

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.

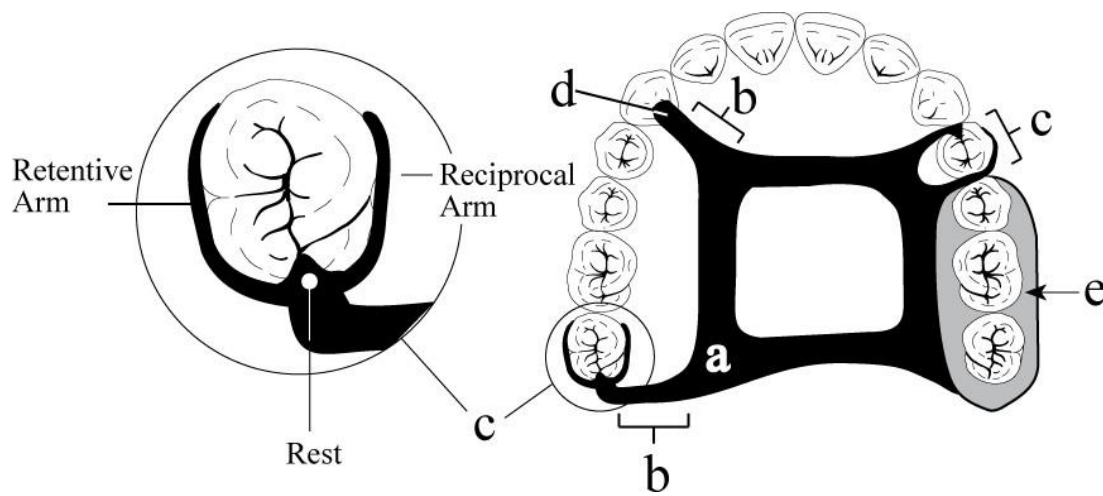
5. Communication

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

REMOVABLE PARTIAL DENTURE:

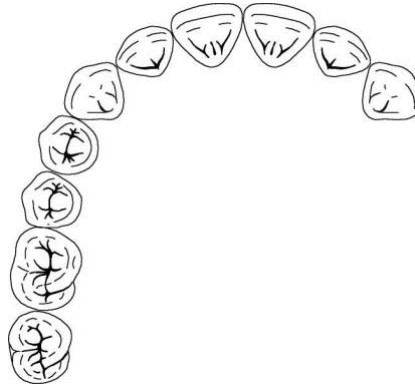
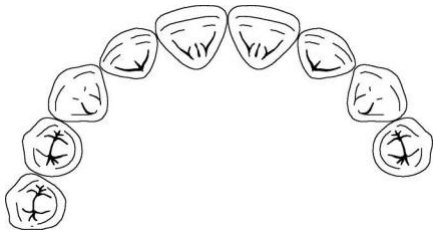
COMPONENTS OF REMOVABLE PARTIAL DENTURE:

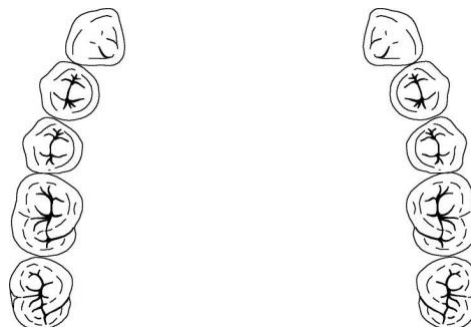
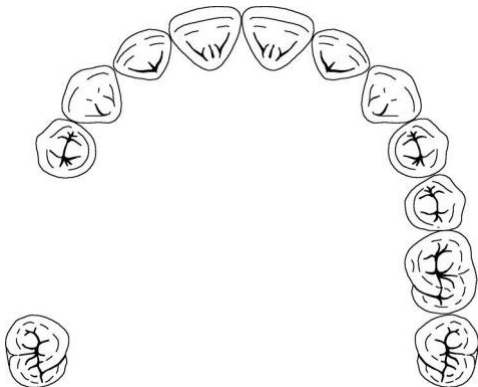
IDENTIFY COMPONENTS OF PARTIAL DENTURE



KENEDDY'S CLASSIFICATION:

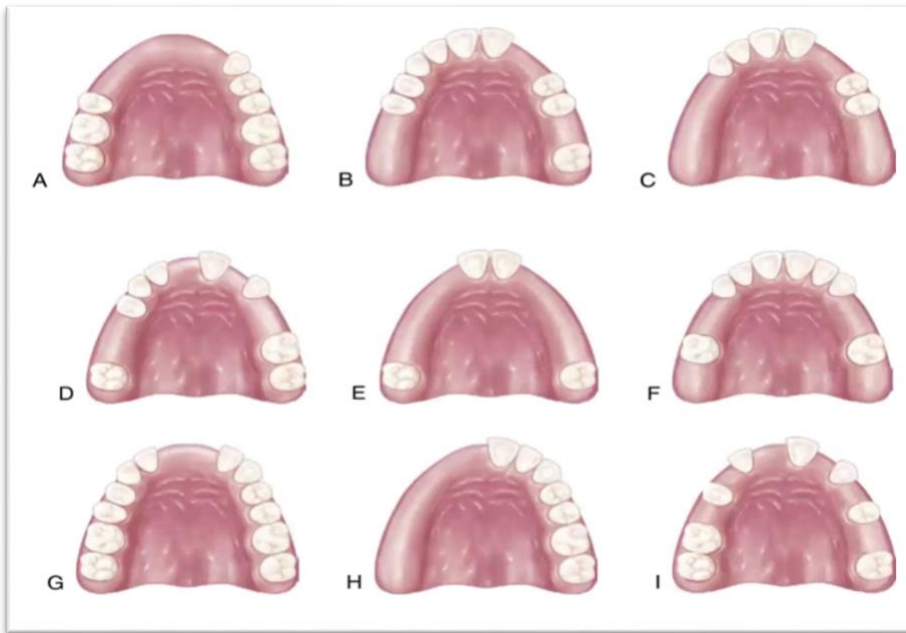
IDENTIFY KENNEDY'S CLASSIFICATION





APPLEGATE RULES:

APPLY APPLGATE'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:

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:

CLINICAL EXAMINATION:

A. 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 |
| Smile type | Gummy | Non-Gummy |

Intraoral:

Dental Charting:

| | | | | | | | | | | | | | | | | | |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------------------------|
| Other details | | | | | | | | | | | | | | | | | Other details |
| Canes Missing Restoration | | | | | | | | | | | | | | | | | Canes Missing Restoration |
| R | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | L |
| R | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | L |
| Canes Missing Restoration | | | | | | | | | | | | | | | | | Canes Missing Restoration |
| Other details | | | | | | | | | | | | | | | | | Other details |

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:

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 _____.

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:

Date

Procedure

Supervisor Sign.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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:

_____.

CLINICAL EXAMINATION:

B. 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

Smile type Gummy Non-Gummy

Intraoral:

Dental Charting:

| | | | | | | | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------------|
| Other details | | | | | | | | | | | | | | | | | Other details |
| Caries | | | | | | | | | | | | | | | | | Caries |
| Missing | | | | | | | | | | | | | | | | | Missing |
| Restoration | | | | | | | | | | | | | | | | | Restoration |
| R | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | L |
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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:

| | | | |
|--------------|------|----|----------|
| Normal | Open | | Overbite |
| Loss of OVD: | Yes | No | |

Tooth surfaces loss Attrition Abrasion Erosion Abfraction

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Teeth in Cross bite: _____ Over eruption: _____.

Diastema: _____

Crowding: _____

Other details: _____.

INVESTIGATIONS:

RADIOGRAPHS:

Types

Date

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PHOTOGRAPHS:

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Dental Charting:

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|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------------|
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| Missing | | | | | | | | | | | | | | | | | Missing |
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Other details: _____.

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RADIOGRAPHS:

Types

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Occupation _____ Date _____

Chief Complaints:

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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:

D. Extraoral:

Facial Symmetry Swellings Depressed area
 Developmental syndromes Skin color Facial type
 Hair thickness Hair Color lymph node
 Lip competence Lip contour

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Protrusive movement (.....mm)

Muscles: Hypertrophy Atrophy

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Intraoral:

Dental Charting:

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|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------------|
| Other details | | | | | | | | | | | | | | | | | Other details |
| Caries | | | | | | | | | | | | | | | | | Caries |
| Missing | | | | | | | | | | | | | | | | | Missing |
| Restoration | | | | | | | | | | | | | | | | | Restoration |
| R | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | L |
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Occlusion: CO=CR (Y/ N)

Occlusal plane: Even Uneven

Functional Occlusion: Canine guided Group Function

Occlusal interference Right Left

Molar relationship:

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Mid line:

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Incisal relation:

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|--------------|------|----|----------|
| Normal | Open | | Overbite |
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Tooth surfaces loss Attrition Abrasion Erosion Abfraction

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Diastema: _____

Crowding: _____

Other details: _____.

INVESTIGATIONS:

RADIOGRAPHS:

Types

Date

Findings

PHOTOGRAPHS:

DIAGNOSTIC CASTS:

Articulated: _____ non articulated _____.

Findings:

OTHER TESTS:

_____.

PROBLEM LIST:

1 _____ 2 _____

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5 _____ 6 _____

TREATMENT PLAN:

Treatment options: Treatment chosen (After informed patient consent)

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DETAILS OF PROCEDURES PERFORMED:

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Protrusive movement (.....mm)

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Smile type Gummy Non-Gummy

Intraoral:

Dental Charting:

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| Caries | | | | | | | | | | | | | | | | | Caries |
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Mid line:

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Incisal relation:

Normal Open Overbite
 Loss of OVD: Yes No

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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:

OTHER

TESTS:

_____.

PROBLEM LIST:

1 _____ 2 _____

3 _____

4 _____

5 _____ 6 _____

TREATMENT PLAN:

Treatment options: Treatment chosen (After informed patient consent)

1 _____

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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

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

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 |
|---------------------|----------|---------|
|---------------------|----------|---------|

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 |
|--------------|-----------|------|
|--------------|-----------|------|

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 |
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| Mounting of cast on surveyor | | |
| Determination of path of insertion | a. Vertical | |
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Tripoding 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 |
|---------------------|----------|---------|
|---------------------|----------|---------|

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 Partial Denture (RPD) – Full Case Documentation | 5 Cases | | | |
| Cast Partial Denture (CPD) – Full Case Documentation | 2 Cases | | | |

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

CASE PRESENTATION REQUIREMENTS (MANDATORY)

| Date | Presentation topic | Remarks | Teacher's sign |
|------|--------------------|---------|----------------|
| | | | |
| | | | |
| | | | |