatment Phases**Phase I**

- Oral hygiene instructions.
- Scaling and root planning.
- Caries removal and restorations.
- Replace all defective restorations.

Phase II

- Implant placement surgery.
- Root canal treatment “if needed”.

Phase III

- Fabricate single crowns for teeth 16, 13, 12, 11, 21, 22 & 23.
- Fabricate implant-supported crowns for 14 & 15.

Phase IV

Maintenance with recall visits every 6 months.

Treatment progress *(Photos at the end)*

1-2-06

Chief complaint is that the patient had her teeth prepared & temporized but Tx was not completed.

Comprehensive oral exam & records taking.

8-2-06

Tx options explained to pt. Pt agreed on having 2 implants to replace missing 14 & 15 instead of the planned 4-unit 13-16 bridge. And crowning teeth 12, 11, 21, 22 & 23 with PFM crowns.

08-3-06

L.A. Xylocaine 1.8ml.

Prep teeth 13 to 23 and 16 for PFM crowns.

Temporization with "Luxatemp".

22-3-06

U/L alginate impression.

Face bow transference.

3-5-06

Upper alginate impression for surgical guide fabrication.

10-5-06

Surgical guide try-in.

22-5-06

Implants placement surgery in clinic 5 by perio PG Dr. Haifa Hannawi.

19-6-06

Pt has concerns regarding esthetic of the temp crowns.

Replace the temp crowns with new one after adjusting wax up to suit pt needs.

09-8-06

Secondary impressions with Extrude.

Open tray technique used for the implants.

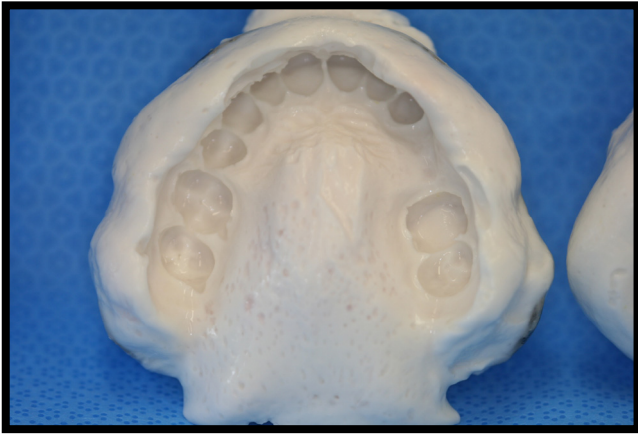
11-10-2006

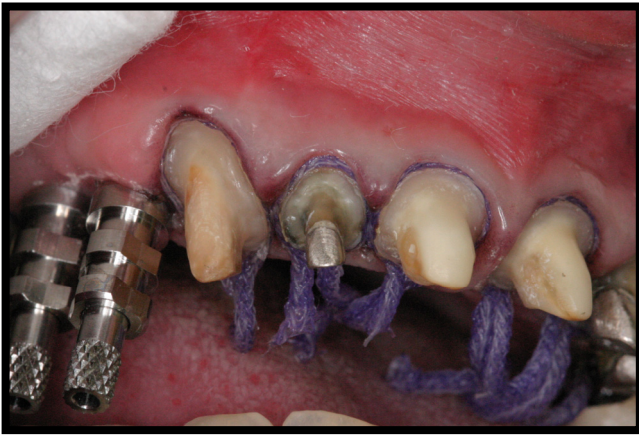
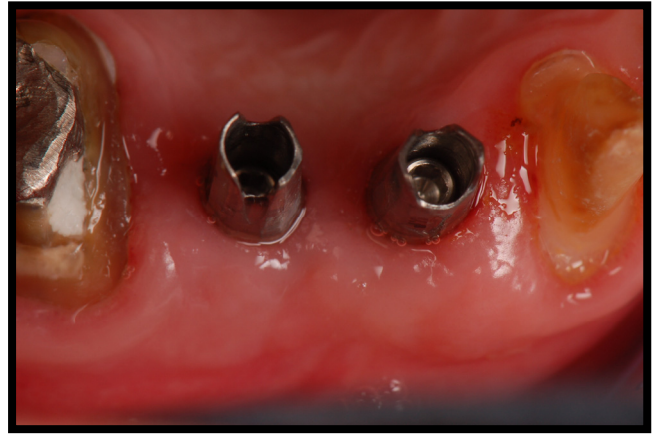
Removal of all temp crowns. Pumice cleaning for the teeth.

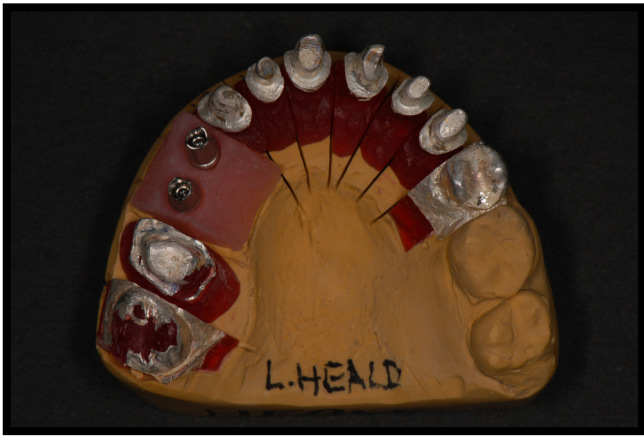
Placement of 2 Titanium abutments for the 2 Astra implants, torquing the screw to 25N.

Cementation of all 9 PFM crowns with non-eugenol tempbond.

Occlusion checked.









Final Examination Case Presentation

Patient Details

Patient Name Mrs. Wasilewicz, Lindia
Date of Birth 27.3.1958
Record Number 241412

Referred by She was referred by her general dentist for professional care of her TMJ problem and for occlusal rehabilitation.

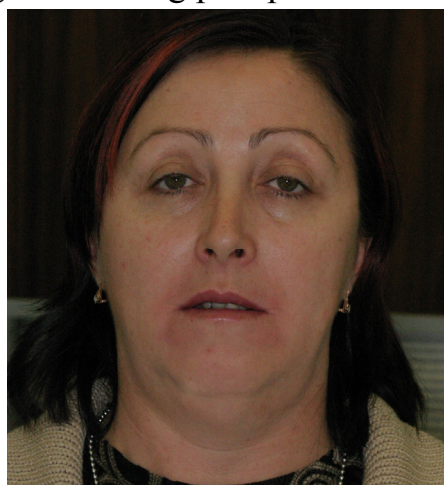
Chief Complaint The patient wants to replace her old and defective bridges and wants a beautiful smile. Patient has chronic long standing TMJ pain.

History

Medical History The patient's general health is good. She is on hormone replacement therapy.

Dental History The patient is an irregular dental attendee, brushes twice daily and flosses once a day. She maintains moderate level of plaque control.

**Examination
Extra-Oral
Examination** There was no evidence of any pathology and the patient exhibited a reasonable degree of facial symmetry. There was evidence of dysfunction in the temporomandibular joint. Clicking on opening and closing plus pain on palpation of the joint.



On smiling, the patient revealed 75% of her upper anterior teeth.



**Intra-Oral
Examination**

There was no evidence of pathology in the lips, tongue, cheek, and hard or soft palate. The patients salivary flow rate and quality of saliva had been evaluated and both were found to be normal.



Periodontium

The periodontal diagnosis was generalized minimal plaque and inflammation of the gingiva. There was also generalized minimal bleeding on probing. Mandibular incisors showed sign and symptoms of reduced bony support with grade 1 mobility.



Teeth

RCT ■

Crown ■

Composite ■

Amalgam ■

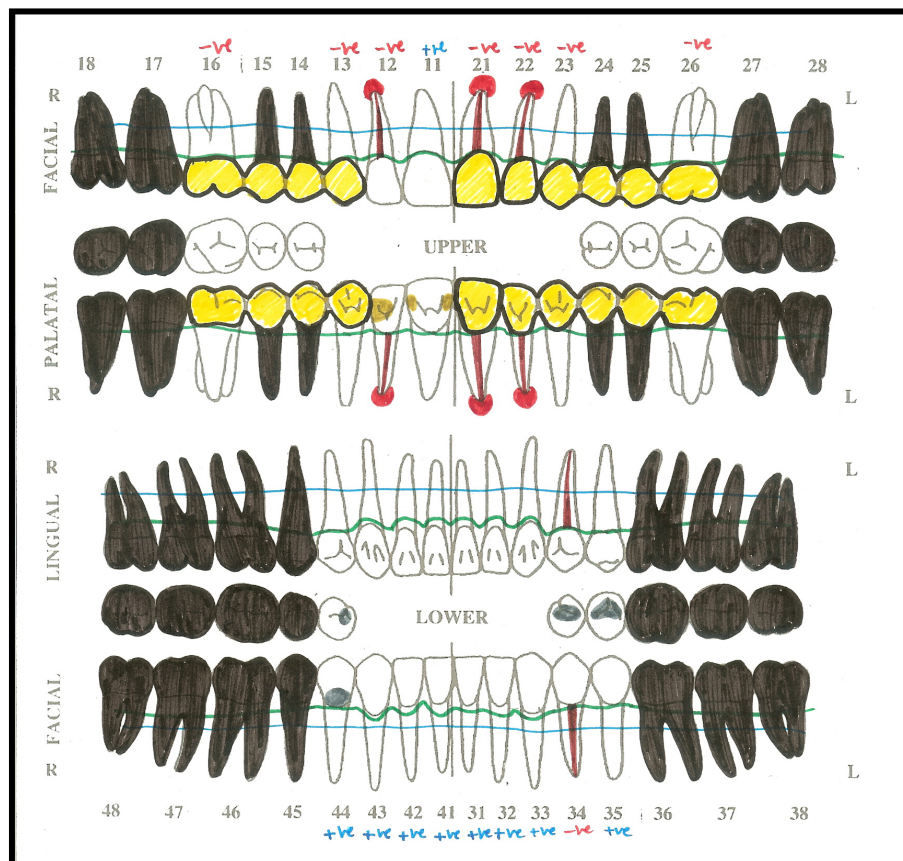
Missing ■

Vital +ve

Non-Vital -ve

Gingival Margin —

Muco-Gingival Junction —

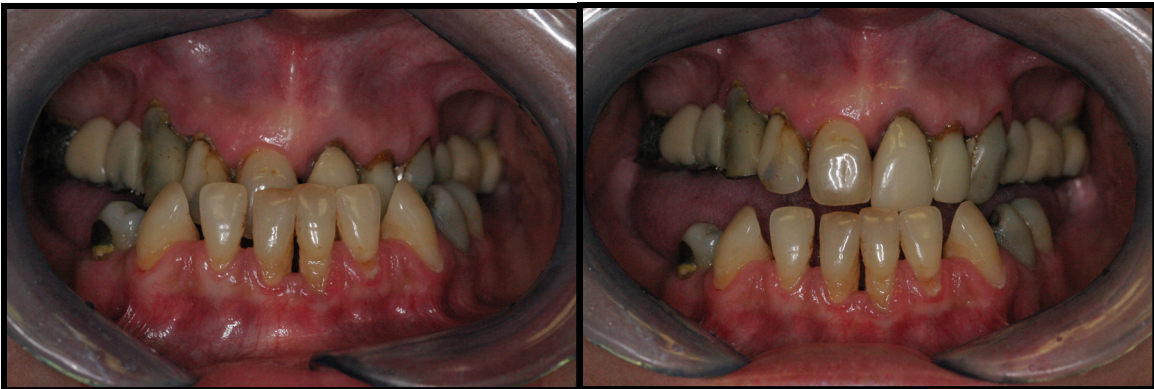


Occlusion

The patient presented with skeletal as well as dental class III maxillo-mandibular relation. She has long standing missing posterior stoppers caused by the missing mandibular posterior teeth.



She used to forward her mandible but with manual manipulation patient was managed to have an edge-to-edge relation.

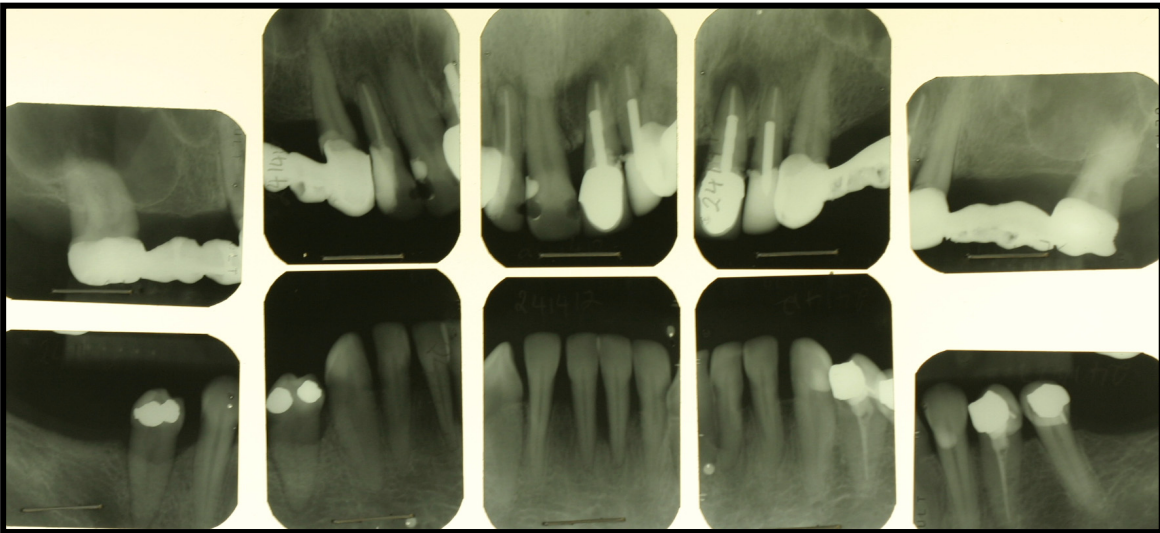
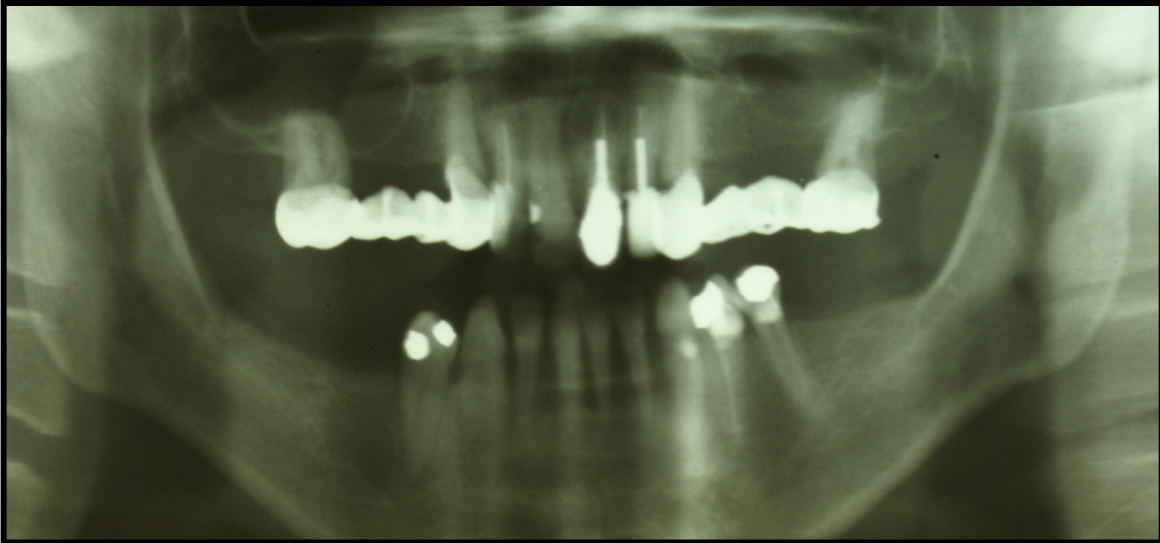


There was a midline shift in the anterior region of approximately 2mm to the right side.

