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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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 semester/session 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 GRADES

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, 7.4 and 7.6)

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 Comprehensive 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 axiUm and a printed Treatment Plan and Cost of Treatment is given to the patient. The finalized Comprehensive Care Clinic Treatment Planning Worksheet is then given to the Patient Scheduling Coordinator for that clinic to file for future reference while that patient is in his or her treatment group.

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 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 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 with the student and the patient has been examined by the student and Supervising Block Faculty member the patients desires for treatment and ability to pay for the proposed treatment can be ascertained. The proposed ideal treatment plan then will be completed by the student using the Comprehensive Care Clinic Treatment Planning Worksheet for any patient requiring coordination 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. 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 Comprehensive Care Clinic Treatment Planning Worksheet will be reevaluated by a Block Care Faculty and that student’s Group Practice Director for final approval for entry into the patient’s Electronic Health Record (EHR) in axiUm and signed by patient as an approved treatment plan. Then a printed Treatment Plan and Cost of Treatment is printed and given to the patient. The finalized Comprehensive Care Clinic Treatment Planning Worksheet is then given to the Patient Scheduling Coordinator for that clinic to file for future reference while that patient is in his or her
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 axiUm.
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 will 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:
An orientation video is required viewing for all DS3 before they can enter their junior clinics. 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 will also be 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 in a monitored environment to be scheduled with the Fixed Secretary.

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"
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. 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 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 no more than six units in progress.
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)

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 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.

![Coe Check-Bite Tray](image1)

Figure 4   Coe Check-Bite Tray

![Clinician’s Choice Tray](image2)

Figure 4A   Clinician’s Choice Tray

![Foster Spring Articulator](image3)

Figure 5   Foster Spring Articulator

Block Care students may only use the Coe check-bite™ (Fig. 4) or Clinicians Choice™ (Fig.4A) impression technique after receiving instruction on the technique. You may use quadrant impressions with Aquasil™ by means of check-bite tray for single posterior units only (no multiple units). The patient must be able to close in centric with the tray in place. These impressions will be poured and mounted on a Foster Spring Correlator™ (Fig. 5). Mount the casts toward the anterior part of the Foster Spring Correlator™; i.e. do not mount the cast close to the hinge of the articulator. This tray is not to be used for surveyed crowns for removable partial dentures or for 2nd molars. If you wish to use this technique, you must purchase the Coe Check-Bite Tray™ and Foster Spring Correlator™. Your supervising clinical instructor may authorize this if they feel that the patient’s care can be expedited using this technique.

### 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, even if you are fabricating it yourself. 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, 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 axiUm 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 you may conduct the coping try-in for single-unit MCRs on the articulator rather than in the patient’s mouth. In these cases, the shade must be selected at the impression appointment. An instructor must evaluate the untouched casting for these cases even if you have been officially exempted from that step. 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 8.4)
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 provisionals 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 knowledgeable 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 the white Silky Rock diagnostic casts – use other casts 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.

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 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 if cost will 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 Procedure Grade Sheet:
This form is used for all FPD restorations other than your initial restoration done in Block Clinic. Fill it out to the extent shown in the example below before asking for permission to proceed. 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 tooth 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. On all units, the same instructor must grade the Preparation and Cementation steps. The same instructor, but not necessarily the one with whom you worked in clinic must grade all wax pattern steps. Untouched casting may be checked by any full time FPD faculty. A point will be deducted from your grade for having more than two instructor 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 in to 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.

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 certain steps checked on the grade Sheet as outlined below. Skipping signatures before receiving departmental approval will result in a grade of "0" for each step skipped.
- Those with the required number of points are automatically exempted from the coping try-in appointment for single unit MCR copings. This step must be checked on the articulated working cast and on an unblemished die, however, and the untouched casting step must be checked. (See also 6.10.2)
- Exemption from the Wax pattern on die (margination) and Untouched casting checks is automatic after the student has accumulated a minimum of points. This is also a prerequisite for making all-ceramic restorations and for using the check-bite impression technique (section 6.8).
### 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.

