NOTE: This Fixed Prosthodontics Clinic Policies manual is intended to be your guideline for successful completion of your fixed prosthodontics clinical course during your DSIII year. However, the Department of Fixed Prosthodontics reserves the right to modify the contents of this manual when it is determined by the Department that modifications are necessary to achieve the academic goals of the Department.

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Revision applicable to the graduating class of 2017
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CLINICAL REQUIREMENTS FOR FIXED PROSTHODONTICS

This booklet explains what is expected in the area of clinical Fixed Prosthodontics. Adherence to the policies outlined here will result in better treatment for your patients and a more effective learning experience for you. Any exceptions to the rules stated herein must have prior approval from the department chair. Armamentarium lists are provided in section 8 of the manual. You should consult the appropriate list before each appointment to be sure you have all the items you will need for that appointment.

1 REQUIREMENTS
Above all, you are expected to deal with your patients, faculty and fellow students in an ethical, professional manner.

1.1 DS III Fall/Spring Semester:
This is a yearlong course. At the very least, you should have finalized treatment plans for all of your current FPD patients and complete your initial crown by as early as possible in fall semester.

1.2 Semester Points:
Semester Points are points from units initiated and completed during the semester. Cumulative Points are a running total of points earned in any semesters.

Points are calculated by multiplying the value of a single unit by its difficulty factor. The difficulty factors are given in Attachment #4.

Clinical assisting = 1 point per 3-hour period; maximum of 10 points per Block Care Year are allowed. Attendance is recorded on the daily evaluation form (See section 7.5)

All other procedures accomplished to facilitate treatment of teeth prepared are only counted after the minimum credit points have been obtained (e.g. if a cast dowel-core is required to be able to place the crown, the cast dowel core only counts for points after the minimum number of credits for a “C” are achieved in the course).

No points will be given for restorations receiving an overall average lower than 7.2.

The procedure grade card must be turned in to the department before credit will be given for the unit. This is your responsibility to make sure the instructor grades the form to be turned in for recording by the department secretary.

1.3 Minimum Semester Points:
In order to be cleared by the Department Chair from Fixed Prosthodontics Block Clinic into senior Comprehensive Care Clinic with your Group Practice Director, you must maintain a passing grade of 72 or higher for a C and complete a minimum number of units. You will not be cleared for Comprehensive Care in Fixed Prosthodontics until this requirement is met. All units you have initiated must be completed or can be transferred for planned completion with your Group Practice Director in your Comprehensive Care Clinic.
2 GRADERS
Two types of grades are given:
Procedure grades that are based upon the quality of your restorations.
Daily grades are based on how you conduct yourself during each appointment.
These are combined to determine your composite grade.

2.1 Procedure Grade:
An instructor will grade each step on your procedure grade card on a 10-point scale (see sections 7.3 and 7.4)

2.2.2 Remakes:
There is no procedure grade penalty for the first remake of a restoration. However, for each additional time a restoration must be remade after reaching the untouched casting stage, the overall grade average for the unit will be reduced by 1.0. For example, an overall grade of 7.5 for a fixed partial denture with 2 remakes would be lowered to 6.5. Since this is below 7.2, no point or fixed partial denture credit would be given. On the remake grade sheet, grades are given only for the steps that have to be redone. All grades from both sheets are averaged together for the procedure grade.

2.2.3 Unauthorized lab work:
Except for those procedures delegated to the College's Support Laboratory via a work authorization signed by a fulltime faculty member, the student must perform all laboratory work. Submitting work to be graded as your own, when someone else has done it is cheating and will be heavily penalized.

2.2 Daily Grades:
At each appointment, your instructor will evaluate the manner in which you perform your treatment. This will be recorded on the Daily Evaluation form ("Blue sheet", section 7.5)

2.2.1 Time Management:
Clinic closing times are 12:00 noon and 4:00 p.m. If you finish late, your grade may be no higher than 72. You may be penalized one point for every minute you go past the clinic closing time. The most common cause for finishing late is not starting the provisional restoration soon enough.

2.2.2 Clinical Judgment:
You will be expected to make a judgment as to whether your restoration is acceptable for cementation. If your instructor determines that the casting you have decided to cement cannot be made to fit satisfactorily, a grade of "0" will be given for your daily grade (Blue sheet).

2.3 Composite Grade and Block Care Requirements: (See Attachment #4)
To determine your ranking for semester grade consideration, your Procedure Grades (PG) and Daily Grades (DG) will be combined to create a Composite Grade (CG).
3 TREATMENT PLANNING

Fixed treatment plans are categorized as either simple or complex.

3.1 Simple FPD treatment Plans can be approved anytime with any fulltime Fixed Faculty members at scheduled appointments in Fixed Block care. Treatment is considered to be simple if it includes any of the following:
- Gingivitis patient with adequate clinical attachment
- Four fixed units or less (could include a 3-unit FPD)
- No endodontics pending; no retreatments of endodontics, or referrals required for endodontics
- No remakes of fixed prosthodontics units
- No Implants

The student should complete a Fixed Prosthodontic Treatment Plan Worksheet, which is available with instructions on how to fill it out on the OUCOD Web Site in the Current Students Section as the ClinTxPlan-FXPro-WORKSHEET. If no other coordination is required to complete simple treatment then the proposed treatment will be filled out in pencil on a Fixed Prosthodontic Treatment Plan Worksheet and presented to the supervising Block Care Faculty. This allows the student to present to the patient proposed treatment costs. If the patient is in agreement with the treatment plan the student can then finalize a Block Care Clinic Treatment Planning Worksheet that can be approved by the supervising Block Care Faculty and the student's Group Practice Director as long as no other consults for treatment are required. The student can then enter the agreed upon final treatment plan as signed by the patient in axiUmb and a printed and signed finalized approved Treatment Plan and estimate of cost is given to the patient.

3.2 Complex FPD treatment plans:
A treatment plan is considered to be a complex treatment plan if it includes any of the following:
- More than four fixed prosthodontics units
- Endodontic treatment required to treat tooth
- Retreatments of endodontics required or referrals for outside endodontic treatment required
- A removable partial denture option, either in combination with, or as alternative to fixed treatment
- Periodontics patient and/or presence of severe attachment loss
- Possibility of Implants as an option for treatment
- Disease control re-evaluation for comprehensive treatment

In any of the above complex FPD Treatment Plan situations where multiple options for treatment are possible for the patient; e.g. if endodontics could not be performed and the tooth could be removed then additional forms are filled out (one for a Fixed partial denture replacing the lost tooth; one for an alternate treatment with removable partial denture, and one for an Implant to replace lost tooth.) A Fixed Prosthodontic Treatment Plan Worksheet will be filled out in pencil for each option of treatment possible for the patient. This allows the student to be prepared to discuss the relevant costs of treatment with the patient to determine a patient’s ability to pay for treatment before asking your supervising faculty member to discuss the case and evaluate the patient with the student.

Once the Fixed Prosthodontics Block Care supervising faculty member has discussed the various Fixed Prosthodontics Treatment Plan worksheets options with the student and the patient has been examined by the student and Supervising Block Faculty member the patient’s desires for treatment and ability to pay for the proposed treatment can be ascertained. Block Care Fixed prosthodontics faculty will review the fixed prosthodontics codes to be entered in axiUmb. The student will then transfer the proposed ideal treatment plan onto the Block Care Clinic Treatment Planning Worksheet for any patient requiring coordination of treatment with other departments. The Supervising Block Care faculty (Oral Diagnosis faculty) will sign for each listed proposed phasing and sequencing of treatment needed by tooth and procedure code on the Block Care Clinic Treatment Planning Worksheet. The student will then use this form to coordinate any necessary treatment planning consultations for this proposed treatment plan.

Once all the coordinating signatures have been obtained for the proposed treatment plan and modifications requested by consulting departments identified, then the Block Care Clinic Treatment Planning Worksheet will be reevaluated by Dr. Mullasseril, Chair of the Division of Restorative Dentistry, for approval of entries placed by the student and supervising department faculty members in the patient’s Electronic Health Record in AxiUmb. This Approved Master Treatment Plan and estimate of cost must be signed prior to rendering any treatment.

You should have the Fixed Prosthodontic Treatment Plan Worksheet (section 7.2) filled out before the instructor
sees the patient. Teeth planned for inlays or onlays in Fixed Clinic (substituting for amalgam or resin definitive restorations or cores planned by operative department) should be removed from the Operative treatment plan to avoid conflicting treatment named in axiUmc.
4 TREATMENT PREREQUISITES

4.1 Dowel-cores require a current axiUm master treatment plan. Provisional crowns will be cemented over cast dowel-cores until you and the patient are ready to begin the definitive treatment.

4.1.1 Caries control and patients whose treatment status is not cleared for periodontal concerns or limitations on removable care may be selectively treatment planned for limited treatment with provisionalization and dowel-cores on a case-by-case basis.

4.2 The Initial Cast Restoration (other than a cast dowel-core) should be a single full gold crown, onlay, or Class II inlay. Metal ceramic crowns should be postponed until you have gained experience with all-gold restorations. You should have close supervision and assistance from one full-time instructor for the entire case. You will use a special initial grade sheet (see section 7.3) which will be issued on passing the clinic entrance exam. Following the successful completion of a final impression, an articulated working cast and dies must be presented to the faculty member with whom you are working within two weeks. Additional fixed procedures will not be started until this initial restoration is cemented or a successful coping try-in has occurred if the initial cast restoration was necessarily an MCR. (See Section 4.5)

Both the patient and you must meet certain requirements before starting this and all subsequent restorations, as follows:

4.3 Patient readiness and limited treatment requirements:
Limited treatment means you are limiting your delivery of service to a specific discipline or two instead of "comprehensively" treatment planning the entire case. It does NOT mean you render this care in a "limited" or compromised manner.
- (To perform limited treatment while you are a junior, the patient should be assigned or transferred to you with the approval of the Department Chair.) Prior to obtaining Fixed Department approval for limited treatment, you must assume ownership of the patient's current treatment (implying that you know the patient's master treatment plan and have re-evaluated their current hygiene and periodontal status). (Otherwise, patients may receive limited treatment only from seniors.)
- Typed Master Treatment Plan, including final FPD plan, must be available with current mounted diagnostic casts and radiographs (periapical radiographs of teeth within 6 months and reflecting current condition, bite wings, and new full mouth series, if radiographs are over 3 years old).
- All procedures preceding fixed prosthodontics on the master treatment plan must be identified as either "in-progress", "completed", "deleted", or "planned". Exceptions: Small occlusal and board type Class II and III lesions may remain untreated, based on current radiographs (less than 1 year).
- Periodontal patients must be current with their periodontal treatment, demonstrate acceptable oral hygiene, and have adequate remaining clinical attachment to be good candidates for definitive fixed prosthodontic treatment. Poor oral hygiene may preclude the placement of fixed restorations.
- Patients who started in a limited treatment status (e.g. periodontal and operative only) may be reassessed. Their oral hygiene status must be acceptable and they must be in a periodontal maintenance status for consideration for definitive fixed prosthodontics restorations.

4.4 Student readiness requirements:
A video is required to be viewed by all DS3 students before they can enter the Block Care Clinics in the junior year. This video is available on the OUCOD web site in the Current Student Section and is listed as the DS3-FX FPRO Clinical Introduction. Students are required to read and study The DS3 Clinic Manual that is available online on the OUCOD Web Site under the Current Students link in the Handbooks and Manuals link and listed as DS3 Clinic Manual under the Clinic Manuals. Each student must complete the Clinical Entrance Exam, which covers the video and the DS3 Clinic Manual, before they can schedule patients into the clinics. This test will be taken as a class in the first session of the FPD portion of the Restorative Course early in September using your laptop computer. The lowest passing grade for the exam is 75%. If failed, it can be re-taken only after 24 hours of intensive study, to be scheduled with the Fixed Secretary and taken in a monitored environment.

4.5 Occasionally additional restorations may be started before completion of the initial restoration. If for some reason (e.g. detour to Endodontics or patient termination) the initial restoration cannot be completed within a reasonable time, you may obtain approval from the department chair to start a second "initial"
restoration.

4.6 Resin-bonded bridges require, in addition to the above prerequisites, an acceptable practice preparation on a stone cast. (See section 6.11)

4.7 All-ceramic restorations (including veneers) are more technique sensitive than gold or metal-ceramic restorations; therefore, they are best done after you have gained more experience and these will not be done in Block Care. Even after significant experience, do not assume that you will automatically receive permission to do veneer restorations. Permission by your Group Practice Director (GPD) after you enter Comprehensive Care Clinic will be granted on a case-by-case basis, considering past student performance and the demands of the case being considered.

4.8 Preparation and laboratory burs used in pre-clinic courses must be replaced. They are no longer adequate after having outlived their efficiency in pre-clinic laboratory.
5 PATIENT SCHEDULING

5.1 Instructor Selection: For cases already in progress, schedule a chair in the area assigned to your instructor with whom you started the case. No more than two instructors should be involved on any one restoration. There may be a 1 point deduction taken from your overall grade on the unit if you have more than 2 instructor signatures on your grade sheet. Normally, the same instructor who graded the preparation must grade the cemented restoration.

5.2 Budgeting of Time:
Do not attempt to do more work than you can complete comfortably in one appointment. Otherwise, you will finish late or your work will be hurried and sloppy, or both. Finishing late is an inconvenience for your patient, the dispensary personnel, and your instructor, plus a lowered clinic grade for you. Remember that the patient cannot be dismissed until a satisfactory provisional restoration has been placed. The preparation need not be totally completed before the provisional restoration is started, but there must be adequate occlusal clearance and retention.

Do not expect yourself to be able to prepare both abutments for a fixed partial denture and fabricate the provisional bridge in one appointment. The recommended plan is to prepare one abutment and temporize it at the first appointment, then prepare the second abutment and fabricate the provisional fixed partial denture at the second appointment.

The following rules will help keep you out of trouble:
- Allow at least one hour for fabrication of a single provisional crown and 1.5 hours for a provisional fixed partial denture.
- Always complete the provisional restoration before making the impression or dowel-core pattern.
- Never make the final impression or dowel-core pattern until the preparation is graded.

5.3 All-day appointments are not ordinarily recommended because they cause undue stress on the patient. Some instances where they might be justified are: 1) when orthodontic appliances are being removed and a provisional restoration must be placed quickly to prevent relapse, and 2) when the patient must travel a great distance and wishes to minimize the number of visits. In these cases, the patient must be dismissed over the noon hour. Vital teeth should be coated with Copalite™ or Gluma™ and the patient advised to avoid extremes of temperature.

5.4 Multiple Restorations:
Because many complications can arise while fabricating multiple restorations at the same time they normally will not be done in Block Care. Even after you begin in Comprehensive Care, do not assume that permission to do this is automatic.

These rules should be followed for every case:
- Previous consultation and work-up with the faculty is required.
- The student will work with a full-time instructor only.
- The student will work always with the same instructor.

Multiple restorations may be allowed in rare circumstances to be started by a student if the faculty member working with the student feels the degree of difficulty of the case and the capability of the student are acceptable.

5.5 Limits on Units in Progress:
So that patients will not have to wear provisional restorations for long periods of time, you should not have too many cases in progress at one time. Juniors may have up to six units in progress after completing their first unit.
6 RULES FOR TREATMENT

6.1 Existing restorations and bases not placed at this school usually are removed from teeth to be crowned.

6.2 Amalgam cores are usually placed in Operative, but may be done in FPD clinic if the need arises during crown preparation, or if the tooth is to be a fixed partial denture abutment. Teeth planned for MOD onlays should not have amalgam cores. (Usually, if a cavity needs an amalgam core, it is too extensive to be restored with an onlay.) When substituting an inlay or onlay for an amalgam, be sure to change the Operative treatment plan.

6.3 Rubber dam usage is mandatory for the following procedures:
- Excavation of deep caries
- Preparation and cementation of inlays

6.4 Pulp Exposures: If the pulp is exposed during crown preparation, endodontic therapy must be complete before the crown can be fabricated. Castings may never be cemented over direct pulp caps.
If you create an avoidable mechanical exposure, you will receive a "0" for the preparation step. The tooth must be endodontically treated and you must fabricate a core for no credit. The patient will not be charged for the endodontic treatment or the core placement.
It is prudent to ask an instructor for assistance when excavating caries dangerously close to the pulp so that you will not be unjustly blamed for a mechanical exposure.

6.4.1 Preparing the Wrong Tooth: If a tooth is wrongfully prepared, you will receive a "0" for the preparation and on your daily grade sheet. You must fabricate the crown for no credit, and the patient will not be charged unless the crown was previously treatment planned for that procedure.

6.4.2 If an adjacent tooth is mutilated while another tooth is being prepared, you will receive a "0" on your daily grade sheet, you must restore the mutilated tooth with the appropriate restoration for no credit, and the patient will not be charged for the restoration.