In lateral movements the mandible was very difficult to manipulate as the patient used to open-and-close chewing pattern without any lateral shift. On manipulation patient shows tendency toward anterior guidance.

Radiographs

- Radiolucency around 12, 21 & 22.
- Severe resorption of the alveolar bone around the lower anterior teeth.
- Severe maxillary sinuses opsonisation.



Diagnosis

Patient suffers from TMD. Possible cause is her collapsed occlusion that leads to constant micro-trauma to the TMJ complex. Also the over-closure could be the cause behind the pain on palpation. Patient occlusal vertical dimension is reduced because of the long standing missing posterior stoppers.

**Prioritized
Problem List**

- Hopeless teeth
- Non-vital teeth
- Defective crowns and bridges
- Missing teeth
- Aesthetically compromised anterior teeth

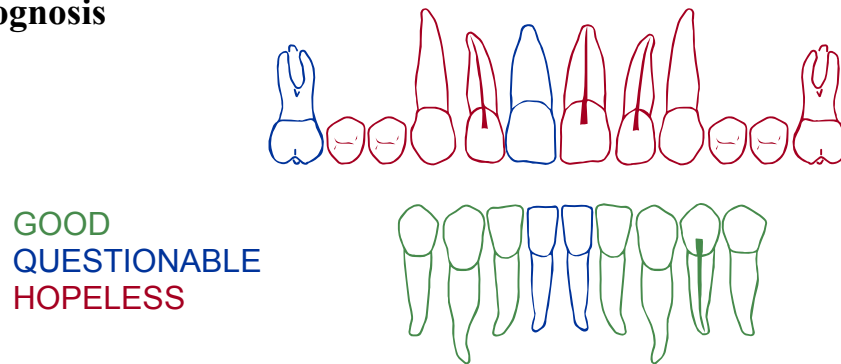
**Prioritized
Patient's
demands**

- Esthetic
- No palatal coverage
- Easy maintenance
- Best long term results

**General
Prognosis**

Very good considering patient motivation and cooperation

Teeth Prognosis



Treatment Plan

Maxilla:

- Extract all teeth.

Toronto study 2006¹, Ferrigno et al 2006²

- 5 implants to retain implant-retained full acrylic denture with metal reinforcement on a metal bar with Locator attachments.

Sadowsky SJ 2007³, Eckert et al 2004⁴

Mandible:

- Composite build-ups.
- Accept shortened dental arch.

Wolfart et al 2005⁵, Witter et al 1999⁶

Survival Rates

Implant-retained maxillary removable dentures showed 94.6% survival over 3 years.

Palqvist et al 1994⁷

**Alternative
Treatment Plans**

Maxilla:

Keep tooth 11 and RCT it to utilize it as abutment for maxillary root-retained overdenture. Keep 17 to hold conventional clasp.



**Treatment
Progress**

31.5.06

History taking and thorough extra-oral and intra-oral examination.

Upper and lower Alginate impressions.

12.7.06

Treatment options discussed with the patient with every advantages and disadvantages explained.

Patient wants to think about it.

2.8.06

Treatment plan finalized. And sequence of treatment explained to patient.

Upper and lower Alginate impressions for constructing Immediate F/P dentures.

9.8.06

Jaw-relation registration for immediate F/-.



30.8.06

Teeth try-in.

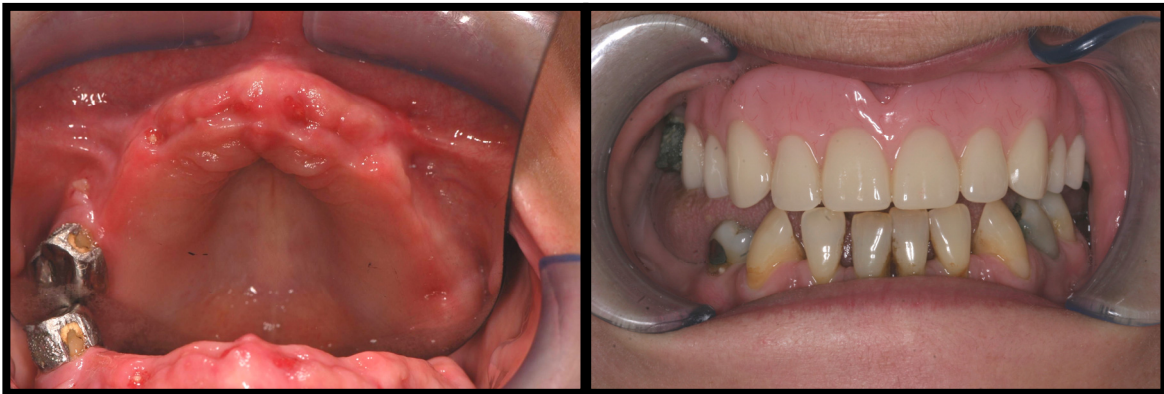


30.8.06 Consult with perio P/G regarding implants placement in the Maxilla using computer guided technique with Med3D program.

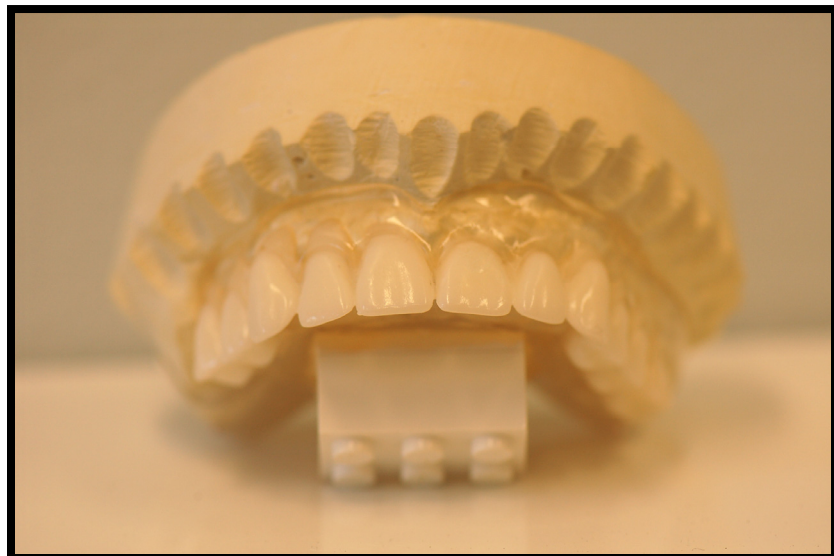
6.9.06 Extraction of all Max teeth keeping 17 to retain the radio-graphic guide. Placement of immediate F/-.

7.9.06 24 h review.

13.9.06 1 week review.
Healing is ok.
Pt very happy with denture.

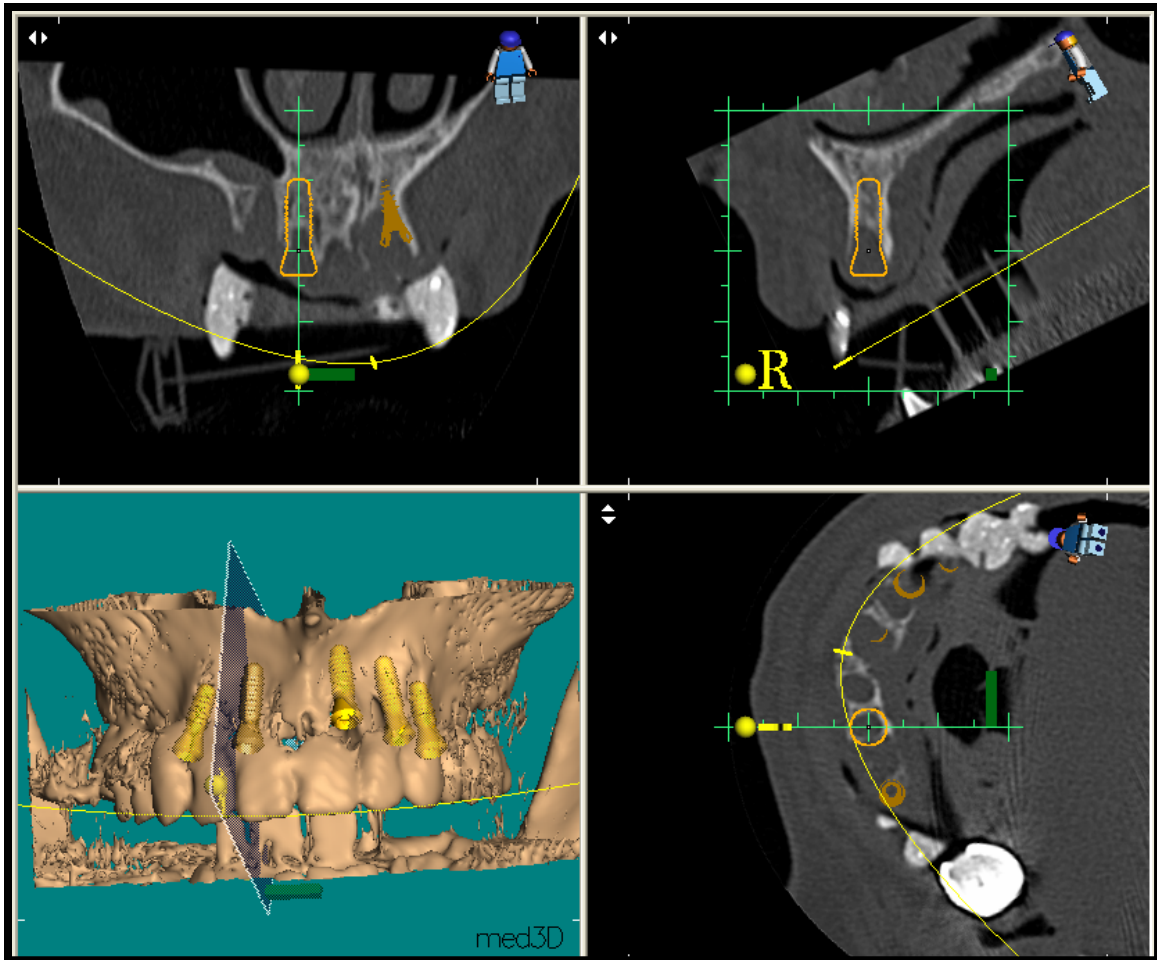


14.9.06 Immediate denture was copied to fabricate the radiographic guide that suites the requirements of the Med3D software.

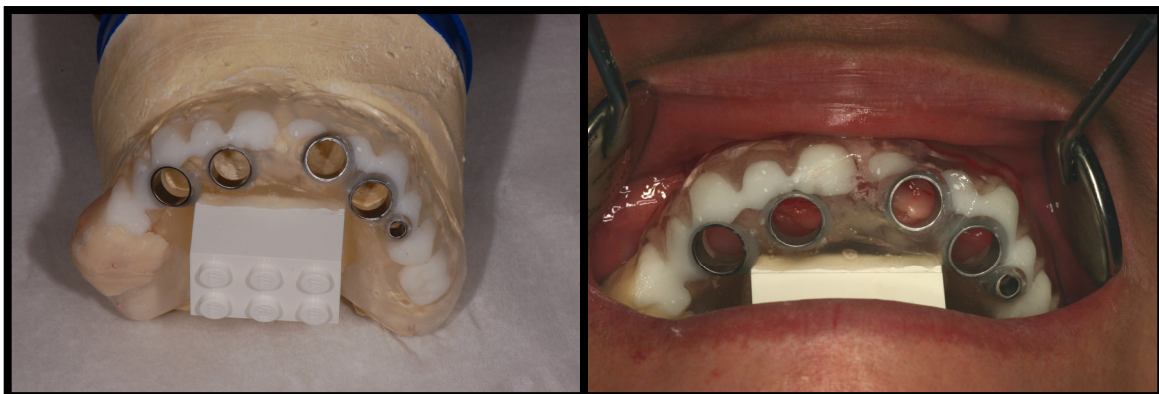


25.9.06

Using the Med3D software the implants were virtually placed. 5 Straumann implants were planned.

