Complete Denture Procedures for Making Dentures in the Home

For Competency #9

Rev. April 2010
Ronni A. Schnell, D.M.D., M.A.G.D.
and Jean Douillette, D.D.S.
The student will be responsible for all communication with the patient.

The faculty is insistent that this situation be handled in a very professional manner.

PLEASE USE THE WHITE FLOW SHEET!

SUMMATIVES CANNOT BE TAKEN ON A HOME CARE PATIENT.

The following pages include a detailed list of procedures that the student is expected to follow:

**Appointment #1 – Home Visit – Consultation and Preliminary Impressions**

1. Examination, diagnosis and treatment planning. Complete dental record forms and obtain all necessary signatures if not already done.
2. Take preliminary maxillary and/or mandibular alginate impression(s) using Rim Lock trays.

**Laboratory work:**

1. Bead, box and pour (in plaster) alginate impression(s).
2. Construct custom final impression tray(s) (with handle(s)).

**Appointment # 2 – Home Visit – Final Impressions**

1. Try in and adjust maxillary and/or mandibular custom tray(s).
2. Border mold custom tray(s). Apply adhesive.
3. Take final impression(s) with light bodied rubber base.

**Laboratory:**

1. Bead, box (CHECK WITH TECHNICIAN) and pour (in stone) the final impression(s).
2. Construct record base(s) and occlusion rim(s) for maxillary and/or mandibular casts.
Appointment #3 – Home Visit – Inter-maxillary Records Visit

1. For Maxillary Denture only: Post Dam- Locate Anterior Vibrating Line (AVL) and compressible tissue depths, Cut back maxillary record base to AVL line and score post dam. Transfer this information onto the maxillary cast.
2. Establish Vertical Dimension of Occlusion (VDO).
3. Do Centric Relation registration.
4. Tooth selection: Tooth shade and mould, and denture base shade. Record this information in the patient’s chart.
5. Do facebow registration.

Laboratory

1. Attach facebow to articulator and mount upper cast. Pin = 0 on movable table.

   NOTE: Rx must include denture base shade. In addition, ALL information must be recorded in patient’s chart and signed/authorized.

3. Record pin setting for the articulator on your cast (to maintain VDO).
4. Set up teeth on the articulator using appropriate guidelines.

Appointment # 4 – Home Visit – Trial Denture (Tooth try-in)

1. Try in trial denture(s) (tooth set-up).
2. Verify esthetics, phonetics, VDO and CR.
3. Modify as necessary.
4. Patient acceptance of set up (written in record and signed by patient).

Laboratory

1. Obtain final occlusion check on set up, complete wax-up then check occlusion once again.
2. If fabricating maxillary denture: Create plaster facebow preservation (NO Vaseline on teeth)
3. Write up laboratory Rx for processing; either in house or at an outside lab.
4. Denture(s) will be flasked, packed, processed, de-flasked, lab remounted, de-cast and returned to you for finishing and polishing.
5. Finish and polish the denture(s).
6. Block out undercuts in denture(s) and pour new full (– not horseshoe shaped) plaster cast(s) in denture(s) (patient remount casts).
7. If fabricating maxillary denture: Remount maxillary denture using facebow preservation.
**Appointment # 5 – Home Visit – Insertion / Patient Remount**

1. Insert maxillary and/or mandibular denture(s). Utilizing Sorenson’s and PIP pastes, correct borders, frenal clearance, check for heel interference.
2. Make new Centric Registration. Mount mandibular cast or denture (on its remount cast.) Verify CR.
3. Equilibrate denture(s) as needed. Save casts for possible follow up adjustments.
4. Final polish of denture(s) as needed.
5. Deliver denture. Review home care instructions. Re-appoint patient within 48 hours for follow-up and adjustment if needed.

*NOTE: All steps should be done and documented on the flow sheets. Credit will not be given for a step or visit not attended.*

**Appointment # 6 – Home Visit – Adjustment(s) / Patient Remount**

1. Determine patient's chief complaint.
2. Utilizing indelible pencil (Dr. Thompson’s Color Transfer Applicator), Sorenson’s and PIP pastes, adjust denture(s) to relieve trauma or irritation.
3. Check occlusion. Take a new centric and remount for equilibration if necessary.

*NOTE: The number of follow-up visits may vary for each patient. You must continue to reappoint for follow-up until such time that the patients have no visible signs of trauma and the occlusion is stable.*

*4. Complete patient record and flow sheet. Be sure to have the business office note the record of payment on BOTH flow sheets regardless of method of payment (i.e., self-pay, Mass Health or n/c ).
5. Determine status of patient. Place patient on annual recall.
*6. Obtain a Case Complete signature on flow sheet

*NOTE: YOU MAY NOT SIGN-OUT WITH STEPS #4 AND # 6 (above) INCOMPLETE. NO EXCEPTIONS!*