6.5 Cores for Endodontically Treated Teeth

6.5.1 Endodontically treated teeth requiring crowns must first have a core placed according to the following general rules:
- Anterior single-rooted teeth: Restore with a cast dowel-core. Invest the pattern in Beautycast™ with no ring liner, and cast it in Argenco 42™.
- Two-canal premolars may be treated either in Fixed or in Endodontics Clinic with prefabricated dowels and amalgam cores. Smaller single-canal premolars sometimes are treated with a cast dowel-core or with a prefabricated dowel and resin core.
- Molars with two or more sound cusps should be restored with pin-retained amalgam cores with amalgam extending a short distance into the canals. This may be done in Operative clinic. A cement base is contraindicated.
- Molars with little or no coronal tooth structure: Restore with one or two prefabricated dowels (e.g.Tri-R™, Parapost™) and an amalgam core.
- Molar fixed partial denture abutments: Restore with two prefabricated dowels (e.g. titanium Parapost Plus™) and an amalgam core.

6.5.2 Endodontically treated teeth that do not require dowel-cores and crowns:
- Non-vital anterior teeth with minimum destruction, no crown indicated: Place a simple composite restoration.
- Non-vital posterior teeth with minimum destruction: Place an onlay over a cement base.

6.6 Provisional Restorations:

An instructor must approve a new provisional restoration before it is cemented. An instructor must be given
the opportunity to check every cemented provisional restoration before the patient is dismissed. As a rule, custom acrylic provisional restorations will be used. This means that you must have a custom matrix ready. Provisional restorations should not be relined directly on vital teeth if acrylic resin is used (e.g. Dentsply Caulk Temporary Bridge Resin™). Every effort should be made to avoid leaving patients with provisional restorations over long periods of time. Exceptions to the above rules are:

1. Dowel-core preparations in esthetically non-critical areas (e.g. mandibular second premolars) may be temporized with only a cotton pellet and Cavit™.
2. Non-vital anterior teeth and premolars may be temporized with prefabricated polycarbonate crowns relined directly in the mouth.
3. The patient's old permanent restoration can sometimes be relined and used as a provisional; but have a custom matrix ready in case the old restoration is destroyed in removal.
4. BisAcrylic resin (e.g. Integrity™) may be used in a direct technique for single units and up to a 3-unit fixed partial denture only if it is pre-approved by the instructor with whom you are working. Plastic Triple-Tray™ is used to make the over impression. This is the ONLY use for the Triple Tray™. (See figures below)

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**Figure 1 Plastic Quadrant Tray**

**Figure 2 Integrity Cartridge and Gun**

**Figure 3 Sand paper disks and mandrel**

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### 6.7 Tissue Management

#### 6.7.1 Retraction cord:
For your first crown impression, the instructor will demonstrate the placement of cord. A non-epinephrine retraction cord is used normally. Epinephrine-containing retraction cord will only be used at the discretion of the attending faculty. The faculty must sign an appropriate entry requesting Epi-Cord before dispensing. Avoid contacting the cord with latex gloves as it could affect the polymerization of PVS.

#### 6.7.2 Electrosurgery
Electrosurgery is useful for removing small amounts of tissue that interfere with crown preparation, impression making, or cementation. A unit must be checked out from the dispensary. The instructor will perform the procedure. You may not perform electrosurgery until after you have taken an elective or a postgraduate course on its use.
### 6.8 Impression Trays:

DSIII's must have a custom tray ready and should use a custom tray for all clinical situations unless indicated by faculty.

There are several systems (at OUCOD) for making final impressions for fixed restorations:
- **Custom Tray**: Aquasil LV™ (light) (teal) and Reprosil™ Heavy (green). You may transfer the light body to a Kerr syringe with Centrix™ tips to improve access. Otherwise, use the standard yellow mixing tips that fit on the cartridge.
- **Stock Tray**: (Coe green plastic disposable) - Putty (Kerr violet) and Aquasil™ LV. You may transfer the light body to Kerr syringe with Centrix™ tips to improve access. Otherwise, use the standard yellow mixing tips that fit on the cartridge. All putty PVS impression material must be mixed with non-latex gloves, as any latex residue can negatively affect polymerization. Hand mixing without gloves is also not acceptable as it violates infection control guidelines.

### 6.9 Casts and Dies:

Both the working cast and opposing cast for a fixed restoration are to be poured in a die stone (e.g. violet Silky Rock or Jade Stone). Opposing casts must be current, i.e. made after the placement of major restorations. The patient's white diagnostic casts must be preserved as a legal record and are not to be used for fabricating trays.
diagnostic wax-ups, or as opposing casts for restorations. The types of casts and dies to be used are outlined below:

- **Type III gold restorations**: Pour a solid working cast and two separate dies in violet Silky rock. The 1st pour is your master die; use die spacer on it.

- **Metal-ceramic restorations** with porcelain shoulders: Pour two dies and a solid cast in Jade Stone. If you are having the lab do the restoration, they will Pindex the solid cast for you. Do not use the Pindexed die for metal finishing. This will be your master die. Use the 2nd die for metal fitting and finishing only. If it is a fixed partial denture with porcelain shoulders, it must be poured in Jade Stone and Pindexed. Pour a solid cast for interproximal adjustments.

The types of casts and dies to be used are outlined below:

### 6.10 Metal-Ceramic Restorations (MCR)

You should not attempt a metal-ceramic crown until you have gained some experience with full cast crowns. The standard indications for an MCR are:

- Maxilla: First molar through first molar.
- Mandible: Second premolar through second premolar.

#### 6.10.1 MCR Coping Design

**Occlusal Coverage:**

Metal is functionally superior to porcelain, but porcelain provides better esthetics. The standard MCR is a compromise with metal supporting the heaviest contacts, and porcelain covering the most visible areas. Metal occlusal contacts are especially indicated on posterior maxillary MCRs if there is greater than normal tooth wear (bruxism, heavy musculature) or if there are posterior sliding contacts in excursive movements. If the restoration will occlude against resin denture teeth and there is space for the additional occlusal reduction required, the entire occlusal surface may be covered with porcelain. Like materials should oppose like materials, when feasible.

With a normal mutually protected occlusion, the standard extent of porcelain occlusal coverage is shown on the drawings that you will receive from the Fixed Department.

If the patient desires more porcelain coverage than you and your instructor think advisable, explain the disadvantages (deeper tooth reduction, abrasion of opposing teeth, risk of porcelain fracture) and summarize in the treatment progress notes.

Porcelain margin vs. metal collar: Porcelain margins are esthetically superior to metal collars; thus, they are routinely used on anterior teeth and maxillary premolars. Metal collars provide greater strength, are technically less demanding and are preferred on:

- mandibular crowns distal to the canine
- maxillary molars
- weakened endodontically-treated teeth
- preparations that extend apically well on to the root surface
- long-span fixed partial dentures

#### 6.10.2 Laboratory procedures for MCRs:

Following the recommendation of your instructor the support lab will Pindex your master cast for you. You will trim the die and mount the casts. The shoulder area must be perfectly intact for stacking of a porcelain margin, so pour an extra die for finishing the casting. Note that there are THREE wax pattern checks: Full Contour, CUT BACK ON WORKING CAST, and Wax Pattern Margination. Further, if it is to be an RPD Abutment, there are two (2) checks required by RPD: full contour wax pattern and final restoration before cementation.

Invest the pattern in Hi-Temp™ using a ring liner and special liquid and turn it in to the Support Lab to be cast in Argebond80. A lab authorization must accompany it and an alloy specified on an axiUn form signed by a Fixed faculty member. Normally, if the invested pattern is delivered to the lab by 4:00 p.m., it will be ready after 11:00 a.m. the next day. Pick up the coping for Untouched Casting check, preliminary finishing and try-in.

After you have completed two cast units the lab will fabricate the next single-unit MCR. If the lab is fabricating an
MCR for you, the shade must be selected at the impression appointment.

If there are any questions regarding accuracy of the coping, die, working cast, or mounting, a try-in appointment will be necessary. A try-in appointment is still necessary for metal-ceramic bridge coping frameworks.

After the casting has been tried in and approved, it is ready for final finishing and porcelain application. Finish exposed metal surfaces with rubber polishing wheels and points, but use only designated burs (see section 8.3) on the areas to be veneered with porcelain.

A fulltime instructor must sign the work authorization for porcelain application after metal finishing. Show the instructor all the models and guides you plan to present to the lab. These should include:
- Finished coping on articulated casts
- Extra dies with unblemished finish lines wherever porcelain margins are to be formed.
- Putty index made on your full contour wax-up, or a stone cast duplicating the patient's dentition with esthetically correct provisional in place.
- Custom incisal guidance jig of hard acrylic (Triad™ transheet) on the plastic incisal guide table - to be used when the planned restoration will replace the patient's anterior guidance.
- Work authorization in axiUm.

For porcelain addition, check with lab for turn-around time.

6.11 Resin-Bonded Bridges:
With the advent of implant-supported restorations, these bridges are seldom used. They are, however, still viable restorations in select circumstances. If you encounter one of these circumstances, you will need to work with a faculty member who is familiar with it, and supports the use of this restoration. You must meet with that faculty member to plan the restoration before the patient is scheduled.

6.12 All-Ceramic Restorations:
These are indicated where esthetic demands are high (usually maxillary anterior teeth). Multiple simultaneous restorations are often necessary. Such cases should be planned and carried out working with the same fulltime instructor throughout the whole case. They are never to be used as RPD abutments. It may be necessary to utilize a laboratory outside the school - check with your instructor.

Students planning to deliver resin-bonded fixed partial dentures or all-ceramic restorations should have another student assist them with delivery. Adhesive cementation is much more technique-sensitive than regular cementation. It can require a long period of time for multiple units. It is not fair to other students if one student keeps an assistant or instructor for the entire delivery procedure. Additionally, not every student will have the opportunity to place one of these restorations. Assisting can be a valuable learning experience regarding this type of restoration. Failure to have a student to assist you will result in your not receiving PTP for delivery of adhesive restorations.

6.13 Diagnostic Wax-ups:
In certain circumstances it is necessary to make a wax-up of the proposed restoration and/or the opposing occlusion on diagnostic casts. But these are not to be white Silky Rock diagnostic casts – use other casts (Microstone is acceptable) made from new alginate impressions and cross-mounted against your original ones. This helps in designing restorations for optimum esthetics (use ivory wax) and occlusal harmony, and provides the basis for fabricating provisional restorations and tooth-reduction guides.

**Diagnostic wax-ups are indicated when:**
- the final restoration will differ significantly from the existing dentition in form, size or alignment
- the shape of the opposing teeth will be altered later with restorations (wax the opposing teeth to ideal form),
- the opposing teeth will be replaced by a fixed or removable partial denture. In the latter case, the actual denture teeth that will be used in the partial should be set on the opposing cast to occlude against the wax pattern.

To receive point credit for a diagnostic wax-up, it must be specified as necessary on your Treatment Plan Worksheet. The maximum number of points that can be accrued for diagnostic wax-up of cases in the Fixed Block Clinic year will be 10 points. For grading of wax-ups (see Section 7.5).
6.14 Assisting Other Students:
You will receive 1 point per 3-hour clinic period that you assist another student in Fixed Prosthodontic clinic. In order to receive assisting credit, you will need to fill out a Blue Daily Grade Sheet (making notation at the bottom who you assisted) and have the instructor sign it and turn it in. You will only be allowed a maximum of 10 points of assisting credit during your year in the Fixed Block Clinic.

6.15 Emergencies and Untoward Incidents:
The procedure for handling and reporting untoward events (accidents) is described in detail in the Protocol for Clinic Practice. Briefly, you must assist the patient, send for help from the faculty, and make a report to the Director of Clinics. Emergency numbers and Procedures for Medical Emergencies are posted in all clinics next to the phones.
7. FORMS

Good record keeping is an indispensable part of a dental education and will be equally necessary in your dental practice. Accurate records must be kept for purposes of diagnosis, treatment, evaluation, learning, financial and legal protection. Because the value of keeping accurate records is not always obvious to students, penalties are given for failure to do so. Needless to say, falsification of records is a serious matter.

7.1 Patient Records:
You must not begin treatment on a patient until an instructor has approved Permission to Proceed (PTP) in the progress notes. PTP also is required for treatment planning appointments.

7.2 Treatment Plan Worksheet:
The FPD Treatment Plan Worksheet should be completed before you ask the instructor to see the patient (see Section 3.1). If there are two reasonable treatment options, fill out two worksheets. Prepare fee estimates because cost may be a decisive factor. The optimum plan will then be selected through consultation with the faculty and the patient. Each tooth involved is listed on a separate line. If a tooth is to receive both a cast dowel-core and crown, list them individually. The "Tooth Number" is listed by number, in sequence. The "Sequence of Treatment" will vary. Note any factors that might complicate treatment in the Comments section. Also be sure to note any conditions from the patient's medical history that might influence the treatment plan. The final worksheet must be in ink and signed and stamped by the student. This form can be found on the OUCOD Web Site in the Current Students Tab (in the pull down menu select Course Materials. The form is Clin TxPlan-FXPro-WORKSHEET. When the form is opened it contains instructions for filling out the form and a sample filled out form. Clicking on the sample form will give you a blank form to print as many forms as your case may need. (For more information on Treatment Planning see section 3.0 on Treatment Planning).
7.3 Initial Clinical Restoration Grade Sheet:
For your first cast restoration other than a dowel-core, you will use this form, which will be issued to you after you pass the clinical entrance exam (see Section 4.4). Fill out the top section as shown on the example.

7.3.1 Initial Fixed Partial Denture:
Before beginning your first FPD, you must have cemented at least three single crowns and passed your DS3 clinical competency exam.

The Permission to Proceed and Instructor Number spaces will be filled in by your instructor. The instructor will take the top sheet. The second and third pages will be kept by the student for recording evaluations of the various steps. The same full-time faculty member ideally must initial all steps on your initial crown. Any skipped steps will result in a "0" for that step in computing your unit grade.

Faculty will be available at various times outside of clinic to check off laboratory steps. Wax patterns can be checked by Fixed faculty during clinic, but students with patients will have priority. Do not disturb instructors in Faculty Practice or during lunch. After the restoration is cemented, give the completed grade card to your instructor or to the department Secretary, Julie Hall.

7.4 Advanced Standing Grade Sheet:
This form is used for all FPD restorations done in Fixed Block Care Clinics other than your initial restoration.

The Advanced Standing Grade Sheet is to be used for all FPD restorations that will have the laboratory perform the lab work. You must use this form for your second and subsequent units. It is filled out to the same extent as the example Advanced Standing Grade Sheet shown below before asking for permission to proceed.
Inform the faculty member with whom you are working that you have completed the initial unit and that the OUCOD Support Lab is to do all the lab work. The faculty member will then initial the appropriate space(s) to give you permission to proceed with the procedure.

You are responsible for trimming the die(s), articulating the casts (except for plastic quadrant articulator mounted cases), and marking the finish line(s) in red wax pencil.

For single units, use the Abutment “A” column. If there are more than three abutments, use a second grade form. Note: the ADA procedure number for a crown used, as a single restoration is not the same as the number used for the same type of crown serving as a fixed partial denture retainer.

Whenever possible, have the same instructor follow all the clinical steps on a procedure if at all possible on a procedure. On all units, the same instructor normally should grade the Preparation and Cementation steps. The same instructor, but not necessarily the one whom you worked with in clinic must grade all wax pattern steps on the initial restoration. After the student has completed the initial restoration, all other units will go to the laboratory to be processed.

For any unit to go to the support laboratory to be poured and pinned by the laboratory and for return to student should have the Impression OK to send to Laboratory step signed off by the instructor. The Die(s) trimmed; casts articulated OK to send to Laboratory step must be signed by the faculty who graded the preparation, since they are most familiar with the restoration to be fabricated.

The untouched casting may be checked by any full time FPD faculty. A point will be deducted from your grade for having more than two instructors’ signatures on your grade sheet.
Never begin an impression or dowel-core pattern until the preparation has been graded. Normally, the provisional restoration is made before the impression is begun. Gain permission from your instructor for an exception to this policy.

Notice that a crown to be used as an RPD abutment must be approved on the working cast by RPD faculty twice: once as the wax pattern, and once as the finished crown prior to cementation.

Getting all steps graded and turned into the department is your responsibility. Any step that is not checked off on the grade sheet by an instructor will be counted as a "0" in calculating your unit grade.

Before turning your case in to the lab, place on both casts:

a. your name
b. patient’s name
c. condylar settings
d. side shift values

When you have the OUCOD Support Lab do all your lab work, then the following will apply as well:

a. For a single unit MCR, there is normally no framework try-in (i.e. the MCR will be returned ready for cementation, if one MCR has been completed.

b. For a fixed partial denture, a framework try-in is required before porcelain application.

c. Any fixed partial denture, or over 5 single MCR units to be made simultaneously will be fabricated by the OUCOD Dental Support Laboratory.