#### Fixed Prosthodontics Daily Evaluation Form

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PROFESSIONALISM (Appearance &amp; Attitude)</td>
<td>-</td>
</tr>
<tr>
<td>2. PATIENT MANAGEMENT (Empathy, Education)</td>
<td>OK</td>
</tr>
<tr>
<td>3. CLINICAL JUDGEMENT (Application of knowledge &amp; protocols)</td>
<td>+</td>
</tr>
<tr>
<td>4. PREPARATION FOR PROCEDURE (S) (Neatness, Instruments, Supplies)</td>
<td>+</td>
</tr>
<tr>
<td>5. OPERATIVE SKILL</td>
<td></td>
</tr>
<tr>
<td>6. TIME MANAGEMENT</td>
<td></td>
</tr>
<tr>
<td>7. TREATMENT PLANNING</td>
<td></td>
</tr>
<tr>
<td>8. RECORDS</td>
<td></td>
</tr>
<tr>
<td>9. INFECTION CONTROL</td>
<td></td>
</tr>
<tr>
<td>10. OTHER</td>
<td></td>
</tr>
<tr>
<td>11. ATTENDANCE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OVERALL EVALUATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
</tr>
<tr>
<td>Acceptable</td>
</tr>
<tr>
<td>Superior</td>
</tr>
</tbody>
</table>

| 50 - | 60 - | 72 - | 80 - | 90 - | 100 - |

COMMENTS: 

INSTRUCTOR SIGNATURE
7.6 Advanced Standing Procedure Grade Sheet: This form is to be used for FPD restorations on which you must have the lab perform all of the lab work. You must use this form after accumulating enough points for advanced standing status. It is filled out to the same extent as the Procedure Grade Sheet (Section 7.4) before asking for permission to proceed.

Inform the faculty member with whom you are working that you desire the OUCOD Support Lab to do all of the lab work. The faculty member will then initial the appropriate space(s).

You are still responsible for trimming the die(s), articulating the casts (except for Foster Spring Correlator™ cases), and marking the finish line(s) red.

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

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

When you have the OUCOD Support Lab do all of 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 and ready for cementation).
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 Lab.

7.7 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 forms in axiUm. Below is a sample sequence for filling out a Laboratory Gold Request using axiUm. This is not intended to be a definitive axiUm guide. 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 card and all information for dental laboratory work authorization 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 finishing of the metal coping (see section 6.10.2).

Example of axiUm lab request:
The metal for casting will be issued by the Dental Support Laboratory (Room 346) upon requisition of casting alloy using Lab Order Form in axiUm. The Lab order is initiated from either the patient’s EHR or the student’s “Personal Planner”. The student can click on the “Labs” tab, and the folder icon with the green plus symbol to open the “Add Lab Order” window. Student must always enter the “Discipline” as “PREDOC”. Click on the ellipsis to select the procedure that requires a lab. The lab code should automatically populate the “Lab Proc” window. Lab should always be “DSL”. Click on OK.
In the “Lab Order Details” Form that opens
Add any Information
Provider: should always be: “Student’s name”
Click on Green “Folder Icon with Green Plus”
In doing so the “SEE LAB FORM” auto populates both The “Internal Note” and Details”
Faculty needs to approve the form
Click on the “Lab EPR TAB” (icon with paper and pencil.
“Add FORM” auto fills all the blocks
But on Status: Choose “NOTIFY”
Click the ellipsis in Message group: Choose Business Office
Under User: Choose “Karen Nichols”
Select OK
On “Lab Order FORM” fill in required information on form, if it is a gold casting the student is required to wax and cast these on his or her own. If the restoration is to be cast in Argebond 80 the lab will cast the invested wax pattern for the student. The lab request must note that the lab will cast the restoration. The lab form must state that the student is casting the restoration so the lab can distribute the alloy to the student.

