

KHYBER MEDICAL UNIVERSITY



3RD YEAR BDS LOGBOOK

Student's Name:

Date of Submission:

INTRODUCTION

The log book is required as a record of training and learning during the clinical rotation in removable prosthodontics.

It will be used as a part of assessment of candidate as to their suitability of the award of the Bachelor of Dental Surgery degree. It is imperative that patient data is kept confidential throughout the clinical year and beyond.

LEARNING OUTCOMES:

By the end of the Removable Partial Denture course, students will be able to:

1. Identify the armamentarium used in Prosthodontics ward.
2. Understand the standard operating procedures in the prosthodontics ward.
3. Complete the step-by-step fabrication of removable partial dentures on models and for patients.
4. Demonstrate punctuality, appropriate dress code, and professional behavior in all ward activities
5. Engage in effective communication with patients, peers, faculty, and staff.
6. Evaluate personal performance and progress through reflective practice and feedback.

ARMAMENTARIUM:

1. Diagnostic instruments

- Mouth mirror
- Probe
- Tweezer
- Explorer

2. Impression trays:

- Stock trays(dentate and edentulous)
- Perforated trays

3. Fabrication tools

- Bowl & Spatula
- Mixing slab
- Pliers Round, Flat, Adam's plier
- Wire cutter
- Glass bowl for Acrylic mixing
- Wax knife
- Plaster knife
- Wax carver
- Dental flask
- Ruler/Scale(Flexible)
- Spirit lamp/ torch
- Measuring scoops
- Magnifying glass

4. Cutting/Trimming Instruments:

- Dental lathes
- Bench grinders
- Acrylic trimmers
- Carborundum discs
- Finishing burs
- Trimming knives
- Acrylic burs(Flame, barrel, round, fissure)
- Carbide burs
- Diamond burs

Standard Operating Procedures (SOPs) for Prosthodontics Ward

1. GENERAL CONDUCT

- **Punctuality:** Students must arrive on time for all sessions.
- **Dress Code:** Wear appropriate clinical attire, including lab coats and name tags.
- **Hygiene:** Maintain high standards of personal and workspace hygiene.
- **Attendance:** Attendance is mandatory for all sessions.
- **Behavior:** Display professional and respectful behavior towards peers, faculty, and patients.

2. Safety and Infection Control

- **Hand Hygiene:** Perform hand hygiene before and after each procedure.
- **Personal Protective Equipment (PPE):** Use gloves, masks, and eye protection as required.
- **Disinfection:** Ensure all instruments and surfaces are properly disinfected before and after use.
- **Waste Disposal:** Dispose of clinical waste in designated bins according to biohazard protocols.

3. Preclinical Activities

- **Preparation:** Ensure all materials and instruments are ready before the session.
- **Documentation:** Maintain accurate and complete records of all procedures in the logbook.
- **Supervision:** Work under the supervision of faculty or trained technicians at all times.

4. Use of Facilities

- **Practice:** Utilize models and simulators for practice as per the schedule.
- **Equipment:** Handle all equipment with care and return it to its designated place after use.
- **Laboratory Usage:** Use laboratory space responsibly and ensure it is clean before leaving.
- **Break Times:** Follow the schedule for breaks and ensure timely return to sessions.