7.4.1 Remakes:
When it is necessary to remake a restoration, a new grade sheet is filled out. The number on the old grade sheet is recorded on the new one and vice versa. The instructor will take the yellow copy of the original and the top sheet from the new one. Only those steps that must be repeated are graded on the new form.

7.4.2 Exemptions:
As you gain experience and skill, you will be exempted from having steps to be mandatorily checked off on the grade sheet. Skipping signatures before receiving a mandatory departmental approval on the initial crown preparation grade sheet will result in a grade of "0" for each step skipped.

- Those with one cast restoration are considered to be in Advanced Standing and allowed to have the OUCOD laboratory to have restoration fabricated.

- Those with one MCR unit cemented are exempted from the coping try-in appointment for single unit MCR copings. However, this step must be checked on the articulated working cast and on an unblemished die, and the untouched casting step must be checked. (See also 6.10.2)

7.5 Daily Evaluation Form ("Blue Sheet")
This form is used to evaluate the manner in which you performed the treatment. Fill out the top part of the form at the beginning of each appointment. It is also used to grade diagnostic wax-ups in the “Other” section (#10) on the “Blue Sheet” in the “Criteria” Column.
7.6 Laboratory Work Authorization Form:
State law requires that all cases sent to a dental laboratory be accompanied by a work authorization signed by a licensed dentist. All lab requests are entered through the axiUm Electronic Health Record, or through the student’s Personal Planner. See your axiUm instructions for filling out the appropriate fixed prosthodontics forms in axiUm in Attach #5 of this manual. All lab requests must be approved by Fixed Faculty and must include a signature by faculty member. Check with the lab to be sure they can meet your required completion date.

Only full time FPD instructor signatures will be accepted. To save time, present the procedure grade form
and all information for dental laboratory work authorization is normally written out so the faculty member can see what you are going to request on the axiUm Lab Form. Faculty will not sign a work authorization for porcelain application until he or she has approved the final fitting and finishing of the metal coping (see section 6.10.2).

After you have the clean untouched casting checked by an instructor, separate the sprue from the button. Return the restoration and button to the Support Lab so that BOTH can be weighed. You will be charged for any loss of gold greater than 0.20 dwt. IF THE RESTORATION IS CEMENTED PRIOR TO WEIGHING-IN, THE TOTAL DIFFERENCE BETWEEN THE WEIGHT OF THE GOLD ISSUED AND THE BUTTON RETURNED WILL BE ENTERED AS DISCREPANCY.

For clinical reasons, you should not use an alloy other than that issued by the support lab.

7.7 ARMAMENTARIUM FOR CLINICAL FIXED PROSTHODONTIC PROCEDURES

On the following pages are lists of the instruments and materials you should have set up in the clinic for various procedures. Note especially the items you must bring with you to the clinic. Forms are stored in the rack in the laboratory area. Report any shortages or malfunctions to the dispensary personnel.

Even though you may not use every item on a list at an appointment, it is much better to have available more items than you will use than to be forced to interrupt treatment in order to search for a needed item. There are other items that are available in the dispensary, but which are used too infrequently to be included on the lists.

Instruments and supplies should be arranged in a neat and orderly manner at chair side so you can quickly lay your hands on them. Keep your burs in their proper holes in the bur block (Fig. 1). This will spare your patient, your instructor, and yourself needless delays. Keep unsightly toolboxes in the laboratory. How well your work area is organized has a substantial effect on your performance evaluation.

Instruments and burs must be cleaned of debris before sterilization. Missing or broken instruments and burs must be replaced. Dull, bent, or resin-embedded burs must be replaced (e.g. diamond burs from pre-clinic courses).

7.8 TREATMENT PLAN APPOINTMENT

Patient must be present
axiUm Electronic Health Record (EHR) and radiographs need to be available
Mounted casts
Examination kit
FPD Treatment Plan Worksheet, filled out (see section 7.2)
Daily Evaluation Form (see section 7.5)
8. ARMAMENTARIUM LISTS:

8.1 CROWN PREPARATION AND PROVISIONAL RESTORATION

Figure 6   FPD Bur and diamond kit

Illustrations of Fixed Preparation Burs
Figure 6A  FPD Clinic kit II

Illustrations of Laboratory Burs

Figure 6B  Svedopter (for tongue/moisture control during mandibular posterior preparations)

Figure 6C  Red rope utility wax for checking occlusal reduction

Bring with you:
Alginate mixing bowl, spatula and trays
Custom template for provisional
Restorative Instrument Cassette
(The following are for all FPD treatment appointments)

- Grade Sheet for procedures in progress
- Mounted Casts
- FPD bur and diamond kit (Figure 6)
- Operative bur kit
- FPD Finishing Abrasives
- FPD Clinic Kit II (Figure 6A)
- High speed hand piece
- Low speed air motor
- Straight nose cone
- Friction Grip/Latch type contra-angle
- Toothbrush for scrubbing restorations
- Curing lights
- Thickness gauge – Miltex™ or Iwanson™ (Figure 9)
- #25 Bard Parker blade and handle

**Pick up in clinic lab:**
- Procedure Grade Sheet for new procedures
- Daily evaluation Form (section 7.5)

**Pick up from dispensary:**
- Svedopter, or “Mr Thirsty” (for mandibular posteriors) (Figure 6B)
- Red rope utility wax (Figure 6C)
- Quadrant impression tray (Figure 1)

**Prep and Provisional Tub containing:**
- headrest cover
- suction tips
- cotton rolls
- gauze sponges
- cotton pellets
- dental floss
- small brush
- dappen dish
- anesthetic carpule
- anesthetic needle
- Temporary Bridge Resin™
- temporary cement
- paper mixing pad
- alginate
- water measure

**Pick up from clinic supplies:**
- Coe sep™ (dispense in plastic cup)
- Rubber bands
- Gloves and mask
- Cotton-tipped Applicators
- Topical Anesthetic

### 8.2 IMPRESSION FOR CROWN OR FIXED PARTIAL DENTURE

**Bring with you:**
- Extruder gun (preferably two)
- Two custom Trays (CLEAN) (Figure 7A)
- Procedure Grade Sheet
- Mounted Casts
- FPD bur and diamond kit (Figure 6)
- FPD Finishing Abrasives

**Pick up from clinic supplies:**
- Retraction cord
- Hemodent™
- Gloves and mask
- Cotton-tipped applicators
- Topical anesthetic
- Daily Evaluation Form
FPD Clinic kit II (Figure 6A)
High speed hand piece
Low speed hand piece
Straight nose cone
Friction Grip/Latch type contra-angle
Toothbrush for scrubbing crowns
Restorative Instrument Cassette

Pick up from the dispensary:

Impression Tub containing:

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthetic carpule and needle</td>
<td>Polyvinylsiloxane adhesive</td>
</tr>
<tr>
<td>Brush for Adhesives</td>
<td>Polyvinylsiloxane, heavy bodied</td>
</tr>
<tr>
<td>Patient napkin</td>
<td>Polyvinylsiloxane, medium bodied</td>
</tr>
<tr>
<td>Cotton rolls and pellets</td>
<td>Paper mixing pad</td>
</tr>
<tr>
<td>Gauze sponges</td>
<td>Temporary cement</td>
</tr>
<tr>
<td>Suction tips</td>
<td>Impression syringe &amp; tip</td>
</tr>
<tr>
<td>Dental floss</td>
<td>Syringe cleaning brush</td>
</tr>
</tbody>
</table>

These instruments are available in your instrument cassette and custom trays are needed for every impression appointment:

Figure 7 From Cassette: 6 ½ " curved Kelly hemostat for removing provisional restorations

Figure 7A  two custom trays

Figure 7B  NYU PF1-2 instrument for placing retraction cord.
NOTE: THE BLUNT TIP ON THIS NYU PF 1-2 INSTRUMENT\n
Figure 7C  Coe check bite impression tray
8.3 METAL CERAMIC COPING TRY-IN

**Bring with you:**
- Coping, adjusted on working cast
- Shofu pink stone (Figure 9A)
- Thickness gauge (Miltex™ or Iwanson™ Figure 9)
- Two custom impression trays (just in case) (Figure 9F)
- Procedure Grade Card
- Mounted casts
- FPD Bur and diamond kit (Figure 6)
- Operative bur kit
- FPD Finishing Abrasives
- FPD Clinic kit II (Figure 6A)
- High speed hand piece
- Low speed air motor
- Straight nose cone
- Friction Grip/Latch type contra-angle
- Toothbrush for scrubbing restorations
- Restorative Instrument Cassette
- #25 Bard Parker blade and handle

**Pick up from clinic supplies:**
- Daily Evaluation Form

**Pick up from dispensary:**
- Articulating ribbon (Figure 9C)
- Shim stock (Figure 9D)
- Coping try-in tub

**Coping try-in tub contents:**
- Gauze sponges
- Saliva Ejector
Anesthetic Carpule and needle
Temporary cement
Patient napkin
Headrest cover

Dental floss (Figure 9E)
Paper mixing pad
Vita shade guide
Articulating ribbon

Some items that are always needed for a coping try-in are shown below:

**Figure 9** Iwanson or Miltex metal thickness gauge

**Figure 9A** Shofu pink stone cylinder

**Figure 9B** Occlusal indicator wax

**Figure 9C** Articulating ribbon

**Figure 9D** Shim stock, microns

**Figure 9E** Dental Floss (individual package)

**Figure 9F** Have two custom trays at each appointment
8.4 SOLDERING INDEX

**Bring with you:**
- Mixing bowl and spatula
- Procedure grade Sheet
- Mounted Casts
- FPD bur and diamond kit (Figure 6A)
- Operative bur kit
- FPD finishing Abrasives
- High speed hand piece
- Low speed air motor
- Straight nose cone
- Friction Grip/Latch type contra-angle

**Pick up in dispensary:**
- Duralay™ resin
- Dappen dish
- Benda-brush
- Thin separating disks
- Patient’s chart

**Pick up from clinic supplies:**
- Tongue blade
- Gloves and mask
- Cotton-tipped applicators
- Topical Anesthetic

**8.5 DOWEL-CORES**

**Bring with you:**
- Mounted Casts
- FPD bur and diamond kit (Figure 6)
- FPD Clinic kit II (Figure 6A)
- Operative bur kit
- FPD Finishing Abrasives
- High speed hand piece
- Low speed air motor
- Straight nose cone
- Friction Grip/Latch type contra-angle

**Pick up from Dispensary:**
- Restorative Instrument Cassette
- Peezo reamers (Figure 10A)
- Temporary Bridge Resin™
- Polycarbonate crown
- (for anterior provisional; Figure 10B)
- Cavit™ to temporize not visible teeth
- System “B”™
- Para Post XP (Titanium Post) (Figure 10C)
- Dowel-core tub

**Dowel-core tub contents:**
- Cotton rolls
- Plastic Dowel Patterns (Figure 10)
- Small brush
- Headrest cover
- Cotton pellets
- Millimeter ruler
- Dappen dish
- Dental floss
- Temporary cement
- Saliva ejector
- Duralay resin & Lubricant
Figure 10 Peeso drills Size #5, #6 and #7

Figure 10A Plastic dowel patterns

Figure 10B Polycarbonate crown

Figure 10C Para Post XP Titanium Temporary Post
(Arrow identifies a single temporary post on lid of box)

Pick up from clinic supplies:
Gloves and Mask

Daily Evaluation Form

8.6 CEMENTATION

Bring with you:
- Restoration adjusted on master cast
- Die
- Restorative instrument cassette
- Soldering pliers
- BBC (Tripoli)
- Gold rouge
- Custom impression trays
- FPD bur and diamond kit (Figure 6)
- FPD Clinic kit II (Figure 6A)
- Operative bur kit
- FPD Finishing Abrasives
- High speed hand piece
- Low speed air motor
- Straight nose cone

Pick up from dispensary:
- Shim stock
- Articulating ribbon
- Gold soldering flux
- Svedopter (if mandibular)
- Gold solder (if needed)
Friction Grip/Latch type contra-angle
Toothbrush for scrubbing restorations
Procedure Grade Card

**Cementation tub contents:**

- Headrest cover
- Saliva ejector
- Cotton pellets
- Cotton rolls
- Gauze sponges
- Plastic bite wafers
- Dental Floss
- Anesthetic carpule
- Anesthetic needle
- Copalite™ varnish
- Rely-X™
## FIXED PROSTHODONTICS ATTACHMENT #1

**AXIUM PROCEDURES AND CODES COMMONLY USED IN FPD CLINICS**

<table>
<thead>
<tr>
<th>CODE</th>
<th>PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2543</td>
<td>ONLAY – METALIC – THREE SURFACES (ARGENCO 58)</td>
</tr>
<tr>
<td>D2740</td>
<td>CROWN – PORCELAIN/CERAMIC SUBSTRATE</td>
</tr>
<tr>
<td>D2752</td>
<td>CROWN – PORCELAIN FUSED TO NOBLE METAL (ARGEBOUND 80)</td>
</tr>
<tr>
<td>D2780</td>
<td>CROWN – ¾ OR 7/8 CAST HIGH NOBLE METAL (ARGENCO 58)</td>
</tr>
<tr>
<td>D2790</td>
<td>CROWN – FULL CAST HIGH NOBLE METAL (ARGENCO 58)</td>
</tr>
<tr>
<td>D2792</td>
<td>CROWN – FULL CAST NOBLE METAL (ARGEBOUND 80)</td>
</tr>
<tr>
<td>D2910</td>
<td>RECEMENT INLAY/ONLAY</td>
</tr>
<tr>
<td>D2920</td>
<td>RECEMENT CROWN</td>
</tr>
<tr>
<td>D2950</td>
<td>CORE BUILDUP, INCLUDING ANY PINS</td>
</tr>
<tr>
<td>D2952</td>
<td>POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED (ARGEBOUND 42)</td>
</tr>
<tr>
<td>D2954</td>
<td>PREFABRICATED POST AND CORE IN ADDITION TO CROWN</td>
</tr>
<tr>
<td>D2999</td>
<td>UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT (a charged code requiring a TAR)</td>
</tr>
<tr>
<td>D2999.1</td>
<td>PROVISIONAL CROWNS (interim, greater than 6 months) 29991 (interim, less than 6 months)</td>
</tr>
<tr>
<td>D6210</td>
<td>PONTIC – CAST HIGH NOBLE METAL (ARGENCO 58)</td>
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<td>D6212</td>
<td>PONTIC – CAST NOBLE METAL (ARGEBOUND 80)</td>
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<td>D6242</td>
<td>PONTIC – PORCELAIN FUSED TO NOBLE METAL (ARGEBOUND 80)</td>
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<tr>
<td>D6752</td>
<td>RETAINER – CAST CROWN – PORCELAIN FUSED TO NOBLE METAL (ARGEBOUND 80)</td>
</tr>
<tr>
<td>D6790</td>
<td>RETAINER – CAST CROWN HIGH NOBLE METAL (ARGENCO 58)</td>
</tr>
<tr>
<td>D6792</td>
<td>RETAINER – CAST CROWN NOBLE METAL (ARGEBOUND 80)</td>
</tr>
<tr>
<td>D6930</td>
<td>RECEMENT FIXED PARTIAL DENTURE</td>
</tr>
<tr>
<td>D6970</td>
<td>POST AND CORE IN ADDITION TO RETAINER (Custom cast under FPD) (ARGEBOUND 42)</td>
</tr>
<tr>
<td>D9940</td>
<td>OCCLUSAL GUARD (NOCTURNAL SPLINT)</td>
</tr>
</tbody>
</table>
### ATTACHMENT #2

**PROCEDURE CODES IN AXIUM FOR FIXED PROSTHODONTIC CLINIC**

The following is a full FPROS listing available in axiUm.

