COMMENTS: ON TREATMENT PLAN BELOW: *It is unlikely that this level of detail is required for all approvals, as many cases have been approved without it. Notably, the included 'progress notes' at the bottom are likely unnecessary. However, the added details on treatment options, their benefits and risks, and the patient's chosen option are valuable additions*

*ATTACHMENTS INCLUDED WERE*

1. *Dentition Exam*
2. *Maxillary Model*
3. *Mandibular Model*
4. *Maxillary and Mandibular In occlusion*
5. Treatment plan with the following text in the description in the description

**Proposed Treatment: *Standard Free End Partial Maxillary and Standard Free End Partial Mandibular Dentures***

The objective of this treatment is to restore stomatognathic function, phonetics and improve esthetics. It will also restore harmony between mx and md jaw relationship. Residual ridge resorption will continue to progress due to natural biological function over time.

**Assessment:**

Patient currently has an acrylic Partial Lower Denture made at a private DDS clinic.

**Description of the patient complaint:** pt does not have a maxillary denture, lower denture is loose and cannot chew due to lack of maxillary posterior teeth.

**Subjective observations:** pt would like to establish a healthier diet with more chewing capacity to help with her blood sugar control.

**Clinical measurements/observations:** the patient is currently overclosed due to lack of posterior contacts and VDO should be restored by 2.0mm. Pt is currently chewing on the anterior teeth, causing exacerbated occlusal wear on the 33, 43, 44.

**List of missing teeth:** 14,15,16,17,18,22,28,31,32,34,35,36,37,38,41,42,45,46,47,48.

As per patient, extractions completed approximately

 • 31,32,41,42 in 2023

 • 28,17,18,34,35,36,37,38,45,46,47,48 in Egypt before 2000

 • 22,14,15,16 in 2020

As per patient, they have **seen a DDS within the past 6 months**. **Their DDS advised** them that all basic treatment is completed including: Control of caries and of periodontal and periapical disease for all teeth, and restoration of major structural defects in the abutment teeth

**Specific conditions:**

·there are 1 or more missing teeth in the anterior sextant, and

·there are 2 or more missing posterior teeth in a quadrant excluding second and third molars

·no further extractions required at this time

·RDH cleaning has been completed

Treatment is not as a result of an accident.

**Treatment Specifics:**

Phases and description of treatments;

**Phase 1 :** the fabrication of new Standard Free End Partial Maxillary and Standard Free End Partial Mandibular Dentures will consist of 5 appointments.

**Phase 2:** consists of the post insertion care required for transitioning the patient into new dentures and having them settle. Approximately 3+ appointments. Patient will be free to attend as many required adjustments for the first three months post insertion date.

**Phase 1: Fabrication of dentures**

1. general exam, preliminary impressions, digital photos

2. final impressions

3. cast framework try-in, bite registration, tooth shape and shade selection

4. try-in

5. insertion of new mx and md cast partial dentures

Time frame: 4-5 weeks from the first to last appointment depending on the patient availability

**Phase 2: post insertion care**

5. check-up #1: 24-48 post insertion of the denture(s). Adjustment to mx and/or md intagio, camio and/or cast/ww clasps for comfort and function.

6. check-up #2: 7 days post insertion of the denture(s). Adjustment to mx and/or md intagio, camio and/or cast/ww clasps for comfort and function.

7. check-up#3+: on an as need basis at patient request.

**Expected Outcomes:**

Bone loss management; the patient has been partially edentulous for 10+ years, initial RRR has occurred however annual recall for denture fit and function are recommended for maintenance of esthetics, phonetics and function.

Expectations based on this treatment and specific differences compared other possible treatments.

· **Alternate treatment options:**

 1) implant retained tissue supported denture

 2) castmeshPUPLD

 3) acrylicPUPLD w/ clasps

 4) no tx

 **Benefits/risks- tx**

1. most retention, stability support/expensive, not offered through CDCP, biological/osteointegration not guaranteed
2. reduce vertical over seating and gingival stripping of remaining teeth, easy to add future acrylic teeth, and reline
3. gingival stripping and verticle overseating of denture, easy to add future acrylic teeth, easily fractured when occlusal balances are lost through RRR
4. continue functioning with current dentures and issues

**Initial Prognosis:** Excellent  **Good** Fair Poor

**Maintenance Procedures and Re-care:**

Specify any conditions which are being monitored and further, that the patient has been made aware of/the conditions being monitored; Residual ridge resorption

* Patient Maintenance routines: annual denture recall advised. Repair, reline as needed. Annual/bi-annual RDH and/or DDS encouraged and discussed with patient.
* Re-care Plan: DD recall every 12 months post initial placement or at patient request if earlier.

**Progress Note:**

Medical Health History – no changes

Allergies – none

Written informed consent denture consultation, Initial Oral Exam, and fabricate new cast PUPLD and associated procedures

**Pre-Op Instrument Check**

Packages sterile with Biological Indicator Confirmation

**Extra Oral Exam:** face WNL, temporal mandibular joint WNL

**Intra Oral Exam:** soft tissue strong bilateral buccal frenal attachments, hard tissue shallow palate, maxillary residual ridge restoration normal, mandibular residual ridge restoration severe, tonsils not seen, torus maxillary none, torus mandibular none, Class 1 Bite

Denture Expectations/denture history: Pt currently has acrylic PUPLD made 10 years ago at private DDS

**TX options:**

1. Implant retained tissue support denture
2. Cast mesh PUPLD
3. Acrylic PUPLD
4. No tx

**Benefits/Risks – tx**

**Option 1) Implant retained tissue support denture**

Most retention; stability support/expensive; not offered through CDCP

**Option 2) Cast mesh PU/PLD**

Reduce vertical over seating and gingival stripping of remain teeth; easy to add future acrylic teeth

**Option 3) Acrylic PU/PLD**

Gingival stripping and vericle overseating of denture; easy to add future acrylic teeth

**Option 4) No tx**

Continue functioning with current dentures and issues

**Patient opts for tx** **Option 2) Cast mesh PU/PLD**

**Procedure & materials**

EO, IO exam; Performed maxillary and mandibular stock trays used with jelrate fast set to take preliminary impressions. Patient allowed to rinse spit between impressions. Patient tolerated procedures well Next visit final impressions.

***ATTACHMENTS INCLUDED ARE BELOW ON NEXT PAGE***