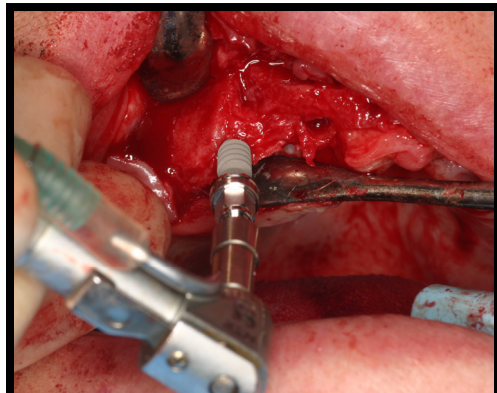
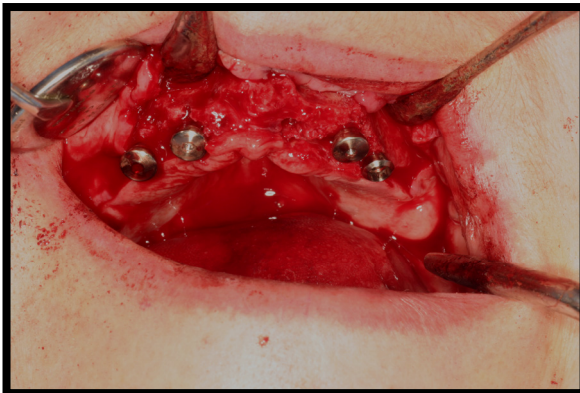
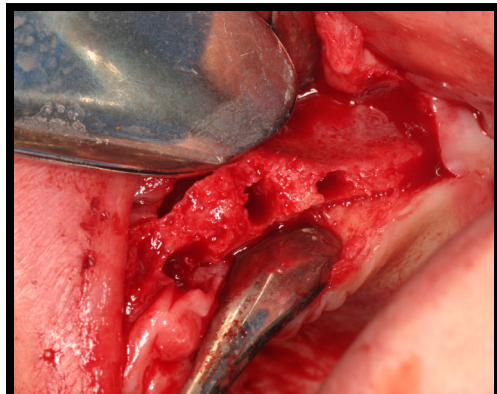
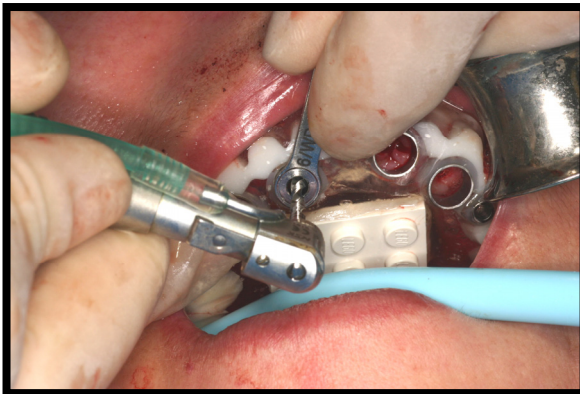
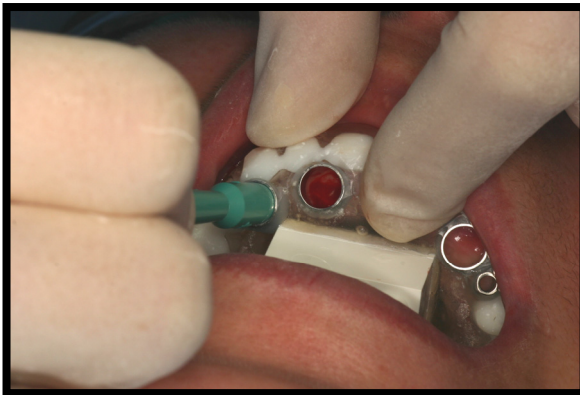


The radiographic guide was modified to serve as surgical guide.



18.10.06

Implants placement surgery in clinic 5 by perio PG
Dr.Kate Michele.



31.1.07

Review

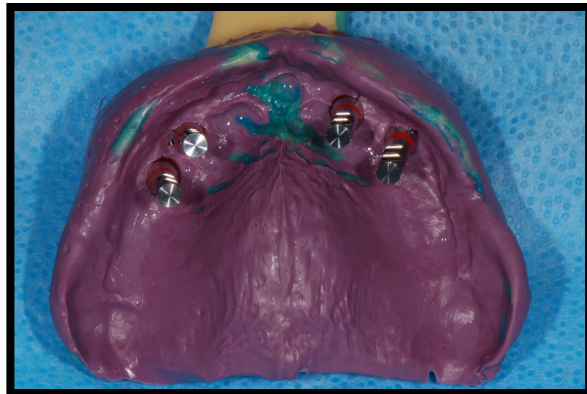
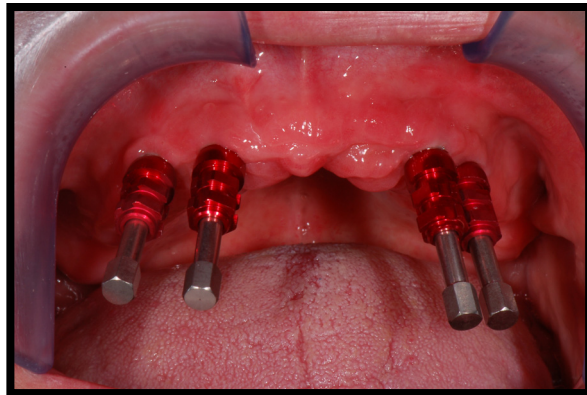
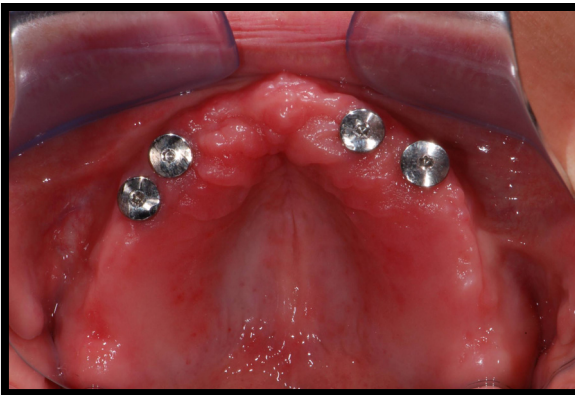
Treatment plan modification. As patient doesn't want to go through the implant surgery again to place the 5th implant, the placed 4 implant considered to be enough.

14.2.07

Alginate impressions were taken to fabricate special try for an open tray fixture level impression of the maxillary 4 implants.

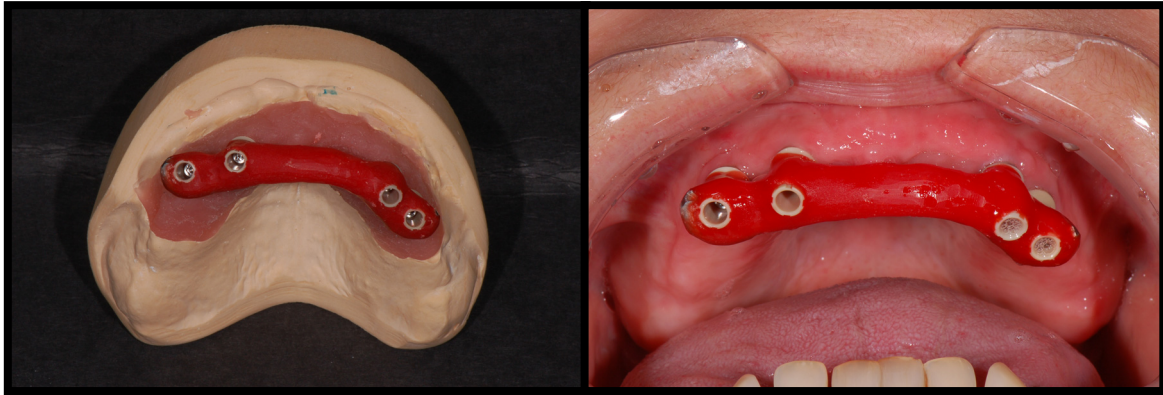
28.2.07

Fixture level impression was taken with Impregum using an open tray technique.



14.3.07

Duralay verification jig was used to verify the implant positions in the model.



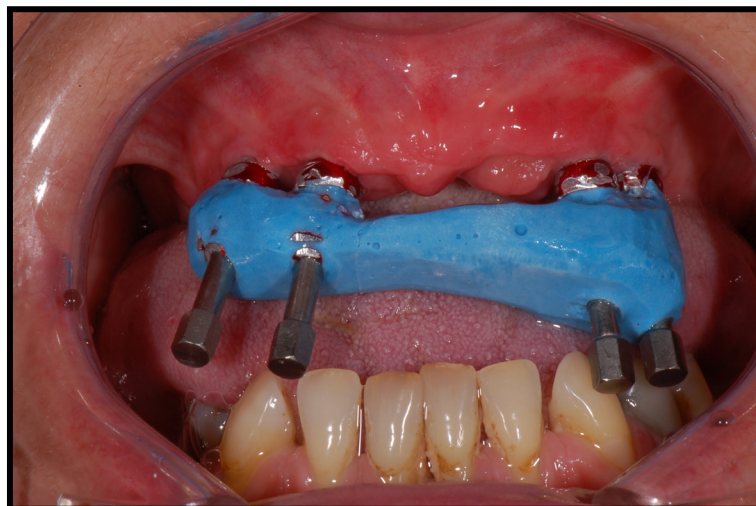
29.3.07

Teeth try-in
Centric relation is not precise, new record taken



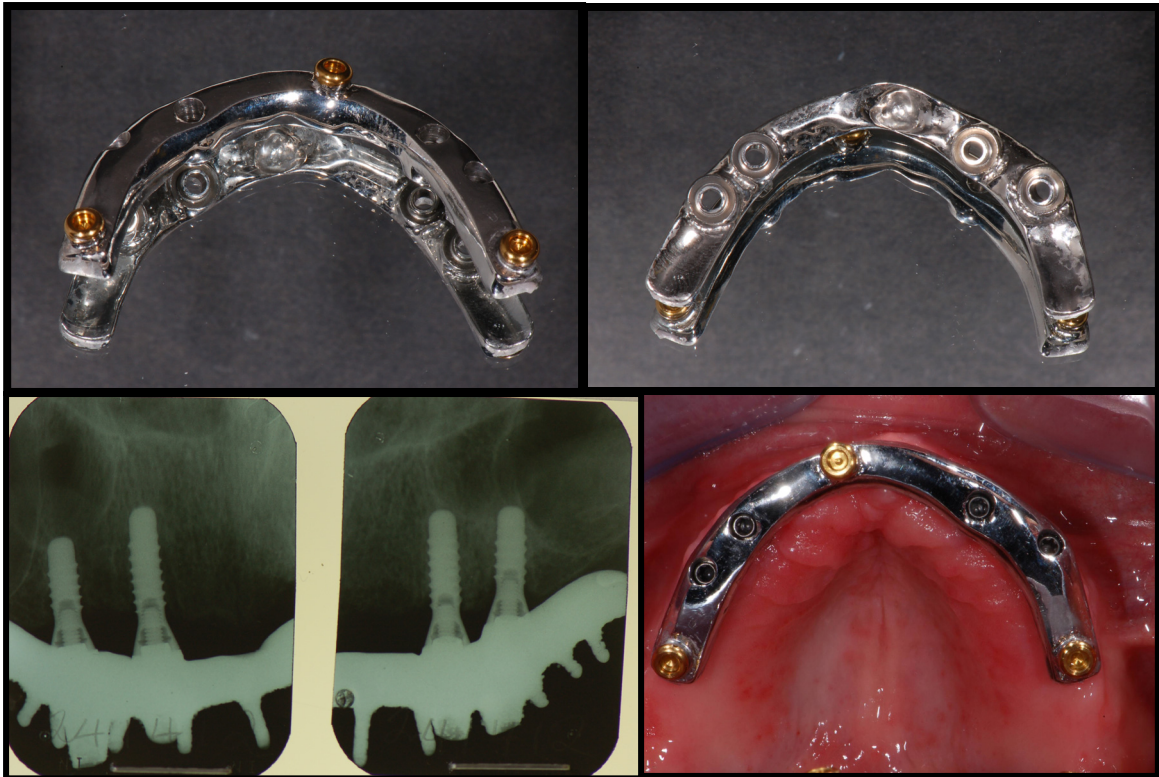
3.4.07

Try in of the verification jig made out of die stone to make sure we have exact implant position replication.



10.5.07

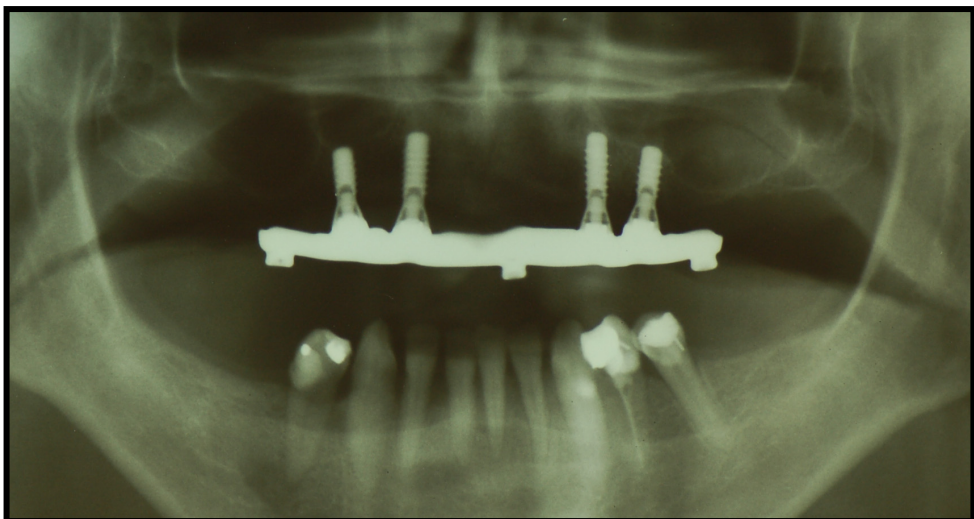
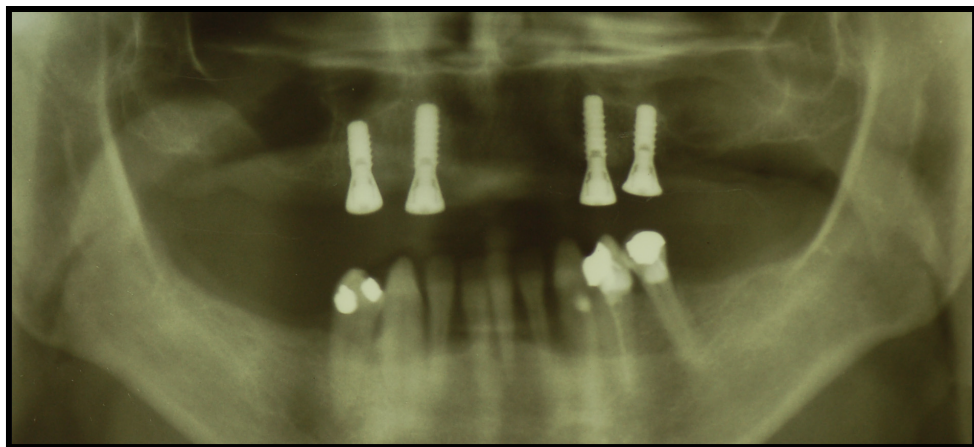
Try-in of the bar.