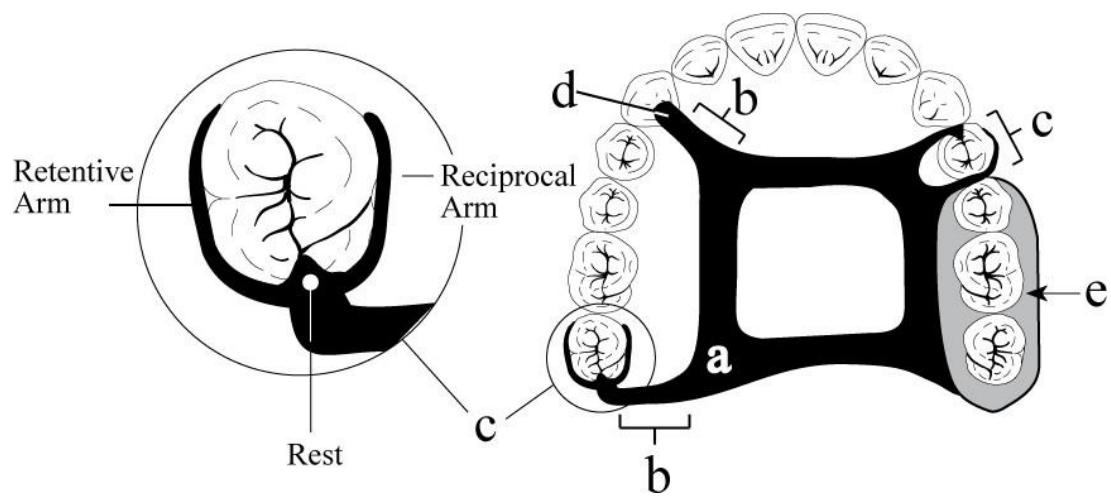
5. Communication

- **Queries and Concerns:** Address any queries or concerns to the designated faculty member.

REMOVABLE PARTIAL DENTURE:

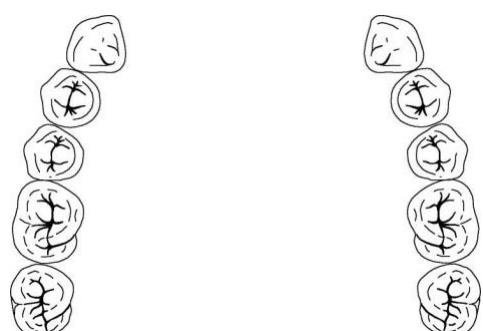
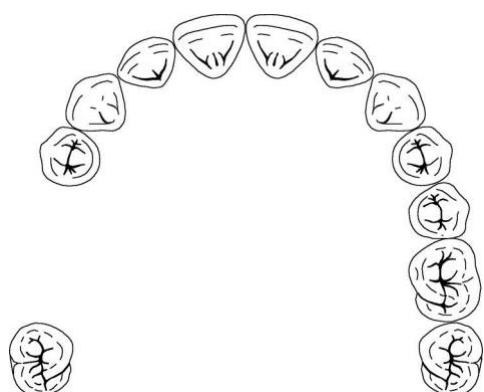
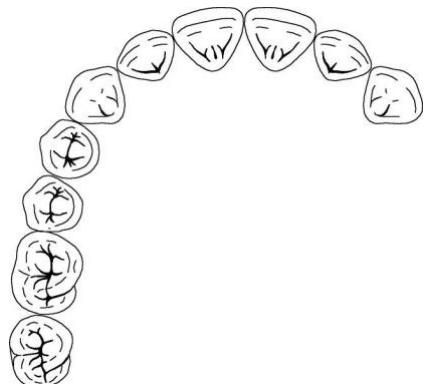
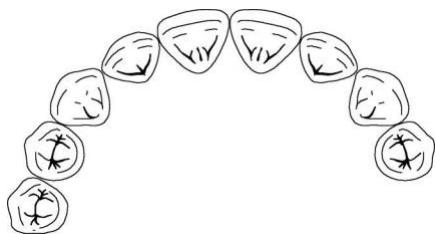
COMPONENTS OF REMOVABLE PARTIAL DENTURE:

IDENTIFY COMPONENTS OF PARTIAL DENTURE



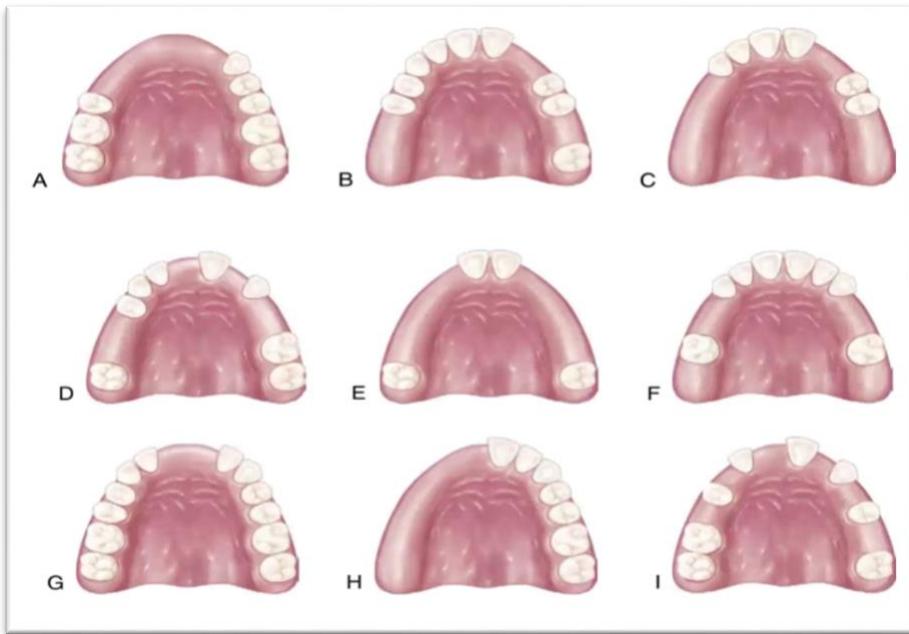
KENEDDY'S CLASSIFICATION:

IDENTIFY KENNEDY'S CLASSIFICATION



APPLEGATE RULES:

APPLY APPLEGATE'S RULES ON GIVEN ARCHES



DENTAL SURVEYOR & SURVEYING :

Define surveying and write procedure of surveying a cast :

DENTAL SURVEYOR & ITS PARTS :



ACRYLIC REMOVABLE PARTIAL DENTURE CASES:

Patient Name: _____ Age _____ Gender _____ OPD No. _____

Address: _____

Phone _____

Occupation _____ Date _____

Chief Complaints:

Medical History:

Drug History:

Social History (smoking; Para functional habits; Sports etc.):

Dental History:

Periodontal History:

Orthodontic History:

Endodontic history:

Surgical (oral) history:

History of TMJ Dysfunction:

Prosthodontic history:

Restorative history:

CLINICAL EXAMINATION:

A. Extraoral:

Facial Symmetry Swellings Depressed area

Developmental syndromes Skin color Facial type

No. of teeth display during Smile:

TMJ:

Click sound Y/N Deviation Y/N Pain on mouth opening. Y/N

Maximum jaw opening (.....mm) Lateral jaw movement (.....mm) (L)(R)

Protrusive movement (.....mm)

Muscles: Hypertrophy Atrophy

Intraoral: The intraoperative photograph shows the surgical site with the gingival flap reflected to reveal the underlying bone. The surgical site is clean and hemostatic.

Dental Ch

Periodontal:

- a. Gingival Color b. Bleeding on touching c. Width of attached gingival in mm
- d. Gingival recession e. Pocket (depth in mm and the teeth)

Occlusion: CO=CR (Y/ N)

Occlusal plane: Even Uneven

Functional Occlusion: Canine guided Group Function

Occlusal interference Right Left

Molar relationship:

Class 1(R/L) Class 2 (R/L) Class 3 (R/L)
Canine relationship Class 1(R/L) Class 2 (R/L) Class 3 (R/L)

Mid line:

Normal Deviated to right Deviated to left

Incisal relation:

Loss of OVD: Yes No

Tooth surfaces loss Attrition Abrasion Erosion Abfraction

Tilted teeth: _____ Supernumerary Teeth _____.