<table>
<thead>
<tr>
<th>CODE</th>
<th>SINGLE UNIT RESTORATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2510</td>
<td>INLAY – METALLIC – ONE SURFACE</td>
</tr>
<tr>
<td>D2510.1</td>
<td>INLAY – METALLIC – ONE SURFACE PREP</td>
</tr>
<tr>
<td>D2510.2</td>
<td>INLAY – METALLIC – ONE SURFACE IMPRESSION</td>
</tr>
<tr>
<td>D2510.4</td>
<td>INLAY – METALLIC – ONE SURFACE DELIVERY</td>
</tr>
<tr>
<td>D2510R</td>
<td>REMAKE – INLAY – METALLIC – ONE SURFACE</td>
</tr>
<tr>
<td>D2510R.1</td>
<td>REMAKE – INLAY – METALLIC – ONE SURFACE PREP</td>
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<tr>
<td>D2510R.2</td>
<td>REMAKE – INLAY – METALLIC – ONE SURFACE IMPRESSION</td>
</tr>
<tr>
<td>D2510R.4</td>
<td>REMAKE – INLAY – METALLIC – ONE SURFACE DELIVERY</td>
</tr>
<tr>
<td>D2520</td>
<td>INLAY – METALLIC – TWO SURFACES</td>
</tr>
<tr>
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<td>INLAY – METALLIC – TWO SURFACES PREP</td>
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<td>INLAY – METALLIC – TWO SURFACES IMPRESSION</td>
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<tr>
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<td>D2543</td>
<td>ONLAY – METALLIC – THREE SURFACES</td>
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<td>ONLAY – METALLIC – THREE SURFACES PREP</td>
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<td>ONLAY – METALLIC – THREE SURFACES IMPRESSION</td>
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<td>INLAY – PORCELAIN/CERAMIC – TWO SURFACES</td>
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<td>INLAY – PORCELAIN/CERAMIC – TWO SURFACES PREP</td>
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<td>Code</td>
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<td>INLAY – RESIN-BASED COMPOSITE – TWO SURFACES</td>
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<tr>
<td>D2752</td>
<td>CROWN – PORCELAIN FUSED TO NOBLE METAL <strong>ARGEBOND 80</strong></td>
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<tr>
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<tr>
<td>D2752.3</td>
<td>CROWN – PORCELAIN FUSED TO NOBLE METAL COPING TRY-IN</td>
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<td>REMAKE CROWN – PORCELAIN FUSED TO NOBLE METAL COPING TRY-IN</td>
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<td>REMAKE CROWN – PORCELAIN FUSED TO NOBLE METAL DELIVERY</td>
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<td>Code</td>
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<tr>
<td>D2780</td>
<td>CROWN – ¾ OR 7/8 CAST HIGH NOBLE METAL (<strong>ARGENCO 58</strong>)</td>
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<td>D2780.1</td>
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<td>D2790</td>
<td>CROWN – FULL CAST HIGH NOBLE METAL (<strong>ARGENCO 58</strong>)</td>
</tr>
<tr>
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<td>D2790.2</td>
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<td>REMAKE – CROWN – FULL CAST HIGH NOBLE METAL DELIVERY</td>
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<tr>
<td>D2792</td>
<td>CROWN – FULL CAST NOBLE METAL (<strong>ARGEBOHD 80</strong>)</td>
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<td>CROWN – FULL CAST NOBLE METAL IMPRESSION</td>
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<td>D2792R.3</td>
<td>REMAKE – CROWN – FULL CAST NOBLE METAL COPING TRY-IN</td>
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<td>REMAKE – CROWN – FULL CAST NOBLE METAL DELIVERY</td>
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<tr>
<td>D2910</td>
<td>RECEMENT INLAY/ONLAY</td>
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<tr>
<td>D2920</td>
<td>RECEMENT CROWN</td>
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<tr>
<td>D2930</td>
<td>RECEMENT FIXED PARTIAL DENTURE</td>
</tr>
<tr>
<td>D2930</td>
<td>PREFabricated stainless steel crown – primary tooth</td>
</tr>
<tr>
<td>D2931</td>
<td>PREFabricated stainless steel crown – permanent tooth</td>
</tr>
<tr>
<td>D2932</td>
<td>PREFabricated resin crown</td>
</tr>
<tr>
<td>D2933</td>
<td>PREFabricated stainless steel crown – permanent tooth</td>
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<tr>
<td>D2940</td>
<td>PROTECTIVE RESTORATION</td>
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<tr>
<td>D2950</td>
<td>CORE BUILDUP, INCLUDING ANY PINS</td>
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<tr>
<td>D2951</td>
<td>PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION</td>
</tr>
<tr>
<td>D2952</td>
<td>POST AND CORE IN ADDITION TO CROWN, DIRECT OR INDIRECT (<strong>ARGENCO 42</strong>)</td>
</tr>
<tr>
<td>D2952.1</td>
<td>POST AND CORE IN ADDITION TO CROWN PREP</td>
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<tr>
<td>D2952.2</td>
<td>POST AND CORE IN ADDITION TO CROWN IMPRESSION</td>
</tr>
<tr>
<td>D2952.4</td>
<td>POST AND CORE IN ADDITION TO CROWN DELIVER</td>
</tr>
<tr>
<td>D2953</td>
<td>EACH ADDDITIONA INDIRECTLY FABRICATED POST – SAME TOOTH</td>
</tr>
<tr>
<td>D2954</td>
<td>PREFABRICATED POST AND CORE IN ADDITION TO CROWN (e.g. TRI-R ™)</td>
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</tbody>
</table>
D2955  POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)
D2957  EACH ADDITIONAL INDIRECTLY FABRICATED POST – SAME TOOTH (used with D2954)

D2960  LABIAL VENEER (RESIN LAMINATE) – CHAIRSIDE

D2962  LABIAL VENEER (PORCELAIN LAMINATE) – LABORATORY PROCESSED
D2962.1 LABIAL VENEER (PORCELAIN LAMINATE) LABORATORY PREP
D2962.2 LABIAL VENEER (PORCELAIN LAMINATE) LABORATORY IMPRESSION
D2962.3 LABIAL VENEER (PORCELAIN LAMINATE) LABORATORY TRY-IN
D2962.4 LABIAL VENEER (PORCELAIN LAMINATE) LABORATORY DELIVERY

D2970  TEMPORARY CROWN (FRACTURED TOOTH)
D2971  ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING
D2980  CROWN REPAIR NECESSITATED BY RETORATIVE MATERIAL FAILURE
D2998  QR - CROWN
D2999  UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT
D2999.1 PROVISIONAL CROWN (interim, less than 6 months)

MULTI-UNIT RESTORATIONS (FIXED PARTIAL DENTURES)

D6210  PONTIC – CAST HIGH NOBLE METAL (ARGENCO 58)
D6211  PONTIC – CAST PREDOMINANTLY BASE METAL
D6212  PONTIC – CAST NOBLE METAL (ARGBOND 80)
D6212R REMAKE – PONTIC – CAST NOBLE METAL
D6242  PONTIC – PORCELAIN FUSED TO NOBLE METAL (ARGBOND 80)
D6242R REMAKE – PONTIC – PORCELAIN FUSED TO NOBLE METAL

D6245  PONTIC – PORCELAIN/CERAMIC
D6245.1 PONTIC – PORCELAIN/CERAMIC PREP
D6245.2 PONTIC – PORCELAIN/CERAMIC IMPRESSION
D6245.3 PONTIC – PORCELAIN/CERAMIC COPING TRY-IN
D6245.4 PONTIC – PORCELAIN/CERAMIC DELIVERY

D6245R REMAKE – PONTIC – PORCELAIN/CERAMIC
D6245R.1 REMAKE – PONTIC – PORCELAIN/CERAMIC PREP
D6245R.2 REMAKE – PONTIC – PORCELAIN/CERAMIC IMPRESSION
D6245R.3 REMAKE – PONTIC – PORCELAIN/CERAMIC COPING TRY-IN
D6245R.4 REMAKE – PONTIC – PORCELAIN/CERAMIC DELIVERY

D6253  PROVISIONAL PONTIC
D6299  QR BRIDGE
D6545  RETAINER – CAST METAL FOR RESIN BONDED FIXED PROSTHESIS
D6710  CROWN – INDIRECT RESIN BASED COMPOSITE

D6740  CROWN – PORCELAIN/CERAMIC
D6740.1 CROWN – PORCELAIN/CERAMIC PREP
D6740.2 CROWN – PORCELAIN/CERAMIC IMPRESSION
D6740.3 CROWN – PORCELAIN/CERAMIC COPING TRY-IN
D6740.4 CROWN – PORCELAIN/CERAMIC DELIVERY
D6740R REMAKE – CROWN – PORCELAIN/CERAMIC
D6740R.1 REMAKE – CROWN – PORCELAIN/CERAMIC PREP
D6740R.2 REMAKE – CROWN – PORCELAIN/CERAMIC IMPRESSION
D6740R.3 REMAKE – CROWN – PORCELAIN/CERAMIC COPING TRY-IN
D6740R.4 REMAKE – CROWN – PORCELAIN/CERAMIC DELIVERY

D6752 RETAINER – PORCELAIN FUSED TO NOBLE METAL (ARGEBOND 80)
D6752.1 RETAINER – PORCELAIN FUSED TO NOBLE METAL PREP
D6752.2 RETAINER – PORCELAIN FUSED TO NOBLE METAL IMPRESSION
D6752.3 RETAINER – PORCELAIN FUSED TO NOBLE METAL COPING TRY-IN
D6752.4 RETAINER – PORCELAIN FUSED TO NOBLE METAL DELIVERY

D6752R REMAKE – RETAINER – PORCELAIN FUSED TO NOBLE METAL
D6752R.1 REMAKE – RETAINER – PORCELAIN FUSED TO NOBLE METAL PREP
D6752R.2 REMAKE – RETAINER – PORCELAIN FUSED TO NOBLE METAL IMPRESSION
D6752R3 REMAKE – RETAINER – PORCELAIN FUSED TO NOBLE METAL COPING TRY-IN
D6752R.4 REMAKE – RETAINER – PORCELAIN FUSED TO NOBLE METAL DELIVERY

D6780 RETAINER – CROWN -3/4 OR 7/8 CAST HIGH NOBLE (ARGENCO 58)
D6780.1 RETAINER – CROWN – ¾ OR 7/8 CAST HIGH NOBLE PREP
D6780.2 RETAINER – CROWN – ¾ OR 7/8 CAST HIGH NOBLE IMPRESSION
D6780.3 RETAINER – CROWN – ¾ OR 7/8 CAST HIGH NOBLE COPING TRY-IN
D6780.4 RETAINER – CROWN – ¾ OR 7/8 CAST HIGH NOBLE DELIVERY

D6780R REMAKE – RETAINER – CROWN -3/4 OR 7/8 CAST HIGH NOBLE
D6780R.1 REMAKE – RETAINER – CROWN – ¾ OR 7/8 CAST HIGH NOBLE PREP
D6780R.2 REMAKE – RETAINER – CROWN – ¾ OR 7/8 CAST HIGH NOBLE IMPRESSION
D6780R.3 REMAKE – RETAINER – CROWN – ¾ OR 7/8 CAST HIGH NOBLE COPING TRY-IN
D6780R.4 REMAKE – RETAINER – CROWN – ¾ OR 7/8 CAST HIGH NOBLE DELIVERY

D6782 RETAINER – CROWN – ¾ OR 7/8 CAST NOBLE
D6782.1 RETAINER – CROWN – ¾ OR 7/8 CAST NOBLE PREP
D6782.2 RETAINER – CROWN – ¾ OR 7/8 CAST NOBLE IMPRESSION
D6782.3 RETAINER – CROWN – ¾ OR 7/8 CAST NOBLE COPING TRY-IN
D6782.4 RETAINER – CROWN – ¾ OR 7/8 CAST NOBLE DELIVER

D6782R REMAKE – RETAINER – CROWN – ¾ OR 7/8 CAST NOBLE
D6782R.1 REMAKE – RETAINER – CROWN – ¾ OR 7/8 CAST NOBLE PREP
D6782R.2 REMAKE – RETAINER – CROWN – ¾ OR 7/8 CAST NOBLE IMPRESSION
D6782R.3 REMAKE – RETAINER – CROWN – ¾ OR 7/8 CAST NOBLE COPING TRY-IN
D6782R.4 REMAKE – RETAINER – CROWN – ¾ OR 7/8 CAST NOBLE DELIVER

D6790 RETAINER – FULL CAST CROWN HIGH NOBLE (ARGENCO 58)
D6790.1 RETAINER – FULL CAST CROWN HIGH NOBLE PREP
D6790.2 RETAINER – FULL CAST CROWN HIGH NOBLE IMPRESSION
D6790.3 RETAINER – FULL CAST CROWN HIGH NOBLE COPING TRY-IN
D6790.4 RETAINER – FULL CAST CROWN HIGH NOBLE DELIVERY

D6790R REMAKE – RETAINER – FULL CAST CROWN HIGH NOBLE (ARGENCO 58)
D6790R.1 REMAKE – RETAINER – FULL CAST CROWN HIGH NOBLE PREP
D6790R.2 REMAKE – RETAINER – FULL CAST CROWN HIGH NOBLE IMPRESSION
D6790R.3 REMAKE – RETAINER – FULL CAST CROWN HIGH NOBLE COPING TRY-IN
D6790R.4 REMAKE – RETAINER – FULL CAST CROWN HIGH NOBLE DELIVERY

D6792 RETAINER – CROWN FULL CAST HIGH NOBLE METAL
D6792.1 RETAINER – CROWN FULL CAST HIGH NOBLE METAL PREP
D6792.2 RETAINER – CROWN FULL CAST HIGH NOBLE METAL IMPRESSION
D6792.3 RETAINER – CROWN FULL CAST HIGH NOBLE METAL COPING TRY-IN
D6792.4 RETAINER – CROWN FULL CAST HIGH NOBLE METAL DELIVERY

D6792R REMAKE – RETAINER – CROWN FULL CAST HIGH NOBLE METAL
D6792R.1 REMAKE – RETAINER – CROWN FULL CAST HIGH NOBLE METAL PREP
D6792R.2 REMAKE – RETAINER – CROWN FULL CAST HIGH NOBLE METAL IMPRESSION
D6792R.3 REMAKE – RETAINER – CROWN FULL CAST HIGH NOBLE METAL COPING TRY-IN
D6792R.4 REMAKE – RETAINER – CROWN FULL CAST HIGH NOBLE METAL DELIVERY

D6930 RECEMENT FIXED PARTIAL DENTURE

D6940 STRESS BREAKER ATTACHMENT (non-rigid connector) price $200

D6950 PRECISION ATTACHMENT

D6970 POST AND CORE IN ADDITION TO FIXED RETAINER (custom cast under FPD retainer)
D6970.1 POST AND CORE IN ADDITION TO FPD RETAINER PREP
D6970.2 POST AND CORE IN ADDITION TO FPD RETAINER IMPRESSION
D6970.3 POST AND CORE IN ADDITION TO FPD RETAINER DELIVERY

OTHER FPD SERVICES

D6059 ABUTMENT SUPPORTED PORCELAIN FUSED TO HIGH NOBLE METAL CROWN
D6061 ABUTMENT SUPPORTED PORCELAIN FUSED TO NOBLE METAL CROWN
D6262 ABUTMENT SUPPORTED CAST CROWN HIGH NOBLE METAL
D6064 ABUTMENT SUPPORTED CAST CROWN NOBLE METAL
D6066 IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM ALLOY)
D6067 IMPLANT SUPPORTED METAL CROWN (TITANIUM ALLOY)
D6069 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD
D6071 ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD
D6072 ABUTMENT SUPPORTED RETAINER FOR CAST FPD HIGH NOBLE METAL
D6074 ABUTMENT SUPPORTED RETAINER FOR CASTMETAL FPD NOBLE METAL
D6076 IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD
D6077 IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD TITANIUM METAL
D6078 IMPLANT/ABUTMENT SUPPORTED FPD FOR COMPLETE EDNTULUS ARCH
D6080 IMPLANT MAINTENANCE PROCEDURES, INCLUDING REMOVAL IF PROSTHESIS

D9120 FIXED PARTIAL DENTURE SECTIONING
D9230 NITROUS OXIDE ANALGESIA
D9940 OCCLUSAL GUARD (NOCTURNAL SPLINT)
D9941 ATHLETIC MOUTHGUARD
ATTACHMENT #3
LABORATORY PROCEDURES

Any contaminated prosthesis, material, or equipment taken to or from a laboratory area must be disinfected. Mask, gloves, and protective eyewear are required whenever polishing or adjusting models or contaminated temporary or permanent prostheses. Individual pumice trays and sterile rag wheels must be used when making adjustments or polishing. If using the Dental Support Laboratory, all incoming cases should be taken to the laboratory’s disinfection room in a sealed plastic bag. Preparation and disinfection procedures for various prostheses, equipment, and other materials are discussed separately below.

Fixed and Removable Prostheses

Any fixed or removable prosthesis that has been in the patient’s mouth must be rinsed under running water to remove excess blood and saliva. Do NOT SPLASH water excessively; droplet splatter can carry microorganisms. Place the prosthesis in an ultrasonic cleaner with Midwest Stain and Tartar Remover or a stone and plastic remover for the manufacturer’s recommended time. (Refer to the section on Cleaning Dentures). This is the pre-cleaning step of the disinfection procedure. Prior to adjustment or transport to the laboratory, disinfect the prosthesis as follows:

1. Rinse with water and place in a plastic bag and spray with Dispatch™ solution. (avoid contact with your skin) Allow 1 minute for disinfectant to work, and rinse under running water.
2. Place the prosthesis in a plastic bag and send it to the laboratory. Do not disinfect the bag.
3. If adjustments are to be made, use individual pumice trays and sterile rag wheels. Any adjusted acrylic prosthesis should be considered contaminated due to the porosity of the acrylic.
4. Appliances received from the laboratory will have been properly disinfected; merely rinse them in water before insertion in the mouth.
5. If possible, do polishing procedures at the operatory rather than in the clinical laboratory area. This will decrease possibility of cross contamination and will eliminate the disinfection step for both entering and leaving the laboratory areas.