Type in:
Type of restoration: #18 Full Gold Crown
Tooth Shade: N/A
Material: High Noble (Argenco 58) or Noble Argebond 80
Try In: N/A
Finish Date: (no try-in) September 24, 2013
Lab prescription detail: Argenco 58 6 x dwt’s Student will Cast, Desprue and return gold for lab weigh in or Aregebond 80 6 x dwt’s, Lab will Cast, Desprue, and return to student for try-in.
Student name: John Q. Student
Approving Dentist’s License Number: 87532

Faculty Approval (Do not click on “Sig Required TAB” until the signature pad is connected or will lock up axiUm)
Requires Faculty to Type in Name: Dr. B.A. Man, DDS
Faculty Doctors Signature using the signature pad

Click on Printer Icon and print a copy to hand carry to the Lab.
Click on the “Running Man” (Add Icon) Add Action icon.
In the “Comment” box add the note: For Review
In “Status”: Click on “NOTIFY”
In “Message Group”: Click on “Business Office” very last one
In “User”: Can leave this blank
Click on OK. This action sends your form to the Business Office staff for review to be sure the patient has paid for the gold and approval prior to issuing the alloy to you.
Close Window.

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.

7.8 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).

7.9 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)
8.0 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

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

Figure 6C  Red rope utility wax for checking bite

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 (for mandibular posteriors) (Figure 6B)
Red rope utility wax (Figure 6C)
Quadrant impression tray (Figure 1)
Moores discs
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

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 Carpuule 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

**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”™
- and steel wire (Figure 10C)
- Dowel-core tub

### 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”™
- and steel wire (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
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
- Friction Grip/Latch type contra-angle
- Toothbrush for scrubbing restorations
- Procedure Grade Card

