D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105

Affiliated to Maharashtra University of Health Sciences, Nashik

Recognized by Dental Council of India



SELF STUDY REPORT (CYCLE 1) 2018-2023

Criteria 1: Curricular Aspects

Key Indicator: 1.1 Curricular Planning and Implementation

Metric: 1.1.1: The Institution ensures effective curriculum planning, delivery and evaluation through a well defined process as prescribed by the respective regulatory councils and affiliating universities

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ACADEMIC CALENDAR

ACADEMIC CALENDAR

2022-23

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105

Date: 25.07.22

ACADEMIC CALENDAR

August 2022- July 2023

S. NO	Date	Department Name
	UG ACADEMIC SESSION DELAYED BY MUHS	
1.	1st August 2022	Oral Hygiene Day -Dept. Of Periodontics
2.	15th August 2022	Independence Day-Campus Celebration
3.	September 2022	Commencement of Academic session of UG -Final , Third Year
4.	5th September 2022	Teacher's Day -Dept. Of Orthodontics
5. 5	1st October 2022	Geriatric Day- Dept. Of Prosthodontics
6.	5th October 2022	Orthodontics Day -Dept. Of Orthodontics
7.	15th October 2022	Bioethics Day -Dept. of PHD
8.	31st October 2022	National Unity Day -Medical Departments
9.	November 2022	Commencement of Academic Term PG – MDS 22-23-1st year , MDS 21-22-2nd year
10.	14th November 2022	Children's Day & World Diabetes Day-Dept of Pedodontics
11.	December 2022	Tentative First Internal UG- Final year
12.	1st December 2022	World AIDS Day -Dept. Of Oral Pathology
13.	January 2023	Commencement of Academic session of UG- First year
14.	March 2023	Tentative Second Internal UG-Final Year
15.	20th March 2023	World Oral Health Day -Dept. Periodontology
16.	April 2023	Commencement of Academic session. UG-Second year Tentative First Internal UG-Third, Second, First year
17.	14th April 2023	Dr. Ambedkar Jayanti -Dept. Oral & Maxillofacial Surgery
18.	24th April 2023	Oral Medicine & Radiology Day -Dept. of OMDR
19.	May 2023	Tentative Prelims UG- Final year

LINGARAJ SHIGLI ANAND

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Date: 2024.07.03 15:53:08 +05'30'

D.Y. PATIL DENTAL SCHOOL PUNE

20.	31st May 2023	World No Tobacco Day -Dept. Of OMDR
21.	June 2023	MUHS UG Examination- Final year Tentative First Internal-Second year
22.	5th June 2023	World Environment Day -Dept. Public Health Dentistry
23.	19th June 2023	"Community Dentistry Day" -Dept. Public Health Dentistry
24.	21st June 2023	International Yoga Day -All Medical Departments
25.	July 2023	Tentative Second Internal UG-Third, First year
26.	September 2023	Tentative Second Internal UG-Second year
27.	October 2023	Tentative Prelims UG-Third year
28.	November 2023	Commencement of Academic Term PG – MDS 23-24- 1st year , MDS 22-23-2ND Year, MDS 21-22-3RD Year
29.	December 2023	Tentative Prelims UG-Second, First year MUHS UG Examination-Third year MUHS PG Examination-1st year Basic sciences Exam- MDS 2022-23 Batch
30.	January 2024	MUHS UG Examination- Second, First year

D.Y. PATIL DENTAL SCHOOL PUNE

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ACADEMIC CALENDAR

2021-22

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105

Date-26.07.21

ACADEMIC CALENDAR

August 2021- July 2022

S. NO	Date	Department Name
	COVID TIMES- UG ACADEMIC SESSIONS DELAYED	
1.	1st August 2021	Oral Hygiene Day -Dept. Of Periodontics
2.	15th August 2021	Independence Day -Campus Celebration
3.	5th September 2021	Teacher's Day -Dept. Of Orthodontics
	1st October 2021	Geriatric Day- Dept. Of Prosthodontics
4.	5th October 2021	Orthodontics Day
5.	15th October 2021	Bioethics Day -Dept. of PHD
6.	31st October 2021	National Unity Day -Medical Departments
7.	November 2021	Commencement of Academic session of UG -Final , Third Year Commencement of Academic session of PG- MDS 2021-22-1ST year
8.	14th November 2021	Children's Day & World Diabetes Day -Dept. of Pedodontics
9.	1st December 2021	World AIDS Day -Dept. Of Oral Pathology
10.	January 2022	Tentative First Internal UG- Final year
11.		
12.	22nd January 2022	Prosthodontics Day -Dept. Prosthodontics
13.	26th January 2022	Republic Day -Campus Celebration
14.	February 2022	Tentative First Internal UG-Third year
15.	4th February 2022	Celebration Of "World Cancer Day"-Dept. of OMDR , Dept. of Oral Pathology, Dept. of Oral Surgery
16.	13th February 2022	World OMFS Day -Dept. of OMFS
17.	25th February 2022	National Oral Pathology Day
18.	5th March 2022	"Conservative And Endodontic Day"-Dept. Of Conservative Dentistry & Endodontics

D.Y. PATIL DENTAL SCHOOL PUNE

19.	8th March 2022	"International Women's Day"-All Medical Departments
20.	20th March 2022	World Oral Health Day -Dept. Periodontology
21.	April 2022	Commencement of Academic session of UG- Second and First year Tentative Second Internal UG- Final & Third year
22.	14th April 2022	Dr. Ambedkar Jayanti -Dept. Oral & Maxillofacial Surgery
23.	24th April 2022	Oral Medicine & Radiology Day -Dept. of OMDR
24.	May 2022	Tentative First Internal UG-Second year Tentative Prelims UG- Final year
25.	31st May 2022	World No Tobacco Day -Dept. Of OMDR
26.	June 2022	Tentative Prelims UG -Third year
27.	5th June 2022	World Environment Day -Dept. Public Health Dentistry
28.	19th June 2022	"Community Dentistry Day" -Dept. Public Health Dentistry
29.	21st June 2022	International Yoga Day -All Medical Departments
30.	July 2022	Tentative First Internal UG-First year
31.	July-August 2022	MUHS UG Examination- Final,Third
32.	August 2022	Tentative Second Internal UG- Second year
33.	September 2022	Tentative Second Internal UG- First year
34.	October 2022	Tentative Prelims UG- Second year
35.	November 2022	Tentative Prelims UG- First year
36.	December 2022-January 2023	MUHS UG Examination- Second and First year MUHS PG Examination-1st year Basic sciences Exam- MDS 2021-22 Batch -

D. Y. PATIL DENTAL SCHOOL PUNE

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ACADEMIC CALENDAR

2020-21

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105

Date: 27.07.20

ACADEMIC CALENDAR

August 2020- July 2021

S.No	Date	Department Name
	COVID TIMES- ACADEMIC SESSIONS DELAYED	
1.	1st August 2020	Oral Hygiene Day
2.	15th August 2020	Independence Day- Campus Celebration
3.	5th September 2020	Teacher's Day- Dept. Of Orthodontics
4.	1st October 2020	Geriatric Day- Department of Prosthodontics
5.	5th October 2020	Orthodontics Day
6.	15th October 2020	Bioethics Day- Dept. of PHD
7.	31st October 2020	National Unity Day- Medical Departments
8.	14th November 2020	Children's Day & World Diabetes Day
9.	December 2020	Commencement of Academic session of Final, Third , Second Year
10.	1st December 2020	World AIDS Day
11.	January 2021	Tentative First Internal- Final year
12.	22nd January 2021	Prosthodontics Day -Dept. Prosthodontics
13.	26th January 2021	Republic Day -Campus Celebration
14.	February 2021	Commencement of Academic session of First year Tentative First Internal-Third ,Second
15.	4th February 2021	Celebration Of "World Cancer Day"-Dept. of OMDR , Dept. of Oral Pathology, Dept. of Oral Surgery
16.	13th February 2021	World OMFS Day -Dept. of OMFS
17.	25th February 2021	National Oral Pathology Day
18.	5th March 2021	Conservative And Endodontic Day"

D. Y. PATIL DENTAL SCHOOL PUNE

19.	8th March 2021	International Women's Day-All Medical Departments
20.	20th March 2021	World Oral Health Day -Dept. Periodontology
21.	April 2021	Tentative First Internal- First year Tentative Second Internal- Final,Third year
22.	14th April 2021	Dr. Ambedkar Jayanti -Dept. Oral & Maxillofacial Surgery
23.	24th April 2021	Oral Medicine & Radiology Day
24.	May 2021	Tentative Second Internal- Second year
25.	31st May 2021	World No Tobacco Day -Dept. Of OMDR
26.	June 2021	Tentative Second Internal-First year
27.	5th June 2021	World Environment Day -Dept. Public Health Dentistry
28.	19th June 2021	"Community Dentistry Day" -Dept. Public Health Dentistry
29.	21st June 2021	International Yoga Day -All Medical Departments
30.	July 2021	Tentative Prelims-Final, Second year
31.	August 2021	Tentative Prelims-Third year MUHS UG examination-Final year
32.	October 2021	MUHS UG examination-Third ,Second year
33.	November 2021	Tentative Prelims-First Year
34.	January 2022	MUHS UG examination-First year

D.Y. PATIL DENTAL SCH PUNE

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ACADEMIC CALENDAR

2019-20

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105

Date: 22.07.19

ACADEMIC CALENDAR

August 2019- July 2020

S. NO	Date	Department Name
1.	August 2019	Commencement of Academic session of Final & Third Year
2.	1st August 2019	Oral Hygiene Day -Dept. Of Periodontics
3.	15th August 2019	Independence Day- Campus Celebration
4.	September 2019	Commencement of Academic session of First & Second Year
5.	5th September 2019	Teacher's Day- Dept. Of Orthodontics
6.	October 2019	Tentative First Internal- Final, Third year
7.	1st October 2019	Geriatric Day- Dept. Of Prosthodontics
8.	5th October 2019	Orthodontics Day
9.	15th October 2019	Bioethics Day- Dept. of PHD
10.	31st October 2019	National Unity Day- Medical Departments
11.	November 2019	Tentative First Internal- Second , First year
12.	14th November 2019	Children's Day & World Diabetes Day
13.	1st December 2019	World AIDS Day- Dept. Of Oral Pathology
14.	January 2020	Tentative Second Internal- Final , Third , Second First Year
15.	22nd January 2020	Prosthodontics Day
16.	26th January 2020	Republic Day- Campus Celebration
17.	4th February 2020	Celebration Of "World Cancer Day"- Dept. of Oral Pathology, Dept. of Oral Surgery
18.	13th February 2020	World OMFS Day
19.	25th February 2020	National Oral Pathology Day-
20.	March 2020	Tentative Prelims- Final, Second ,First year
21.	5th March 2020	"Conservative And Endodontic Day"- Dept. Public Health Dentistry

D.Y. PATIL DENTAL SCHOOL PUNE

22.	8th March 2020	"International Women's Day"- All Medical Departments
23.	20th March 2020	World Oral Health Day- Dept. Periodontology
24.	April 2020	Tentative Prelims- Third year
25.	14th April 2020	Dr. Ambedkar Jayanti - Dept. Oral & Maxillofacial Surgery
26.	24th April 2020	Oral Medicine & Radiology Day
27.	31st May 2020	World No Tobacco Day- Dept. Of OMDR
28.	5th June 2020	World Environment Day- Dept. Public Health Dentistry
29.	19th June 2020	"Community Dentistry Day" - Dept. Public Health Dentistry
30.	21st June 2020	International Yoga Day- All Medical Departments
31.	June-July	MUHS UG University Exam- First, Second, Third and Final year

