



Boston University Goldman School of Dental Medicine Predoctoral Removable Prosthodontics Flow Sheet

STUDENT : _____
 MEDICAL ALERT : _____

PATIENT _____ CHART # _____
 PREMEDICATION _____ PROCEDURE _____

**COMPLETE DENTURES
 PROVISIONAL PARTIAL DENTURES**
All Acrylic Prostheses

CAST PARTIAL DENTURES

DATE	#	STEP	SIG.	U	L
	001	EXAMINATION			
	002	CONSULTATION			
		CLASP DESIGN PROVISIONAL D.			
	006	TREATMENT PLAN			
	007	PAYMENT -- REQUIRED*			
	008	MOUTH PREPARATION			
	009	TRAY SELECTION			
	010	PRELIMINARY IMP.			
	014	CUSTOM TRAY			
	015	BORDER MOLDING			
	016	FINAL IMPRESSION			
		BEADING & BOXING			
	017	FINAL CAST			
	025	BASE AND OCCLUSAL RIMS			
	026	POST DAM			
	027	FACE BOW			
	028	VERTICAL DIMENSION			
	029	CENTRIC RELATION			
	030	TOOTH SELECTION - REC.			
	031	DENTURE BASE SELECTION - REC.			
	032	TOOTH TRY-IN			
	033	VERIFY V.D.O. PIN =			
	034	VERIFY C.R.			
	035	PATIENT APPROVAL			
	036	SURGICAL STENT			
	037	WAX UP			
	038	FINAL OCCLUSION CHECK			
	039	FACE BOW PRESERVATION			
	040	PROCESSING			
	041	LAB REMOUNT			
	042	FINISH AND POLISH			
	044	REMOUNT CASTS PREPARED			
	045	PATIENT REMOUNT REQUIRED			
	046	FINAL POLISH			
	047	HOME CARE INSTRUCTION			
	048	INSERTION *			
	049	ADJUSTMENT			
		ADJUSTMENT			
		ADJUSTMENT			
	050	CASE COMPLETED			

DATE	#	STEP	SIG	U	L
	001	EXAMINATION			
	002	CONSULTATION			
	003	PRIMARY IMPRESSION (ALGINATE)			
	004	DIAGNOSTIC CAST			
	005	SURVEY AND DESIGN			
	006	TREATMENT PLAN			
	007	PAYMENT -- REQUIRED*			
	011	ABUTMENT PREPARATION			
	014	CUSTOM TRAY			
	015	BORDER MOLDING			
	016	FINAL IMPRESSION			
	017	FINAL CAST			
	025	BASE AND OCCLUSAL RIMS			
	018	STEELE'S FACING - MOLD & SHADE			
	019	STEELE'S FACING - PLASTER MATRIX			
	020	WORK AUTHORIZATION - LAB RX			
	021	FRAMEWORK ON CAST			
	022	FRAMEWORK TRY IN			
	023	ALTERED CAST IMPRESSION <i>REQ'D</i>			
	025	BASE AND OCCLUSAL RIMS			
	026	POST DAM			
	027	FACE BOW			
	028	VERTICAL DIMENSION			
	029	CENTRIC RELATION			
	030	TOOTH SELECTION - RECORDED			
	031	DENTURE BASE SELECTION - REC.			
	032	TOOTH TRY IN			
	033	VERIFY V.D.O.			
	034	VERIFY C.R.			
	035	PATIENT APPROVAL			
	036	SURGICAL STENT			
	037	WAX UP			
	038	FINAL OCCLUSION CHECK			
	039	FACE BOW PRESERVATION			
	040	PROCESSING			
	041	LAB REMOUNT			
	042	FINISH AND POLISH			
	043	PICK UP IMPRESSION			
	044	REMOUNT CASTS PREPARED			
	045	PATIENT REMOUNT			
	046	FINAL POLISH			
	047	HOME CARE INSTRUCTION			
	048	INSERTION *			
	049	ADJUSTMENT			
		ADJUSTMENT			
		ADJUSTMENT			
	050	CASE COMPLETED			