31.5.07

Insert of the implant-retained Max overdenture on
Locator attachments.
Occlusion checked. Patient is very pleased.





Before and after shots.





**Treatment
Result**

**Patient
Perspective**

The patient was extremely happy with the final aesthetic result. She had some difficulty in getting used to take the denture out. She showed how to keep clean the denture properly.
TMJ is not painful anymore.

**Dentist
Perspective**

I was happy with the final treatment result and believe that an acceptable compromise had been reached between the desire for maximum aesthetics and functional longevity. The fit and aesthetic of the denture was acceptable.

Lessons

A great deal of clinical time was taken adjusting the occlusion. This was most probably the result of insufficient attention to detail in record taking and recording of centric relation.
The treatment for this particular patient was based on experience and best practice approach as there was no enough long term clinical trials on the maxillary implant overdentures. The number of implants needed for is highly debatable and based on clinical experience.
Hence, close follow-up of this patient is necessary to avoid any future complications.

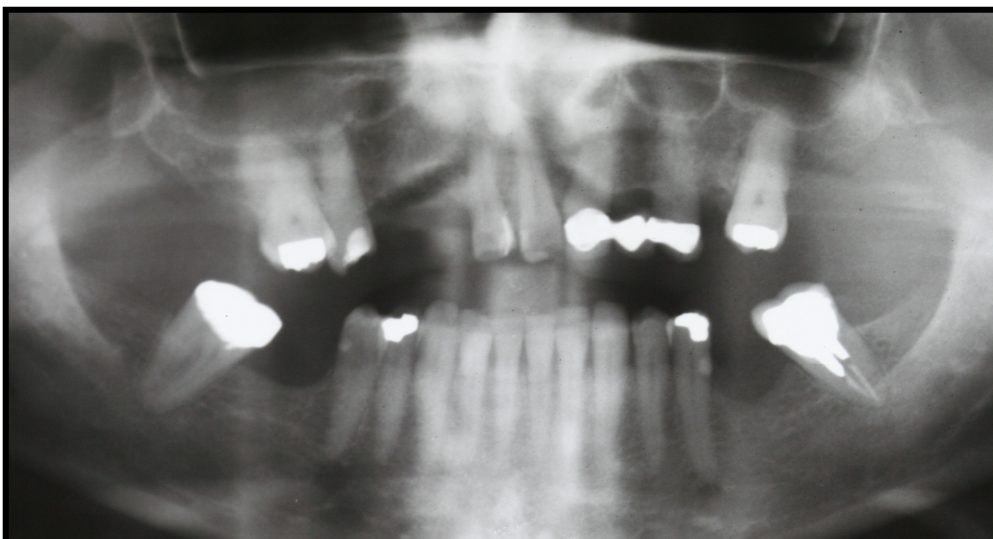
References

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2. Ferrigno N LM, Fanali S, Grippaudo G. A. long-term follow-up study of non-submerged ITI implants in the treatment of totally edentulous jaws. *Clin. Oral Impl. Res*, 2002;13:260–273.
3. Sadowsky SJ. Treatment considerations for maxillary implant overdentures: A systematic review. *The Journal of Prosthetic Dentistry* 2007;97:340-348.
4. Eckert SE, Carr AB. Implant-retained maxillary overdentures. *Dent Clin North Am* 2004;48:585-601.
5. Wolfart S, Heydecke G, Luthardt RG, et al. Effects of prosthetic treatment for shortened dental arches on oral health-related quality of life, self-reports of pain and jaw disability: results from the pilot-phase of a randomized multicentre trial. *Journal of Oral Rehabilitation* 2005;32:815-822.
6. Witter DJ, Palenstein Helderman WH, Creugers NHJ, Kayser AF. The shortened dental arch concept and its implications for oral health care. *Community Dentistry and Oral Epidemiology* 1999;27:249-258.
7. Palqvist S, Sondell K, Swartz B. Implant-supported maxillary overdentures: outcome in planned and emergency cases. *Int J Oral Maxillofac Implants* 1994;9:184–90.

Treatment Report

Patient Name: Mrs.Hersel, Lorre

Before Treatment 7.9.2005



History:

Chief Complaint Replacing missing teeth.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Esthetic and function.

Examination:

Extra-oral Normal.

Intra-oral

- Hypodontia (small teeth), with family history of the same condition.
- collapsed occlusion caused by several missing teeth for long time.

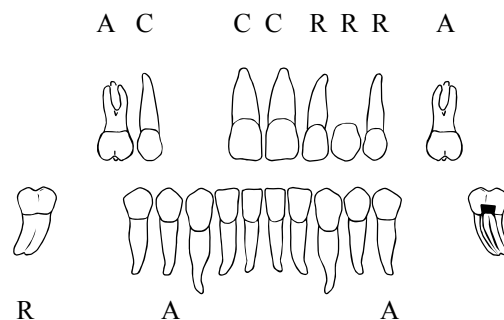
Teeth

Keys:

A Amalgam

C Composite

R Crown



- Caries free.
- No defective restorations.
- Mild attrition.
- No mobility.
- No pathological pockets.

Periodontium

- Good oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan

- PFM crowns for 11 & 21.
- Maxillary and mandibular removable partial dentures, Pcc/Pcc.

Treatment Progress

7.9.05	Examination, upper & lower alginate impression.
14.9.05	Tx plan presented to pt. LA "Lignospan" 0.9 ml. Prep tooth 11 for PFM crown. Temporization using "protemp".
21.9.05	LA "Lignospan" 1.8 ml. Prep tooth 21 for PFM crown. Temporization using "protemp".
15.2.06	Cementation of 11 & 21 PFM's with "GC Fujicem".
16.2.06	Primary alginate impressions for upper & lower chrome cobalt partial dentures.
23.2.06	After surveying the maxillary teeth lack retentive undercuts and it's better to make rotational denture to utilize the buccal undercut on the right side. In the mand, making lower RPD requires much compromization since teeth are tapered. The pt better off without it. Mouth prep and secondary PVS "Extrude" impression for max rotational denture.
11.5.06	Metal try-in.
25.5.06	Insertion of Pcc/-.

Treatment Report

Patient Name: Mr. Bushnell, Matthew

Date of birth: 13.11.1973

Record Number: 230381

History:

Chief Complaint Worn of f front teeth.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Aesthetics.

Examination:

Extra-oral Nothing significant.

Intra-oral No detectable active lesions.

Periodontium - Good oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan Procera all-ceramic crowns for 11, 21, 31 & 41.

Treatment progress

22-Feb-06

Pt has been in waiting list from last year.

Tx plan presented.

Pt agreed on it.

01-Mar-06

Teeth 11 & 21 prep for CEREC crowns.

We don't have 1.2 CEREC burs.

Temporization till we get the burs or do it the conventional way.

15-Mar-06

L.A. Xylocaine 1.8ml bilateral Mental nerve block.

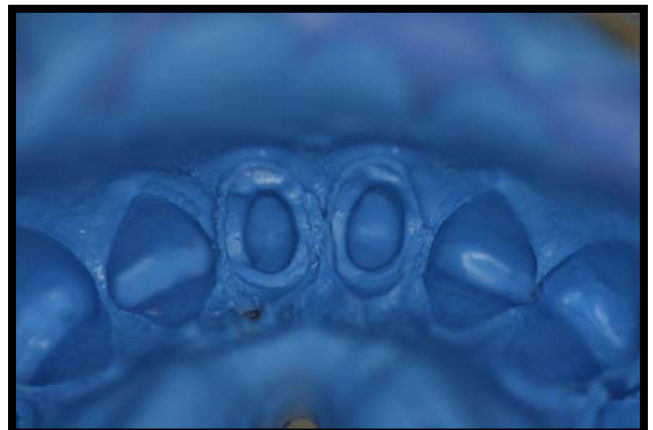
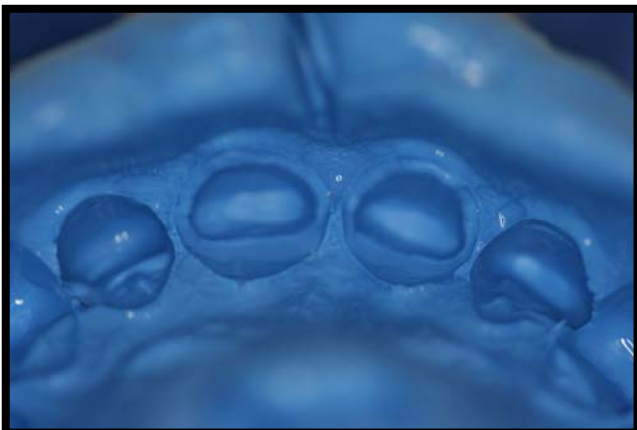
Teeth 31 & 41 prepped for all-ceramic Procera crowns.

PVS "Extrude" secondary impressions U/L.

Temporization with "Luxatemp".

7-6-06

Insertion of Procera crowns for 11, 21, 31 & 41 with RelyX.





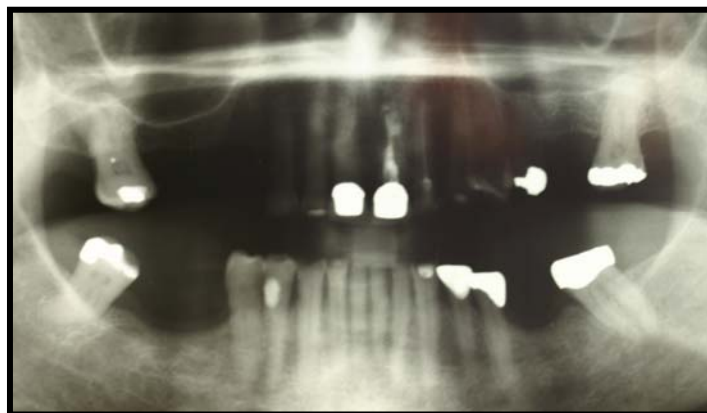
Treatment Report

Patient Name: Mrs.barlow, Merle

Date of Birth: 23.3.1930

Record Number: 250777

Before Treatment 23.3.2005





History:**Chief Complaint**

Need some teeth to be fixed before the metal RPD.

Medical History

Paget's disease of bone.

Dental History

Not significant.

Patient's Concerns

Function and esthetics.

Examination:**Extra-oral**

TMJ: clicking upon closure.

Intra-oral

- Lip & cheek biting.
- Saliva: inadequate.

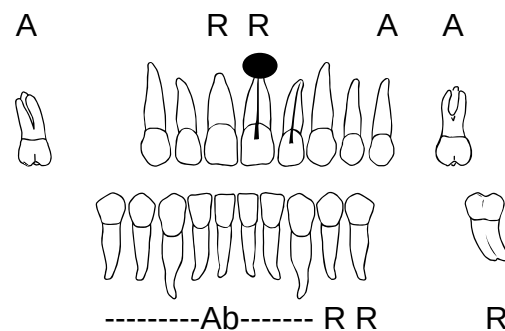
Teeth

Keys:

A Amalgam

R Crown

Ab Abfracture



- No posterior stoppers.
- Severe attrition.
- Several defective restorations.
- Abfractures in lower anteriores.
- No mobility.
- No pathological pockets.
- Periapical rarefaction related to 21 "over-extended GP".

Periodontium

- Fair oral hygiene.
- Generalized mild-moderate marginal gingivitis.
- Acceptable attached gingiva width.

- Treatment Plan**
- Extract tooth 35 “its treatment is not cost-effective”.
 - Replace all defective restorations.
 - Fabricate a rotational lower partial denture.
 - Modify the existing upper denture, since tooth 21 has bad prognosis “patient refused extraction” & construct new one after losing it.

Treatment Phases

Phase I

- Oral hygiene instruction.
- Prophy for the remaining teeth.
- Replace the defective restorations.

Phase II

RCT’s “if necessary”.

Phase III

- Removable partial denture fabrication.
- Build-up the lower anterior teeth with composite.

Phase IV

Maintenance with frequent recall visits, preferably every 6 months.

Treatment Progress

- | | |
|---------|--|
| 23.3.05 | Examination, upper and lower alginate impressions. |
| 1.6.05 | Treatment options presented to the patient.
She decided to have implants. |
| 28.7.05 | Treatment plan modification, since the patient can’t afford the treatment plan previously agreed upon any more. |
| 4.8.05 | Upper and lower alginate impressions for construction of upper & ‘lower rotational’ chrome cobalt partial dentures |
| 1.9.05 | Mouth preparation and secondary impression using PVS “Extrude” for -/Pcc. |
| 8.9.05 | Jaw record and face bow transfer. |
| 22.9.05 | Metal try-in. |
| 29.9.05 | Teeth try-in. |
| 6.10.05 | Insertion.
Post-insertion instructions. |

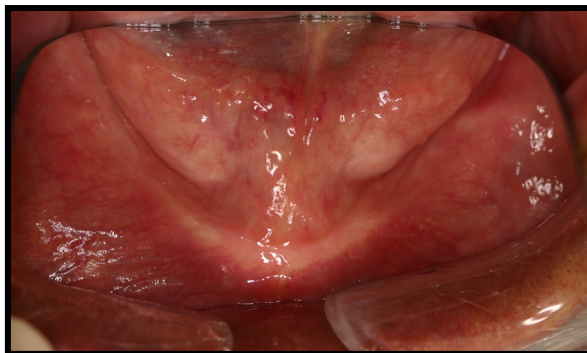
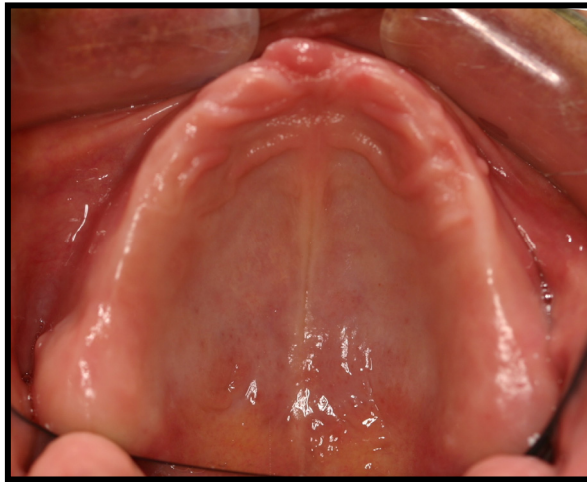
Treatment Report

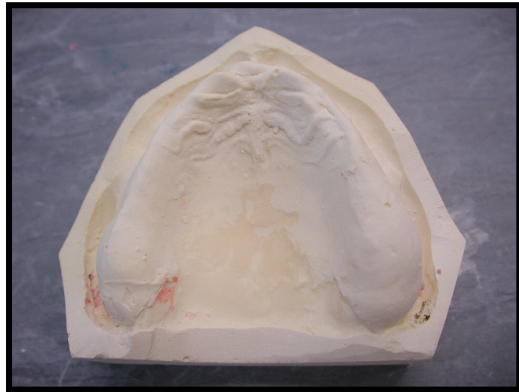
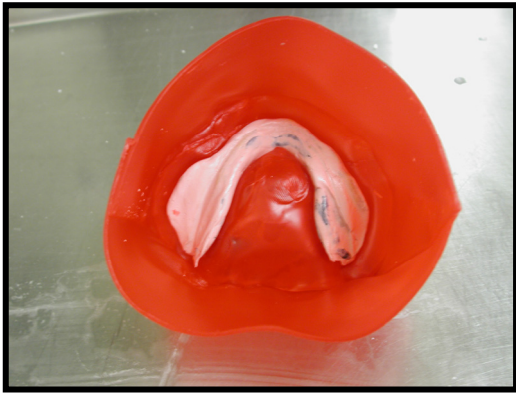
Patient Name: Mrs Milner, Nellie

Date of Birth: 7.6.1936

Record Number: 251393

Before Treatment 10.3.2005





History:

Chief Complaint Ill-fitting dentures.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Function.

