Fixed Prosthodontics
Examination, Diagnosis and Treatment Plan form

Patient's Name : ____________________   File No. : ___________
Clinician's Name : ____________________

Part I Examination

A. Clinical Examination

1. Periodontal Examination
   - OH Condition - good - fair - poor
   - Gingivitis - localized - generalized
   - Periodontitis - localized - early
   - generalized - moderate - severe

2. Abutment Examination

<table>
<thead>
<tr>
<th>Criteria of Examination</th>
<th>Abutment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
</tr>
<tr>
<td>- Periodontal pockets (if ≥ 4 mm)</td>
<td>#</td>
</tr>
<tr>
<td>- Mobility (grade I, II, III)</td>
<td>#</td>
</tr>
<tr>
<td>- Caries (S, simple; E, extensive)</td>
<td>#</td>
</tr>
<tr>
<td>- Restorations</td>
<td>#</td>
</tr>
<tr>
<td>- Pulp status</td>
<td>#</td>
</tr>
<tr>
<td>sensitivity</td>
<td>#</td>
</tr>
<tr>
<td>pulp involvement</td>
<td>#</td>
</tr>
<tr>
<td>pulp extirpated</td>
<td>#</td>
</tr>
<tr>
<td>RCT</td>
<td>#</td>
</tr>
<tr>
<td>Pier abutment</td>
<td>#</td>
</tr>
</tbody>
</table>
3. **Occlusal Examination**

<table>
<thead>
<tr>
<th>Type of centric occlusion</th>
<th>Angle</th>
<th>Class I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of working side contacts</td>
<td>- canine- guidance</td>
<td>- group function</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anterior guidance</td>
<td>- yes</td>
<td>- no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bruxism</td>
<td>- yes</td>
<td>- no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of opposing dentition</td>
<td>- natural teeth</td>
<td>- acrylic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- ceramic</td>
<td>- metal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced interarch space</td>
<td>- yes</td>
<td>- no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Evaluation Existing FPD (if any)**

B. **Radiographic Examination**

<table>
<thead>
<tr>
<th>Criteria of Examination</th>
<th>Abutment</th>
</tr>
</thead>
<tbody>
<tr>
<td># # # # # # # # #</td>
<td>#</td>
</tr>
<tr>
<td>- Crown-to-root ratio (1:2 – 2:3 – 1:1 – 1 :1)</td>
<td>#</td>
</tr>
<tr>
<td>- Caries</td>
<td>#</td>
</tr>
<tr>
<td>- Periapical lesions</td>
<td>#</td>
</tr>
</tbody>
</table>

- proximity of destruction (if any) to alveolar bone
  - - < 2 mm
  - ≥ 2 mm
- RCT quality (if any) - acceptable - not acceptable

C. **Mounted Diagnostic Cast Examination**

1. **Edentulous space**

Span length : ______ mm (missing tooth/teeth #)

Reduced interarch space - yes - no

Edentulous ridge deformities - yes - no - Class I(loss of ridge)
  - Class II(height)
  - Class III(combination)
2. Abutments

- OG length
- Malposition
- MD drifting (# )
- Rotation (# )
- Facioliingual displacement (# )
- Common path of insertion - yes - no

3. Occlusal Evaluation

- Supra-eruption of abutment tooth/teeth - yes(# ) - no
- Supra-eruption of opposing tooth/teeth - yes - uneven

Part II Pre-Prosthetic Preparation

- Restoration
- Endodontic treatment/retreatments # _________
- Periodontal therapy
- Orthodontic treatment
- Gingivectomy # _________
- Crown lengthening procedure # _________
- Occlusal analysis and correction
- Customized incisal guide table
- Diagnostic wax-up

Part III FPD Treatment Plan

A. Restoration of Abutment Foundation

- Dental retentive feature retained build-up
- Pin retained build-up
- Prefabricated post retained build-up
- Cast post and core
B. Restoration Design

1. Material
   - Metal Ceramic (MC)
   - All Metal
   - All Ceramic

2. Retainer/crown
   - Full
   - Partial

3. Pontic Design
   - Bullet (conical)
   - Ridge lap
   - Hygienic
   - Modified ridge lap

4. Pontic Tissue Contact
   - Metal
   - Ceramic

5. Occlusal Contact
   - Metal
   - Ceramic

6. Labial Margin
   - Metal
   - Ceramic

7. Surveyed Restoration
   - yes (#)
   - No

8. Type of FPD
   - Rigid connectors
   - Resin-bonded
   - Non-rigid connectors
   - Cantilever
   - other
   - specify

9. Ceramic material shade

Date: _____________________

Student Name: _______________ Student No.: _______ Signature: _______

Faculty Name: _______________ Faculty Code: _______ Signature: _______