Pick up from dispensary:
- Shim stock
- Articulating ribbon
- Gold soldering flux
- Svedopter (if mandibular)
- Gold solder (if needed)
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 (ARGBOND 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 (ARGBOND 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 (ARGENCO 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 CROWN (interim, less than 6 months)</td>
</tr>
<tr>
<td>D6210</td>
<td>PONTIC – CAST HIGH NOBLE METAL (ARGENCO 58)</td>
</tr>
<tr>
<td>D6212</td>
<td>PONTIC – CAST NOBLE METAL (ARGBOND 80)</td>
</tr>
<tr>
<td>D6242</td>
<td>PONTIC – PORCELAIN FUSED TO NOBLE METAL (ARGBOND 80)</td>
</tr>
<tr>
<td>D6752</td>
<td>RETAINER – CAST CROWN – PORCELAIN FUSED TO NOBLE METAL (ARGBOND 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 (ARGBOND 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) (ARGENCO 42)</td>
</tr>
<tr>
<td>D9940</td>
<td>OCCLUSAL GUARD (NOCTURNAL SPLINT)</td>
</tr>
<tr>
<td>D9994</td>
<td></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 – METALIC – ONE SURFACE</td>
</tr>
<tr>
<td>D2510.1</td>
<td>INLAY – METALIC – ONE SURFACE PREP</td>
</tr>
<tr>
<td>D2510.2</td>
<td>INLAY – METALIC – ONE SURFACE IMPRESSION</td>
</tr>
<tr>
<td>D2510.4</td>
<td>INLAY – METALIC – ONE SURFACE DELIVERY</td>
</tr>
<tr>
<td>D2510R</td>
<td>REMAKE – INLAY – METALIC – ONE SURFACE</td>
</tr>
<tr>
<td>D2510R.1</td>
<td>REMAKE – INLAY – METALIC – ONE SURFACE PREP</td>
</tr>
<tr>
<td>D2510R.2</td>
<td>REMAKE – INLAY – METALIC – ONE SURFACE IMPRESSION</td>
</tr>
<tr>
<td>D2510R.4</td>
<td>REMAKE – INLAY – METALIC – ONE SURFACE DELIVERY</td>
</tr>
<tr>
<td>D2520</td>
<td>INLAY – METALIC – TWO SURFACES</td>
</tr>
<tr>
<td>D2520.1</td>
<td>INLAY – METALIC – TWO SURFACES PREP</td>
</tr>
<tr>
<td>D2520.2</td>
<td>INLAY – METALIC – TWO SURFACES IMPRESSION</td>
</tr>
<tr>
<td>D2520.4</td>
<td>INLAY – METALIC – TWO SURFACES DELIVERY</td>
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<tr>
<td>D2520R</td>
<td>REMAKE – INLAY – METALIC – TWO SURFACES</td>
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</tr>
<tr>
<td>D2520R.4</td>
<td>REMAKE – INLAY – METALIC – TWO SURFACES DELIVERY</td>
</tr>
<tr>
<td>D2543</td>
<td>ONLAY – METALIC – THREE SURFACES</td>
</tr>
<tr>
<td>D2543.1</td>
<td>ONLAY – METALIC – THREE SURFACES PREP</td>
</tr>
<tr>
<td>D2543.2</td>
<td>ONLAY – METALIC – THREE SURFACES IMPRESSION</td>
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<tr>
<td>D2543R</td>
<td>REMAKE – ONLAY – METALIC – THREE SURFACES</td>
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</tr>
<tr>
<td>D2543R.4</td>
<td>REMAKE – ONLAY – METALIC – THREE SURFACES DELIVERY</td>
</tr>
<tr>
<td>D2544</td>
<td>ONLAY – METALIC – FOUR SURFACES</td>
</tr>
<tr>
<td>D2544.1</td>
<td>ONLAY – METALIC – FOUR SURFACES PREP</td>
</tr>
<tr>
<td>D2544.2</td>
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<tr>
<td>D2544R</td>
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<tr>
<td>D2544R.4</td>
<td>REMAKE – ONLAY – METALIC – FOUR SURFACES DELIVERY</td>
</tr>
<tr>
<td>D2620</td>
<td>INLAY – PORCELAIN/CERAMIC – TWO SURFACES</td>
</tr>
<tr>
<td>D2620.1</td>
<td>INLAY – PORCELAIN/CERAMIC – TWO SURFACES PREP</td>
</tr>
</tbody>
</table>
D2620.2  INLAY – PORCELAIN/CERAMIC – TWO SURFACES IMPRESSION
D2620.4  INLAY – PORCELAIN/CERAMIC – TWO SURFACES DELIVERY

D2620R  REMAKE – INLAY – PORCELAIN/CERAMIC – TWO SURFACES
D2620R.1 REMAKE – INLAY – PORCELAIN/CERAMIC – TWO SURFACES PREP
D2620R.2 REMAKE – INLAY – PORCELAIN/CERAMIC – TWO SURFACES IMPRESSION
D2620R.4 REMAKE – INLAY – PORCELAIN/CERAMIC – TWO SURFACES DELIVERY

D2643  ONLAY – PORCELAIN/CERAMIC – THREE SURFACES
D2643.1 ONLAY – PORCELAIN/CERAMIC – THREE SURFACES PREP
D2643.2 ONLAY – PORCELAIN/CERAMIC – THREE SURFACES IMPRESSION
D2643.4 ONLAY – PORCELAIN/CERAMIC – THREE SURFACES DELIVERY

D2643R REMAKE – ONLAY – PORCELAIN/CERAMIC – THREE SURFACES
D2643R.1 REMAKE – ONLAY – PORCELAIN/CERAMIC – THREE SURFACES PREP
D2643R.2 REMAKE – ONLAY – PORCELAIN/CERAMIC – THREE SURFACES IMPRESSION
D2643R.4 REMAKE – ONLAY – PORCELAIN/CERAMIC – THREE SURFACES DELIVERY

D2651  INLAY – RESIN-BASED COMPOSITE – TWO SURFACES
D2651.1 INLAY – RESIN-BASED COMPOSITE – TWO SURFACES PREP
D2651.2 INLAY – RESIN-BASED COMPOSITE – TWO SURFACES IMPRESSION
D2651.4 INLAY – RESIN-BASED COMPOSITE – TWO SURFACES DELIVERY