Disinfecting Impressions

Alginate:
Rinse with water and spray with Dispatch™ solution. Place the impression in a plastic bag for one (1) minute, rinse under running water. Pour alginate impressions immediately.

Polysulfide, silicone, polyvinylsiloxane, and polyether:
Rinse the impression under running water, place in plastic bag and spray with Dispatch™; allow to set for one (1) minute. Remove and rinse again under running water. Pour polysulfide and silicone impressions within 15-60 minutes; pour polyvinylsiloxane impressions within 15 minutes to seven days.

Cleaning/Disinfecting Prosthodontic Items

Items contaminated only by handling or having minimal contact with oral fluids do not require sterilization for routine reuse, but should be cleaned and disinfected with an EPA-registered disinfectant. Such items include torches, face bows (not including the face bow fork), articulators, rulers, mixing spatulas, knives, rubber bowls,
shade guides, and mold guides. Any items such as impression trays and face bow forks that are placed in the mouth must be heat sterilized.

**Contaminated Stone Casts**

Contaminated stone casts transferred to or from a laboratory area or a clinic should be sprayed with Dispatch solution and allowed to set for 1 minute, before rinsing thoroughly with water. A protective mask must be worn when using a model trimmer.

**Other Work-Related Items**

All other work-related items (articulators, case pans, etc.) that are transferred from a clinic to a laboratory area or vice versa must be disinfected. Moving parts of the articulator should not be disinfected since this may impair function.

The following items should be cleaned and heat-sterilized or chemically disinfected as indicated:

<table>
<thead>
<tr>
<th>Clean and Heat Sterilize</th>
<th>Clean and Chemically Disinfect</th>
</tr>
</thead>
<tbody>
<tr>
<td>All burs (including acrylic burs)</td>
<td>Articulators</td>
</tr>
<tr>
<td>Bristle brushes</td>
<td>Casts</td>
</tr>
<tr>
<td>Central bearing plates for articulators</td>
<td>Compound heaters</td>
</tr>
<tr>
<td>Compound heater trays</td>
<td>Face bows (not including forks)</td>
</tr>
<tr>
<td>Face bow forks</td>
<td>Knives</td>
</tr>
<tr>
<td>Metal-handle mixing spatulas</td>
<td>Mixing bowls</td>
</tr>
<tr>
<td>#7 Wax spatula</td>
<td>Plastic mixing spatulas</td>
</tr>
<tr>
<td>Rag Wheels</td>
<td>Mold guides</td>
</tr>
<tr>
<td>Stock impression trays</td>
<td>Rulers</td>
</tr>
<tr>
<td></td>
<td>Shade guides</td>
</tr>
<tr>
<td></td>
<td>Torches</td>
</tr>
<tr>
<td></td>
<td>Record bases</td>
</tr>
</tbody>
</table>
ATTACHMENT #4

DSIII FALL/SPRING FIXED PROSTHODONTICS

CLINICAL REQUIREMENTS

Each DSIII student enrolled in Fixed Block Clinic is required to complete a minimum number of 3 (three) units at least at a 7.2 level. Besides this, each student must successfully complete a fixed partial denture preparation on a typodont before being promoted to Comprehensive Care.

Three successful single units from among the following codes are required before starting a fixed partial denture: 2543, 2544, 2780, 2790, 2792, or 2752. To facilitate your successful completion of these mandatory single units, a student that has cast and completed an initial unit will be allowed to prepare and work on two additional restorations simultaneously. The support lab will complete these restorations.

It would be best to work with your Comprehensive Care Group Practice Director (GPD) to help arrange a single cast unit for you to start in September, and then two additional units from within your pod that would be ready to be started in October or November. These would ideally be a tooth that has recently had endodontics completed and a core placed, or a single surveyed crown needed for a partial abutment, or possibly a final crown restoration to complete care for the patient. Ideally, these patients would only lack a fixed consult to begin treatment of the single unit. Articulated diagnostic casts, current periapical radiograph, and vitality testing are required for all fixed prostheses for treatment planning and consults. This would allow you to have three units prepared and ready to be successfully cemented by the end of January of your clinical DS3 year. There are always detours along the way like unplanned endodontics becoming needed or crown lengthening that must be done that will slow up your progression, but with this plan you will still be on course to assure a minimum “C” in the course and allow time for you to advance grade-wise and skill-wise. Most importantly, you will be able to enter Comprehensive Care Clinic at the end of May, and not be held back in Block Care into the summer. A fixed partial denture may be started once the 3rd unit is ready to be inserted, if approved because of special circumstances by the Fixed Prosthodontics Department Chair.

It is highly encouraged, since all the lab work can be done by the support laboratory, for students in Block Care to complete a full cast gold bridge, or prepare and accomplish the coping try-in of a MCR bridge. The MCR bridge can then be inserted in Comprehensive Care under your Group Practice Director (GPD).

No points will be given for restorations receiving an overall average lower than 7.2.

The completed procedure grade sheet must be turned in to the fixed prosthodontics department before credit will be given for the unit. This is your responsibility to bring grade sheets to clinic each appointment for your instructor to annotate.

To exceed the 7.2 level, a student can perform additional procedures. They accrue point value by the relative complexity of these fixed prosthodontics procedures. Points are calculated by multiplying the value of a single unit by its difficulty factor. See chart below for multipliers relating to various procedures.

<table>
<thead>
<tr>
<th>Unit Procedure</th>
<th>Factor</th>
<th>Unit Procedure</th>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic wax-up/tooth</td>
<td>0.10</td>
<td>Non-rigid connector</td>
<td>0.50</td>
</tr>
<tr>
<td>Cast dowel-core</td>
<td>0.75</td>
<td>Partial coverage crown</td>
<td>1.50</td>
</tr>
<tr>
<td>Procedure Description</td>
<td>Cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full coverage gold crown</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pontic, gold</td>
<td>0.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inlay, gold (2 or 3 surfaces)</td>
<td>0.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pontic, metal-ceramic</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metal-Ceramic crown</td>
<td>1.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Porcelain veneer</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All-Ceramic crown</td>
<td>1.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resin-bonded retainer</td>
<td>0.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Onlay, gold (3 or 4 surfaces)</td>
<td>1.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term prov. crown</td>
<td>0.50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Besides the quantitative component, the qualitative component (Blue Sheet – see Section 7.5) is also considered when determining a final grade.

Clinical assisting = 1 point per 3-hour period; maximum of 10 points per Fall-Spring semester is allowed. Attendance is recorded on the Daily Evaluation Form (Blue Sheet). Assisting of fellow students is encouraged to gain insight into clinical procedures and working with axiUm.

Students that are told by their clinical instructors to create a Diagnostic Wax-Up will receive credit for up to 10 points for “wax-up” during the Fall-Spring semester. Permission to Proceed (for required diagnostic wax-ups) and Start Date are entered on a grade sheet and approved by your instructor. The “wax-ups” are graded in the “other” section of the procedure grade sheet.

It may be necessary to complete a cast dowel-core before completing a crown and, once the minimum required points are obtained, then the extra points earned from the cast dowel-core will be applied.

The value from assisting, wax-ups, cast dowel-cores, or other procedures can be added to the minimum semester points to improve your overall grade status. They cannot be used to move you up to the minimum level.

To determine your letter grade for FPD 8215 Clinical Prosthodontics course, your Procedure Grades and Daily Grades will be combined to create a Composite Grade: 75% of your composite grade will come from your procedure grades and 25% will come from your daily evaluations.

Subject to meeting the point requirements, semester grades are assigned according to the following scale:

<table>
<thead>
<tr>
<th>Composite Grade</th>
<th>Letter Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100</td>
<td>A</td>
</tr>
<tr>
<td>80-89.99</td>
<td>B</td>
</tr>
<tr>
<td>72-79.99</td>
<td>C</td>
</tr>
<tr>
<td>65-71.99</td>
<td>D’</td>
</tr>
<tr>
<td>Below 65</td>
<td>F</td>
</tr>
</tbody>
</table>

* A “D” is no longer a passing grade. It requires remediation. An “F” for the course will require repeating the course.
The following table shows the minimum number of semester points and average of composite grades required to be eligible to receive various letter grades at the end of the Fall-Spring semester. Both requirements must be met to be eligible for a particular grade. Whether or not you receive the grade your point count qualifies you for depends also upon your composite grade. Failure to meet the minimum requirements for a “C” will result in a semester grade of D, F, or I, as defined in the College of Dentistry Bulletin.

<table>
<thead>
<tr>
<th></th>
<th>C</th>
<th>B</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.6</td>
<td>72.0</td>
<td>24.0</td>
<td>80.0</td>
</tr>
</tbody>
</table>

All Students in Fixed are required to do all their own lab work on their first case, and once completed (See Section 7.6) the student should have the dental support laboratory process wax-up and casting of all single units. The student will still be responsible for die trimming and cast articulations, other than those on the plastic quadrant articulator.

Students in Fixed Block Care are eligible to have the dental support laboratory Pindex their master casts once they have completed the summer FPDIII course (which includes Pindexing procedures).

Students in Fixed Block Care will always be required to trim their own dies and articulate their own casts.

Students in Fixed Block Care who are doing their own lab work are required to have all wax patterns checked for clinical cases at the FULL CONTOUR, CUT BACK ON WORKING CAST, AND WAX PATTERN MARGINATION steps.

Students in Fixed Block Care are required to complete these two (2) additional checks by Removable Prosthodontics Department (RPD) faculty on all surveyed crowns: FULL CONTOUR WAX PATTERN AND FINAL RESTORATION BEFORE CEMENTATION steps.

In Fixed Block Care the dental support laboratory will cast all Argebond 80™ castings, including single unit crowns. The student will invest the wax pattern using Hi-Temp™ and special liquid using a ring liner. An axiUm lab authorization signed by the supervising fixed faculty must accompany the invested wax pattern to the dental support laboratory specifying Argebond 80™ alloy to have crown cast and returned to the student for fitting, polishing, and try-in. Normally, if the invested pattern is delivered to the lab by 4:00 p.m., it will be ready after 11:00 a.m. the next workday. The casting is brought to their supervising faculty for Untouched Casting check and then the student begins the preliminary finishing for patient try-in.

Students in Fixed Block Care may be exempted from having the Wax Pattern on Die (Margination) and Untouched Casting checks as long as their Block Care clinical instructor feels that the student possesses acceptable skills to do these steps.

Students in Fixed Block Care can conduct the coping try-in for single-unit Metal-Ceramic units on an intact master die rather than in the patient’s mouth if the supervising Fixed Department faculty approves this. In these cases, the shade must be selected at the impression appointment. The instructor still must evaluate the untouched casting for these cases. If there are any questions regarding accuracy of the coping, die, working cast, or mounting, a try-in appointment will be necessary. A try-in appointment is always necessary for metal-ceramic fixed partial denture coping frameworks.
ATTACHMENT #5

FIXED PROSTHodontic CLINICAL TREATMENT NOTES IN AXIUM

All clinical fixed prosthodontics treatment provided during block care and in comprehensive care sessions will be entered in axiUm using the Fixed Prosthodontics Treatment Templates.

The quick entry notes can be located in axiUm using the new entry note tab on the right side of your Electronic Health Record Chart/Tx History page.

When you select the icon for a new note the Template Note screen will pop up overlaying the EHR Chart/Tx History Page. On this pop up select the ellipsis following the self-entry blank data field (*) to pull up the codes on the pop up window and hit OK.

The Select Note Type pop up window will appear. A General Note or SOAP Note is not satisfactory to use for a fixed prosthodontics entry. There is too much information needed to be added that is not included with these other types of appointment entries. The Template Note incorporates all the appropriate information into the record efficiently what was performed on the treatment visit.
Select by clicking the Template Note button, and then click on the OK button.

The Clinical Note Codes List screen will open showing all the templates available by the various departments. For a fixed prosthodontics treatment click on the square cross beside the Fixed Prosthodontics label to view all the available fixed Prosthodontic Templates by procedure.

This will open a link to all the Fixed Prosthodontics Template Notes. There are 4 specific notes that can be used in clinic and each is used for a specific procedure done at that particular clinic session.

These four are template notes:

FPROS01 Fixed Prosth Note (Core, Prep, Imp)
FPROS02 Fixed Prosth Note (Delivery)
FPROS03 Fixed Prosth Note (Impression)
FPROS04 Fixed Prosth Note (Coping Try-in)
The Fixed Prosthodontics Template Notes Screen is shown to the left. This screen contains the notes for selection by the user.

Use the FPROS01 Fixed Prosth Note (Core, Prep, Imp) code for any preparation appointment, with or without taking an impression at that appointment.

We do not allow amalgam cores to be placed and prepared at the same appointment since the Amalgam has not achieved its maximum hardness until at least 6 hours after placement. All amalgam cores will be scheduled for another appointment to finalize the preparation. Then the preparation and impression scenario would fit this aspect of the note’s intent.
Portions of this note require input by the student in several self-entry data fields (*).

Selection of the anesthesia administered self-entry data field (*) will pull up a drop down list of anesthetic agents that allows you to select the anesthetic agent used. When you click on the agent used it will be input into the write up area.

Also, include in the write up the number of carpules used by selecting the self-entry data field (*) of that particular anesthetic and any additional anesthesia administered can be entered by using the self-entry data field (*) to enter the additional agent and additional carpules used by clicking the number of carpules used self-entry data field (*). Include in the write up if it is intended to be a core buildup that it is being placed before a planned crown is to be done. Always describe a core build up such and not as a restoration; for example a MODFL Amalgam (Code 2160) instead of a Core build-up with 4 pins (Code 2950). If the restoration is intended to be a core the write up must be specified or insurance may not consider it as a core if identified as a 4 Surface Amalgam restoration. If a crown will ever be considered in the treatment plan, always identify it as a Core Build-up in your write up. Include the tooth/teeth prepared in the self-entry data field (*). Include in the final impression self-entry data field (*) if the impression was done. Include in the self-entry data field the impression material used (PVS by brand name and if using heavy body for tray or putty; and also light versus ultra light body for sulcus). In the same self-entry data field is where the type of tray used (custom, stock, Clinicians Choice) for the impression is written. The type of tray used can be very important to know if you need to evaluate any problem with the impression later at the cementation appointment. Include any bite registration used in the self-entry data field (*) if used note the material used by brand name and if it was used as an inter-occlusal record over the prepared tooth, or it was a bite of the entire arch registered in maximum intercuspation. Include the shade selection self-entry data field (*) the shade guide used if porcelain is to be applied to the crown. Include any treatment comments in this self-entry data field (*) like the teeth provisionalized e.g. “tooth #31 provisional restoration fabricated using Integrity or other materials used identifying if margins and occlusion were adjusted”; type of cement used (e.g. Temp Bond or diluted Durelon); patient left appointment comfortable on closure at conclusion of this appointment. “Include any additional notes like: Post operative instructions like, e.g. “dispensed Peridex 4 fl.oz. sample bottle to use as instructed to apply x 2 daily bedtime and morning around the margins at gum line.” Always include the plan for the next visit in the self-entry data field (*) to document your plans for the next appointment; e.g. “preparation ready for grading and impress at next appointment,” which means the crown preparation step code was left “in process” and will be completed at the next appointment when you get preparation graded and impress the preparation. Lastly, always include the treating student’s provider’s name and the Supervising Doctor in their respective self-entry data fields (*).

This same entry note could also be used for an entry if you are approved to place a conservative composite core in a prepared area of the intact tooth, or a composite core is placed around a pre-fabricated commercially available cemented post that is done and prepared at the same appointment: example a cemented post on endo-treated mandibular premolar with a composite core material used to built up material around the post. You
can also use this note if you were placing a cast dowel core (cast gold post), and then finalizing the preparation to make a final impression for the crown.

Use the **FPROS03 Fixed Prosth Note (Impression)** when a preparation was started but not completed, or the treatment time was not adequate to complete the impression making process. The FPROS02 would be the appropriate note to use in these situations. Fill in all appropriate information as on the form using the blank self-entry data fields (*).

Use the **FPROS04 Fixed Prosth Note (Coping Try-in)** when an MCR will require a try-in of the cast metal coping before porcelain is applied. This step is done to check for marginal fit, and to adjust the occlusion on metal before the porcelain is added. Fill in all appropriate information as before on the form using the blank self-entry data fields (*).