Hypocalcification/Hypoplasia: _____

Congenital malformation: _____

Discoloration: _____ Over retained deciduous Teeth: _____

Teeth in Cross bite: Over eruption:

Diastema:

Crowding:

Other details:

INVESTIGATIONS:

RADIOGRAPHS:

Types

Date

Findings

PHOTOGRAPHS:

DIAGNOSTIC CASTS:

Articulated: _____ non articulated _____.

Findings:

OTHERTESTS:

PROBLEM LIST:

1 _____ 2 _____

3 _____

4 _____

5 _____ 6 _____

TREATMENT PLAN:

Treatment options: Treatment chosen (After informed patient consent)

1 _____

2 _____

3 _____

DETAILS OF PROCEDURES PERFORMED:

PRE AND POST-OP PICTURES :

Case No. _____

Patient Name: _____ **Age** _____ **Gender** _____ **OPD No.** _____

Address: _____

Phone _____

Occupation _____ **Date** _____

Chief Complaints:

Medical History:

Drug History:

Social History (smoking; Para functional habits; Sports etc.):

Dental History:

Periodontal History:

Orthodontic History:

Endodontic history:

Surgical (oral) history:

History of TMJ Dysfunction:

Prosthodontic history:

Restorative history:

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Molar relationship:

Class 1(R/L)	Class 2 (R/L)	Class 3 (R/L)	
Canine relationship	Class 1(R/L)	Class 2 (R/L)	Class 3 (R/L)

Mid line:

Normal Deviated to right Deviated to left

Incisal relation:

Normal	Open	Overbite
Loss of OVD:	Yes	No

Tooth surfaces loss Attrition Abrasion Erosion Abfraction

Tilted teeth: _____ Supernumerary Teeth: _____.

Hypocalcification/Hypoplasia: _____.

Congenital malformation: _____.

Discoloration: _____ Over retained deciduous Teeth: _____.

Teeth in Cross bite: _____ Over eruption: _____.

Diastema: _____

Crowding: _____

Other details:
_____.

INVESTIGATIONS:

RADIOGRAPHS:

Types

Date

Findings

PHOTOGRAPHS:

DIAGNOSTIC CASTS:

Articulated: _____ non articulated _____.

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Teeth in Cross bite: _____ Over eruption: _____.

Diastema: _____

Crowding: _____

Other details: _____.

INVESTIGATIONS:

RADIOGRAPHS:

Types

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Other details:
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RADIOGRAPHS:

Types

Date

Findings

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DIAGNOSTIC CASTS:

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Findings:

OTHERTESTS:

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Medical History:

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Dental History:

Periodontal History:

Orthodontic History:

Endodontic history:

Surgical (oral) history:

History of TMJ Dysfunction:

Prosthodontic history:

Restorative history:

CLINICAL EXAMINATION:

E. Extraoral:

Facial Symmetry	Swellings	Depressed area
Developmental syndromes	Skin color	Facial type
Hair thickness	Hair Color	lymph node
Lip competence	Lip contour	
No. of teeth display during Smile:		

TMJ

Click sound Y/N Deviation Y/N Pain on mouth opening. Y/N

Maximum jaw opening (.....mm) Lateral jaw movement (.....mm) (L)(R)

Protrusive movement (.....mm)

Muscles: Hypertrophy Atrophy

Intraoral:

Dental Charting:

Periodontal:

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Teeth in Cross bite: _____ Over eruption: _____.

Diastema: _____

Crowding: _____

Other details:
_____.

INVESTIGATIONS:

RADIOGRAPHS:

Types

Date

Findings

PHOTOGRAPHS:

DIAGNOSTIC CASTS:

Articulated: _____ non articulated _____.