D2651R REMAKE – INLAY – RESIN-BASED COMPOSITE – TWO SURFACES
D2651R.1 REMAKE – INLAY – RESIN-BASED COMPOSITE – TWO SURFACES PREP
D2651R.2 REMAKE – INLAY – RESIN-BASED COMPOSITE – TWO SURFACES IMPRESSION
D2651R.4 REMAKE – INLAY – RESIN-BASED COMPOSITE – TWO SURFACES DELIVERY

D2740  CROWN – PORCELAIN/CERAMIC SUBSTRATE
D2740.1 CROWN – PORCELAIN/CERAMIC SUBSTRATE PREP
D2740.4 CROWN – PORCELAIN/CERAMIC SUBSTRATE IMPRESSION
D2740.4 CROWN – PORCELAIN/CERAMIC SUBSTRATE DELIVERY

D2740R REMAKE – CROWN – PORCELAIN/CERAMIC SUBSTRATE
D2740R.1 REMAKE – CROWN – PORCELAIN/CERAMIC SUBSTRATE PREP
D2740R.4 REMAKE – CROWN – PORCELAIN/CERAMIC SUBSTRATE IMPRESSION
D2740R.4 REMAKE – CROWN – PORCELAIN/CERAMIC SUBSTRATE DELIVERY

D2752  CROWN – PORCELAIN FUSED TO NOBLE METAL (ARGE BOND 80)
D2752.1 CROWN – PORCELAIN FUSED TO NOBLE METAL PREP
D2752.2 CROWN – PORCELAIN FUSED TO NOBLE METAL IMPRESSION
D2752.3 CROWN – PORCELAIN FUSED TO NOBLE METAL COPING TRY-IN
D2752.4 CROWN – PORCELAIN FUSED TO NOBLE METAL DELIVERY

D2752R REMAKE CROWN – PORCELAIN FUSED TO NOBLE METAL
D2752R.1 REMAKE CROWN – PORCELAIN FUSED TO NOBLE METAL PREP
D2752R.2 REMAKE CROWN – PORCELAIN FUSED TO NOBLE METAL IMPRESSION
D2752R.3 REMAKE CROWN – PORCELAIN FUSED TO NOBLE METAL COPING TRY-IN
D2752R.4 REMAKE CROWN – PORCELAIN FUSED TO NOBLE METAL DELIVERY
D2780 CROWN – ¾ OR 7/8 CAST HIGH NOBLE METAL (ARGENCO 58)
D2780.1 CROWN – ¾ OR 7/8 CAST HIGH NOBLE METAL PREP
D2780.2 CROWN – ¾ OR 7/8 CAST HIGH NOBLE METAL IMPRESSION
D2780.4 CROWN – ¾ OR 7/8 CAST HIGH NOBLE METAL DELIVERY

D2780R REMAKE CROWN – ¾ OR 7/8 CAST HIGH NOBLE METAL
D2780R.1 REMAKE CROWN – ¾ OR 7/8 CAST HIGH NOBLE METAL
D2780R.2 REMAKE CROWN – ¾ OR 7/8 CAST HIGH NOBLE METAL
D2780R.4 REMAKE CROWN – ¾ OR 7/8 CAST HIGH NOBLE METAL

D2790 CROWN – FULL CAST HIGH NOBLE METAL (ARGENCO 58)
D2790.1 CROWN – FULL CAST HIGH NOBLE METAL PREP
D2790.2 CROWN – FULL CAST HIGH NOBLE METAL IMPRESSION
D2790.4 CROWN – FULL CAST HIGH NOBLE METAL DELIVERY

