

D-1 Design Form

Fixed Prosthesis



Division of General Dentistry, Department of Family and Community Dentistry

Student name _____ Code _____

Type of work	<input type="checkbox"/> Crown/surveyed Crown on _____ <input type="checkbox"/> Bridge/surveyed Bridge on _____
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Condition of abutments

Tooth condition	(caries lesion, presenting restoration, defective tooth surface, endodontically treated teeth, mobility, etc.) _____ _____ _____ _____
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Tooth angulation and inclination	_____ _____
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Radiographic findings

Root number and morphology	_____ _____
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Crown : Root ratio	_____ _____
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Endodontically treated teeth	_____ _____ _____ _____
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Amount and quality of supporting structure	_____ _____
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Periodontal status

Attached gingiva	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
High frenum attachment	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify _____)
Pocket depth ≥4 mm	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify _____)
Gingival recession	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify _____)

Drawing Design

Buccal	lingual	Mesial	Distal	Occlusal

Student/Date _____ Instructor/Date _____ Consultant/Date _____

D-2 Design Form

Fixed Prosthesis

BARCODE

Division of General Dentistry, Department of Family and Community Dentistry

Buccal	lingual	Mesial	Distal	Occlusal
Type of crown or bridge _____			Type of margins _____	
Type of pontic _____			Type of materials (alloys, ceramic) _____	
Prep. design	Tooth No. _____		Tooth No. _____	
Buccal	Finishing line, location			
Lingual				
Mesial				
Distal				
Occlusal	reduction			
Proximal				
Buccal				
Lingual				
Post & core Design		Ferrule _____ Type of post & core _____ Post & core preparation _____ _____ _____ _____		Pontic Design
Final impression Technique _____ Material _____ Type of cement _____ Shade: System _____ Colour _____				

Student/Date _____ Instructor/Date _____ Consultant/Date _____

D-3 Design Form

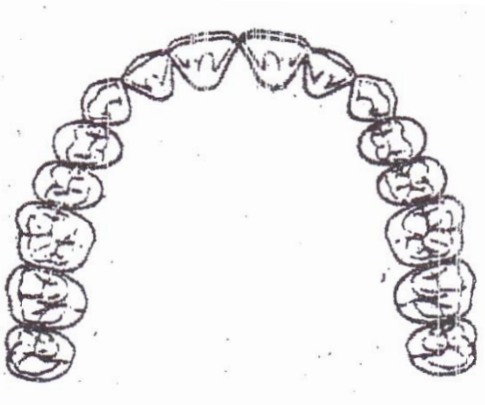
Removable Prosthesis

BARCODE

Division of General Dentistry, Department of Family and Community Dentistry

Type of work TP APD RPD RPOD on _____ CD

Student's name _____ Patient Gender Male Female
 Code _____ Age _____

Upper arch	Tooth No.	C:R ratio	clinical implication
			

Colour index:
 red- metal framework/cast clasp,
 blue- wrought wire, green- resin

Torus palatinus: absent / present

Design: Kennedy's Classification: _____

Tooth NO.	directed retainer	retentive clasp type	retentive area / amount	reciprocation	rest location

Major connector: _____ Minor connector: _____

Indirect retainer : _____

Tooth preparation: Guiding plane area: _____

Recontour: _____

Student/Date _____ Instructor/Date _____ Consultant/Date _____

D-4 Design Form

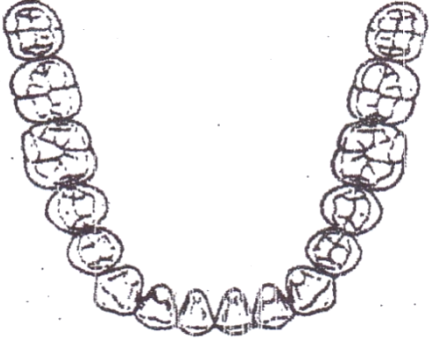
Removable Prosthesis

BARCODE

Division of General Dentistry, Department of Family and Community Dentistry

Type of work TP APD RPD RPOD on _____ CD

Student's name _____ Patient Gender Male Female
 Code _____ Age _____

Lower arch	Tooth No.	C:R ratio	clinical implication
			

Colour index:
 red- metal framework/cast clasp,
 blue- wrought wire, green- resin

depth of floor of mouth: _____mm.

Torus mandibularis : absent / present

Design: Kennedy's Classification: _____

Tooth NO.	directed retainer	retentive clasp type	retentive area / amount	reciprocation	rest location

Major connector: _____ Minor connector: _____

Indirect retainer : _____

Tooth preparation: Guiding plane area: _____

Recontour: _____

Student/Date _____ Instructor/Date _____ Consultant/Date _____