D. Y. PATIL DENTAL SCHOOL PUNE

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ACADEMIC CALENDAR

2018-19

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105

Date:23.07.18

ACADEMIC CALENDAR

August 2018- July 2019

S. NO	Date	Department Name
1	August 2018	Commencement of Academic session of Final ,Third & Second Year
2	1st August 2018	Oral Hygiene Day-Periodontics
3	15th August 2018	Independence Day- Campus Celebration
4	September 2018	Commencement of Academic Session of First Year
5	September 2018	First Year Orientation- All Departments
6	5th September 2018	Teacher's Day- Dept. Of Orthodontics
7	October 2018	First Internal -Final,Third & Second year
8	1st October 2018	Geriatric Day - Dept. Of Prosthodontics
9	5th October 2018	Orthodontics Day
10	15th October 2018	Bioethics Day- Dept. of PHD
11	31st October 2018	National Unity Day- Medical Departments
12	November 2018	First Internal- First Year
13	14th November 2018	Children's Day & World Diabetes Day
14	1st December 2018	World AIDS Day- Dept. Of Oral Pathology
15	January 2019	Second Internal -First, Third and Final year
16	22nd January 2019	Prosthodontics Day
17	26th January 2019	Republic Day- Campus Celebration
18	February	Second Internal -Second year
19	4th February 2019	Celebration Of "World Cancer Day"
20	13th February 2019	World OMFS Day
21	25th February 2019	National Oral Pathology Day

D.Y. PATIL DENTAL SCHOOL PUNE

22	March	Prelims- Third and Final year
23	5th March 2019	"Conservative And Endodontic Day"
24	8th March 2019	"International Women's Day"
25	20th March 2019	World Oral Health Day
26	April	Prelims- First, Second year
27	14th April 2019	Dr. Ambedkar Jayanti
28	24th April 2019	Oral Medicine & Radiology Day
29	31st May 2019	World No Tobacco Day
30	5th June 2019	World Environment Day
31	19th June 2019	"Community Dentistry Day"
32	21st June 2019	International Yoga Day
33	June-July 2019	UG University Exam- First, Second, Third and Final year

D.Y. PATIL DENTAL SCHOOL PUNE

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ACADEMIC BLOCK TIME TABLE

ACADEMIC BLOCK TIME TABLE

2022-23

First Year

D Y PATIL DENTAL SCHOOL PUNE
BDS FIRST YEAR TIME TABLE, 2023

TIME / DAY	09:00 to 10:30 AM	10:30 to 11:15 AM	11:15 AM to 12:00 PM	12:00 to 12:45 PM	12:45PM to 01:30PM	01:30 to 03:30 PM
MONDAY	Batch A : DADH Practicals Batch B : Preclinical Prosthodontics Practicals	LECTURE Dental Anatomy & Dental Histology	LECTURE Anatomy		LECTURE Physiology	Batch A : Anatomy Practicals Batch B : Physiology & Biochemistry Practicals
TUESDAY	Batch B : DADH Practicals Batch A : Preclinical Prosthodontics Practicals	LECTURE Dental Anatomy & Dental Histology	LECTURE Anatomy		LECTURE Biochemistry	Batch A : Anatomy Practicals Batch B : Physiology & Biochemistry Practicals
WEDNESDAY	Batch A : DADH Practicals Batch B : Preclinical Prosthodontics Practicals	LECTURE Dental Anatomy & Dental Histology	LECTURE Anatomy		LECTURE Anatomy	Batch A : Physiology & Biochemistry Practicals Batch B : Anatomy Practicals
THURSDAY	Batch B : DADH Practicals Batch A : Preclinical Prosthodontics Practicals	LECTURE Physiology/ Biochemistry	LECTURE Anatomy		LECTURE Biochemistry	Batch A : Physiology & Biochemistry Practicals Batch B : Anatomy Practicals
FRIDAY	Batch A: DADH Practicals Batch B: Anatomy Practicals	LECTURE Dental Anatomy & Dental Histology	LECTURE Dental Materials		Batch B: DADH Practicals Batch A: Anatomy Practicals	02:15 to 03:30 PM LECTURE/DEMONSTRATION/ PRACTICAL Physiology
SATURDAY	09:00AM to 11:00AM Batch A : DADH Practicals Batch B : DADH Practicals	11:00AM to 12:00 noon LECTURE Physiology			12:45 pm onwards Practicals Physiology	

Note: All, Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

Batch A-Roll Nos 01-50: Batch B- Roll Nos 51-100

Dr.Paulami Bagchi
Head, Academic Planning Committee

Dr. Anand Shigli
DEAN

D Y PATIL DENTAL SCHOOL PUNE

ACADEMIC BLOCK TIME TABLE

2022-23

Second Year

D Y PATIL DENTAL SCHOOL, PUNE
II YEAR BDS (REGULAR Batch): 2022-23
LECTURE AND PRACTICAL PROGRAMME

TIME / DAY	09.00 am to 10.00 am	10.00 am to 11:45 pm		11:45/12 pm to 12.30/ 12:45 pm	12.30 pm to 2.30 pm		2.30 pm to 3.30 pm
MONDAY	LECTURE Pre-Clinical Conservative	PRACTICAL A Batch Pre-clinical Prosthodontics, PCP/DMS Lab			PRACTICAL A Batch Oral Pathology		LECTURE General Pathology
		PRACTICAL B Batch Pre-clinical Conservative			PRACTICAL B Batch General Pathology		
TUESDAY	LECTURE Pre-clinical Prosthodontics	PRACTICAL A Batch Pre-clinical Orthodontics			PRACTICAL A Batch General Pathology		LECTURE Pharmacology
		PRACTICAL B Batch Pre-clinical Conservative			PRACTICAL B Batch Oral Pathology		
WEDNESDAY	LECTURE Oral Pathology	PRACTICAL A Batch Preclinical Conservative		L	PRACTICAL A Batch Dental Materials -Prosthodontics PCP/DMS Lab		LECTURE General Pathology
		PRACTICAL B Batch Pre-clinical Prosthodontics		U	PRACTICAL B Batch Microbiology		
THURSDAY	LECTURE Dental Materials-Prosthodontics	10:00 am to 11.15 am	11.15 am to 12 pm	N	12:45 pm -1:45 pm	1:45 pm to 3:30 pm	
		PRACTICAL A Batch Pre-clinical Prosthodontics	LECTURE Pharmacology	C	LECTURE Microbiology	PRACTICAL A Batch Microbiology	
		PRACTICAL B Batch Pharmacology		H		PRACTICAL B Batch Dental Materials-Prosthodontics	
FRIDAY	LECTURE Dental Materials-Conservative	10.00 am to 10.45 am	10.45 am to 12:00 pm		12:45 pm -1:30 pm	1:30 pm to 3:30 pm	
		LECTURE Pharmacology	PRACTICAL A Batch Pharmacology		LECTURE Microbiology	PRACTICAL A Batch Preclinical Conservative	
			PRACTICAL B Batch Pre-clinical Prosthodontics			PRACTICAL B Batch Preclinical Orthodontics	
SATURDAY	09.00 am to 10:30 am		10:30 am to 12:00 pm				
	PRACTICAL A Batch Dental Materials - Conservative		PRACTICAL A Batch Dental Materials - Prosthodontics				
	PRACTICAL B Batch Dental Materials - Prosthodontics		PRACTICAL B Batch Dental Materials - Conservative				

Note: Batch A-Roll Nos 01-07; Batch B-Roll Nos 08-13. (All Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.)

PBagchi 05.09.22

Dr Paulami Bagchi
Head, Academic Planning Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

ACADEMIC BLOCK TIME TABLE

2022-23

Third Year

D Y PATIL DENTAL SCHOOL, PUNE
III YEAR BDS (Regular Batch): 2023
LECTURE AND CLINICAL PROGRAMME

TIME / DAY	09:00 am To 09:50 am	09.50 am To 10.40 am	10.40 am To 12:00 pm	12:00 pm To 12:45 pm	12.45 pm To 3.30 pm		
MONDAY	LECTURE Oral Surgery	LECTURE Oral Pathology	PRACTICALS : Oral Pathology Batch A PRACTICALS : Orthodontics Batch B	LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD)		
TUESDAY	Medicine & Surgery : Lecture & Clinics				DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD)		
WEDNESDAY	LECTURE Periodontology	LECTURE Prosthodontics	PRACTICALS : Orthodontics Batch A PRACTICALS : Oral Pathology Batch B	LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		
THURSDAY	09:00 am To 9:45am LECTURE Orthodontics	09:45 am To 10:30am LECTURE Pedodontics	10.30 am To 11:15 am LECTURE Conservative	11:15 am To 12:00 pm LECTURE Oral Pathology	LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD	
FRIDAY	General Medicine & General Surgery- Lecture & Clinics				LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD	
SATURDAY	09:00 To 9:45am LECTURE General Medicine	09:45 To 10:30am LECTURE General Surgery	10:30am To 11:15am LECTURE General Medicine	11:15am To 12:00am LECTURE General Surgery	LUNCH	12:45pm To 01:40pm LECTURE Oral Medicine	01:40pm To 02:35pm LECTURE Public Health Dentistry	02:35pm To 03:30pm LECTURE Oral Pathology

Note: All Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

23.01.23

Dr Paulami Bagchi
Head, Academic Planning Committee

Dr Anand Shigli
Dean

ACADEMIC BLOCK TIME TABLE

2022-23

Final Year

D Y PATIL DENTAL SCHOOL, PUNE
IV YEAR BDS (Regular Batch):2022-23
LECTURE AND CLINICAL PROGRAMME

TIME / DAY	09:00 am To 11:45 am	11:45 to 12:30	12.30 pm to 01.30 pm	01.30 pm to 02.30 pm	02:30 pm To 03:30 pm
MONDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		LECTURE Conservative	LECTURE Prosthodontics	LECTURE Periodontology
TUESDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		LECTURE Conservative	LECTURE Oral Medicine	LECTURE Prosthodontics
WEDNESDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD	L U N C H	12:30 pm to 1:15 pm	1:15 pm to 2:00pm	2:00pm to 2:45pm / 2:45pm to 3:30pm
			LECTURE Oral surgery	LECTURE Periodontology	LECTURE Public Health Dentistry / LECTURE Pediatric Dentistry
THURSDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		Orthodontics PRE CLINICAL PRACTICALS – Batch A / Conservative Technique Class- Batch B	Orthodontics PRE CLINICAL PRACTICALS –Batch B / Conservative Technique Class- Batch A	LECTURE Orthodontics
FRIDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		12:30 pm to 1:15 pm	1:15 pm to 2:00pm	2:00pm to 2:45pm / 2:45pm to 3:30pm
			LECTURE Public Health Dentistry	LECTURE Pediatric Dentistry	LECTURE Oral Surgery / LECTURE Oral Medicine & Radiology
SATURDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		

Note: All Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

10.09.22.

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

ACADEMIC BLOCK TIME TABLE

2021-22

First Year

D Y PATIL DENTAL SCHOOL PUNE
BDS FIRST YEAR TIME TABLE, 2022

TINE / DAY	09:00AN to 11:00AM		11:00AM to 12:00PM	12:PM to 01:00PM	01:00 to 02:00 PM
MONDAY	Batch A : DADH Practicals	Batch B : Preclinical Prosthodontics Practicals	LECTURE Dental Anatomy & Dental Histology	LUNCH	LECTURE Biochemistry
TUESDAY	Batch B : DADH Practicals	Batch A : Preclinical Prosthodontics Practicals	LECTURE Dental Anatomy & Dental Histology		LECTURE Biochemistry
WEDNESDAY	Batch A : DADH Practicals	Batch B : Preclinical Prosthodontics Practicals	LECTURE Dental Anatomy & Dental Histology		LECTURE Biochemistry
THURSDAY	Batch B : DADH Practicals	Batch A : Preclinical Prosthodontics Practicals	LECTURE Dental Materials		LECTURE Biochemistry
FRIDAY	09:00 to 10:30AM	10:30 to 12:00 Noon		LUNCH	LECTURE DADH
	Batch A : Biochemistry Practicals	Batch A: DADH Practicals			
	Batch B : DADH Practicals	Batch B: Biochemistry Practicals			
SATURDAY	09:00AN to 11:30AN				
	Batch A : DADH Practicals- Anatomy				
	Batch B : DADH Practicals- Anatomy				

All Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

Batch A-Roll Nos 01-50: Batch B- Roll Nos 51-100

Bagchi 22/10/22

Dr. Paulami Bagchi
Head, Academic Planning Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
DEAN