INDIVIDUAL DENTURE _____

TEAM DENTURE : A / B _____ SUBMITTED
 (Use Green Flow Sheet)

TEAM MATE :

IMMEDIATE DENTURE APPROVED FOR INSERTION

SIGNATURE : _____ DATE : _____

EXTRENSHIP CASE REVIEW BY BU FACULTY : Photos _____
 Mounted Occlusion : _____ Survey/Design: _____

FOR OFFICE USE _____ COMPLETE
 # UNITS _____ PARTIALS
 _____ AUTH SIG _____ IMPLANT OD
 _____ DATE _____ LAB ROTATION



**Boston University Henry M. Goldman School of Dental Medicine
Predoctoral Removable Prosthodontics Flow Sheet**

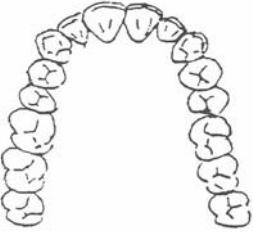
**RELINE / REBASE / REPAIR (LAB VS. CHAIRSIDE)
TISSUE CONDITIONER / OVERLAY ABUTMENT, ATTACHMENTS
SURVEY CROWNS CHECK OFF FOR FIXED / REMO CASES**

STUDENT _____ CHART # _____
PATIENT _____ PROCEDURE _____

DESCRIBE REPAIR IN DETAIL :

COMMENTS :


CHAIRSIDE					
RELINE	/	TISSUE CONDITIONER	/	REPAIR *	
DATE	#	STEP	SIG	U	L
	002	CONSULTATION			
	006	TX PLAN / PAYMENT - REQ'D			
	012	OCCLUSAL PREPARATION			
	013	DENTURE PREPARATION			
	016	MATERIAL PLACEMENT 1 2 3			
	026	POST DAM AUGMENTATION			
	040	DENTURE BASE REPAIR			
		TOOTH REPLACEMENT # ()			
	048	INSERTION			
	049	ADJUSTMENT			
	049	ADJUSTMENT			



KENNEDY CLASS _____
MOD _____
MAJOR CONNECTOR _____

TOOTH	REST	GP	CLASP	UC	BR	MOD

LABORATORY					
RELINE	/	REBASE	/	REPAIR *	
DATE	#	HEAT CURED	HEAT CURED	COLD CURED	
		HARD	SOFT	HARD	
DATE	#	STEP	SIG	U	L
	002	CONSULTATION			
	006	TX PLAN / PAYMENT - REQ'D			
	012	OCCLUSAL ADJUSTMENT			
	013	DENTURE PREPARATION			
	015	BORDER MOLDING			
	016	FINAL IMPRESION			
	026	POST DAM			
	031	TOOTH SELECTION - RECORDED			
	037	DENTURE BASE SELECTION - RECORDED			
	038	WAX UP & FINAL OCCLUSION			
	040	PROCESSING			
	042	FINISH AND POLISH			
	048	INSERTION			
	049	ADJUSTMENT			
	049	ADJUSTMENT			
	049	ADJUSTMENT			
	050	CASE COMPLETED			



KENNEDY CLASS _____
MOD _____
MAJOR CONNECTOR _____

TOOTH	REST	GP	CLASP	UC	BR	MOD

OVERLAY DENTURE ATTACHMENTS - Teeth #'s) _____
 TX PLAN / PAYMENT - REQ'D
 ABUTMENT PREPARATION
 ATTACHMENT ACTIVATION

SIGNATURE FOR SURVEY & DESIGN _____ DATE _____

OD / PD / ABUTMENTS	
TOOTH #	WAX-UP (SIG) : _____ CASTING (SIG) : _____
TOOTH #	WAX-UP (SIG) : _____ CASTING (SIG) : _____
TOOTH #	WAX-UP (SIG) : _____ CASTING (SIG) : _____

*** RECORD OF PAYMENT (Financial Office)**
 FIRST PAYMENT: _____
 SECOND PAYMENT: _____
 OTHER: _____

PERMISSION FOR FINAL CEMENTATION : Coping / Crown(s) _____
 SIGNATURE: _____ DATE : _____