

Prosthodontic department  
Acrylic Removable Partial Denture

Student's name	Group

Patient's name		Telephone		Occupation	
Age	Gender	Address			

Is this the first time you attended this hospital :

Medical history	
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Dental history

1. Reason for tooth extraction
2. Do you visit the dentist regularly?
3. Reason for constructing a partial denture
4. Any previous partial denture?
  - A. What is the type
  - B. What are the reason for not using it?
5. Any experience from old treatment

Examination

A. Extra oral :

1. TMJ disorder (clicking)
2. Muscles of mastication (tone)
3. Facial tissue and structure

B. Intraoral

Diagnosis & starting:	Name and Signature of the instructor:

Clinical Stage		Name and signature of the instructor	Date	Grade
Primary impression & study cast	Upper			
	Lower			
Final impression & master cast	Upper			
	Lower			
Registration of jaw relation				
Trial denture in mouth				
Denture insertion				
1 <sup>st</sup> adjustment				
2 <sup>nd</sup> adjustment				

**Diagnosis & starting:**

*Name and signature of the instructor:*

Clinical Stage		Name and signature of the instructor	Date	Grade
Primary impression & study cast	Upper			
	Lower			
Final impression & master cast	Upper			
	Lower			
Registration of jaw relation				
Trial denture in mouth				
Denture insertion				
1 <sup>st</sup> adjustment				
2 <sup>nd</sup> adjustment				

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Missing teeth

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Carious teeth

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

C. Condition of soft tissue	
D. Presence of any abnormal lesion	
E. Mobility of abutment	
F. Teeth to be extracted	
G. Pre-prosthetic treatment required	

Diagnosis and starting	Signature of instructor

Stage	Signature of instructor	Date	Grade
Preliminary impression a. Upper b. Lower			
Diagnostic cast-surveying			
Final impression a. Upper b. Lower			
Registration of jaw relation			
Trial denture			
Ready for flasking			
R.P.D in the mouth			
1st adjustment			
Final evaluation			

**Prosthetic Dentistry Department**  
**Complete Denture Case Sheet**

<b>Student's Name:</b>	<b>Group:</b>
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<b>Patient's Name:</b>	<b>Age:</b>	<b>Occupation:</b>
<b>Address:</b>	<b>Gender:</b>	<b>Phone no.:</b>

<b>Chief Complain:</b>	Pain	Function	Aesthetics
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<b>Medical History:</b>	
Any systemic disease:	
Any medicine taken by the patient and for how long:	
Any past surgery:	

<b>Dental History:</b>			
When was the last tooth extraction:			
Reason for tooth extraction: (periodontitis, caries, trauma, other)			
Evaluation of the previous denture & its type (if any):			(choose Good or Bad)
Retention:	Stability:	Aesthetics:	Occlusion:
Comfort:	horizontal relation:	Vertical relation:	

**Clinical Examination:**

<b>Extra-oral examination:</b>			
Face form:	square	tapered	ovoid
Facial profile:	straight	concave	convex
Facial & masticatory muscle tone:	normal	tense	floppy
TMJ (mouth opening):	limitation	deviation	clicking
Vertical dimension at rest position:			
Lip form:	short	long	average

<b>Intra-oral examination:</b>				
Arch form:	upper/	lower/	(U, V, or square form)	
Arch size:	upper/	lower/	(large, small, or average)	
Ridge form:	upper/	lower/	(normal, flat, or irregular)	
Mucosa:	upper/	lower/	(firm, flabby)	
Palatal form:	U-shape	V-shape	flat	
Tongue size:	large	small	average	
	position:		normal	retruded
Any bony exostosis or tongue tie or high fraenum attachment:				
Angle's Classification:	Class I	Class II	Class III	

<b>Treatment plan:</b>	
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