ACADEMIC BLOCK TIME TABLE

2021-22

Second Year

D Y PATIL DENTAL SCHOOL, PUNE
II YEAR BDS (Regular Batch): 2022
LECTURE AND PRACTICAL PROGRAMME

TIME / DAY	09.00 am to 10.00 am	10.00 am to 11:45 pm		11:45 pm to 12.30/ 12:45 pm	12.30 pm to 2.30 pm		2.30 pm to 3.30 pm
MONDAY	LECTURE Pre-Clinical Conservative	PRACTICAL A Batch Pre-clinical Prosthodontics, PCP/DMS Lab			PRACTICAL A Batch Oral Pathology		LECTURE General Pathology
		PRACTICAL B Batch Pre-clinical Conservative			PRACTICAL B Batch Pre-clinical Prosthodontics PCP/DMS Lab /Phantom Head Lab		
TUESDAY	LECTURE Pre-clinical Prosthodontics	PRACTICAL A Batch Pre-clinical Orthodontics			PRACTICAL A Batch Pre-clinical Prosthodontics PCP/DMS Lab /Phantom Head Lab		LECTURE Pharmacology
		PRACTICAL B Batch Pre-clinical Conservative			PRACTICAL B Batch Oral Pathology		
WEDNESDAY	LECTURE Oral Pathology	PRACTICAL A Batch Preclinical Conservative		L U N C H	PRACTICAL A Batch Dental Materials -Prosthodontics PCP/DMS Lab		LECTURE Microbiology
		PRACTICAL B Batch Pre-clinical Prosthodontics			PRACTICAL B Batch Microbiology		
THURSDAY	LECTURE Dental Materials-Prosthodontics	10:00 am to 11.00 am	11.00 am to 11:45 pm		12:30pm to 02:30pm		LECTURE General Pathology
		PRACTICAL A Batch Gen Pathology	LECTURE Pharmacology		PRACTICAL A Batch Microbiology		
		PRACTICAL B Batch Pharmacology			PRACTICAL B Batch Dental Materials-Prosthodontics		
FRIDAY	LECTURE Dental Materials-Conservative	10.00 am to 10.45 am	10.45 am to 12:00 pm		12:45 pm -1:30 pm	1:30 pm to 3:30 pm	
		LECTURE Pharmacology	PRACTICAL A Batch Pharmacology		LECTURE Microbiology	PRACTICAL A Batch Preclinical Conservative	
			PRACTICAL B Batch Gen Pathology			PRACTICAL B Batch Preclinical Orthodontics	
SATURDAY	09.00 am to 10:30 am		10:30 am to 12:00 pm				
	PRACTICAL A Batch Dental Materials - Conservative		PRACTICAL A Batch Dental Materials - Prosthodontics				
	PRACTICAL B Batch Dental Materials - Prosthodontics		PRACTICAL B Batch Dental Materials - Conservative				

Note: Batch A-Roll Nos 01-50; Batch B-Roll Nos 51-100. (All Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.)

PBagchi 22/04/22.

Dr Paulami Bagchi
Head, Academic Planning Committee

D Y PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

ACADEMIC BLOCK TIME TABLE

2021-22

Third Year

D Y PATIL DENTAL SCHOOL, PUNE
III YEAR BDS (Regular Batch): 2021-22
LECTURE AND CLINICAL PROGRAMME

TIME / DAY	09:00 am To 09:50 am	09.50 am To 10.40 am	10.40 am To 12:00 pm	12:00 pm To 12:45 pm	12.45 pm To 3.30 pm		
MONDAY	LECTURE Oral Surgery	LECTURE Oral Pathology	PRACTICALS : Oral Pathology Batch A PRACTICALS : Orthodontics Batch B	LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD)		
TUESDAY	Medicine & Surgery : Lecture & Clinics				DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD)		
WEDNESDAY	LECTURE Periodontology	LECTURE Prosthodontics	PRACTICALS : Orthodontics Batch A PRACTICALS : Oral Pathology Batch B	LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		
THURSDAY	09:00 am To 9:45am LECTURE Orthodontics	09:45 am To 10:30am LECTURE Pedodontics	10.30 am To 11:15 am LECTURE Conservative	11:15 am To 12:00 pm LECTURE Oral Pathology	LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD	
FRIDAY	General Medicine & General Surgery- Lecture & Clinics				LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD	
SATURDAY	09:00 To 9:45am LECTURE General Medicine	09:45 To 10:30am LECTURE General Surgery	10:30am To 11:15am LECTURE General Medicine	11:15am To 12:00am LECTURE General Surgery	LUNCH	12:45pm To 01:40pm LECTURE Oral Medicine	01:40pm To 02:35pm LECTURE Public Health Dentistry	02:35pm To 03:30pm LECTURE Oral Pathology

Note: All Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

Bagchi 03.01.22.
Dr. Paulami Bagchi
In-Charge, Time Table section
Examination Committee

Dr. Anand Shigli
Dean

ACADEMIC BLOCK TIME TABLE

2021-22

Final Year

D Y PATIL DENTAL SCHOOL, PUNE
IV YEAR BDS (Regular Batch):2021-22
LECTURE AND CLINICAL PROGRAMME

TIME / DAY	09:00 am To 11:45 am	11:45 to 12:30	12.30 pm to 01.30 pm	01.30 pm to 02.30 pm	02:30 pm To 03:30 pm
MONDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		LECTURE Conservative	LECTURE Prosthodontics	LECTURE Periodontology
TUESDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		LECTURE Conservative	LECTURE Oral Medicine	LECTURE Prosthodontics
WEDNESDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD	L U N C H	12:30 pm to 1:15 pm: LECTURE Pediatric Dentistry	1:15 pm to 2:00pm: LECTURE Public Health Dentistry	2:00pm to 2:45pm: LECTURE Periodontology; 2:45pm to 3:30pm: LECTURE Oral Surgery
THURSDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		Orthodontics PRE CLINICAL PRACTICALS – Batch A; Conservative Technique Class- Batch B	Orthodontics PRE CLINICAL PRACTICALS –Batch B; Conservative Technique Class- Batch A	LECTURE Orthodontics
FRIDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		12:30 pm to 1:15 pm: LECTURE Public Health Dentistry	1:15 pm to 2:00pm: LECTURE Pediatric Dentistry	2:00pm to 2:45pm: LECTURE Oral Surgery; 2:45pm to 3:30pm: LECTURE Oral Medicine & Radiology
SATURDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		

Note: All Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

Bagchi 20.10.21

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

ACADEMIC BLOCK TIME TABLE

2020-21

First Year

D Y PATIL DENTAL SCHOOL PUNE
BDS FIRST YEAR TIME TABLE, 2020-2021

TIME / DAY	09:00AM to 10:30AM		10:30AM to 11:15AM	11:15AM to 12:00PM	12:PM to 12:45PM	12:45 to 01:30 PM	01:30 to 03:00 PM		
MONDAY	Batch A : DADH Practicals Batch B : Preclinical Prosthodontics Practicals		LECTURE Dental Anatomy & Dental Histology	LECTURE Anatomy	L U N C H	LECTURE Physiology	Batch A : Anatomy Practicals Batch B : Physiology & Biochemistry Practicals		
TUESDAY	Batch B : DADH Practicals Batch A : Preclinical Prosthodontics Practicals		LECTURE Dental Anatomy & Dental Histology	LECTURE Physiology		LECTURE Biochemistry	Batch A : Anatomy Practicals Batch B : Physiology & Biochemistry Practicals		
WEDNESDAY	Batch A : DADH Practicals Batch B : Preclinical Prosthodontics Practicals		LECTURE Dental Anatomy & Dental Histology	LECTURE Anatomy		LECTURE Physiology	Batch A : Physiology & Biochemistry Practicals Batch B : Anatomy Practicals		
THURSDAY	Batch B : DADH Practicals Batch A : Preclinical Prosthodontics Practicals		LECTURE Physiology	LECTURE Anatomy		LECTURE Biochemistry	Batch A : Physiology & Biochemistry Practicals Batch B : Anatomy Practicals		
FRIDAY	**09:00 to 09:45 AM**	**09:45 to 10:30 AM**	**10:30 to 11:45 AM**		**11:45 to 01:00 PM**		**01:00 to 1:30 PM**	**1:30- to 02:15 PM**	**02:15 to 03:00 PM**
	LECTURE Dental Materials	LECTURE DADH	Batch A : DADH Practicals Batch B : Anatomy Practicals		Batch A : Anatomy Practicals Batch B : DADH Practicals		**LUNCH**	LECTURE Physiology/ Biochemistry	LECTURE Anatomy
SATURDAY	**09:00AM to 11:30AM**								
	Batch A : DADH Practicals Batch B : DADH Practicals								

Note: All, Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

Batch A-Roll Nos 01-45: Batch B- Roll Nos 45-90

PBagchi 07/02/21

Dr.Paulami Bagchi

(In-Charge, Time Table, Examination Committee)

Dr. Anand Shigli

DEAN

ACADEMIC BLOCK TIME TABLE

2020-21

Second Year

D Y PATIL DENTAL SCHOOL, PUNE
II YEAR BDS (Regular Batch): 2020-21
LECTURE AND PRACTICAL PROGRAMME

TIME / DAY	09:00 am to 10:00 am	10:00 am to 11:45 pm		11:45 pm to 12.30 pm	12.30 pm to 2.30 pm		2.30 pm to 3.30 pm
MONDAY	LECTURE Pre-Clinical Conservative	PRACTICAL **A Batch** Pre-clinical Prosthodontics, PCP/DMS Lab			PRACTICAL **A Batch** Oral Pathology		LECTURE General Pathology
		PRACTICAL **B Batch** Pre-clinical Conservative			PRACTICAL **B Batch** Pre-clinical Prosthodontics PCP/DMS Lab /Phantom Head Lab		
TUESDAY	LECTURE Pre-clinical Prosthodontics	PRACTICAL **A Batch** Pre-clinical Orthodontics			PRACTICAL **A Batch** Pre-clinical Prosthodontics PCP/DMS Lab /Phantom Head Lab		LECTURE Pharmacology
		PRACTICAL **B Batch** Pre-clinical Conservative			PRACTICAL **B Batch** Oral Pathology		
WEDNESDAY	LECTURE Oral Pathology	PRACTICAL **A Batch** Preclinical Conservative		L	PRACTICAL **A Batch** Dental Materials -Prosthodontics PCP/DMS Lab		LECTURE Microbiology
		PRACTICAL **B Batch** Pre-clinical Prosthodontics		U	PRACTICAL **B Batch** Microbiology		
THURSDAY	LECTURE Dental Materials-Prosthodontics	**09.30 am to 11.00 am**	**11.00 am to 11:45 pm**	N	**12:30pm to 02:30pm**		LECTURE General Pathology
		PRACTICAL **A Batch** Gen Pathology	LECTURE Pharmacology	C	PRACTICAL **A Batch** Microbiology		
		PRACTICAL **B Batch** Pharmacology		H	PRACTICAL **B Batch** Dental Materials-Prosthodontics		
FRIDAY	LECTURE Dental Materials-Conservative	**09.30 am to 10.15 am**	**10.15 am to 11:45 am**		**12:30 pm -1:15 pm**	**1:15 pm to 3:30 pm**	
		LECTURE Pharmacology	PRACTICAL **A Batch** Pharmacology		LECTURE Microbiology	PRACTICAL **A Batch** Preclinical Conservative	
			PRACTICAL **B Batch** Gen Pathology			PRACTICAL **B Batch** Preclinical Orthodontics	
SATURDAY	**09:00 am to 10:30 am**		**10:30 am to 12:00 pm**				
	PRACTICAL **A Batch** Dental Materials - Conservative		PRACTICAL **A Batch** Dental Materials - Prosthodontics				
	PRACTICAL **B Batch** Dental Materials - Prosthodontics		PRACTICAL **B Batch** Dental Materials - Conservative				

Note: Batch A-Roll Nos 01-42 Batch B-Roll Nos 43-84 (All Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.)