Examination:

Extra-oral NAD.

Intra-oral Maxilla, resorbed ridge with very large tuberosities.
Mandible severely resorbed flat ridge with very high muscle attachments encroaching the ridge.
Adequate saliva.

Treatment Plan New full upper and lower complete dentures.

Treatment Progress

10.3.05 Examination, upper alginate impression and lower compound impression.

17.3.05 Secondary upper and lower impressions using ZoE "SS White".

23.3.05 Jaw relation records and face bow transfer.
Teeth selection.

28.4.05 Try-in, wrong centric.
Remount records with wax.

19.5.05 Try-in.

22.6.05 Insertion.

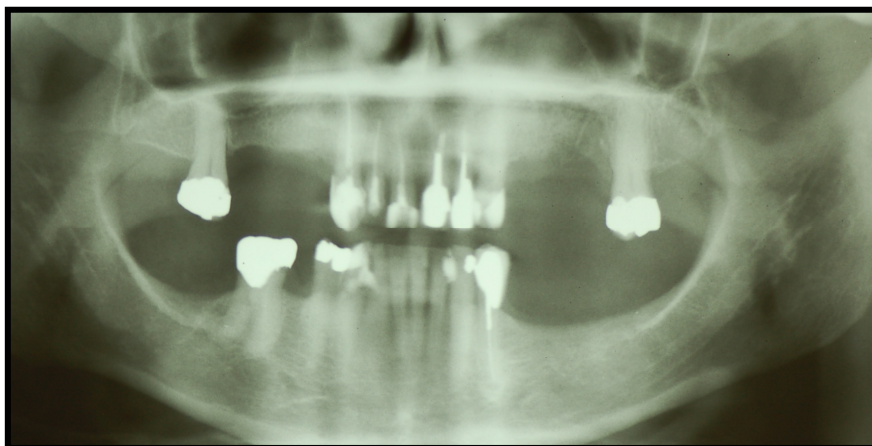
1.7.05 Post-insertion follow up.

Treatment Report

Patient Name: Mrs.Jones, Pauline

Record Number: 250608

Before Treatment 13.3.2007



History:

Chief Complaint Wants beautifully looking teeth.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Aesthetics.

Examination:

Extra-oral NAD.

Intra-oral NAD.

X-ray NAD.

Teeth A C C C R R C A

Keys:

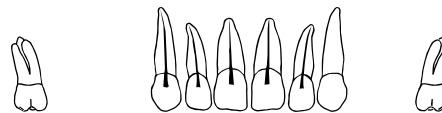
D Decay

A Amalgam

C Composite

G Glass-ionomer

R Crown



- R AC AR
- Caries free.
 - Defective restorations.
 - Mild attrition.
 - No mobility.
 - No pathological pockets.

Periodontium

- Good oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan

- 13 & 23 PFM crowns with distal ball attachments.
- Casted post&core for 13, 12, & 11.
- PFM crowns for 17, 12, 11, 27, 42 & 43.
- 3-unit PFM bridge 44-46.

Treatment progress *(Photos at the end)*

13.3.07

Pt was referred from an undergrad student for making 9 PFM's and Pcc/Pcc.

History taking and examination.

Records taking.

24.4.07 AM

L.A. Xylocaine 2.2 ml

Preparation of all Max teeth for PFM crowns.

Secondary Extrude impression, temporization with Luxatemp and Tempbond.

24.4.07 PM

L.A. Xylocaine 2.2 ml

Preparation of all Mand teeth for PFM crowns.

Secondary Extrude impression, temporization with Luxatemp and Tempbond.

LA Lignospan 2.2ml X 2.

Metal try-in for all crowns.

26.7.07

Cementation of all crowns and bridge with Rely-X unicem.

Try-in of the metal frameworks of Pcc/Pcc.

2.8.07

Insertion of Pcc/Pcc.

Checking the fit of the precision attachments.

Occlusion checked and adjusted.

23.8.07

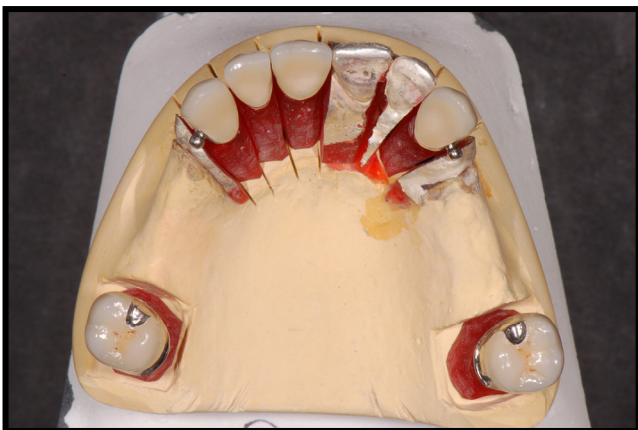
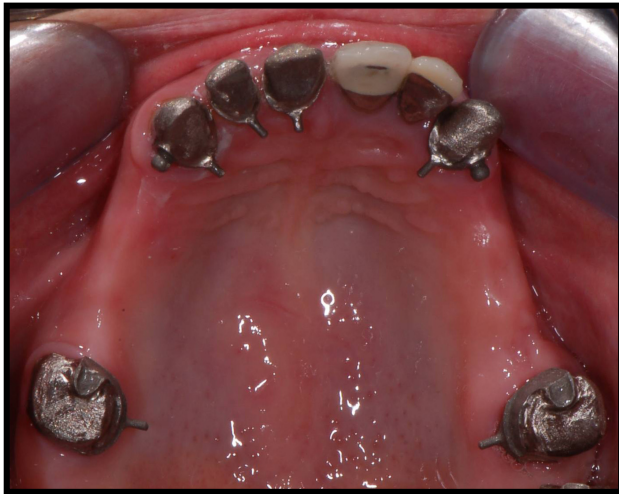
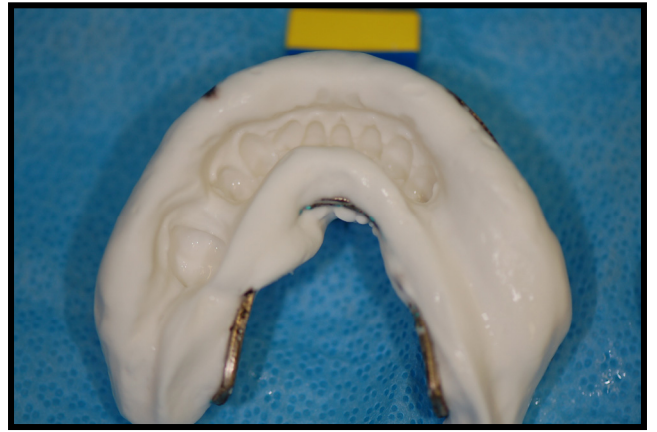
Review.

13.9.07

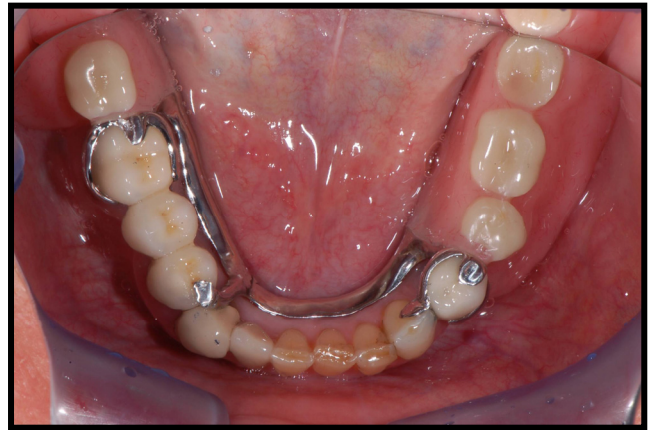
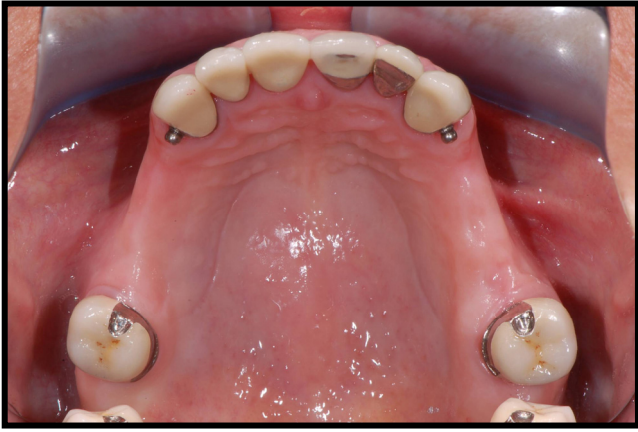
Review.

11.10.07

Review.









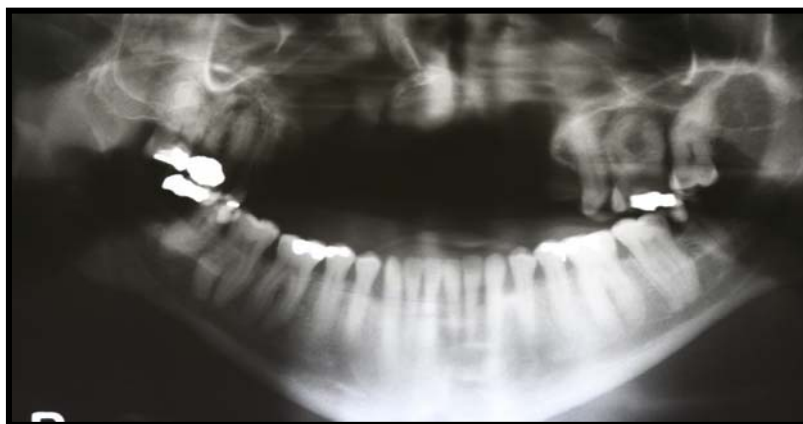
Treatment Report

Patient Name: Mr.Robert, Philip

Date of birth: 30.6.1957

Record Number: 262465

Before Treatment 19.1.2006



History:

Chief Complaint

Wants denture he can function more properly with.

Medical History

- Heart attack and stint placed in 2003.
- On aspirin.

Dental History

Had un-repaired cleft palate. Missing premaxilla along with all anterior teeth.

Patient's Concerns

Function.

Examination:

Extra-oral

-repaired cleft lip.

Intra-oral soft tissue

- Missing premaxilla.
- Direct communication with nasal cavity.

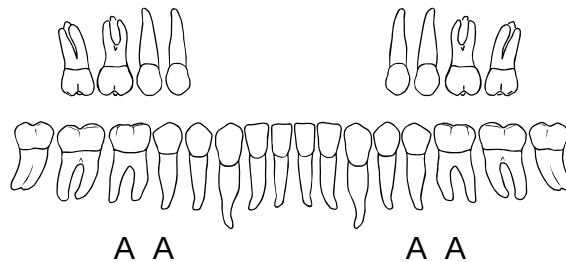
Teeth

A A D A

Keys:

A Amalgam

D Decay



- All max teeth are crowded.
- Max restorations are defective.
- No mobility.
- No pathological pockets.

Periodontium

- Fair oral hygiene.
- Generalized mild-moderate marginal gingivitis.
- Acceptable attached gingiva width.
- Probing depth:
Max, up to 7mm palatal posteriors.
Mand, around 3mm.

Treatment Plan

- RCT for 17, 16, 27 & 26.
- Telescopic crowns on those RCTed teeth with magnetic attachments.
- Metal-reinforced full acrylic overdenture with obturator to block the oro-nasal communication.

Treatment Phases**Phase I**

- Oral hygiene instruction.
- Scaling and root planning.

Phase II

- Root canal therapy.
- Gingivectomy operation to resolve the pseudo-pockets.

Phase III

- Fabrication of Maxillary teeth-retained telescopic overdenture with magnetic attachments.

Phase IV

- Maintenance with frequent recall visits, preferably every 4-6 months.

Treatment progress *(Photos at the end)*

19-1-06

Comprehensive oral exam & records taking

2-2-06

Tx options explained to pt.

Pt will think & get back to us.

28-2-06

Peri consultation.

9-3-06

Max impression with butty, Mand with alginate.

6-4-06

Jaw records and face bow transference using ARCUS Digma electronic face bow.

25-5-06

Try-in anterior teeth.

1-6-06

Teeth try-in.

6-9-06

Tx plan modification.

Since RCT for 16 & 26, overdenture abutments, can't be done till next year, 13, 14, 23, & 24 will be used as overdenture abutments. So Pt can have the denture this year.

4 metal crowns, 4 magnetic attachments, then metal reinforced F/.

6-9-06

16 & 17

LA Lignospan.

16, removal of defective filling. Pulp is necrotic. Pulp debridement & application of Ca(OH) paste into the canals. Temporization with Fuji IX.