With porcelain added to the coping and the final restoration is ready for delivery to the patient. Use the **FPROS02 Fixed Prosth Note (Delivery)** to document the information required for cementation of the restoration. Use this template only for deliveries of fixed prostheses. There are 5 very important fields that need to be filled out at every cementation appointment of a restoration. The Template Note has several data entry fields that follow after pre-cementation self-entry data field that are for entering specific needed information about
the restoration delivery. These Are: Cementation process, Alloy Delivered, All-Ceramic Materials (if needed), All-Ceramic retention (if needed), and lastly an additional cementation comments. See Attachment #6, which identifies the type of fields each of the above delivery notes, contain. They may be either a self-entry data field or a drop down list with choices. Also, Attachment #7 contains examples of completed axiUm restoration delivery notes.
# AXIUM CEMENTATION FIELD TYPES AND AVAILABLE DROP DOWN DATA ENTRY LISTS

<table>
<thead>
<tr>
<th>Field</th>
<th>Pull Down List</th>
<th>Field Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cementation: (*)</td>
<td></td>
<td>[Self-entry data field]</td>
</tr>
<tr>
<td>Alloy Delivered: (*)</td>
<td></td>
<td>[Drop down listing fields]</td>
</tr>
</tbody>
</table>

- No alloy (*All-Ceramic*)
- Type 3 high noble alloy (*eg. Argenco 58*)
- Type 4 noble alloy (*eg. Argebond 80*)
- Type 4 noble alloy (*eg. Argenco 42*)
- Type 4 noble alloy (*eg. Argebond 80 & Porc.*)
- Other

## All-Ceramic Materials: (*)

- Not Used
- Bonded Mono. Li-Disiicate (*eg. IPS eMax*)
- Bond.Layered Li-Disilicate (*eg. IPS eMax*)
- Bond.MonolithicLeuciteReinf. (*eg IPS Empress*)
- Bond.LayeredLeuciteReinf. (*eg IPS Empress*)
- Cem. Monolithic Li-Disilicate (*eg. IPS eMax*)
- Cem. Layered Li-Disilicate (*eg. IPS eMax*)
- Cem. Monolithic Zirconia (*eg. Lava*)
- Cemented Layered Zirconia (*eg. Lava*)
- Other
All-Ceramic retention: (*)

[Drop down listing fields]

- Not Used
- Cemented (eg. RelyX Luting)
- Adhesive Luting Resin-TotalEtch (eg. Calibra)
- Other

Additional Cementation Comments: (*)

[Self-entry data filed]
ATTACHMENT #7
EXAMPLES OF COMPLETED AXIUM RESTORATION DELIVERY ENTRY NOTES

Cemented ACC Restoration  (All-Ceramic Crown)

Cementation: (*) #7 ACC adjusted and cemented. Alloy Delivered: (*) No alloy (All-Ceramic) All-Ceramic Material: (*) Cem. Monolithic Li-Disilicate (eg. IPS eMax) All-Ceramic Retention: (*)Cemented (eg. RelyX Luting) Additional Cementation Comments: (*) CEREC ACC milled from A2 block of IPS eMax.

Bonded ACC Restoration (All-Ceramic Crown)


Bonded Veneer Restorations


Cemented MCR Restoration (Metal Ceramic Restoration)


Cemented Cast All metal Restoration (e.g. FCC-Full Coverage Crown [either yellow or white gold], or PCC-Partial Coverage Crown [yellow or white gold (not usually done in white gold)] - ¾ Crown, Onlay, or Inl

Cementation: #14 FCC (white gold crown) adjusted and cemented with RelyX Luting cement. Alloy Delivered: (*) Type 4 noble alloy (eg. Argebond 80) All-Ceramic Materials: (*) Not Used All-Ceramic retention: (*) Not Used Additional Cementation Comments: (*)

Cemented Custom Cast Dowel and Core Restoration

Cementation: #9 Custom cast dowel and core adjusted and cemented with Durelon Cement. Alloy Delivered: (*) Type 4 noble alloy (eg. Argenco 42) All-Ceramic Materials: (*) Not Used All-Ceramic retention: (*) Not Used Additional Cementation Comments: (*)
ATTACHMENT #8

INITIATING FABRICATION OF FIXED PROSTHESIS

COMPLETING THE STATE OF OKLAHOMA DENTAL LABORATORY WORK AUTHORIZATION FORM

Instructions for filling out the State of Oklahoma Dental laboratory Work Authorization Form.

Use of this standardized form is mandated by the Oklahoma State Dental Board for use by all dentists in the state that send prescriptions for fabrication of dental restorations, unless suitable substitute that contains all the same information is used to replace it. Since it is a legal document that is binding on the dental laboratory it must be retained for at least 3 years by the providing dentist and the dental laboratory providing services for your patient.
What needs to go into the parts of the State of Oklahoma Dental Laboratory Work Authorization Form?

**HEADER SECTION**

**Date:** Is filled in with the current date of placing the request with the laboratory.

**Name of Laboratory:** This is the laboratory that you are requesting to do the laboratory work for the prescribing dentist. (At Dental School OUCOD-DSL)

**Address:** This is the address of the dental laboratory where the requested work will be done per the prescription.

**Design Case Here:**

Any special instructions like location and schematic drawing of the restoration on the tooth. Partial design drawn out.

**Patient:** Patient’s Last Name, First Initial

**Type of Restoration:** MCR, FGC, All Ceramic

**Shade:** Porcelain Vita Shade or other guide used

**Mould:** Denture or partial set up is needed

**Material:** Alloy requested used Argebond 80 FGC- High Noble White Gold

**Date Wanted:** (Due date should be 2 days before you actually want the scheduled appointment)

**Try-in:** If coping to test fit

**Finish:** Completed restoration

**PRESCRIPTION SECTION**

(It is important to print or write legibly because this is a legal document that could be taken to court as evidence to defend what you prescribed for your patient to be done by the lab. If you need more space use the reverse side.)

*Sequence exactly what you want the lab to do in order with bullet statements, or in a very organized sentence containing exactly what you want the dental laboratory to do.*

*Note: When transferring bullet statements to the axiUm lab form, they must be put into a very organized logically sequenced sentence rather than in bullet format.*

**SIGNATURE SECTION**

**Signature**

D.M.D. or D.D.S.

This will be the Students name followed by the signature of the Approving Faculty member.

**Address** (for school cases this is OUCOD, if in private practice then office address)

**Dental License No.** (Legibly write in the prescribing dentists or approving faculty) member’s license no. OK XXXX
Once the handwritten State of Oklahoma Dental Laboratory Work Authorization has been completed and approved by your full time fixed faculty member that you have been working with for the preparation and impression taking for the restoration. You will be instructed to complete in the axiUm forms an order for the restoration to be completed and turned into the Dental Support Lab for fabrication. You will transfer the information contained in the approved handwritten OK Dental Laboratory Work Authorization to the axiUm Lab Order EPR Forms.

(OUCOD Lab Order Form. The Prescription Section of this approved form is copied verbatim into the Lab Prescription Details on the axiUm Lab Order Form.

It is important to fill in all the appropriate areas on the axiUm Laboratory Work Order form. This is because the final printed work authorization that is generated from the fields filled out in the Lab Order Form. Once all the axiUm Lab Order Form is filled out completely, and the record is sent by running man to the business office for approval the information will be transferred to the OU College of Dentistry computer generated Dental Lab Work Authorization. When the form is printed and the signature is on form of the approving faculty and the form has been checked for accuracy this form is turned in with the case pan to the lab, when business office has cleared the case confirming that all payments are current for the patient for fabrication of the restoration. By clicking on the middle tab in Laboratory Work Order Form in axiUm as described in filling out Attachment #10 confirmation of approval of the case to go to the lab can be obtained. See Attachment #7 for details of how to do this procedure.

For help filling out the written form some standard go by write-ups have been provided in these attachments to help you write laboratory prescriptions (OUCOD Lab Order Forms) in AxiUm.
ATTACHMENT #9

EXAMPLES OF COMPLETED COMMON WORK AUTHORIZATIONS FOR TRANSFER TO AXIUM LAB FORMS

Entries are handwritten onto the blank form for the specific procedure before you enter the text into the form in axiUm and create the form that will go to the lab to perform. These examples can be modified by your supervising faculty as needed for the specific needs of each individual case.

There are some specific things that are automatic rules when writing any prescription and these are:

1) If anterior teeth including the maxillary or mandibular canines forward are restored an anterior incisial guide table is mandatory to be turned in with the case. This provides the laboratory technicians with the contours of the envelope of function for the anterior restorations. If the anterior guidance is to be changed from what the patient had in the anterior segment, then it is mandatory to turn in a cast made from an impression of the temporary restorations that the patient has been wearing and has proven to be comfortable for the patient to wear for a reasonable time period without producing symptoms. This mounted cast will then be used to produce the anterior incisal guide table to create the new restorations.

2) Any all-ceramic restorations need to have accompanying the prescription a natural die material guide (stump guide) shade. All of the clinics will have this guide available to them by the fall semester of 2014.

3) A digital photograph of the tooth should accompany any custom shading prescriptions with the selected shade guide on the photograph with the tooth to be restored. A photo taken on a cell phone is more than adequate to be e-mailed to the lab for assisting in color matching porcelain for the restoration, but it is a HIPPA violation to send any personal identity information like name or patient number with the picture. Your phone must have active pass code lock protection anytime you are using it for campus email to prevent access by simply picking up your phone. A personal photograph of someone is not protected information unless you tie other identifiable information with it. Putting someone’s picture in your contacts with their personal identification information without active pass code lock protection could also be considered a potential HIPPA violation. If you have not pass coded access to your phone do so immediately. From a pass code locked phone, send the picture(s) that you took of your patient i.e. with the shade guide, wide smile view, etc. to your secure OUHSC email address, but do not attach any personal identification information in your email. Email and text from a cell phone is unsecured and unencrypted, and susceptible to being intercepted by anyone. When you open the email with the embedded picture on the campus secure OUHSC server site, you can then forward the picture along with all necessary personal identifying information associated with the picture e.g. patient’s name, patient number, etc. to the Dental Support Lab (DSL) at their protected dedicated email address: DentalSupportLab@ouhsc.edu Once you have forwarded the picture to the laboratory, do not leave the picture(s) on your cell phone. The image(s) need to be put into axiUm in case you need to be accessed again in the future. They can be stored in the patient’s attachments tab of their EHR, the images can be saved there as photos (photographs). If you need help attaching images to your patient's EHR see Mrs. Miller, or ask the IT help desk for guidance on how to get this accomplished. Delete the picture(s) off your phone as quickly as possible and into the patient’s dental record. Now the lab can view and if necessary send this personal identification information securely to any lab that may be processing your restoration. This will protect you from being sued personally for not being in compliance with the accepted HIPPA compliance protocols on the OUHSC campus and at College of Dentistry in handling of personal identity information, spelled out in detail above. You can go to Information Technology Policies on OUHSC campus at: http://it.ouhsc.edu/policies/default.asp See the specific aspects of Personal Computing Device (PCD) Security Policy that pertains to handheld computers, personal digital (PDAs), cell phones, laptops, and more.

Step by step guide to forward patient photographs to lab:

Use only a pass code protected cell phone
Take picture(s) needed of patient and attach to an email
Email picture(s) to your secure OUHSC email (DO NOT attach any personal identification information)
Open the email on the secure ouhsc.edu server
Select forward email with the patient’s picture(s) and now add any necessary personal Identification Information to the body of the email to be forwarded
Patients full name
Treating Students Name
Send forwarded email to the Dental Support Laboratory’s (DSL) encrypted dedicated email address: DentalSupportLab@ouhsc.edu
Once the email is forwarded save the image(s) to the patients axiUm record and remove the pictures from your cell phone since they were taken for documentation for treatment of the patient.

4) Any complex shading requested should be done with faculty, or the student can request a DSL technician to assist with shade selection. Contact the DSL to arrange for a technician to come to assist you in selection of the shade and instructions for prescription.

5) Always include impression with case when turned into the lab.

6) All MCR fixed partial dentures will have a coping try in the mouth before addition of porcelain to check coping for fit and that adequate space for porcelain was registered with mounting.

7) Request all fixed cases poured and opposing models are in jade stone or equivalent hard die stone material.

8) All work requested for lab to fabricate on a single script, not one script per restoration.

9) Students always trim and mark finish lines on all cases.

10) All surveyed crowns and fixed partial dentures require a full arch impression be taken.

11) All cases turned in to the laboratory for casting only must have business office approval no later than 4:30 pm to get case returned to student by 11:00 am next day.

There are two parts to the following descriptions that will transfer directly into the Dental Laboratory Work Authorization:

The Procedure is the Type of Restoration requested on the “Type of restoration” line on the OK Laboratory Work Authorization Form and on the axiUm Laboratory Details Form

Narrative is used to fill in the “Prescription Section” on the hand written OK Laboratory Work Authorization and after approval will be transferred to the axiUm “Laboratory Details Form”.

Entries in parenthesis are comments and are not to be written in the prescription. Entries that have italics and that are underlined identify where a choice needs to be made of what needs to be written in the prescription, and all the entry does not need to be written in the prescription. Select only what pertains to your procedure.

Procedure: Pour cast & Pin Casts – Full Arch Impression

Narrative:
Please pour, pin die, pour second solid cast to adjust contacts for FGC # 30 in Argenco 58 (high noble Type 3 gold alloy). Pour all dies in Jade stone. Return dies for student to do die trimming and cross mount to face bow mounted Jade stone opposing cast.

Procedure: Pour & Pin Casts – Double Arch Impression (Quadrant Arch)

Narrative:
Please pour, pin die, and articulate case on disposable double arch articulator. Provide a second pour solid cast to adjust contacts for this FGC # 30 in Argenco 58 (high noble Type 3 gold alloy). Pour all dies in Jade stone. Return dies for student to do die trimming.

SINGLE FCC (Full Coverage Crown)
Choose recommended amount of alloy for casting either: minimum of four (4) dwts for bicuspid or six (6) dwts for a molar

Procedure:  FGC, \(\frac{3}{4}\) Crown, Onlay, Inlay yellow gold – to wax and cast

Narrative:
Please dispense six (6) dwts of Argenco 58 alloy (high noble Type 3 gold) for student to cast #30 FGC. Student will clean casting, cut off sprue, and return scrap alloy along with cast restoration to lab for weigh in. (prior to seating or finishing the restoration) Student will final polish and deliver to patient.

Procedure:  FGC yellow gold – lab wax, cast, and return for delivery.

Narrative:
Please fabricate a FGC, \(\frac{3}{4}\) Crown, Onlay, Inlay for tooth #18. Provide as much full contact occlusion as possible. Use Argenco 58 alloy (high noble Type 3 gold). Laboratory will final polish and return cast restoration to student for delivery. Adjust proximal contacts using second pour solid cast included with case.

Procedure:  FGC, \(\frac{3}{4}\) Crown, Onlay, Inlay yellow gold for RPD abutment - student will wax and cast, return for delivery (FCC could be done in Argebond 80 not others)

Narrative:
Please dispense six (6) dwts of Argenco 58 alloy (high noble Type 3 gold) to student for student to cast #30 FGC RPD Abutment. Student will clean casting, cut off sprue, and return scrap alloy with cast restoration to lab for weigh in. (prior to seating or finishing the restoration) Student will final polish for delivery.

Procedure:  FGC, \(\frac{3}{4}\) Crown, Onlay, Inlay yellow gold for RPD abutment – lab wax and cast (FGC could be done in Argebond 80 not others)

Narrative:
Please fabricate FGC, \(\frac{3}{4}\) Crown, Onlay, Inlay for tooth #18. Provide as much full contact occlusion as possible. Use Argenco 58 alloy (high noble type 3 gold alloy) for this mandibular RPD abutment. Tripod marks are provided on this cast. Guide plane on distal and mesial rest preparation. Place a _____ retentive undercut for proposed clasp arms. Please return wax up for student to obtain RPD Faculty approval of wax up for rest seat and guide plane and retentive arm undercut. After RPD faculty has approved laboratory will cast restoration with Argenco 58 alloy (high Noble type 3 gold). Laboratory will final polish and return cast restoration to student for delivery. Adjust proximal contacts using second pour solid cast included with cast.

Procedure:  Student cast yellow gold dowel core

Narrative:
Please dispense four (4) dwts of Argenco 42 alloy (Type 4 gold noble) for student to cast invested dowel core pattern for tooth #10 (without investment ring liner). Student will clean casting, cut off sprue, and return scrap alloy with cast restoration to lab for weigh in. Student will final polish cast dowel core for delivery.

Procedure: Pour Impression for Lab to cast yellow gold dowel core

Narrative:
select either:
Please pour this impression of the prepared dowel space in Jade Stone and return for student to die trim. (clearly mark the finish line to identify the extent of casting coverage) Student will return to lab to fabricate cast custom dowel core.
**Procedure:** Lab to cast yellow gold dowel core  
**Narrative:**  
"Please cast custom dowel core from this direct Duralay pattern" or "Please create custom dowel core pattern; invest and cast custom dowel core pattern. Use Argenco 42 alloy (type 4 gold noble) to cast this custom dowel core. Laboratory will final polish and return cast dowel core to student for delivery.

