

COMPLETE DENTURE PROSTHODONTICS

Patient: _____

Date of Examination: _____ Examiner: _____

Treatment in Question: Upper (Maxillary) / Lower (Mandibular) Denture

Patient's Contribution: _____

General health _____

Remarks: (wishes and attitudes) _____

Additional Complaints: _____

Remarks to Patient: Patient told to seek treatment. Yes _____ No _____ 1. Additional 2. Immediate 3. Emergency

CLINICAL SUMMARY: Satisfactory/Unsatisfactory (circle one)

State reason for above summary: _____

Operational Explanation	Comments/Observations
<p>R - Range of excellence S - Satisfactory T - Unsatisfactory, future damage is likely to occur V - Unsatisfactory, damage to patient is now occurring</p>	
Esthetics:	
	(circle one)
Facial Harmony	RSTV
Shade	RSTV
Teeth	RSTV
Extensions:	
	(circle one)
Overextended	RSTV
Underextended	RSTV
Peripheral Seal	RSTV
Occlusion:	
	(circle one)
Centric	RSTV
Vertical	RSTV
Lateral	RSTV
Protrusive	RSTV
Teeth Surfaces	RSTV
Stability & Retention:	
	(circle one)
Stability	RSTV
Retention	RSTV