17, removal of defective filling and temporization with Fuji IX.

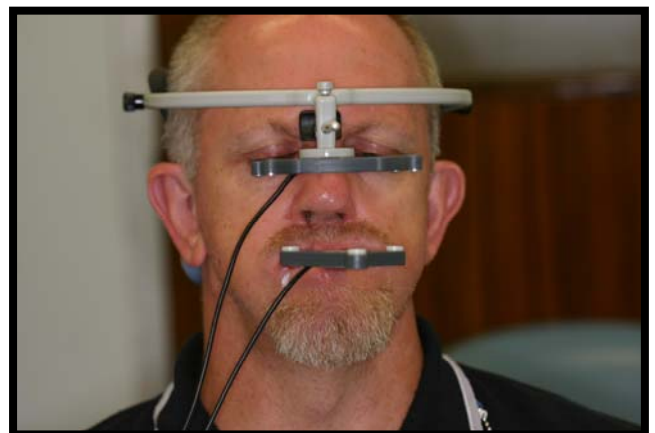
4-10-06

LA Lignospan 1.8ml X 2 Q1 & Q2

Prep 13, 14, 23 & 24 for gold telescopic crowns

Secondary Extrude impression

Temporary Luxatemp crowns



PROTAR Articulator Settings

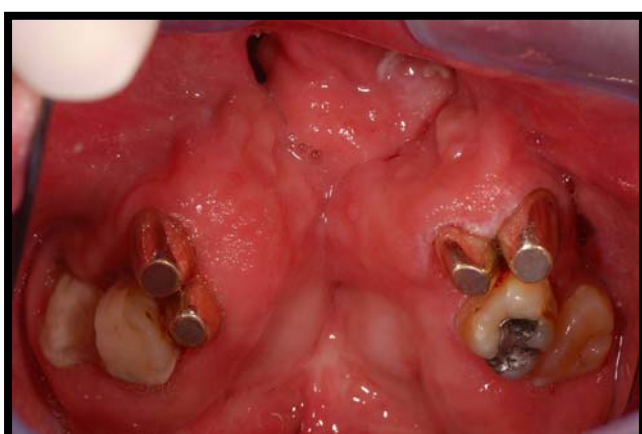
Bite Fork: Position 2

Right Joint		Left Joint	
HCN/HCI	-8.4 (CE)	HCN/HCI	06.1 (CE)
Bennett	08.1	Bennett	04.7
Iss	00.0	Iss	00.0
Shift Angle	00.0	Shift Angle	20.0

Anterior Guidance	
Right	00.0
Middle	00.0
Left	09.7

Exit Reset



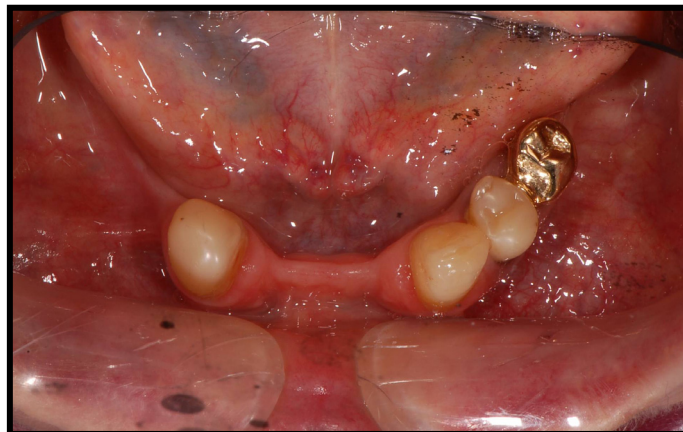
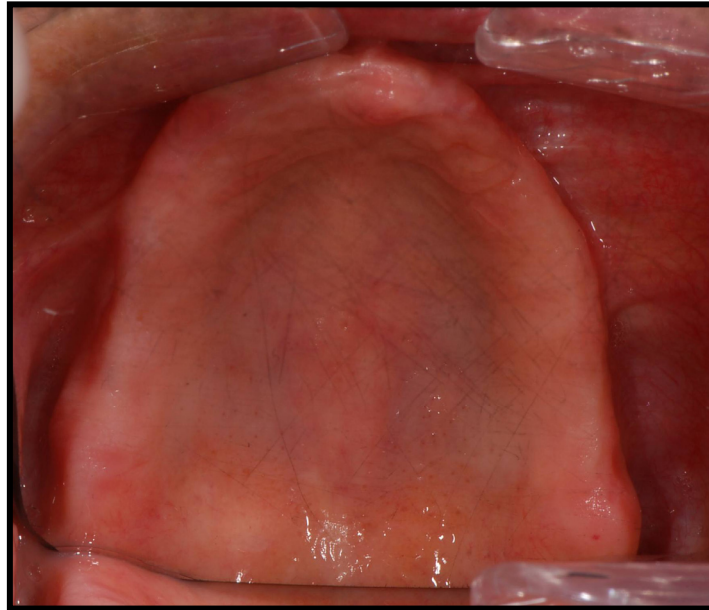


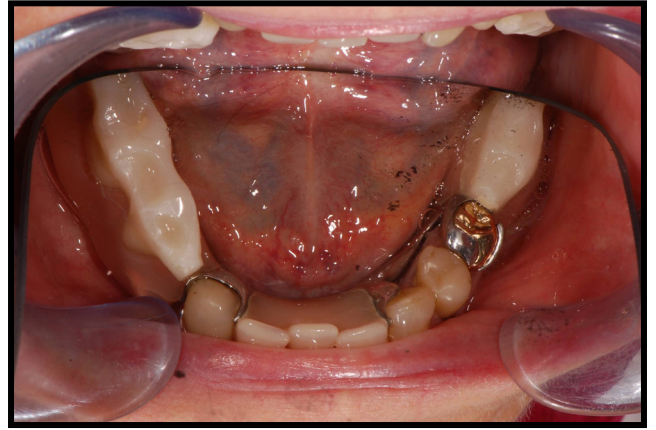


Treatment Report

Patient Name: Mrs.Fitzgerald, Sandra

Record Number: 262830







History:

Chief Complaint Maxillary denture tips when biting on front teeth to pierce a sandwich.

Medical History Clear.

Dental History Full maxillary denture opposing bilateral free end saddle mandibular partial in class II occlusion with severe overbite.
Posterior teeth built with acrylic to increase VD and decrease overbite.

Patient's Concerns Function.

Examination:

Extra-oral NAD.

Intra-oral - Severely resorped maxillary ridge with slight flabby ridge anteriorly.
- Severely resorped mandibular ridge.

Treatment Plan - Re-make F/Pcc with balanced occlusion.

Treatment progress:

1.2.07

Patient has F/Pcc. 5 years old.

Patient is complaining of being unable to tolerate her /Pcc, fullness feeling.

An attempt to increase the vertical dimension using the current /Pcc as a Pover denture with acrylic on the posterior teeth last year.

On exam --> occlusion is un-acceptable.

Plan --> do a clinical remount to adjust the occlusion to balanced occlusal scheme.

22.2.07

Upper and lower Alginate impressions.

1.3.07

Clinical remount on a plasterless articulator.

Shortening of the overextended flanges of the /Pcc.

Selective grinding from the acrylic built-up on the posterior teeth of the /Pcc to achieve balanced occlusion.

8.3.07

Pt reported noticeable comfort, but still not what she would wish for.

Re-do the clinical remount to verify the occlusion.

Selective grinding.

Pt advised to wear it as long as possible.

To be reviewed in a month.

5.4.07

Patient is getting more comfortable but still can't bear the lower partial.
Decision made to re sit the mandibular RPD teeth and try for a month.
If patient is happy--> ok. If not, remake the maxillary denture and increase the VD to achieve balanced occlusion with 1mm overbite.
Patient has been told that this may worsen the feeling of fullness but may help in chewing comfort and eliminate the flipping of the to denture when biting on front teeth.

19.4.07

Records were taken to replace the posterior teeth of the -/Pcc.

26.4.07

Insertion of the -/Pcc and occlusion was checked.

3.5.07

Review.

Patient is improving.

17.5.07

ZOE secondary impression for new F/-.

24.5.07

Teeth try-in.

Needs adjustment, centric records taken.

12.7.07

Teeth try-in.

Still needs adjustments.

9.8.07

Teeth try-in.

Still needs adjustments.

13.9.07

Teeth try-in Ok.

4.10.07

Insert of the F/-.

Patient is happy with the look and feeling.

11.10.07

Review.

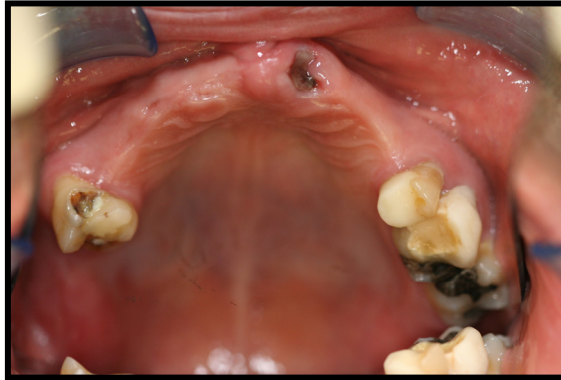
Review.

Treatment Report

Patient Name: Mr.Nagy, Stephen

Date of birth: 15.5.1967

Record Number: 262537



Chief Complaint Restore the missing teeth.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Function.

Examination:

Extra-oral NAD.

Intra-oral

- Severely resorbed maxillary and mandibular ridges.
- Collapsed occlusion with no posterior stopers.

X-ray NAD

Teeth

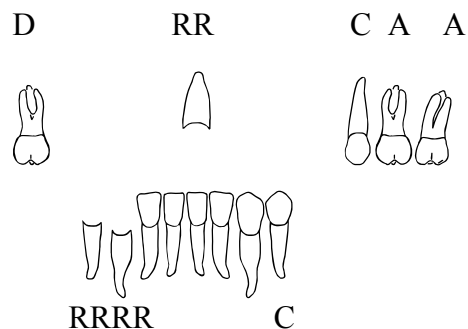
Keys:

D Decay

A Amalgam

C Composite

RR Remaining root



- Remaining roots.
- Carious teeth.
- Defective restorations.
- Mild attrition.
- No mobility.
- No pathological pockets.

Periodontium

- Fair oral hygiene.
- Healthy gingiva with mild marginal gingivitis.

Treatment Plan

- Extract the remaining roots.
- Extract all maxillary teeth to get better peripheral seal and suction effect for the new maxillary complete denture.
- Construct immediate upper complete and lower partial dentures.
- Construct lower chrome cobalt partial denture, after the healing.

Treatment Phases

Phase I

- Oral hygiene instruction.
- Extract all maxillary teeth and mandibular remaining roots 43 & 44.

Phase II

- Root canal treatment "if needed".

Phase III

- construct upper full and lower partial acrylic immediate dentures.
- Construct lower chrome cobalt partial denture after the healing.

Phase IV

Maintenance with recall visits every 4 months.

Treatment progress

9.2.06

Comprehensive oral exam & records taking.

30.3.06

Teeth try-in-->ok.

16.2.06

Secondary impressions with "Extrude"

3.5.06

Extraction and immediate placement of F/P.

2.3.06

Jaw relation records using Gothic arch tracing, face bow transfer and teeth selection "11 width 9mm, shade A2, mould 520 acrylic teeth, midline diastema is required".

4.5.06

24 hr review.

Healing is ok.

Occlusion not good.

11.5.06

1 review week. Wrong centric. Remount records taken.

Adjustments to be done in lab.

16.3.06

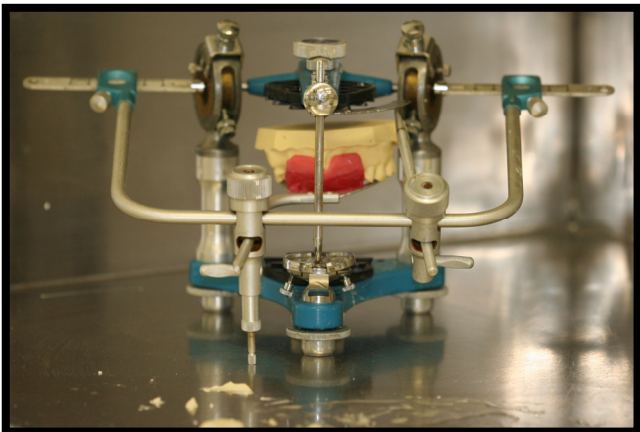
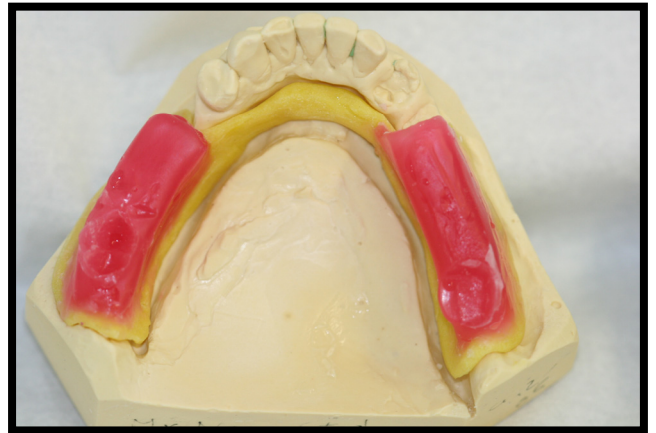
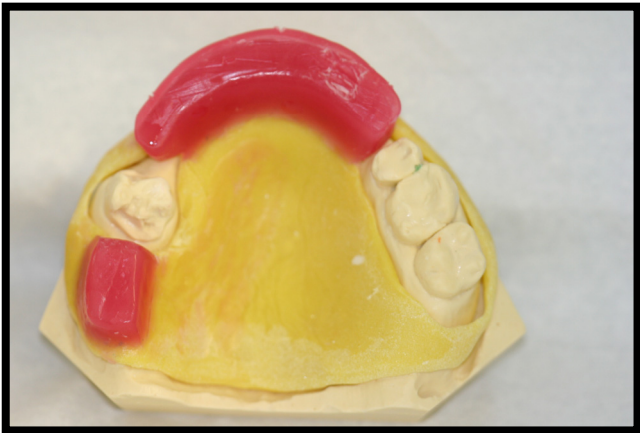
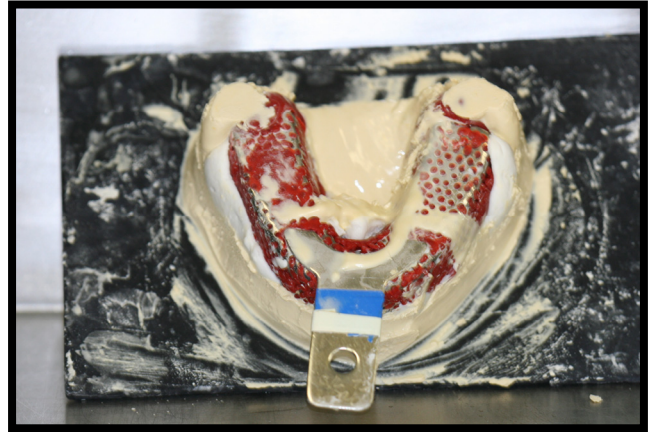
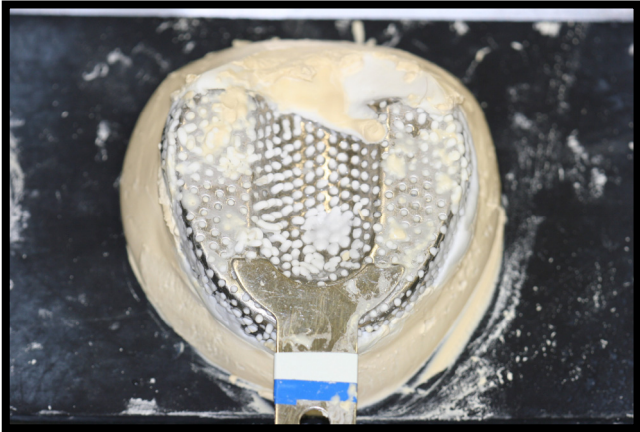
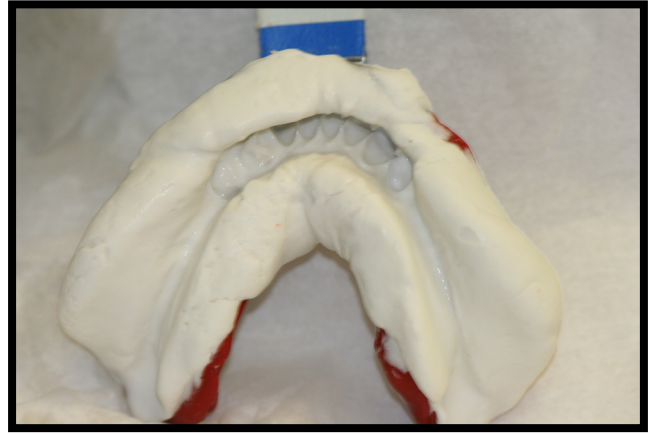
Retake jaw records the conventional way.