**SINGLE MCR**

**Procedure:** MCC white gold crown – student wax crown and lab cast  
**Narrative:**  
Please cast invested wax pattern FGC #30 (High Temp investment). Use Argebond 80 alloy ____ dwts (Type 4 white gold noble). Laboratory will clean casting, cut off sprue, and return scrap alloy with cast restoration to lab for weigh in. (prior to seating or finishing the restoration) Student will final polish restoration for delivery.

**Procedure:** MCR Crown Coping Try-in – student wax and lab cast  
**Narrative:**  
Please cast invested wax coping pattern for MCR #30 (High Temp investment). Use Argebond 80 alloy ____ dwts (Type 4 white gold noble). Laboratory will clean casting, cut off sprue, and return scrap alloy with cast restoration to lab for weigh in. Student will final polish for patient try-in of coping.

**Procedure:** MCR #8 Coping Try-in  
**Narrative:**  
Please fabricate coping for MCR #8 using Argebond 80 (Type 4 noble white gold alloy). Wax to cut back for porcelain addition. Provide as much full contact occlusion as possible. Centric contacts in (select one entry: porcelain contacts with a 0.5 mm metal collar on lingual, or all metal occlusal contacts); blue lab pencil marks on die indicate where chamfer finish line stops interproximally; proximal contacts if at all possible should be in porcelain, and gingival margin of restoration (select one: porcelain butt margin on facial or 0.5 mm minimal metal collar on facial margin.) Please use diagnostic cast for reference (if included). Return to student for coping try-in. Adjust contacts using untouched solid working cast included with case.

**Procedure:** MCR #8 Delivery  
**Narrative:**  
Please fabricate MCR #8 using Argebond 80 (noble type 4 white gold alloy). Provide as much full contact occlusion as possible. Centric contacts in (select one entry: porcelain occlusal contacts with a .5 mm (or minimal) collar on lingual, or metal occlusal contacts); proximal contacts in porcelain, and (select one entry: porcelain butt margin on facial or 0.5 mm metal collar on facial margin.) Use included solid cast to adjust porcelain contacts. Please use diagnostic cast for reference (if included). Please apply Feldspathic (A2). Vita shade porcelain layered onto cut-back metal coping, stack, bake, glaze, polish and return to student for delivery.

**Procedure:** MCR #6 Surveyed Crown – with Porcelain totally Lab fabricated  
**Narrative:**
Please wax to cut back for porcelain addition. Provide as much full contact occlusion as possible. Utilize tripod marks on cast to identify desired undercuts for surveyed crown. Centric contacts in (select one entry: porcelain occlusal contacts with a 5 mm collar on lingual, or metal occlusal contacts); proximal contacts in porcelain, and (select one entry: porcelain butt margin on facial or 0.5 mm metal collar on facial margin.) Use included untouched cast to adjust porcelain contacts. Utilize tripod marks on cast to identify desired undercuts for survey crown. Custom Incisial guide table included. Please place cingulum rest with distal guide plane with _____ undercut for proposed clasp (select one: mesial or distal). Return wax pattern to student for faculty approval.

**Procedure:** MCR #6 Surveyed Crown – Fabricate Coping Try-in (after faculty approval of wax up)

**Narrative:**
Please cast coping for MCR #6 using Argebond 80 (Type 4 noble white gold alloy). Provide as much full contact occlusion as possible. Utilize tripod marks on cast to identify desired undercuts for surveyed crown. Centric contacts in (select one entry: porcelain occlusal contacts with a .5 mm (minimal) collar on lingual, or metal occlusal contacts); proximal contacts in porcelain, and (select one entry: porcelain butt margin on facial or 0.5 mm metal collar on facial margin.) Use included untouched cast to adjust contacts. Custom Incisial guide table included. Please place cingulum rest with distal guide plane with _____ undercut for proposed clasp (select one: mesial or distal). Return to student for coping try-in of MCR #6 Survey Crown coping.

**Procedure:** MCR #6 Surveyed Crown – Porcelain Application (After successful coping try in and returned to lab for porcelain addition)

**Narrative:**
Please apply Feldspathic (A2) Vita shade porcelain layered onto coping MCR #6. Provide as much full contact occlusion as possible. Utilize tripod marks on cast to identify desired undercuts for surveyed crown. Centric contacts in (select one entry: porcelain occlusal contacts with a .5 mm (minimal) collar on lingual, or metal occlusal contacts); proximal contacts in porcelain, and (select one entry: porcelain butt margin on facial or 0.5 mm metal collar on facial margin.) Custom Incisial guide table included. Please place cingulum rest with distal guide plane with _____ undercut for proposed clasp (select one: mesial or distal). Laboratory will, stack, bake, and glaze, polish and return to student for delivery.

**Procedure:** MCR #5 Surveyed Crown Lab Add Porcelain – Student Fabricated Coping

**Narrative:**
Please apply Feldspathic (A2) Vita shade porcelain layered onto MCR #5 coping. Provide as much full contact occlusion as possible. Utilize tripod marks on cast to identify desired undercuts for surveyed crown. Centric contacts in (select one entry: porcelain occlusal contacts with a 5 mm collar on lingual, or metal occlusal contacts); proximal contacts in porcelain, and (select one entry: porcelain butt margin on facial or 0.5 mm metal collar on facial margin.) Use second untouched cast to adjust porcelain contacts. Please place mesial occlusal rest and distal guide plane with _____ undercut for proposed clasp on (select one: mesial or distal). Return to student to have RPD Faculty check metal preparations and retentive undercuts before delivery to patient. Laboratory will, stack bake, and glaze, polish and return to student for delivery. Student will adjust and final finish metal and porcelain at delivery.

**Procedure:** MCR #8 with Coping for Try-in - Lab Fabricated

**Narrative:**
Please wax metal cut back coping using Argebond 80 MCR #8 (noble type 4 white gold alloy). Provide as much full contact occlusion as possible. Centric contact in (select one: porcelain contact with a .5 mm (minimal) metal collar on lingual or metal contact); proximal contacts in porcelain, and (select one: porcelain butt margin on facial or 0.5 mm metal collar on facial margin.) Adjust contacts using untouched solid cast included. Please use diagnostic cast for reference (If included). Custom Incisial guide table included. Return to student for coping try in.

**Procedure:** MCR #8 – Lab Add Porcelain (After successful coping try in and returned to lab for porcelain addition)

**Narrative:**
Please apply Feldspathic (A2) Vita shade porcelain layered onto MCR #8 coping. Provide as much full contact occlusion as possible. Centric contacts in (select one entry: porcelain occlusal contacts with a .5 mm (minimal) collar on lingual, or metal occlusal contacts); proximal contacts in porcelain, and (select one entry: porcelain butt margin on facial or 0.5 mm metal collar on facial margin.) Adjust contacts using untouched solid cast included. Please use diagnostic cast for reference (If included). Custom Incisial guide table included. Laboratory will bake, glaze, polish and return to student for delivery.

**Procedure:** MCR #14 Metal Coping for Try-in – Lab Fabricated

**Narrative:** Please wax metal coping using Argebond 80 MCR #14 (Type 4 gold noble alloy). Provide as much full contact occlusion as possible. Centric contacts in (select one: full porcelain with a 5 mm metal collar on lingual, full metal, or metal lingual cusp extending 1/3 up the buccal incline), proximal contacts in porcelain, and (select one: porcelain butt margin on facial or 0.5 mm metal collar on facial margin.) Adjust contacts using untouched solid cast included with case. Please use diagnostic cast for reference (If Included). Return to student for coping try in.

**Procedure:** MCR #14 – Lab Apply Porcelain after Coping Try in

**Narrative:**
Please fabricate MCR #14. Centric contact in (select one: full porcelain with a 5 mm metal collar on lingual, full metal or metal lingual cusp extending 1/3 up the buccal incline), proximal contacts in porcelain, and (select one: porcelain butt margin on facial or 0.5 mm metal collar on facial margin.) Please use diagnostic cast for reference (If included). Use second untouched cast to adjust porcelain contacts. Apply Feldspathic A2 – Vida Porcelain Shade layered onto metal coping; bake, glaze, polish and return to student for deliver to patient.

**MULTIPLE CASTINGS**

**Procedure:** FCCs FGC, ¾ Crown, Onlay for lab to process for Delivery (Not Surveyed or FPD Retainers; FCC can be done in Argebond 80 (not the other Partial Coverage Crowns).

**Narrative:**
Please fabricate FGC or ¾ Crown, or Onlay for tooth #15 & #30 cast with Argenco 58 (high noble type 3 gold alloy). Wax both to provide as much full contact occlusion as possible. Adjust contacts using solid working cast included with case. Lab will finish and polish for delivery to patient.

**Procedure:** MCRs Coping Try-in (Not Surveyed or FPD Retainers)
Narrative:
Please fabricate two copings using Argebond 80 (type 3 noble white alloy) MCR #12 and #30 MCR. Wax both to provide as much full contact occlusion as possible. Centric contact #12 with (select one entry: porcelain contacts and a 5 mm metal collar on lingual, or all metal occlusal contacts); blue lab pencil marks on die indicate where chamfer finish line stops interproximally, [proximal contacts if at all possible should be in porcelain], and gingival margin of #12 is (select one: porcelain butt margin on facial or 0.5 mm minimal metal collar on facial margin.) Centric contact #30 with (select one entry: porcelain contacts and a 5 mm metal collar on lingual, or all metal occlusal contacts); blue lab pencil marks on die below the finish line indicate where chamfer finish line stops interproximally, [proximal contacts if at all possible should be in porcelain], and gingival margin of #30 is (select one: porcelain butt margin on facial or 0.5 mm minimal metal collar on facial margin.) Use second untouched casts for adjustment of proximal contacts. Please use diagnostic cast for reference (If Included). Return to student for coping try in.

Procedure: MCRs Delivery (Not Surveyed or FPD Retainers)

Narrative:
Please fabricate two copings using Argebond 80 alloy (type 3 noble white alloy) on MCR #12 and #30. Wax both to provide as much full contact occlusion as possible. Centric contact #12 with (select one entry: porcelain contacts and a 5 mm metal collar on lingual, or all metal occlusal contacts); blue lab pencil marks on die indicate where chamfer finish line stops interproximally, [proximal contacts if at all possible should be in porcelain], and gingival margin of #12 is (select one: porcelain butt margin on facial or 0.5 mm minimal metal collar on facial margin.) Centric contact #30 with (select one entry: porcelain contacts and a 5 mm metal collar on lingual, or all metal occlusal contacts); blue lab pencil marks on die below the finish line indicate where chamfer finish line stops interproximally, [proximal contacts if at all possible should be in porcelain], and gingival margin of #30 is (select one: porcelain butt margin on facial or 0.5 mm minimal metal collar on facial margin.) Use second untouched casts for adjustment of proximal contacts. Please use diagnostic cast for reference. Apply Feldspathic A2 – Vita shade porcelain layered onto cut-back metal coping, Stack bake, glaze, polish, and return to student for deliver to patient. Use second untouched casts for adjustment of proximal contacts.

Procedure: Fixed Partial Denture MCR Coping Try-In Anterior

Narrative:
Please fabricate coping #6-8, using Argebond 80 (type 4 noble white alloy). Wax all to provide as much full contact occlusion as possible. Centric contacts in (select one: full porcelain or metal). Proximal contacts in porcelain with blue lab pencil marks on die below finish line indicate where chamfer finish line stops interproximally, and #6 (select one: Porcelain butt margin on facial with a 5 mm metal collar on lingual, or 0.5 mm metal collar on facial margin.) #8 (select one: Porcelain butt margin on facial with a 5 mm metal collar on lingual, or 0.5 mm metal collar on facial margin.) Pontic design (select one: modified ridge lap, hygienic, conical, or ovate) with contacting ridge on (select one: metal or porcelain). Please utilize included custom incisal guide table for excursions and diagnostic casts for reference. Return coping to student for try in.

Procedure: Fixed Partial Denture MCR Delivery Anterior

Narrative:
Please fabricate coping for MCR #6-8 using Argebond 80 (noble type 4 white gold alloy). Wax all to provide as much full contact occlusion as possible. Centric contact in (select one full porcelain or metal). Proximal contacts in porcelain with blue lab pencil marks on die below finish line indicate where chamfer finish line stops interproximally, and #6 (select one: Porcelain butt margin on facial with a 5 mm metal collar on lingual, or 0.5 mm metal collar on facial margin.)
metal collar on facial margin.) #8 (select one: Porcelain butt margin on facial with a 5 mm metal collar on lingual, or 0.5 mm metal collar on facial margin.) Pontic design (select one: modified ridge lap, hygienic, conical, or ovate) contacting ridge on (select one: metal or porcelain). Please utilize included custom incisal guide table for excursions and diagnostic casts for reference. Apply Feldspathic A-2 – Vita Shade porcelain layered onto metal coping, Stack, bake, glaze, polish, and return to student for delivery to patient. Use additional untouched die for adjustment of proximal contacts and application of contacts.

Procedure: Fixed Partial Denture MCR Coping Try In Posterior

Narrative:
Please fabricate coping #3-5, using Argebond 80 (type 4 noble white gold alloy). Wax all to provide as much full contact occlusion as possible. Centric contacts #3 in (select one: full porcelain or metal), Proximal contacts in porcelain with blue lab pencil marks on die below finish line indicate where chamfer finish line stops interproximally, #5 Centric contact in (Select one: full porcelain or metal) and #3 (select one: Porcelain butt margin on facial with a 5 mm metal collar on lingual, or 0.5 mm metal collar on facial margin.) #5 (select one: Porcelain butt margin on facial with a 5 mm metal collar on lingual, or 0.5 mm metal collar on facial margin.) Pontic design (select one: modified ridge lap, hygienic, conical, or ovate) contacting ridge on (select one: metal or porcelain) and with centric contacts on pontic _____________(as per instructors desires). Adjust proximal contacts on untouched solid cast included with case. Return coping to student for try in.

Procedure: Fixed Partial Denture) MCR Delivery Posterior

Narrative:
Please fabricate coping #3-5, using Argebond 80 (type 4 noble white gold alloy). Wax both to provide as much full contact occlusion as possible. Centric contacts #3 in (select one: full porcelain or metal), Proximal contacts in porcelain with blue lab pencil marks on die below finish line indicate where chamfer finish line stops interproximally, #5 Centric contact in (Select one: full porcelain or metal) and #3 (select one: Porcelain butt margin on facial with a 5 mm metal collar on lingual, or 0.5 mm metal collar on facial margin.) #5 (select one: Porcelain butt margin on facial with a 5 mm metal collar on lingual, or 0.5 mm metal collar on facial margin.) Pontic design (select one: modified ridge lap, hygienic, conical, or ovate) contacting ridge on (select one: metal or porcelain) and with centric contacts on pontic _____________(as per instructors desires). Please utilize diagnostic casts for reference. Apply Feldspathic A-2 – Vita Shade porcelain to metal coping, Stack, bake, glaze, polish, and return to student for delivery to patient. Use additional untouched solid cast for adjustment of proximal contacts.
ATTACHMENT #10

COMPLETING THE LABORATORY REQUEST FORM IN AXIUM

Before a case is sent to the Dental Support Lab (DSL) for fabrication a specific request for laboratory work must be sent to the laboratory authorized by the Dentist that spells out what the laboratory is to fabricate. The dentist is the only person authorized by the Board of Dentistry in the State of Oklahoma to be able to prescribe the specific aspects of the restoration for fabrication and the lab cannot legally design or change the dentist’s authorization. All states including Oklahoma have a “Dental Laboratory Work Authorization” or prescription form that is a binding prescription required by their Dental Board to be filled out and followed by the laboratory exactly without deviation. Note that it **MUST BE RETAINED BY DENTAL LABORATORY FOR 3 YEARS**, because it is binding contractual agreement between you and the servicing laboratory to follow your instructions and not to deviate. This form you see below is still used universally all over the State of Oklahoma to request the servicing laboratory to fabricate a restoration according to your handwritten instructions. You need to know how to fill out this form in a handwritten form. (See Dental Laboratory Work Authorization)

With the advent of axiUm we now do not have a written lab work authorization that the dentist handwrites. But, we must include the appropriate content from the examples of Dental Laboratory Work Authorizations for various common restorations such as in Attachment #9. This Attachment #9 provides typical templates to use when filling out an Oklahoma Dental Laboratory Work Authorizations form. The information that is contained in the handwritten Oklahoma Dental Laboratory Work Authorization form must be transferred to the axiUm Laboratory Work Authorization form. See Attachment #8 for comprehensive instructions on how to fill out a handwritten State of Oklahoma Dental Laboratory Work Authorization (OKLabWorkAuthor) Form. Once the information is contained on a handwritten OKLabWorkAuthor form and approved by your primary supervising faculty on a case, then it can be easily transferred to the lab details in the axiUm Dental Laboratory Details area.