14.06.21
Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

Dr Anand Shigli
Dean

ACADEMIC BLOCK TIME TABLE

2020-21

Third Year

D Y PATIL DENTAL SCHOOL, PUNE
III YEAR BDS (Regular Batch): 2020-21
LECTURE AND CLINICAL PROGRAMME

TIME / DAY	09:00 am To 09:50 am	09.50 am To 10.40 am	10.40 am To 12:00 pm	12:00 pm To 12:45 pm	12.45 pm To 3.30 pm
MONDAY	LECTURE Prosthodontics	LECTURE Oral Pathology	PRACTICALS : Oral Pathology Batch A PRACTICALS : Orthodontics Batch B	LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD)
TUESDAY	Medicine & Surgery : Lecture & Clinics				DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD)
WEDNESDAY	LECTURE Periodontology	LECTURE Pedodontics	PRACTICALS : Orthodontics Batch A PRACTICALS : Oral Pathology Batch B	LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD
THURSDAY	09:00 am To 9:45am LECTURE Orthodontics	09:45 am To 10:30am LECTURE Oral Surgery	10.30 am To 11:15 am LECTURE Conservative	11:15 am To 12:00 pm LECTURE Oral Pathology	LUNCH DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD
FRIDAY	General Medicine & General Surgery- Lecture & Clinics				LUNCH DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD
SATURDAY	09:00 To 9:45am LECTURE General Medicine	09:45 To 10:30am LECTURE General Surgery	10:30am To 11:15am LECTURE General Medicine	11:15am To 12:00am LECTURE General Surgery	LUNCH 12:45pm To 01:40pm LECTURE Oral Medicine 01:40pm To 02:35pm LECTURE Public Health Dentistry 02:35pm To 03:30pm LECTURE Oral Pathology

Note: All Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

14/06/21

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

Dr Anand Shigli
Dean

ACADEMIC BLOCK TIME TABLE

2020-21

Final Year

D Y PATIL DENTAL SCHOOL, PUNE
IV YEAR BDS (Regular Batch):2020-21
LECTURE AND CLINICAL PROGRAMME

TIME / DAY	09:00 am To 11:45 am	11:45 to 12:30	12.30 pm to 01.30 pm	01.30 pm to 02.30 pm	02:30 pm To 03:30 pm
MONDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		LECTURE Conservative	LECTURE Prosthodontics	LECTURE Periodontology
TUESDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		LECTURE Conservative	LECTURE Oral Medicine	LECTURE Prosthodontics
WEDNESDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD	L U N C H	12:30 pm to 1:15 pm: LECTURE Pediatric Dentistry	1:15 pm to 2:00pm: LECTURE Public Health Dentistry	2:00pm to 2:45pm: LECTURE Periodontology; 2:45pm to 3:30pm: LECTURE Oral Surgery
THURSDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		Orthodontics Pre Clinical Practicals –Batch A; Conservative Technique Class- Batch B	Orthodontics Pre Clinical Practicals –Batch B; Conservative Technique Class- Batch A	LECTURE Orthodontics
FRIDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		12:30 pm to 1:15 pm: LECTURE Public Health Dentistry	1:15 pm to 2:00pm: LECTURE Pediatric Dentistry	2:00pm to 2:45pm: LECTURE Oral Surgery; 2:45pm to 3:30pm: LECTURE Oral Medicine & Radiology
SATURDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		

Note: All, Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

P Bagchi 14.06.21

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

Dr Anand Shigli
Dean

ACADEMIC BLOCK TIME TABLE

2019-20

First Year

D Y PATIL DENTAL SCHOOL, PUNE
I YEAR BDS (Regular Batch) :2019-20
LECTURE AND PRACTICAL PROGRAMME

TIME / DAY	08:30AM to 10:30AM	10:30AM to 11:15AM	11:15AM to 12:00PM	12:PM to 12:45PM	12:45 to 01:30 PM	01:30 to 03:30 PM
MONDAY	Batch A : DADH Practicals Batch B : Preclinical Prosthodontics Practicals	LECTURE Dental Anatomy & Dental Histology	LECTURE Physiology	L U N C H	LECTURE Anatomy	Batch A : Anatomy Practicals Batch B : Physiology & Biochemistry Practicals
TUESDAY	Batch B : DADH Practicals Batch A : Preclinical Prosthodontics Practicals	LECTURE Dental Anatomy & Dental Histology	LECTURE Biochemistry		LECTURE Physiology	Batch A : Anatomy Practicals Batch B : Physiology & Biochemistry Practicals
WEDNESDAY	Batch A : DADH Practicals Batch B : Preclinical Prosthodontics Practicals	LECTURE Dental Anatomy & Dental Histology	LECTURE Physiology		LECTURE Anatomy	Batch A : Physiology & Biochemistry Practicals Batch B : Anatomy Practicals
THURSDAY	Batch B : DADH Practicals Batch A : Preclinical Prosthodontics Practicals	LECTURE Physiology	LECTURE Biochemistry		LECTURE Anatomy	Batch A : Physiology & Biochemistry Practicals Batch B : Anatomy Practicals

FRIDAY	08:30 to 09:15	09:15 to 10:00	10:00 to 10:15	10:15 to 11:45	11:45 to 01:15	01:15 to 2:00	2:00- to 02:45	02:45 to 03:30
	LECTURE Dental Materials	LECTURE DADH	Break	Batch A : DADH Practicals Batch B : Anatomy Practicals	Batch A : Anatomy Practicals Batch B : DADH Practicals	**LUNCH**	LECTURE Physiology/ Biochemistry	LECTURE Anatomy

SATURDAY	08:30AM to 11:00AM
	Batch A : DADH Practicals
	Batch B : DADH Practicals

Note: All, Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

Bagchi

Dr. Paulami Bagchi
(Time table section, Curricular Activities)

D.Y. PATIL DENTAL SCHOOL PUNE

Dean

ACADEMIC BLOCK TIME TABLE

2019-20

Second Year

D Y PATIL DENTAL SCHOOL, PUNE
II YEAR BDS (Regular Batch): 2019-20
LECTURE AND PRACTICAL PROGRAMME

TIME / DAY	08.30 am to 09.30 am	09.30 am to 11:45 pm		11:45 pm to 12.30 pm	12.30 pm to 2.30 pm		2.30 pm to 3.30 pm
MONDAY	LECTURE Pre-Clinical Conservative	PRACTICAL A Batch Pre-clinical Prosthodontics, PCP/DMS Lab			PRACTICAL A Batch Oral Pathology		LECTURE General Pathology
		PRACTICAL B Batch Pre-clinical Conservative			PRACTICAL B Batch Pre-clinical Prosthodontics PCP/DMS Lab /Phantom Head Lab		
TUESDAY	LECTURE Pre-clinical Prosthodontics	PRACTICAL A Batch Pre-clinical Orthodontics			PRACTICAL A Batch Pre-clinical Prosthodontics PCP/DMS Lab /Phantom Head Lab		LECTURE Pharmacology
		PRACTICAL B Batch Pre-clinical Conservative			PRACTICAL B Batch Oral Pathology		
WEDNESDAY	LECTURE Oral Pathology	PRACTICAL A Batch Predinical Conservative		L	PRACTICAL A Batch Dental Materials -Prosthodontics PCP/DMS Lab		LECTURE Microbiology
		PRACTICAL B Batch Pre-clinical Prosthodontics		U	PRACTICAL B Batch Microbiology		
THURSDAY	LECTURE Dental Materials-Prosthodontics	09.30 am to 11.00 am	11.00 am to 11:45 pm	N	12:30pm to 02:30pm		LECTURE General Pathology
		PRACTICAL A Batch Gen Pathology	LECTURE Pharmacology	C	PRACTICAL A Batch Microbiology		
		PRACTICAL B Batch Pharmacology		H	PRACTICAL B Batch Dental Materials-Prosthodontics		
FRIDAY	LECTURE Dental Materials-Conservative	09.30 am to 10.15 am	10.15 am to 11:45 am		12:30 pm -1:15 pm	1:15 pm to 3:30 pm	
		LECTURE Pharmacology	PRACTICAL A Batch Pharmacology		LECTURE Microbiology	PRACTICAL A Batch Predinical Conservative	
			PRACTICAL B Batch Gen Pathology			PRACTICAL B Batch Predinical Orthodontics	
SATURDAY	08.30 am to 10:15 am		10:15 am to 12:00 pm				
	PRACTICAL A Batch Dental Materials - Conservative		PRACTICAL A Batch Dental Materials - Prosthodontics				
	PRACTICAL B Batch Dental Materials - Prosthodontics		PRACTICAL B Batch Dental Materials - Conservative				

Note: Batch A-Roll Nos 01-50; Batch B-Roll Nos 51-100. (All Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.)

P Bagchi

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

Dr Anand Shigli
Dean

ACADEMIC BLOCK TIME TABLE

2019-20

Third Year

D Y PATIL DENTAL SCHOOL, PUNE
III YEAR BDS (Regular Batch): 2019-20
LECTURE AND CLINICAL PROGRAMME

TIME / DAY	08.30 am to 09.30 am	09.30 am to 10.30 am	10.30 am to 12:00 pm	12:00pm to 12:45 pm	12.45 pm To 3.30 pm
MONDAY	LECTURE Prosthodontics	LECTURE Oral Pathology	PRACTICALS : Oral Pathology Batch A PRACTICALS : Orthodontics Batch B	LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD)
TUESDAY	Medicine & Surgery : Lecture & Clinics				DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD)
WEDNESDAY	LECTURE Periodontology	LECTURE Pedodontics	PRACTICALS : Orthodontics Batch A PRACTICALS : Oral Pathology Batch B	LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD
THURSDAY	8:30 to 9:15am LECTURE Orthodontics	9:15 to 10:00am LECTURE Oral Surgery	10.00 am to 11:00 am LECTURE Conservative	11:00 am to 12:00am LECTURE Oral Pathology	LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD
FRIDAY	General Medicine & General Surgery- Lecture & Clinics				LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD
SATURDAY	08.30 am to 09.30 am LECTURE General Medicine	09:30am to 10:30am LECTURE General Surgery	10:30am To 11:15am LECTURE General Medicine	11:15am To 12:00am LECTURE General Surgery	LUNCH	12:45pm To 01:40pm LECTURE Oral Medicine	01:40pm To 02:35pm LECTURE Public Health Dentistry	02:35pm To 03:30pm LECTURE Oral Pathology

Note: All Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

Dr Anand Shigli
Dean

ACADEMIC BLOCK TIME TABLE

2019-20

Final Year

D Y PATIL DENTAL SCHOOL, PUNE
IV YEAR BDS (Regular Batch):2020
LECTURE AND CLINICAL PROGRAMME

TIME / DAY	09:00 am To 11:45 am	11:45 to 12:30	12.30 pm to 01.30 pm	01.30 pm to 02.30 pm	02:30 pm To 03:30 pm
MONDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		LECTURE Conservative	LECTURE Prosthodontics	LECTURE Periodontology
TUESDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		LECTURE Conservative	LECTURE Oral Medicine	LECTURE Prosthodontics
WEDNESDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD	L U N C H	12:30 pm to 1:15 pm: LECTURE Pediatric Dentistry	1:15 pm to 2:00pm: LECTURE Public Health Dentistry	2:00pm to 2:45pm: LECTURE Periodontology; 2:45pm to 3:30pm: LECTURE Oral Surgery
THURSDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		Orthodontics Pre Clinical Practicals –Batch A; Conservative Technique Class- Batch B	Orthodontics Pre Clinical Practicals –Batch B; Conservative Technique Class- Batch A	LECTURE Orthodontics
FRIDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		12:30 pm to 1:15 pm: LECTURE Public Health Dentistry	1:15 pm to 2:00pm: LECTURE Pediatric Dentistry	2:00pm to 2:45pm: LECTURE Oral Surgery; 2:45pm to 3:30pm: LECTURE Oral Medicine & Radiology
SATURDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		