18.5.06

Insertion of the F/P.

7.9.06

Permanent relines of F/.





Treatment Report

Patient Name: Mrs.butler, tammy

Date of birth: 28.4.1981

Record Number: 241957

History:

Chief Complaint Very dark upper front tooth.

Medical History Clear.

Dental History Tooth 21 had primary endo secondary perio lesion lead to very deep pocket palataly and discoloration of the tooth.

Patient's Concerns Aesthetics.

Examination:

Extra-oral Nothing significant.

Intra-oral No detectable active lesions.

X-ray 21 periapical radiolucency following the apicectomy procedure.

Periodontium

- Good oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan Porcelain veneer for the 21.

Treatment progress

18-5-05

History taking and examination.

25-5-05

L.A. Lignospan 1.8ml buccal infiltration.

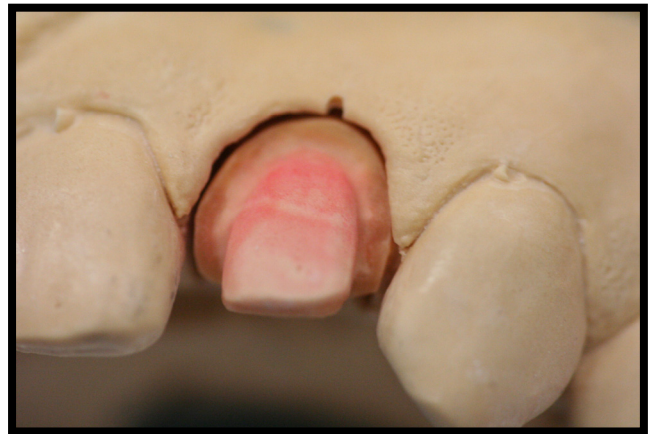
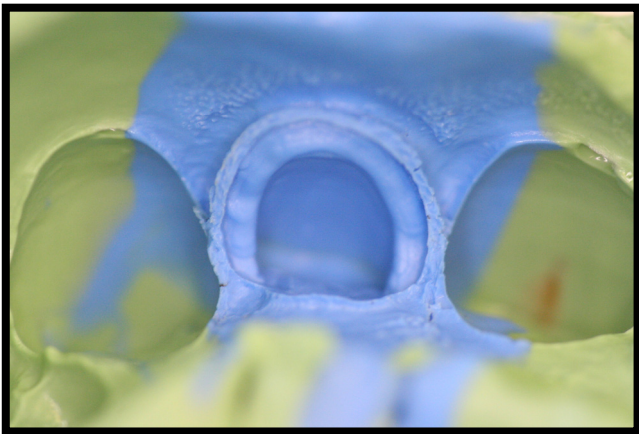
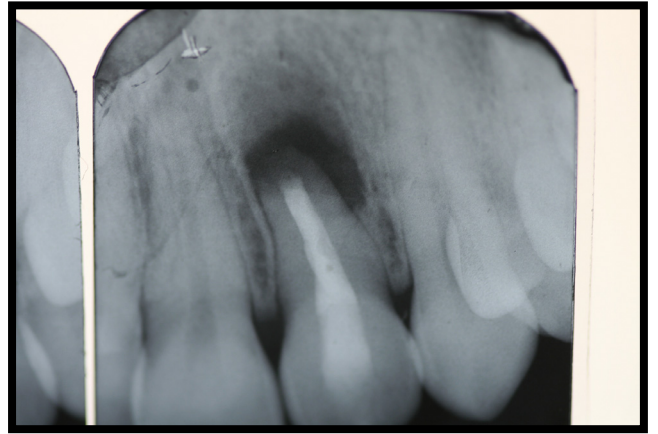
Tooth 22 preped for porcelain veneer with incisal and proximal overlap.

13-6-05

Try-in of veneer, still too dark.... Several times

17-8-05

Cementation of the veneer with RelyX resin cement.



Treatment Report

Patient Name: Mrs. Burgi, Teekelina

Date of Birth: 23.9.1939

Record Number: 240766

Before Treatment 26.5.20



History:

Chief Complaint She is not comfortable with the dentures she has.

Medical History Clear.

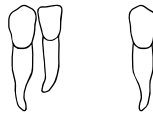
Dental History Not significant.

Patient's Concerns Esthetics & function.

Examination:

Extra-oral NAD.

Intra-oral Maxilla: Mild flabby ridge anteriorly.
Mandibular: Severely resorbed ridge.

Teeth

- Caries free.
- Mild attrition.
- No mobility.
- No pathological pockets.

Periodontium

- Good maintainable oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan Complete maxillary denture.
Teeth-retained mandibular overdenture with magnetic attachments.

Treatment Phases

Phase I

- Oral hygiene instruction.
- Prophy for the remaining teeth.

Phase II RCT for the 33 & 43.

Phase III

- Fabricate the gold coping with magnetic attachments to retain the mandibular overdenture.
- Fabricatio0n of full upper denture and full lower overdenture.

Phase IV Maintenance with recall visits every 4 months.

Treatment progress (Photos at the end)

26-5-05

Examination, upper and lower alginate impressions.

9-6-05

Treatment plan presented to the patient.

22-6-05

Secondary upper and lower impressions using ZoE “ SS White” for the maxilla and PVS “Extrude” for the mandible.

8-7-05

Jaw record and face bow transfer.

Teeth selection.

27-7-05

Anterior teeth try-in.

19-1-06

Review & verify Tx plan.

Refer for RCT for 33 & 43.

09-3-06

Tooth 33, L.A. Xylocaine IANB.

Access cavity, pulp extirpation, cleaning & shaping.

W.L. 25mm 25", MAF 35"

Dressing with Ca(OH) then Cavit & GIC temp filling.

16-3-06

Tooth 33, L.A. Xylocaine 1.0ml mental nerve block. R.D. Application, obturation using G.P. in lateral condensation tech. Temp with Cavit and Fuji IX.

23-3-06

Tooth # 43.

L.A Xylocaine 1.8ml IANB.

Access cavity.

WL 25mm, IF 20", MAF 35"

Cleaning & shaping using stepback tech.

Dressing with Ca(OH) paste, Cavit & Fuji IX.

30-3-06

Tooth 43, L.A. Xylocaine 1.0ml mental nerve block. R.D. Application, obturation using G.P. in lateral condensation tech. Temp with Cavit and Fuji IX.

11-5-06

Tx plan modification. Tooth # 42 to be extracted.

Primary U/L alginate impressions for F/F teeth-retained overdenture.

18-5-06

Arrangement for immediate placement of /F by modifying the existing partial.

7-6-06

Extraction of 42. Decappitation of 33 & 43 and temporary filling the root canal with Fuji IX.

8-6-06

24hr review.

19-7-06

Prep abutment teeth for coping.

31-8-06

cementation of 33 & 43 gold copings with FujiCem.

7-9-06

secondary impressions

max SS White, mand Extrude.

14-9-06

Jaw relation registration and face bow transfer. Teeth was selected.

12-10-06

Teeth try-in.

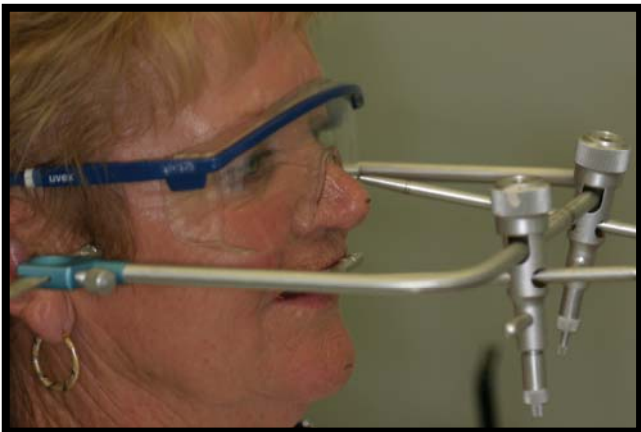
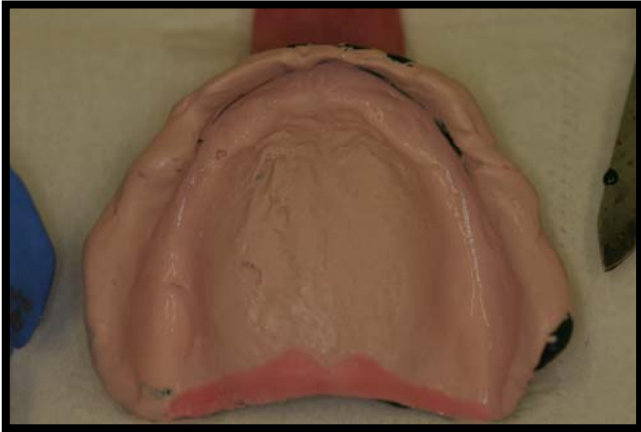
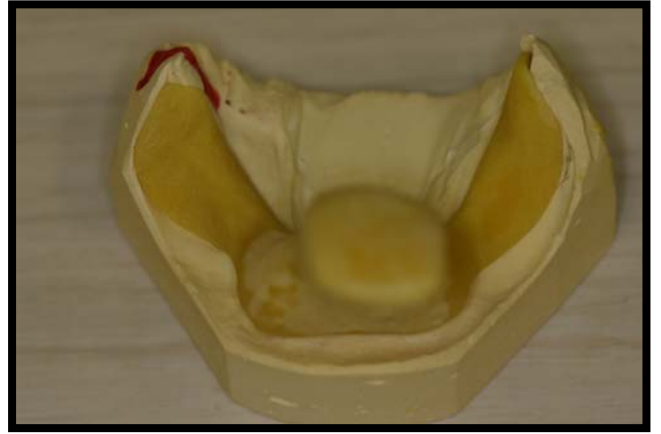
Pt likes the look of Cl II mod 1 occlusion.

Overjet increased to 9mm.

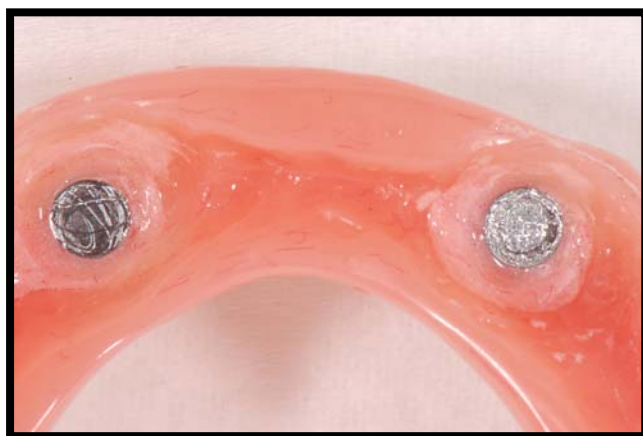
19-10-06

Insertion of F/F. Occlusion adjustment.

Chair-side attaching the magnetic attachments using cold-cure acrylic.







Treatment Report

Patient Name: Mr. Gale, Tim

Record Number: 231145

Before Treatment 28.2.2007



History:**Chief Complaint**

Bad looking front teeth.

Medical History

Clear.

Dental History

Worn off dentition restored with PFM crowns on the canines and composite resin onlays on the posterior teeth.

Patient's Concerns

Aesthetic and function.

Examination:**Extra-oral**

NAD

Intra-oral

Over-erupted mandibular anterior teeth.

X-ray

NAD

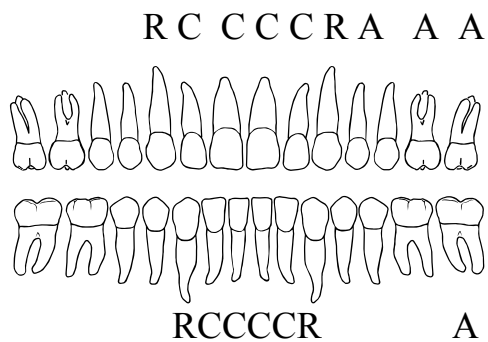
Teeth**Keys:**

D Decay

A Amalgam

C Composite

R Crown



- Caries free.
- No defective restorations.
- Moderate attrition.
- No mobility.
- No pathological pockets.