Findings:

OTHER

TESTS:

PROBLEM LIST:

1 _____ 2 _____
3 _____
4 _____
5 _____ 6 _____

TREATMENT PLAN:

Treatment options: Treatment chosen (After informed patient consent)

1 _____
2 _____
3 _____

DETAILS OF PROCEDURES PERFORMED:

PRE AND POST OP PICTURES:

CAST PARTIAL DENTURE (CPD) – MODEL / PHANTOM HEAD

CASE NO:

SECTION 1: EXERCISE DETAILS

Nature of Exercise Model / Phantom Head

Arch Maxillary / Mandibular

SECTION 2: CASE DESCRIPTION (MODEL BASED)

Kennedy Classification

Modification

Teeth Present

Teeth Missing

SECTION 3: SURVEYING PROCEDURE

Step	Completed (✓)	Remarks
Mounting of cast on surveyor		
Determination of path of insertion	a. Vertical _____ b. Tilted _____ c. Rotational	
Marking height of contour		
Identification of retentive undercuts	a. 0.01 _____ b. 0.02 _____ c. 0.03	
Tripodding of cast		

SECTION 4: CPD DESIGN

Major Connector

Minor Connectors

Rests (type & location)

Direct Retainers

Indirect Retainers

Denture Base

SECTION 5: DRAW THE DESIGNED CAST PARTIAL DENTURE

SECTION 6: ABUTMENT TOOTH SELECTION

Abutment Tooth	Mention tooth no
----------------	------------------

Primary

Secondary

SECTION 7: MOUTH PREPARATION PLAN

Planned Preparation	Tooth No	Remarks
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Guide Plane
preparation

Occlusal Rest Seat
preparation

Cingulum Rest Seat
preparation

Enameloplasty

SECTION 8: FACULTY ASSESSMENT

Area	Satisfactory	Unsatisfactory
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Knowledge of CPD
design

Technical skill

Overall performance

Faculty Name	Signature	Date
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CAST PARTIAL DENTURE (CPD) – MODEL / PHANTOM HEAD**CASE.NO:** _____ -**SECTION 1: EXERCISE DETAILS**

Nature of Exercise Model / Phantom Head

Arch Maxillary / Mandibular

SECTION 2: CASE DESCRIPTION (MODEL BASED)

Kennedy Classification

Modification

Teeth Present

Teeth Missing

Type of Support Tooth Supported / Tooth-Tissue Supported

SECTION 3: SURVEYING PROCEDURE

Step	Completed (✓)	Remarks
Mounting of cast on surveyor		
Determination of path of insertion	a. Vertical b. Tilted c. Rotational	
Marking height of contour		
Identification of retentive undercuts	a. 0.01 b. 0.02 c. 0.03	

Tripoding of cast

SECTION 4: CPD DESIGN

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Rests (type & location)

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Denture Base

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SECTION 6: ABUTMENT TOOTH SELECTION

Abutment Tooth	Mention tooth no
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Primary

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SECTION 7: MOUTH PREPARATION PLAN

Planned Preparation	Tooth No	Remarks
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Guide Plane
preparation

Occlusal Rest Seat
preparation

Cingulum Rest Seat
preparation

Enameloplasty

SECTION 8: FACULTY ASSESSMENT

Area	Satisfactory	Unsatisfactory
------	--------------	----------------

Knowledge of CPD
design

Technical skill

Overall performance

Faculty Name	Signature	Date
--------------	-----------	------

ASSESSMENT CHART

CASE COMPLETION REQUIREMENTS (MANDATORY)

By the end of 3rd year, each student **must complete and document** the following:

Requirement	Minimum Number	Completed	Verified by Teacher	Date
Acrylic Removable	5 Cases			
Partial Denture (RPD) –				
Full Case				
Documentation				
Cast Partial Denture	2 Cases			
(CPD) – Full Case				
Documentation				

Failure to complete these mandatory requirements will result in **incomplete logbook** status.

CASE PRESENTATION REQUIREMENTS (MANDATORY)

Date	Presentation topic	Remarks	Teacher's sign