Note: All, Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

Bagchi 14.06.21

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

Dr Anand Shigli
Dean

ACADEMIC BLOCK TIME TABLE

2018-19

First Year

D Y PATIL DENTAL SCHOOL, PUNE
I YEAR BDS (Regular Batch) :2018-19
LECTURE AND PRACTICAL PROGRAMME

TIME / DAY	08:30AM to 10:30AM	10:30AM to 11:15AM	11:15AM to 12:00PM	12:PM to 12:45PM	12:45 to 01:30 PM	01:30 to 03:30 PM
MONDAY	Batch A : DADH Practicals Batch B : Preclinical Prosthodontics Practicals	LECTURE Dental Anatomy & Dental Histology	LECTURE Anatomy	L U N C H	LECTURE Physiology	Batch A : Anatomy Practicals Batch B : Physiology & Biochemistry Practicals
TUESDAY	Batch B : DADH Practicals Batch A : Preclinical Prosthodontics Practicals	LECTURE Dental Anatomy & Dental Histology	LECTURE Biochemistry		LECTURE Physiology	Batch A : Anatomy Practicals Batch B : Physiology & Biochemistry Practicals
WEDNESDAY	Batch A : DADH Practicals Batch B : Preclinical Prosthodontics Practicals	LECTURE Dental Anatomy & Dental Histology	LECTURE Anatomy		LECTURE Physiology	Batch A : Physiology & Biochemistry Practicals Batch B : Anatomy Practicals
THURSDAY	Batch B : DADH Practicals Batch A : Preclinical Prosthodontics Practicals	LECTURE Physiology	LECTURE Anatomy		LECTURE Biochemistry	Batch A : Physiology & Biochemistry Practicals Batch B : Anatomy Practicals

FRIDAY	08:30 to 09:15	09:15 to 10:00	10:00 to 10:15	10:15 to 11:45	11:45 to 01:15	01:15 to 2:00	2:00- to 02:45	02:45 to 03:30
	LECTURE Dental Materials	LECTURE DADH	Break	Batch A : DADH Practicals Batch B : Anatomy Practicals	Batch A : Anatomy Practicals Batch B : DADH Practicals	LUNCH	LECTURE Physiology/ Biochemistry	LECTURE Anatomy

SATURDAY	08:30AM to 10:00AM	10:00AM to 11:30AM
	Batch A : DA Practicals	Batch B : DH Practicals
	Batch B : DA Practicals	Batch B : DH Practicals

Note: All, Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

Bagchi

Dr. Paulami Bagchi
(In-Charge, Time table section, Examination Committee)

D.Y. PATIL DENTAL SCHOOL PUNE

Dean

ACADEMIC BLOCK TIME TABLE

2018-19

Second Year

D Y PATIL DENTAL SCHOOL, PUNE
II YEAR BDS (Regular Batch) : 2018-19
LECTURE AND PRACTICAL PROGRAMME

TIME / DAY	08.30 am to 09.30 am	09.30 am to 11:45 pm		11:45 pm to 12.30 pm	12.30 pm to 2.30 pm		2.30 pm to 3.30 pm
MONDAY	LECTURE Pre-Clinical Conservative	PRACTICAL **A Batch** Pre-clinical Prosthodontics, PCP/DMS Lab PRACTICAL **B Batch** Pre-clinical Conservative			PRACTICAL **A Batch** Oral Pathology PRACTICAL **B Batch** Pre-clinical Prosthodontics PCP/DMS Lab /Phantom Head Lab		LECTURE General Pathology
TUESDAY	LECTURE Pre-clinical Prosthodontics	PRACTICAL **A Batch** Pre-clinical Orthodontics PRACTICAL **B Batch** Pre-clinical Conservative			PRACTICAL **A Batch** Pre-clinical Prosthodontics PCP/DMS Lab /Phantom Head Lab PRACTICAL **B Batch** Oral Pathology		LECTURE Pharmacology
WEDNESDAY	LECTURE Oral Pathology	PRACTICAL **A Batch** Preclinical Conservative PRACTICAL **B Batch** Pre-clinical Prosthodontics		L U N C H	PRACTICAL **A Batch** Dental Materials -Prosthodontics PCP/DMS Lab PRACTICAL **B Batch** Microbiology		LECTURE Microbiology
THURSDAY	LECTURE Dental Materials-Prosthodontics	**09.30 am to 11.00 am** PRACTICAL **A Batch** Gen Pathology PRACTICAL **B Batch** Pharmacology	**11.00 am to 11:45 pm** LECTURE Pharmacology		**12:30pm to 02:30pm** PRACTICAL **A Batch** Microbiology PRACTICAL **B Batch** Dental Materials-Prosthodontics		LECTURE General Pathology
FRIDAY	LECTURE Dental Materials-Conservative	**09.30 am to 10.15 am** LECTURE Pharmacology	**10.15 am to 11:45 am** PRACTICAL **A Batch** Pharmacology PRACTICAL **B Batch** Gen Pathology		**12:30 pm -1:15 pm** LECTURE Microbiology	**1:15 pm to 3:30 pm** PRACTICAL **A Batch** Preclinical Conservative PRACTICAL **B Batch** Preclinical Orthodontics	
SATURDAY	**08.30 am to 10:15 am** PRACTICAL **A Batch** Dental Materials - Conservative PRACTICAL **B Batch** Dental Materials - Prosthodontics		**10:15 am to 12:00 pm** PRACTICAL **A Batch** Dental Materials - Prosthodontics PRACTICAL **B Batch** Dental Materials - Conservative				

Note: All, Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

Dr. Paulami Bagchi
(In-Charge, Time table section, Examination Committee)

D.Y. PATIL DENTAL SCHOOL PUNE

Dean

ACADEMIC BLOCK TIME TABLE

2018-19

Third Year

D Y PATIL DENTAL SCHOOL, PUNE
III YEAR BDS (Regular Batch): 2018-2019
LECTURE AND CLINICAL PROGRAMME -Revised

TIME / DAY	08.30 am to 09.30 am	09.30 am to 10.30 am	10.30 am to 12:00 pm	12:00pm to 12:45 pm	12.45 pm To 3.30 pm
MONDAY	LECTURE Prosthodontics	LECTURE Oral Pathology	PRACTICALS : Oral Pathology Batch A PRACTICALS : Orthodontics Batch B	LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD)
TUESDAY	Medicine & Surgery : Lecture & Clinics				DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD)
WEDNESDAY	LECTURE Periodontology	LECTURE Pedodontics	PRACTICALS : Orthodontics Batch A PRACTICALS : Oral Pathology Batch B	LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD
THURSDAY	8:30 to 9:15am LECTURE Orthodontics	9:15 to 10:00am LECTURE Oral Surgery	10.00 am to 11:00 am LECTURE Conservative	11:00 am to 12:00am LECTURE Oral Pathology	LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD
FRIDAY	General Medicine & General Surgery- Lecture & Clinics				LUNCH	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD
SATURDAY	08.30 am to 09.30 am LECTURE General Medicine	09:30am to 10:30am LECTURE General Surgery	10:30am To 11:15am LECTURE General Medicine	11:15am To 12:00am LECTURE General Surgery	LUNCH	12:45pm To 01:40pm LECTURE Oral Medicine	01:40pm To 02:35pm LECTURE Public Health Dentistry	02:35pm To 03:30pm LECTURE Oral Pathology

Note: All Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

Dr. Paulami Bagchi
(In-charge.Time table section, Examination Committee)

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

ACADEMIC BLOCK TIME TABLE

2018-19

Final Year

D Y PATIL DENTAL SCHOOL, PUNE
IV YEAR BDS (Regular Batch):2018-19
LECTURE AND CLINICAL PROGRAMME

TIME / DAY	08.30 am to 09.30 am	09.30 am to 10.30 am	10.30 am to 11:45 am	11:45 to 12:30	12.30 pm to 01.30 pm	01.30 pm to 02.30 pm	02:30 pm To 03:30 pm
MONDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD			LUNCH	LECTURE Conservative	LECTURE Prosthodontics	LECTURE Periodontology
TUESDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD				LECTURE Conservative	LECTURE Oral Medicine	LECTURE Prosthodontics
WEDNESDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD				12:30 pm to 1:15 pm: LECTURE Pediatric Dentistry	1:15 pm to 2:00pm: LECTURE Public Health Dentistry	2:00pm to 2:45pm: LECTURE Periodontology; 2:45pm to 3:30pm: LECTURE Oral Surgery
THURSDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD				Orthodontics PRE CLINICAL PRACTICALS – Batch A; Conservative Technique Class- Batch B	Orthodontics PRE CLINICAL PRACTICALS – Batch B; Conservative Technique Class- Batch A	LECTURE Orthodontics
FRIDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD				12:30 pm to 1:15 pm: LECTURE Public Health Dentistry	1:15 pm to 2:00pm: LECTURE Pediatric Dentistry	2:00pm to 2:45pm: LECTURE Oral Surgery; 2:45pm to 3:30pm: LECTURE Oral Medicine & Radiology
SATURDAY	DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD				DENTAL CLINICS AS PER THE SCHEDULE PUT UP SEPARATELY ON THE NOTICE BOARD		

Note: All, Staff members are requested to allow the students to attend their consecutive lecture classes on scheduled times.

Dr. Paulami Bagchi
(In-Charge,Time table section, Examination Committee)

D.Y. PATIL DENTAL SCHOOL PUNE

Dean

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CLINICAL POSTING TIME TABLE

CLINICAL POSTING TIME TABLE
INTERNSHIP 2022-2023

DY PATIL DENTAL SCHOOL, Lohegaon, Pune

BDS- INTERNSHIP Schedule- REGULAR BATCH 2022-23

Date:10.10.22 to 09.10.23

Date / Department	10.10.22-24.10.22	25.10.22-09.11.22	10.11.22-24.11.22	25.11.22-09.12.22	10.12.22-24.12.22	25.12.22-09.01.23	10.01.23-24.01.23	25.01.23 09.02.23	10.02.23-24.02.23	25.02.23-09.03.23	10.03.23-24.03.23	25.03.23-09.04.23	10.04.23-24.04.23	25.04.23-09.05.23	10.05.23-24.05.23	25.05.23-09.06.23	10.06.23-24.06.23	25.06.23-09.07.23	10.07.23-24.07.23	25.07.23-09.08.23	10.08.23-24.08.23	25.08.23-09.09.23	10.09.23-24.09.23	25.09.23-09.10.23
Prostho	A/I	A/I	A/I	B/N	B/N	B/N	C/P	C/P	C/J/P	D/J	D/J	D/M	E/M	E/M	E/K	F/K/O	F/K/O	F/O	G/Q	G/L/Q	G/L/Q	H/L	H	H
Conservative	H/N	H/N	H/N	A/Q	A/Q	A/Q	B/I	B/I	B/I/M	C/M	C/M	C/J	D/J	D/J	D	E	E/L	E/I/L/K	F/K/L	F/K/P	F/P	G/O/P	G/O	G/O
Oral Surgery	G/P	G/P	G/P	H/I	H/I	H/I/M	A/M	A/M	A/N	B/N	B/N/Q	B/Q	C/Q	C/L	C/J/L	D/J/L	D/J	D	E/O	E/O	E/K/O	F/K	F/K	F
Oral Med	F/M	F/M	K	G/K	G/O	O	N	H/N	H	A	A	I	I	B	B/P	C/P	C/Q	J/Q	J	D	D	E	E/L	L
Perio	K	E/K	E/F	F	P	G/P	G/O	L/O	L	H	H	A/N	A/N	I	I/Q	B/Q	B	C	C	J	J	D	D/M	M
Orthodontics	D	D	M/O	M/O	F	E/F	E	G	G	L/P	L/P	H/K	H/K	A/N	A/N	I	I	B	B	C	C	J	J/Q	Q
Pedodontics	J/Q	J/Q	D	D/E	E/K	K	F	F	O	G/O	G	L	L	H	H	A/N	A/N	I	I	B	B/M	C/M	C/P	P
Community	C/B/L	C/B/L	C/J/L/Q	C/J/L	C/J/D/L	J/D	J/D/K/Q	E/D/K/Q	E/D/K/Q	E/K/Q	E/F/ K/O	E/F/O/P	F/O/P	F/G/O/P	F/G/M/O	G/H/M	G/H/M	G/H/ M/F	H/M/N/P	A/H/I/N	A/I/N	A/I/B/N	A/I/B/N	A/I/B
Oral Patho& Elect	E/Oe	O	B	P	Me	C/Le	He/L	J	F	Fe/I	Ie	G	Ge/Be	K/Qe			Pe	Ae/N	A/De	M	H	Q		Ce/D/Ee/ Je/Ke/Ne

[Please Note:Postings with "e" denotes Elective posting for that batch, for Eg: 'Ae' is Elective posting for all students of 'A' Batch]