Periodontium

- Fair oral hygiene.
- Healthy gingiva with mild marginal gingivitis.
- Acceptable attached gingiva width.

Treatment Plan

- Raise the occlusal vertical dimension and try it with temporary crowns.
- 12 Procera crowns for the Max and Mand anterior teeth 13-to-23 and 33-to-43.
- Empress onlays for the Mand posterior teeth 34-to-37 and 44-to-47.

Treatment Phases**Phase I**

- Oral hygiene instruction.
- Scaling and root planning.

Phase II

N/A

Phase III

Crowns and onlays fabrication.

Phase IV

Maintenance with recall visits every 3-4 months.

Treatment progress *(Photos at the end)*

28.2.07

C/O Patient was referred to crown the 8 incisors.

C/E Patient has history of worn off occlusion caused by clenching and salivary impairment with inadequate fluid intake.

Patient has been treated with composite build ups of Mand posterior teeth and PFM's for all canines, composite crowns on all incisors.

All composite crowns are discoloured and the posterior ones are worn off. Canines PFM's don't match the color of the teeth with gingival shadowing of the metal substructure.

Lower incisors have over-erupted and VD collapsed by 2 mm. Very deep over-bite

Patient was advised to consider full mouth rehabilitation with increasing the vertical dimension.

Records were taken.

Tx plan to be formulated and explained after records analysis.

14.3.07

Tx options explained to the patient

Patient will think and get back next visit.

20.3.07

Tx plan confirmed and steps explained to the patient

Extrude impressions and Gothic arch tracing to record the centric relation

3.4.07

Re take the jaw records and the impressions using PVS.

8.5.07

LA Lignospan 2.2ml.

Prep teeth 34 to 37 and 44 to 47 for Empress onlays.

Temporize with Luxatemp and Tempbond.

29.5.07 AM

LA Lignospan 2.2ml.

Prep teeth 13 to 23 for LAVA crowns.

Temporize with Luxatemp and Tempbond.

29.5.07 PM

LA Lignospan 2.2ml.

Prep teeth 33 to 43 for LAVA crowns.

Temporize with Luxatemp and Tempbond.

5.6.07

LA Lignospan 2.2ml.

Cement the Empress onlays 34,35,36,37 44,45,46,47 with Panavia.
Occlusion checked.

12.6.07

LA Lignospan 2.2ml.

Extrude secondary impression for 13 to 23 LAVA crowns.

Bite records taken.

Recement temporaries with Tempbond.

10.7.07

LA Lignospan 2.2ml.

Cement the 6 Procera crowns, 13-to-23, with Panavia.

Occlusion checked.

1.8.07

LA Lignospan 2.2ml.

Extrude secondary impression for 33 to 43 Procera crowns.

Bite records taken against upper final crowns.

Recement temporaries with Tempbond.

5.9.07

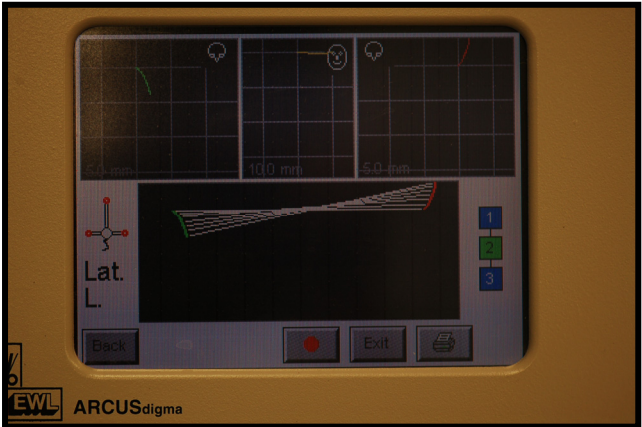
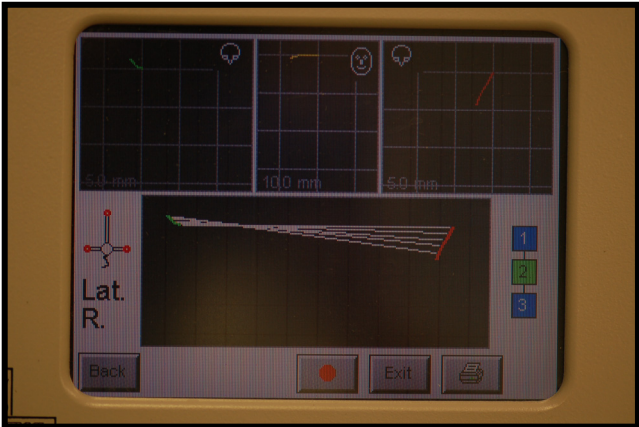
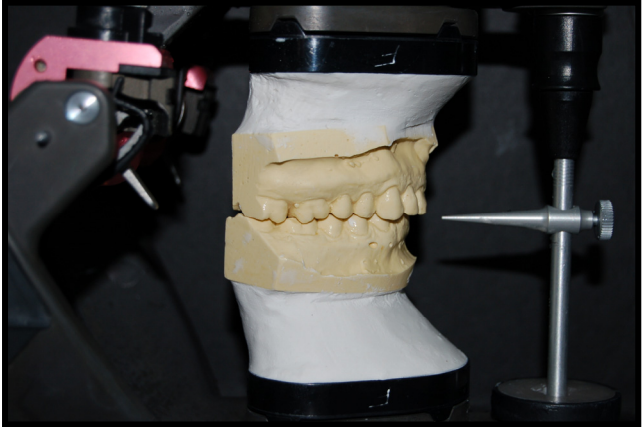
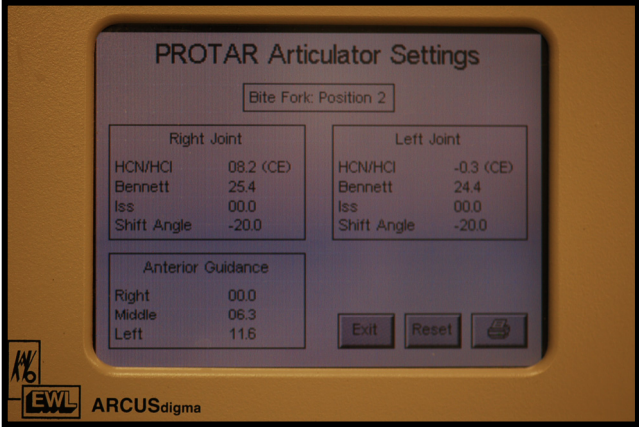
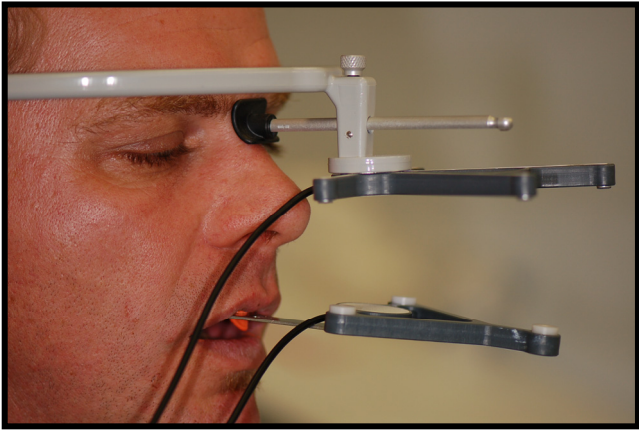
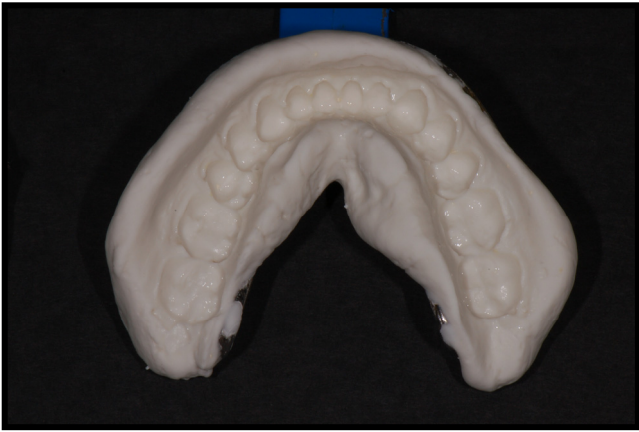
LA Lignospan 2.2ml.

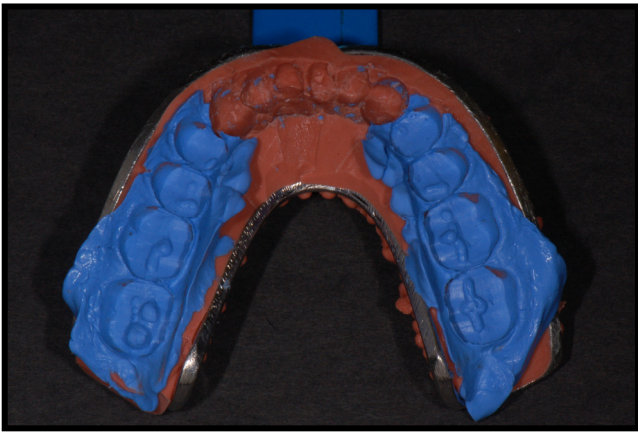
Cement the 6 Procera crowns, 33-to-43, with Panavia.

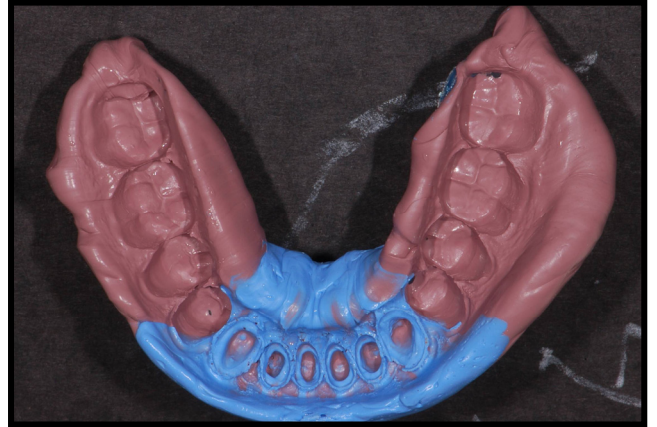
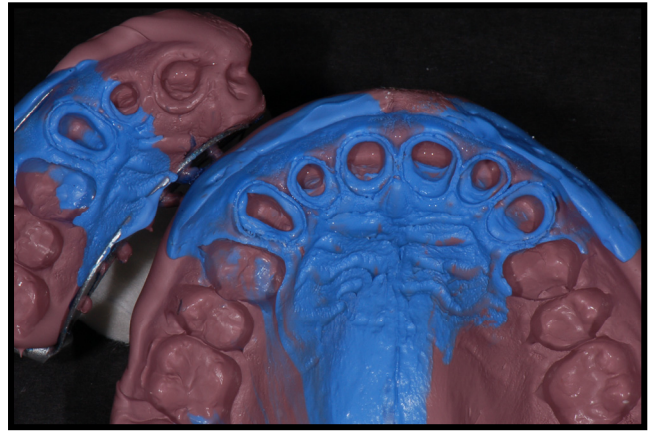
Occlusion checked.

19.9.07

Insertion and adjustment if a night guard.







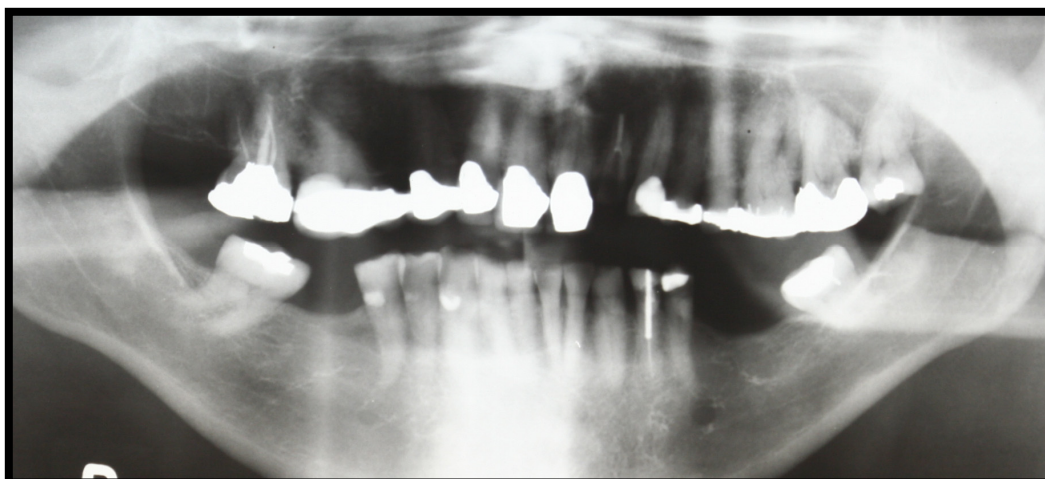


Treatment Report

Patient Name: Mr. Renierse, Antonuis

Date of birth: 1.8.1940

Record Number: 251432



History:

Chief Complaint Wants to replace missing teeth.

Medical History Clear.

Dental History Not significant.

Patient's Concerns Function.

Examination:

Extra-oral Nothing significant.

Intra-oral

Keys:

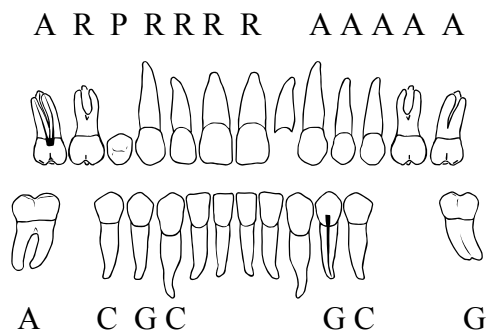
A Amalgam

C Composite

G Glass-ionomer

R Crown

P Pontic



- No active lesions.
- No pathological pockets.
- No mobility.
- Moderate attrition of the lower anteriors.
- 37 & 46 are mesially tilted.

Treatment Plan Max: PFM cantilever bridge 23-22
Mand: /Pcc.