D2790R REMAKE – CROWN – FULL CAST HIGH NOBLE METAL
D2790R.1 REMAKE – CROWN – FULL CAST HIGH NOBLE METAL PREP
D2790R.2 REMAKE – CROWN – FULL CAST HIGH NOBLE METAL IMPRESSION
D2790R.4 REMAKE – CROWN – FULL CAST HIGH NOBLE METAL DELIVERY

D2792 CROWN – FULL CAST NOBLE METAL (ARGBOND 80)
D2792.1 CROWN – FULL CAST NOBLE METAL PREP
D2792.2 CROWN – FULL CAST NOBLE METAL IMPRESSION
D2792.4 CROWN – FULL CAST NOBLE METAL DELIVERY

D2792R REMAKE – CROWN – FULL CAST NOBLE METAL (ARGBOND 80)
D2792R.1 REMAKE – CROWN – FULL CAST NOBLE METAL PREP
D2792R.2 REMAKE – CROWN – FULL CAST NOBLE METAL IMPRESSION
D2792R.3 REMAKE – CROWN – FULL CAST NOBLE METAL COPING TRY-IN
D2792R.4 REMAKE – CROWN – FULL CAST NOBLE METAL DELIVERY

D2910 RECEMNT INLAY/ONLAY
D2920 RECEMENT CROWN
D2930 RECEMENT FIXED PARTIAL DENTRUE

D2930 PREFABRICATED STAINLESS STEEL CROWN – PRIMARY TOOTH
D2931 PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH
D2932 PREFABRICATED RESIN CROWN
D2933 PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH
D2940 PROTECTIVE RESTORATION
D2950 CORE BUILDUP, INCLUDING ANY PINS
D2951 PIN RETENTION – PER TOOTH, IN ADITION TO RESTORATION

D2952 POST AND CORE IN ADDITION TO CROWN, DIRECT OR INDIRECT (ARGENCO 42)
D2952.1 POST AND CORE IN ADDITION TO CROWN PREP
D2952.2 POST AND CORE IN ADDITION TO CROWN IMPRESSION
D2952.4 POST AND CORE IN ADDITION TO CROWN DELIVER

D2953 EACH ADDDITIONA INDIRECTLY FABRICATED POST – SAME TOOTH
D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN (e.g. TRI-R ™)
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 (ARGE BOND 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
D6752R.3  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 (ARGE NCO 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 (ARGE NCO 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 MAINTENCE 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 units at least at a 7.2 level.

Three successful single units from among the following codes are required before starting a fixed partial denture: 2543, 2544, 2780, 2790, 2792, or 2752. It is acceptable for the third unit, if it is a Metal-Ceramic Crown, to have successfully completed only the coping try-in step before starting a fixed partial denture.

A fixed partial denture may be started before starting the 3rd single unit, 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 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>Full coverage gold crown</td>
<td>1.00</td>
<td>Pontic, gold</td>
<td>0.75</td>
</tr>
<tr>
<td>Inlay, gold (2 or 3 surfaces)</td>
<td>0.75</td>
<td>Pontic, metal-ceramic</td>
<td>1.00</td>
</tr>
<tr>
<td>Metal-Ceramic crown</td>
<td>1.50</td>
<td>Porcelain veneer</td>
<td>1.00</td>
</tr>
<tr>
<td>All-Ceramic crown</td>
<td>1.50</td>
<td>Resin-bonded retainer</td>
<td>0.75</td>
</tr>
<tr>
<td>Onlay, gold (3 or 4 surfaces)</td>
<td>1.75</td>
<td>Long-term prov. crown</td>
<td>0.50</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.

|    | C   | | B   | | A   |
|----|-----||-----| |-----|
| 21.6 | 72.0 | | 24.0 | 80.0 | | 27.0 | 90.0 |

All students in Fixed Block Care are required to do all of their own lab work until a minimum of 2 units are completed (See Section 7.6), at which time the student must have the dental support laboratory process for wax-up and casting all single units and fixed partial denture cases.
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 to begin the preliminary finishing for patient try-in.

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 still necessary for metal-ceramic bridge coping frameworks.