

REMOVABLE PARTIAL PROSTHODONTICS

Patient: _____

Date of Examination: _____ Examiner: _____ Treatment in Question: _____

Radiographs: Taken at Exam? Yes ___ No ___ Reviewed: _____ Date & Type: _____

Describe radiographic findings: _____

Describe general periodontal health: _____

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 R - Range of excellence S - Satisfactory T - Unsatisfactory, future damage is likely to occur V - Unsatisfactory, damage to patient is now occurring		Comments/Observations
Maxillary Partial Mandibular Partial		Comments/Observations
Periodontal Status of Abutments		
Clasps Tooth #s		
Replacing Tooth #s		
Design	(circle one) RSTV	
Saddles	RSTV	
Stability	RSTV	
Retention	RSTV	
Occlusion	RSTV	