Batch A-Roll no 1-5	Batch B-Roll no 6-10		Batch C-Roll No 11-15		Batch D -Roll no 16-20		Batch E-Roll no 20-25		Batch F-Roll No 26-30		
Batch G-Roll no 31-35	Batch H-Roll no 36-40		Batch I-Roll No 41-45		Batch J-Roll no 46-50		Batch K-Roll no 51-55		Batch L-Roll no 56-60		
Batch M-Roll no 61-65	Batch N- Roll no 66-70		Batch O-Roll no 71-75		Batch P- Roll no 76-80		Batch Q- Roll no 81-87				

Dr.Paulami Bagchi
(In-charge,Time Table,Examination Committee)

Dr. Anand Shigli
Dean

D.Y. PATIL DENTAL SCHOOL PUNE

CLINICAL POSTING TIMETABLE

FINAL YEAR 2022-23

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

FINAL YEAR BDS (Regular Batch-2022-23)
1ST TERM Clinical Postings- From 19.09.22 to 11.02.23

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
I Term								
19.09.22 to 06.10.22	A	B	C	D	E	F	G	H
07.10.22 to 25.10.22	H	A	B	C	D	E	F	G
26.10.22 to 13.11.22	G	H	A	B	C	D	E	F
14.11.22* to 01.12.22	F	G	H	A	B	C	D	E
02.12.22 to 19.12.22	E	F	G	H	A	B	C	D
0.12.22 to 06.01.23	D	E	F	G	H	A	B	C
07.01.23 to 24.01.23	C	D	E	F	G	H	A	B
25.01.23 to 11.02.23	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings as per new Roll Nos.:-
   Batch A –Roll Nos 01-10 **Batch B** – Roll Nos 11-20 **Batch C** – Roll Nos 21-30
   Batch D –Roll Nos 31-40 **Batch E** – Roll Nos 41-50 **Batch F** – Roll Nos 51-60
   Days G –Roll Nos 61-70 **Batch H** – Roll Nos 71-80
2. The II Term clinical posting is of 18 days in each Department.
3. The batches may be revised based on the University examination results.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. ***- Tentative First Internal Examination**
6. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
7. Departments to submit monthly Attendance of students

Bagchi 18.09.22

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

D. Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

FINAL YEAR BDS (Regular Batch-2022-23)
2nd TERM Clinical Postings- From 12.02.23 to 03.06.23

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
				II Term				
12.02.23 to 25.02.23	A	B	C	D	E	F	G	H
26.02.23 to(**) 11.03.23	H	A	B	C	D	E	F	G
12.03.23 to 25.03.23	G	H	A	B	C	D	E	F
26.03.23 to 08.04.23	F	G	H	A	B	C	D	E
09.04.23 to 22.04.23	E	F	G	H	A	B	C	D
23.04.23 to 06.05.23	D	E	F	G	H	A	B	C
07.05.23 To(***) 20.05.23	C	D	E	F	G	H	A	B
21.05.23 to 03.06.23	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings as per new Roll Nos.:-
   Batch A –Roll Nos 01-09 **Batch B** – Roll Nos 10-18 **Batch C** – Roll Nos 19-28
   Batch D –Roll Nos 29-38 **Batch E** – Roll Nos 39-47 **Batch F** – Roll Nos 48-57
   Days G –Roll Nos 58-67 **Batch H** – Roll Nos 68-78
2. The II Term clinical posting is of 14 days in each Department.
3. (**)- II Internal examination
4. (***)- III Internal Prelims Examination-Theory (05th June onwards- Prelims Practical)
5. One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.
6. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.

23.01.23

Dr Paulami Bagchi
Head, Academic Planning,Examination Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

CLINICAL POSTING TIMETABLE

THIRD YEAR 2022-23

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2023)

CLINICAL ROTATION POSTING of I TERM FROM 01.02.23-06.05.23

Gb Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
I Term								
01.02.23 to 12.02.23	A	B	C	D	E	F	G	H
13.02.23 to 24.02.23	H	A	B	C	D	E	F	G
25.02.23 to 08.03.23	G	H	A	B	C	D	E	F
09.03.23 to 20.03.23	F	G	H	A	B	C	D	E
21.03.23 to 01.04.23	E	F	G	H	A	B	C	D
02.04.23 to 13.04.23	D	E	F	G	H	A	B	C
14.04.23 to (*) 25.04.23	C	D	E	F	G	H	A	B
26.04.23 to 06.05.23	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A -Roll Nos 01-10 **Batch B** – Roll Nos 11-21 **Batch C** – Roll Nos 22-31
   Batch D -Roll Nos 32-42 **Batch E** – Roll Nos 43-53 **Batch F** – Roll Nos 54-64
   Days G -Roll Nos 65-75 **Batch H** – Roll Nos 76-86
2. The I Term clinical posting is of 12 days in each Department.
3. (*) indicates Tentative 1st Internal Exam.
4. The batches WILL BE revised based on the University examination results.
5. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
6. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
7. Departments to submit monthly Attendance of students

Dr Paulami Bagchi
Head, Academic Planning Committee

D. Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2023)

CLINICAL ROTATION POSTING of II TERM FROM 07.05.23-31.10.23

Gb Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
II Term								
08.05.23 to 29.05.23	A	B	C	D	E	F	G	H
30.05.23 to 20.06.23	H	A	B	C	D	E	F	G
21.06.23 to 12.07.23	G	H	A	B	C	D	E	F
13.07.23 to(**) 03.08.23	F	G	H	A	B	C	D	E
04.08.23 to 25.08.23	E	F	G	H	A	B	C	D
26.08.23 to 16.09.23	D	E	F	G	H	A	B	C
17.09.23 to 08.10.23	C	D	E	F	G	H	A	B
09.10.23 to(***) 31.10.23	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A –Roll Nos 01-09 **Batch B** – Roll Nos 10-20 **Batch C** – Roll Nos 21-29
   Batch D –Roll Nos 30-40 **Batch E –** Roll Nos 41-50 **Batch F** – Roll Nos 51-61
   Days G –Roll Nos 62-71 **Batch H** – Roll Nos 72-79
2. The II Term clinical posting is of 22 days in each Department.
3. (**) and (***)indicates Tentative 2nd and Prelims Internal Exam.
4. The batches WILL BE revised based on the University examination results.
5. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
6. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.

Bagchi 15.05.23

Dr Paulami Bagchi
Head, Academic Planning Committee

Dr Anand Shigli
Dean

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2023)

CLINICAL ROTATION POSTING of II TERM MODIFIED TO 25.11.23

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
II Term								
26.08.23 to 21.09.23	D	E	F	G	H	A	B	C
22.09.23 to 18.10.23(*)	C	D	E	F	G	H	A	B
19.10.23 (**) to 25.11.23	B	C	D	E	F	G	H	A

Please note:

1. (*)- Prelims examination -Theory
2. (**)- Prelims Examination- Practical
3. Students Distribution for Dental Clinical Postings;

Batch A -Roll Nos 01-09
Batch B - Roll Nos 10-20
Batch C - Roll Nos 21-29
Batch D -Roll Nos 30-40
Batch E - Roll Nos 41-50
Batch F - Roll Nos 51-61
Days G -Roll Nos 62-71
Batch H - Roll Nos 72-79

Dr Paulami Bagchi
Head, Academic Planning Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

CLINICAL POSTING TIME TABLE
INTERNSHIP 2021-2022

DY PATIL DENTAL SCHOOL, Lohegaon, Pune

BDS- INTERNSHIP Schedule- REGULAR BATCH 2021-22

Date:20.12.21-19.12.22

Date / Department	20.12.21-03.01.22	04.01.22-18.01.22	19.01.22-02.02.22	03.02.22-17.02.22	18.02.22-04.03.22	05.03.22-19.03.22	20.03.22-03.04.22	04.04.22-18.04.22	19.04.22-03.05.22	04.05.22-18.05.22	19.05.22-02.06.22	03.6.22-17.06.22	18.06.22-02.07.22	03.07.22-17.07.22	18.07.22-01.08.22	02.08.22-16.08.22	17.08.22-01.09.22	02.09.22-16.09.22	17.09.22-01.10.22	02.10.22-17.10.22	18.10.22-04.11.22	05.11.22-19.11.22	20.11.22-04.12.22	05.12.22-19.12.22
Prostho	A/I	A/I	A/I	B/N	B/N	B/N	C/P	C/P	C/J/P	D/J	D/J	D/M	E/M	E/M	E/K	F/K/O	F/K/O	F/O	G/Q	G/L/Q	G/L/Q	H/L	H	H
Conservative	H/N	H/N	H/N	A/Q	A/Q	A/Q	B/I	B/I	B/I/M	C/M	C/M	C/J	D/J	D/J	D	E	E/L	E/L/K	F/K/L	F/K/P	F/P	G/O/P	G/O	G/O
Oral Surgery	G/P	G/P	G/P	H/I	H/I	H/I/M	A/M	A/M	A/N	B/N	B/N/Q	B/Q	C/Q	C/L	C/J/L	D/J/L	D/J	D	E/O	E/O	E/K/O	F/K	F/K	F
Oral Med	F/M	F/M	K	G/K	G/O	O	N	H/N	H	A	A	I	I	B	B/P	C/P	C/Q	J/Q	J	D	D	E	E/L	L
Perio	K	E/K	E/F	F	P	G/P	G/O	L/O	L	H	H	A/N	A/N	I	I/Q	B/Q	B	C	C	J	J	D	D/M	M
Orthodontics	D	D	M/O	M/O	F	E/F	E	G	G	L/P	L/P	H/K	H/K	A/N	A/N	I	I	B	B	C	C	J	J/Q	Q
Pedodontics	J/Q	J/Q	D	D/E	E/K	K	F	F	O	G/O	G	L	L	H	H	A/N	A/N	I	I	B	B/M	C/M	C/P	P
Community	C/B/L	C/B/L	C/J/L/Q	C/J/L	C/J/D/L	J/D	J/D/K/Q	E/D/K/Q	E/D/K/Q	E/K/Q	E/F/ K/O	E/F/O/P	F/O/P	F/G/O/P	F/G/M/O	G/H/M	G/H/M	G/H/ M/P	H/M/N/P	A/H/I/N	A/I/N	A/I/B/N	A/I/B/N	A/I/B
Oral Patho& Elect	E/Oe	O	B	P	Me	C/Le	He/L	J	F	Fe/I	Ie	G	Ge/Be	K/Qe			Pe	Ae/N	A/De	M	H	Q		Ce/D/Ee/ Ie/Ke/Ne

[Please Note:Postings with "e" denotes Elective posting for that batch, for Eg: 'Ae' is Elective posting for all students of 'A' Batch]

Batch A-Roll no 1-5	Batch B-Roll no 6-10		Batch C-Roll No 11-15		Batch D -Roll no 16-20		Batch E-Roll no 20-25		Batch F-Roll No 26-30		
Batch G-Roll no 31-35	Batch H-Roll no 36-40		Batch I-Roll No 41-45		Batch J-Roll no 46-50		Batch K-Roll no 51-55		Batch L-Roll no 56-60		
Batch M-Roll no 61-65	Batch N- Roll no 66-70		Batch O-Roll no 71-75		Batch P- Roll no 76-81		Batch Q- Roll no 82-87				

Dr.Paulami Bagchi

(In-charge,Time Table,Examination Committee)

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli

Dean

CLINICAL POSTING TIMETABLE

FINAL YEAR 2021-22

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

FINAL YEAR BDS (Regular Batch-2021-22)

CLINICAL ROTATION POSTING from 05.09.21-25.09.21;08.11.21-28.02.22

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
FINAL - I TERM								
05.09.21 TO 25.09.21	A	B	C	D	E	F	G	H
08.11.21 TO 23.11.21	H	A	B	C	D	E	F	G
24.11.21 TO 09.12..21	G	H	A	B	C	D	E	F
10.12.21 TO 26.12.21	F	G	H	A	B	C	D	E
27.12.21 TO 11.01.22	E	F	G	H	A	B	C	D
12.01.22 TO 27.01.22	D	E	F	G	H	A	B	C
28.01.22 TO 12.02.22	C	D	E	F	G	H	A	B
13.02.22 TO 28.02.22	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A –Roll Nos 01-11 **Batch B** – Roll Nos 12-22 **Batch C** – Roll Nos 23-33
   Batch D –Roll Nos 34-44 **Batch E** – Roll Nos 45-55 **Batch F** – Roll Nos 56-66
   Batch G –Roll Nos 67-77 **Batch H** – Roll Nos 78-86
2. The above FINAL -FIRST Postings from 05.09.21 TO 25.09.21 have been made according to the University circular dated 20th August directing to begin with next academic session
3. The remaining postings will be scheduled as and when the University practical dates of existing Academic session get announced.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