The steps that you will be required to follow in getting a case to the lab for processing are briefly identified here for all for Fixed restorations

1. Fixed supervising faculty will first request you to fill out a hand written State of Oklahoma Dental Laboratory Work Authorization form, when you are going to send any case to the Dental Support laboratory (DSL). The handwritten Oklahoma Dental Laboratory Work Authorization will then be brought back to your supervising Block Care Faculty when filled out for the restoration being fabricated. Use the State of Oklahoma Dental Laboratory Work Authorization Templates in Attachment #9 that best matches the restoration that you are doing. If you do not have a blank form there is a link to OKLabWkAuth.pdf file in Attachment #8, or you can go to the OUCOD Web Site and in the Current Students tab under Course Materials page is a link to Print – OK Dent Lab Work Authorization Forms that allows you to print two side by side forms that are blank to be used to handwrite your lab prescription on. Using either option you will have the form available to you anywhere and any time on the OUOD web site or from the link in Attachment#8. We recommend for convenience that you print up several of these blank “Dental Laboratory Work Authorization forms and have them available to you to use to save time locating a computer and printer to get a blank form.

2. You need to have all preliminary work done for the cases when you come to the faculty member you are working with only to get the handwritten form approved.

3. The supervising faculty member will review with the student the preliminary work done on the case and in consultation with the student make any additional notes or changes to the student’s handwritten “Dental Laboratory Work Authorization” form and sign the form indicating their approval as written for entry into axiUm.

4. The student will go to axiUm and transfer in the Laboratory Request button all the information that was approved by the supervising faculty member on the handwritten form. The student will transfer the
appropriate fields to the axiUrn Dental Laboratory Work Authorization request. The student will then have their case pan for the restoration available for the approving faculty member ready and at the computer terminal along with the handwritten approved OK Laboratory Work Authorization with them when requesting a faculty member to sit down and approve the entry in axiUrn to send the case to the DSL.

5. The approving faculty member will review with the student their approved handwritten form with dies, impression, mounted models, etc. to be submitted to the DSL, and approve the new DSL lab authorization form, and confirm that all information was entered accurately into the axiUrn Dental Laboratory Work Authorization tab lab Details.

6. Then and only then will the supervising faculty approve the requested axiUrn Dental Laboratory Work Authorization and enter their License number and sign the axiUrn Dental Laboratory Work Authorization. Only after this has been accomplished can the ordered restoration be sent to the business office to verify that the patient has paid the required amount for the case to be processed, and a printed copy of the signed axiUrn Dental Laboratory Work Authorization Form be put into the case pan to go to the DSL.

Since many of the restorations placed at the COD are now being fabricated off the Dental College Campus the Dental Support Laboratory (DSL) will only serve as a clearinghouse for outsourcing the fabrication of requested work the accuracy of filling out the “axiUrn Dental Laboratory Work Authorization” now more critical than ever to describe exactly what is being requested.

To clarify beginning a Fixed Prosthodontics Dental Laboratory Work Authorization in axiUrn use these simple steps and example screen views to help you navigate through axiUrn.

Step #1

Open in the Electronic Health Record Tx/History (EHR) the LABS tab, which will open a window that contains all the restoration codes planned and that are available for your patient.

Step #2

With the LAB window open; Click on the orange File folder icon with the green plus on it located on the right side panel and a Add Lab Order Box will open over the EHR Lab window.
Step #3

In the *Add Lab Order Box* make sure that in the *Discipline* blank data entry field (*) to select the down arrow to pull down a drop down list box and *select PREDOC* from the menu. Then *Click* on the *OK* button and the *Lab Order Details Form* opens.

Step #4a

In the *Lab Order Details Form box* that opens be sure that the these data entry fields are entered correctly:
- **lab**: self-entry data field shows DSL (Select DSL - Dental Support Lab)
- **Internal Note**: Type some letters (gibberish)
- **Details**: Again type some letters (gibberish)
Step #4b

Then *click* on the yellow folder icon with a green plus on it in the **Lab Orders Detail form** and the remainder of the form will be auto filled in.

![Lab Orders Form](image)

Step #4c

Auto filled form will have this information added to the form:

- **Internal Note:** SEE LAB FORM
- **Details:** SEE LAB FORM

![Approval Pending Blue Box](image)

An **Approval Pending Blue Box** will appear in the upper center of the window and in the lower right corner a
Blue Approve button will also now be present.

Before proceeding on are you sending any supplemental items to the laboratory?

IF YES supplements are to go to the lab, then click on the ellipsis after the Supplements box on the right side of the Order Details page. This will open a list box of items that will go to the lab with the case. Items like articulators, bite registration, impression trays, mounted cast(s), mounting plate(s), old crown (if redo), old frameworks (if redo), photographs, shade tab, study or diagnostic casts, and wax ups are listed. Select the item in the left side box (Supplement Code) and using the move arrow > to move the items to the right box (Selected Supplements box). Once all the necessary items are selected close the window and hit the add button and the items selected will be listed in the supplements box on the form. Information listed here lets the lab staff have documentation of what was included to be sent to the outside laboratory. Then proceed on with approval of lab form or with completing the Lab Order Form that follows.

IF NO supplements are not to go to the lab, then proceed on with approval of lab form or with completing the Lab Order Form that follows.

Take your handwritten Oklahoma State of Oklahoma Dental Laboratory Work Authorization with your preliminary proposed restoration description that you have written up using the example templates to your faculty member, along with all your preliminary work such as impressions, dies, mounted casts, etc. This form and preliminary work MUST BE APPROVED BEFORE YOU PROCEED FURTHER by sending the notify business office or printing the form. Once the handwritten form has been approved you can go ahead and transfer this information into the Lab Order Detail Form, but this form has not been approved. Approval of this form must be done by using the blue approval button at the bottom and approval must be done by a full time faculty member, preferably, the faculty member you have impressed the case with. The axiUm work order and the lab will not process without being approved. For now though without the form approved you can continue filling out the axiUm forms and we will identify when to obtain approval of everything that you have filled out on these forms at a later point in this document.

Step #4d

On the same form Click on the paper icon with a pencil marking on the paper or also known as the Lab EPR tab (identified by the gold arrow), which is located in the middle area of the Lab Order Details window along with several other icons.

Step #4e

This action will open a pop up a box on top of the previous box, which is the Add Form box. No action needs to be done with this form right now. Do not change either of the fields with arrows. You will do this notification when the approving faculty member signs their name and you send the form to the various areas required by clicking on the running man then. For now you can just Click on the OK button to close the box.
Step #5

The Lab Order EPR Form (OUCOD) Lab Order Form will open, and at this point fill in the information needed. You will transfer the information requested to be typed into the axiUm design form from your approved (signed) handwritten form to the various data entry fields.

Fill in the blank data entry fields:

**Type of restoration:**

**Material (Porcelain, metal, or acrylic type and shade):**

**Lab Prescription Details: (exactly as**

**Prescriber Details:**

**Provider Name: (this is the student’s name)**

**FILLING IN THE FORM MUST STOP RIGHT HERE!!!** At this point you can close the form and the information will be saved. There is one more field that needs to be filled in on this form and can only be done by your approving faculty member.

Step #6

Locate your Fixed Block full time member to come to your computer in one of the clinics. Have available with you all of your preliminary casework for your patient in the patient’s case pan that will go to the lab, and the handwritten lab prescription approved (signed by full time Fixed Faculty).
Have axiUm up and running and be in the Lab Order Details Form screen open with the Blue Approval button. This approval must be done so the partially completed detail form will be able to be reviewed by the faculty member who will approve the form. Request the full time Fixed faculty member preferably the one you have worked with for most of the steps to come to the computer with you logged in to this screen shown above. When the approving faculty comes to the clinic to do the approval hand them your handwritten approved lab prescription for the restoration that was transferred to the axiUm Lab Details form. Your faculty member will need to have your case pan available to look at the gathered materials to be turned into the lab in your case pan, to be sure that the requested information on the handwritten form is reflected in the casework in the case pan.

At this point faculty Clicking on the Approval button in the “Lab Orders Details” will complete the form that the student had filled out partially before when they enter in their Login and password to finalize the approval of the Lab Details form. Approval will allow the student to open the Lab Details form again and the approving faculty can complete the Lab Order Details Form. After everything has been checked from the original approved handwritten State of Oklahoma Dental Laboratory Work Authorization. Then the approving faculty will enter their State License number. DO NOT ALLOW APPROVING FACULTY to CLICK on the Signature Required button until the signature pad is plugged into the proper USB port on the terminal and recognized by the computer. It could lock up the terminal and require restart. The faculty member will approve the Lab Details entry at this point after they are sure that it is accurate and complete.
Step #7

The **Approving Dentist Signature EHR** form window will open over the **Laboratory Details** form. The approving faculty member will then type in the blank data entry fields the following information:

**Name:**

**Signature:** Please sign below:

Then **click** on the **OK** button and Approving Signature EHR form window will close.
Step #8

You will be returned to the **Lab Order EHR Form (OUCOD) Laboratory Order** form, which will now have in the lower right corner *Sig on file* button. At this point the restoration is ordered, but the lab cannot begin processing the restoration until you do two more steps. First you need to **Click** on the *orange Running Man* icon which is located in the upper right grouping of images contained within the form. This action will bring up the **Add Form Action** window will appear over the previous form.

This form has three fields that must be filled in completely. These blank data entry fields are:

**Comment:** Pending Approval (is already typed into the empty field)

**Status:** Select from the pull down menu by clicking on the down arrow to open up the entry selection list menu. Select **NOTIFY**

**Report to**

**Message Group:** Select by **Clicking** on the *ellipsis* box from it's pull down list to **select** Business Office

Then hit **OK** button.

This form will be sent to the Business Office to validate that your patient account is currently paid up for the restoration to be allowed to have the materials charged out to the patient’s account by the lab.

Step #9

The last step to be completed when the **Lab Order EHR (OUCOD) Lab Order** Form re-opens is to select the **printer icon** that is right next to the orange running man. This will open a **Print** box. Select the clinic printer by **clicking** on the **down arrow** after the blank self-entry data field.
Click on the Print button and print two forms and retrieve the printed forms to check to be sure that the approving faculty signature and license number are on the form and that all the appropriate fields are transferred to the form. Place this copy with your case pan to turn into the lab.

To follow up on your approval of your requested lab form you do not need to go to the lab or to the business office to check to see if your requested lab procedure is approved. You can check the status of the processing using the three tabs explained here.

On the approved Lab Order EPR Lab form (OUCOD) Lab Order Form there are three tabs located on the left hand side of the form. At the bottom of the Order Details page there will be a small box that will now read Sig on file when the first tab is selected. This means that faculty approved the form. If you click on the middle tab, the button on the bottom the button will say Pending approval until the case has been cleared by business office and the case is ready for the lab to fabricate the requested procedure. When it changes to Sig on File then the payment has been verified to the lab to all the case to be turned into the lab. **DO NOT BRING YOUR CASE TO THE LAB UNTIL THIS SQUARE says Sig on File.** You do not have to go to business office or repeatedly check with the lab to see if the case is cleared, when it is cleared to go to the lab it will show here. Save yourself a lot of needless walking around.

At this point the case can be turned into the DSL (Dental Support Lab) with all the necessary items in the case pan, and make sure that you have the two printed Lab Order Form (OUCOD) Lab Order Forms that you printed in clinic to turn in to lab. Take the case to the lab.
ATTACHMENT #11

PICKING UP THE CASTING IN THE LABORATORY: What do you do next?

When you receive your completed restoration from the lab it will be contained in a small envelope. On this envelope it will have at least your patient’s last name and the Student’s last name that is responsible for care of this patient and a description of the restoration (FGC, MCR, All Ceramic crown). Inside the envelope you should find the casting and the Identification tag for alloy used by the lab to fabricate your casting. If it is a FGC or MCR will be high shined ready for insertion if the lab did all the work. If the lab only casts the restoration then it will be returned with sprue attached for student to remove and polish, or if MCR coping to try-in and return metal finished for application of porcelain.

It is a state requirement for the EHR to contain the Alloy used and the content of an alloy that has content equivalent of an alloy of Type 3 or Type 4 gold in the entry when a casting is cemented. This is important if a patient should develop an allergic reaction to a metal after the cementation.

Your block care supervising faculty will not give you permission to proceed with cementation of the restoration unless you physically have these items present with you at the delivery appointment.

#1 – Restoration, mounted master die and untouched die

#2 - the Alloy Identification sticker the lab provides you when the restoration is returned to you from the laboratory.

#3- the Quality Control Form provided in the brown paper bag containing the case materials from the lab.
The Alloy Identification Sticker should be, but may not always be inside the small envelope with the casting. It could be inside the brown bag. There will always be a Laboratory Quality Control Form from the College of Dentistry (COD) Dental Support Lab (DSL), but you may also receive a second Laboratory Quality Control Form from an outsourced lab in the bag if the case was sent outside of the COD to be fabricated. Both Lab Quality Control forms are to be filled out in consultation with your supervising doctor after cementation to provide feedback on the quality of the COD lab work, but also feedback on any outside laboratories. This form can be very helpful to the student when the Laboratory Quality Control forms are accurately and thoroughly filled out.

The student's name and Dr. supervising the case was removed from this example. If this form is not filled in and your feedback is not returned to the laboratory then we will not know if the restorations delivered in block care are meeting your requirements. Many of the restorations being placed in the College of Dentistry are outsourced meaning fabricated at dental laboratories outside of the Dental Support Lab. This makes filling in this form even more critical allowing us to place the highest quality of restorations for our patients. Without this feedback there is no way to ever know if the work done by these outsourced dental laboratories is meeting our standards. If we are having problems with work done in or out of the COD Dental Support Lab (LAB) we have a voice in correcting the problems, and if not satisfactorily corrected we can seek out other dental laboratories to send our lab work to that can alleviate the problems identified. (See the form above)

Some questions to ask to help you give quality feedback are:

1- Did the casting take minimal or was excessive time required to adjust to fit the patient?
2- Was the case received on time?
3- Was the prescription as filled out done by the laboratory exactly as you requested it?
4- Was the occlusion good, low, or high?
5- Were the proximal contacts good, bulky, heavy, or were they more open in your patient than on your working die?
6- Were the contours of your restoration good, bulky, or under contoured?
7- Were the margins good, short, actually open, or over-extended?
8- Was the anatomy of your restoration good, or poor?
9- Was the fit too tight requiring a lot of chair time to get the restoration seated, too loose with no retention compared to the fit on the die, or was it good?
10- Was the shade of the porcelain, if applied to the restoration good, too light, or too dark?

All of this information is important to maintain the quality of restorations high when we deliver them to our patients at the College of Dentistry.

For further clarity included is what the three Identalloy Certificates look like and showing how they are used in the COD. These are the three forms that are used in the College of Dentistry:

This is the Identalloy Certificate for Argenco 58 (Type 3 gold high noble) used for Full Gold Crowns.

![Image of Argenco 58 Certificate]

This is the Identalloy Certificate for Arebond 80 (Type 3 gold noble) used for Metal Ceramic Crowns and white gold all metal crowns.

![Image of Arebond 80 Certificate]

This is the Identalloy Certificate for Argenco 42 (Type 4 gold noble) used only for cast dowel cores and can also be used to cast restorations that need more resistance to wear.

![Image of Argenco 42 Certificate]
When you receive the casting you will receive only the right side of the sticker. The lab retains the left side for their records. The intent of the sticker was to have it placed in the patient’s paper chart. Since we do not have a paper record for your patient, this information must be included in the patient’s EHR (electronic health record) in a different format. The Identalloy Certificates are obtained from Identalloy.org and they contain the contents of the alloy a particular lab uses, and in our case our DSL (Dental Support Lab in the College of Dentistry). These same three alloys for metal are available in the pull down menu on the FPROS02 Fixed Prosth Treatment Note. The proper selection is done at delivery of the restoration that matches the alloy on your certificate provided from the OUCOD Dental Support Lab (DSL). The Argen Corporation is the producer of all three of these alloys used at the OUCOD, thus the names Argenco or Argebond. This certificate verifies to you and your supervising faculty that your requested work has been done as planned using the intended alloy (either Type 3 or Type 4 gold) as reviewed by your supervising faculty. The name of the alloy content of Type 3 noble or high noble gold or Type 4 noble gold or with an identifying name e.g. Argenco 58 is entered into the EHR this meets the medico-legal requirement of knowing the metal that was used for a restoration. As long as you have the manufacturer and brand name, along with the comparable alloy content in the Electronic Health Record the actual metallurgical content of the alloy can be ascertained very easily by going to the manufacturer’s web site like, Argen Corporation for Argenco 58, and simply using their Product Look Up to identify the specific metal composition of the alloy should you ever need this information: This is the Argen Corporation web site address:

http://alloysonline.com/ENGLISH/argenprodlookup/ro_productlookup.html