Dr Anand Shigli
Dean

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

FINAL YEAR BDS (Regular Batch-2021-22)

CLINICAL ROTATION POSTING from 01.03.22-15.06.22

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
FINAL – II TERM								
01.03.22 TO 12.03.22	A	B	C	D	E	F	G	H
13.03.22 TO 24.03.22	H	A	B	C	D	E	F	G
25.03.21 TO 05.04.21	G	H	A	B	C	D	E	F
06.04.22 TO 17.04.22	F	G	H	A	B	C	D	E
18.04.22 TO 29.04.22	E	F	G	H	A	B	C	D
30.04.22 TO 14.05.22	D	E	F	G	H	A	B	C
15.05.22 TO** 03.06.22	C	D	E	F	G	H	A	B
04.06.22 TO 15.06.22	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A –Roll Nos 01-11 **Batch B** – Roll Nos 12-22 **Batch C** – Roll Nos 23-33
   Batch D –Roll Nos 34-44 **Batch E** – Roll Nos 45-55 **Batch F** – Roll Nos 56-66
   Batch G –Roll Nos 67-77 **Batch H** – Roll Nos 78-86
2. The remaining postings will be scheduled as and when the University practical dates of existing Academic session get announced.
3. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
4. **** Prelims examination**
5. Departments to submit monthly Attendance of students

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

Dr Anand Shigli
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CLINICAL POSTING TIMETABLE

THIRD YEAR 2021-22

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2021-22)

CLINICAL ROTATION POSTING of I TERM FROM 08.11.21-31.01.22

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
I Term								
08.11.21 to 18.11.21	A	B	C	D	E	F	G	H
19.11.21 to 30.11.21	H	A	B	C	D	E	F	G
01.12.21 to 10.12.21	G	H	A	B	C	D	E	F
11.12.21 to 20.12.21	F	G	H	A	B	C	D	E
21.12.21 to 31.12.21	E	F	G	H	A	B	C	D
01.01.22 to 10.01.22	D	E	F	G	H	A	B	C
11.01.22 to 20.01.22	C	D	E	F	G	H	A	B
21.01.22 to 31.01.22	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A -Roll Nos 01-11 **Batch B** – Roll Nos 12-22 **Batch C** – Roll Nos 23-33
   Batch D -Roll Nos 34-44 **Batch E** – Roll Nos 45-55 **Batch F** – Roll Nos 56-66
   Days G -Roll Nos 67-77 **Batch H** – Roll Nos 78-87
2. The I Term clinical posting is of 15 days in each Department. (*) indicates Tentative 1st Internal Exam /2 extra days for University Diwali Holidays(28th,29th Oct).
3. The batches may be revised based on the University examination results.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
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D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2021-22)

CLINICAL ROTATION POSTING of I TERM Modified From 01.02.22 -20.02.22 due to missed posting during covid 3rd wave

Subject / Dates		Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
Old Dates		I Term							
08.11.21 to 18.11.21		A	B	C	D	E	F	G	H
19.11.21 to 30.11.21	New	H	A	B	C	D	E	F	G
01.12.21 to 10.12.21		G	H	A	B	C	D	E	F
11.12.21 to 20.12.21	Dates	F	G	H	A	B	C	D	E
21.12.21 to 31.12.21		E	F	G	H	A	B	C	D
01.01.22 to 10.01.22		D	E	F	G	H	A	B	C
11.01.22 to 20.01.22	01.02.22 to 10.02.22	C	D	E	F	G	H	A	B
21.01.22 to 31.01.22	11.02.22 to 20.02.22	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A -Roll Nos 01-11 **Batch B** – Roll Nos 12-22 **Batch C** – Roll Nos 23-33. **Batch D** -Roll Nos 34-44
   Batch E – Roll Nos 45-55 **Batch F** – Roll Nos 56-66. **Batch G** -Roll Nos 67-77 **Batch H** – Roll Nos 78-87
2. The I Term clinical posting is of 15 days in each Department. (*) indicates Tentative 1st Internal Exam /2 extra days for University Diwali Holidays(28th,29th Oct).
3. The batches may be revised based on the University examination results.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

D.Y. PATIL DENTAL SCHOOL PUNE

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D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2021-22)

CLINICAL ROTATION POSTING of II TERM FROM 20.02.22-29.07.22

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
II Term								
20.02.22 to 11.03.22	A	B	C	D	E	F	G	H
12.03.22 to 31.03.22	H	A	B	C	D	E	F	G
01.04.22 to 20.04.22	G	H	A	B	C	D	E	F
21.04.22 to 10.05.22	F	G	H	A	B	C	D	E
11.05.22 to 30.05.22	E	F	G	H	A	B	C	D
31.05.22 to 19.06.22	D	E	F	G	H	A	B	C
20.06.22 to 09.07.22	C	D	E	F	G	H	A	B
10.07.22 to 29.07.22	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings as per new Roll Nos.:-
   Batch A -Roll Nos 01-10 **Batch B** - Roll Nos 11-20 **Batch C** - Roll Nos 21-30
   Batch D -Roll Nos 31-40 **Batch E** - Roll Nos 41-50 **Batch F** - Roll Nos 51-60
   Days G -Roll Nos 61-71 **Batch H** - Roll Nos 72-83
2. The II Term clinical posting is of 20 days in each Department.
3. The batches may be revised based on the University examination results.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students

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Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
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D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2021-22)

In view of the MUHS circular dated 23rd February stating that university exam is tentatively scheduled from 01.07.22, kindly find below the Modified CLINICAL ROTATION POSTING of II TERM FROM 20.02.22-15.06.22

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
II Term								
20.02.22 to 06.03.22	A	B	C	D	E	F	G	H
07.03.22 to 21.03.22	H	A	B	C	D	E	F	G
22.03.22 to 04.04.22	G	H	A	B	C	D	E	F
05.04.22 to 19.04.22	F	G	H	A	B	C	D	E
20.04.22 to 04.05.22	E	F	G	H	A	B	C	D
05.05.22 to 18.05.22	D	E	F	G	H	A	B	C
19.05.22 to 01.06.22	C	D	E	F	G	H	A	B
02.06.22 to 15.06.22	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings as per new Roll Nos.:-
   Batch A -Roll Nos 01-10 **Batch B** - Roll Nos 11-20 **Batch C** - Roll Nos 21-30
   Batch D -Roll Nos 31-40 **Batch E** - Roll Nos 41-50 **Batch F** - Roll Nos 51-60
   Days G -Roll Nos 61-71 **Batch H** - Roll Nos 72-83
2. The II Term clinical posting is of 20 days in each Department.
3. The batches may be revised based on the University examination results.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students

Bagchi

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2021)

CLINICAL ROTATION POSTING from 01.05.21-30.06.21
MODE OF LEARNING: ONLINE/VIRTUAL

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
II Term								
01.05.21 to 08.05.21	D	E	F	G	H	A	B	C
09.05.2021 to 16.05.2021	C	D	E	F	G	H	A	B
17.05.2021 to 24.05.2021	B	C	D	E	F	G	H	A
25.05.2021 to 31.05.2021	A	B	C	D	E	F	G	H
01.06.21 To 08.06.21	H	A	B	C	D	E	F	G
09.06.21 To 15.06.21	G	H	A	B	C	D	E	F
16.06.21 To 23.06.21	F	G	H	A	B	C	D	E
24.06.21 To 30.06.21	E	F	G	H	A	B	C	D

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A -Roll Nos 01-12 **Batch B** - Roll Nos 13-24 **Batch C** – Roll Nos 25-36
   Batch D -Roll Nos 37-48 **Batch E** – Roll Nos 49-60 **Batch F** – Roll Nos 61-72
   Batch G -Roll Nos 73-84 **Batch H** – Roll Nos 85-96
2. The I Term clinical posting is of 07 days in each Department. (*) indicates Tentative 1st Internal Exam.
3. The batches may be revised based on the University examination results.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

CLINICAL POSTING TIMETABLE

INTERN 2020-21

Date:28.12.2020-27.12.2021

DY PATIL DENTAL SCHOOL, Lohegaon, Pune
BDS- INTERNSHIP Schedule- REGULAR BATCH 2020-21

Date / Department	28.12.20-11.01.21	12.01.21-26.01.21	27.01.21-10.02.21	11.02.21-25.02.21	26.02.21-12.03.21	13.03.21-28.03.21	29.03.21-12.04.21	13.04.21-27.04.21	28.04.21-12.05.21	13.05.21-27.05.21	28.05.21-11.06.21	12.06.21-26.06.21	27.06.21-11.07.21	12.07.21-26.07.21	27.07.21-10.08.21	11.08.21-25.08.21	26.08.21-11.09.21	12.09.21-26.09.21	27.09.21-11.10.21	12.10.21-27.10.21	28.10.21-12.11.21	13.11.21-27.11.21	28.11.21-12.12.21	13.12.21-27.12.21
Prostho	A/I	A/I	A/I	B	B	B	C	C	C/J	D/J	D/J	D/M	E/M	E/M	E/K	F/K	F/K	F	G	G/L	G/L	H/L	H	H
Conservative	H	H	H	A	A	A	B/I	B/I	B/I/M	C/M	C/M	C/J	D/J	D/J	D	E	E/L	E/L/K	F/K/L	F/K	F	G	G	G
Oral Surgery	G	G	G	H/I	H/I	H/I/M	A/M	A/M	A	B	B	B	C	C/L	C/J/L	D/J/L	D/J	D	E	E	E/K	F/K	F/K	F
Oral Med	F/M	F/M	K	G/K	G		N	H	H	A	A	I	I	B	B	C	C	J	J	D	D	E	E/L	L
Perio	K	E/K	E/F	F		G	G	L	L	H	H	A	A	I	I	B	B	C	C	J	J	D	D/M	M
Orthodontics	D	D	M	M	F	E/F	E	G	G	L	L	H/K	H/K	A	A	I	I	B	B	C	C	J	J	
Pedodontics	J	J	D	D/E	E/K	K	F	F		G	G	L	L	H	H	A	A	I	I	B	B/M	C/M	C	
Community	C/B/L	C/B/L	C/J/L	C/J/L	C/J/D/L	J/D	J/D/K	E/D/K	E/D/K	E/K	E/F/ K	E/F	F/	F/G	F/G/M	G/H/M	G/H/M	G/H/ M	H/M		A/H/I	A/I	A/I/B	A/I/B	A/I/B
Oral Patho&Elect	E		B		Me	C/Le	He/L	J/Pe	F	Fe/I	Ie	G	Ge/Be	K		P		Ae	A/De	M	H			Ce/D/Ee/Ie /Ke

[Please Note:Postings with "e" denotes Elective posting for that batch, for Eg. 'Ae' is Elective posting for all students of 'A' Batch]

Batch A-Roll no 1-5	Batch B-Roll no 6-10		Batch C-Roll No 11-15		Batch D -Roll no 16-20		Batch E-Roll no 20-25		Batch F-Roll No 26-30		
Batch G-Roll no 31-35	Batch H-Roll no 36-40		Batch I-Roll No 41-45		Batch J-Roll no 46-50		Batch K-Roll no 51-55		Batch L-Roll no 56-60		
	Batch M-Roll no 61-64										

Dr Paulami Bagchi
(In-charge,Time Table,Examination Committee)

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
Dean

CLINICAL POSTING TIMETABLE

FINAL YEAR 2020-21

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

FINAL YEAR BDS (Regular Batch-2020-21)

CLINICAL ROTATION POSTING of I TERM FROM 28.12.20. to 21.03.21

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
I Term								
28.12.2020 to 07.01.2021	A	B	C	D	E	F	G	H
08.01.2021 to 18.01.2021	H	A	B	C	D	E	F	G
19.01.2021 to(*) 29.01.2021	G	H	A	B	C	D	E	F
30.01.2021 to(*) 09.02.2021	F	G	H	A	B	C	D	E
10.02.2021 to 20.02.2021	E	F	G	H	A	B	C	D
21.02.2021 to 03.03.2021	D	E	F	G	H	A	B	C
04.03.2021 to 14.03.2021	C	D	E	F	G	H	A	B
15.03.2021 to 25.03.2021	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A -Roll Nos 01-12 **Batch B** – Roll Nos 13-23 **Batch C** – Roll Nos 24-35
   Batch D -Roll Nos 36-46 **Batch E** – Roll Nos 47-58 **Batch F** – Roll Nos 59-69
   Batch G -Roll Nos 70-81 **Batch H** – Roll Nos 82-92
2. The I Term clinical posting is of 07 days in each Department. (*) indicates Tentative 1st Internal Exam.
3. The batches may be revised based on the University examination results.
4. **One Clinical Internal Assessment e3amination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

FINAL YEAR BDS (Regular Batch-2021)

CLINICAL ROTATION POSTING of II TERM FROM 11.08.21-11.09.21

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
II Term- Continued								
11.08.21 to 14.08.21	A	B	C	D	E	F	G	H
15.08.21 to 18.08.21	B	C	D	E	F	G	H	A
19.08.21 to 22.08.21	C	D	E	F	G	H	A	B
23.08.21 To 26.08.21	D	E	F	G	H	A	B	C
27.08.21 to 30.08.21	E	F	G	H	A	B	C	D
31.08.21 To 03.09.21	F	G	H	A	B	C	D	E
04.09.21 To 07.09.21	G	H	A	B	C	D	E	F
08.09.21 To 11.09.21	H	A	B	C	D	E	F	G

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A –Roll Nos 01-12 **Batch B** – Roll Nos 13-23 **Batch C** – Roll Nos 24-35
   Batch D –Roll Nos 36-46 **Batch E** – Roll Nos 47-58 **Batch F** – Roll Nos 59-69
   Batch G –Roll Nos 70-81 **Batch H** – Roll Nos 82-89 (New Roll nos from 87 onwards :-87-Anjali, 88-Sneha, 89-Rutuja)

6/9/21.

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
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CLINICAL POSTING TIMETABLE

THIRD YEAR 2020-21

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2020-21)

CLINICAL ROTATION POSTING of I TERM FROM 28.12.20. to 25.03.21

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
I Term								
28.12.2020 to 07.01.2021	A	B	C	D	E	F	G	H
08.01.2021 to 18.01.2021	H	A	B	C	D	E	F	G
19.01.2021 to 29.01.2021	G	H	A	B	C	D	E	F
30.01.2021 to(*) 09.02.2021	F	G	H	A	B	C	D	E
10.02.2021 to 20.02.2021	E	F	G	H	A	B	C	D
21.02.2021 to 03.03.2021	D	E	F	G	H	A	B	C
04.03.2021 to 14.03.2021	C	D	E	F	G	H	A	B
15.03.2021 to 25.03.2021	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A -Roll Nos 01-12 **Batch B** - Roll Nos 13-24 **Batch C** - Roll Nos 25-36
   Batch D -Roll Nos 37-48 **Batch E** - Roll Nos 49-60 **Batch F** - Roll Nos 61-72
   Batch G -Roll Nos 73-84 **Batch H** - Roll Nos 85-96
2. The I Term clinical posting is of 07 days in each Department. (*) indicates Tentative 1st Internal Exam.
3. The batches may be revised based on the University examination results.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students

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D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2021)

CLINICAL ROTATION POSTING from 01.05.21-31.05.21
MODE OF LEARNING: ONLINE/VIRTUAL

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
II Term								
01.05.21 to 08.05.21	D	E	F	G	H	A	B	C
09.05.2021 to 16.05.2021	C	D	E	F	G	H	A	B
17.05.2021 to 24.05.2021	B	C	D	E	F	G	H	A
25.05.2021 to 31.05.2021	A	B	C	D	E	F	G	H
TO BE DECIDED	H	A	B	C	D	E	F	G
TBD	G	H	A	B	C	D	E	F
TBD	F	G	H	A	B	C	D	E
TBD	E	F	G	H	A	B	C	D

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A –Roll Nos 01-12 **Batch B** – Roll Nos 13-24 **Batch C** – Roll Nos 25-36
   Batch D –Roll Nos 37-48 **Batch E** – Roll Nos 49-60 **Batch F** – Roll Nos 61-72
   Batch G –Roll Nos 73-84 **Batch H** – Roll Nos 85-96
2. The I Term clinical posting is of 07 days in each Department. (*) indicates Tentative 1st Internal Exam.
3. The batches may be revised based on the University examination results.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students

Bagchi 28/04/21

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

Dr Anand Shigli
Dean

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2021)

CLINICAL ROTATION POSTING from 16.06.21 to 04.09.21

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pedistric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
II Term- Continued								
16.06.21 to 02.07.21	D	E	F	G	H	A	B	C
03.07.21 to 19.07.21	C	D	E	F	G	H	A	B
20.07.21 to 05.08.21	B	C	D	E	F	G	H	A
06.08.21 to 20.08.21	F	G	H	A	B	C	D	E
21.08.21 To 04.09.21	E	F	G	H	A	B	C	D

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A –Roll Nos 01-12 **Batch B** – Roll Nos 13-24 **Batch C** – Roll Nos 25-36
   Batch D –Roll Nos 37-48 **Batch E** – Roll Nos 49-60 **Batch F** – Roll Nos 61-72
   Batch G –Roll Nos 73-84 **Batch H** – Roll Nos 85-96
2. Postings from 16.06.21 to 05.08.21 have been made according to the pending first term postings of batches B, A and H, with 17 days in each posting.
3. Postings from 06.08.21 to 04.09.21 are the pending second term postings of the batches D and C of 15 days each.
4. One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students

PBagchi 16/06/21

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

Dr Anand Shigli
Dean

CLINICAL POSTING TIMETABLE

INTERN 2019-20

DY PATIL DENTAL SCHOOL, Lohegaon, Pune

BDS- INTERNSHIP Schedule (revised)- REGULAR BATCH 2019-20

Date:27.09.19

Date / Department	16.09.19-30.09.19	01.10.19-15.10.19	16.10.19-01.11.19	02.11.19-16.11.19	17.11.19-01.12.19	02.12.19-16.12.19	17.12.19-31.12.19	01.01.20-15.01.20	16.01.20-30.01.20	31.01.20-14.02.20	15.02.20-29.02.20	01.03.20-15.03.20	16.03.20-30.03.20	31.03.20-15.04.20	16.04.20-30.04.20	01.05.20-15.05.20	16.05.20-30.05.20	31.05.20-14.06.20	15.06.20-29.06.20	30.06.20-14.07.20	15.07.20-29.07.20	30.07.20-13.08.20	14.08.20-29.08.20	30.08.20-15.09.20
Prostho	A/I	A/I	A/I/P	B/P	B/P	B	C/O	C/O	C/J/O	D/J	D/J	D/M	E/M	E/M	E/K	F/K	F/K/N	F/N	G/N	G/L	G/L	H/L	H	H
Conservative	H/N	H/N	H/N	A/O	A/O	A/O	B/I	B/I	B/I/M	C/M	C/M	C/J	D/J	D/J	D	E	E/L	E/L/K	F/K/L	F/K	F	G/P	G/P	G/P
Oral Surgery	G/O	G/O	G/O	H/I	H/I	H/I/M	A/M	A/M	A/P	B/P	B/P	B	C	C/L	C/J/L	D/J/L	D/J	D	E	E/N	E/K/N	F/K/N	F/K	F
Oral Med	F/M	F/M	K	G/K	G	P	N/P	H/N	H	A	A	I	I	B	B/O	C/O	C	J	J	D	D	E	E/L	L
Perio	K	E/K	E/F	F	N	G/N	G	L	L	H	H	A/P	A/P	I	I	B	B/O	C/O	C	J	J	D	D/M	M
Orthodontics	D	D	M	M	F	E/F	E	G	G	L	L	H/K	H/K	A/P	A/P	I	I	B	B/O	C/O	C	J	J/N	N
Pedodontics	J/P	J/P	D	D/E	E/K	K	F	F	N	G/N	G	L	L	H	H	A	A	I	I	B	B/M	C/M	C/O	O
Community	C/B/L	C/B/L	C/J/L	C/J/L	C/J/D/L	J/D	J/D/K	E/D/K	E/D/K	E/K/O	E/F/ K/N/O	E/F/N/O	F/N/O	F/G/N/O	F/G/M/N	G/H/M	G/H/M/P	G/H/ M/P	H/M/P	A/H/I/P	A/I/P	A/I/B	A/I/B	A/I/B
Oral Patho&Elect	E		B	N	Me	C/Le	He/L	J/Pe	F	Fe/I	Ie	G	Ge/Be	K		Ne/P		Ae	A/De	M	H/Oe	O		Ce/D/Ee/Ie/Ke

[Please Note:Postings with "e" denotes Elective posting for that batch, for Eg: 'Ae' is Elective posting for all students of 'A' Batch]

Batch A-Roll no 1-4	Batch B-Roll no 5-9		Batch C-Roll No 10-14		Batch D -Roll no 15-18		Batch E-Roll no19-23		Batch F-Roll No 24-28
Batch G-Roll no 29-33	Batch H-Roll no 34-37		Batch I-Roll No 38-42		Batch J-Roll no 43-47		Batch K-Roll no 48-52		Batch L-Roll no 53-56
	Batch M-Roll no 57-60		Batch N-Roll no 61-65		Batch O-Roll No -66-70		Batch P-Roll no 71-75		

Dr.Paulami Bagchi
(In-charge,Time Table,Examination Committee)

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
Dean

CLINICAL POSTING TIMETABLE

FINAL YEAR 2019-20

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

FINAL YEAR BDS (Regular Batch-2019)

CLINICAL ROTATION POSTING of I TERM FROM 01.08.19. to 19.12.19.

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
I Term								
01.08.2019 to 17.08.2019	A	B	C	D	E	F	G	H
18.08.2019 to 04.09.2019	H	A	B	C	D	E	F	G
05.09.2019 to 21.09.2019	G	H	A	B	C	D	E	F
22.09.2019 to 08.10.2019	F	G	H	A	B	C	D	E
09.10.2019 to 26.10.2019	E	F	G	H	A	B	C	D
27.10.2019 to (*) 15.11.2019	D	E	F	G	H	A	B	C
16.11.2019 to 02.12.2019	C	D	E	F	G	H	A	B
03.12.2019 to 19.12.2019	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A –Roll Nos 01-09 **Batch B** – Roll Nos 10-17 **Batch C** – Roll Nos 18-26
   Batch D –Roll Nos 27-35 **Batch E** – Roll Nos 36-44 **Batch F** – Roll Nos 45-52
   Days G –Roll Nos 53-60 **Batch H** – Roll Nos 61-69
2. The Clinical postings are of 17 days in each Department. (*) indicates Tentative 1st Internal Exam /2 extra days for University Holidays for Diwali (28th,29th Oct).
3. The batches may be revised based on the University examination results.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students.

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

FINAL YEAR BDS (Regular Batch-2019)

CLINICAL ROTATION POSTING of II TERM FROM 20.12.19. to 15.05.20

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
II Term								
20.12.2019 to 06.01.2020	A	B	C	D	E	F	G	H
07.01.2020 to 23.01. 2020	H	A	B	C	D	E	F	G
24.01.2020 to 10.02.2020	G	H	A	B	C	D	E	F
11.02.2020 to 27.02.2020	F	G	H	A	B	C	D	E
28.02.2020 to 16.03.2020	E	F	G	H	A	B	C	D
17.03.2020 to (*) 02.04.2020	D	E	F	G	H	A	B	C
03.04.2020 to 28.04.2020	C	D	E	F	G	H	A	B
29.04.2020 to 15.05.2020	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A –Roll Nos 01-09 **Batch B** – Roll Nos 10-17 **Batch C** – Roll Nos 18-26
   Batch D –Roll Nos 27-34 **Batch E** – Roll Nos 35-43 **Batch F** – Roll Nos 44-50
   Days G –Roll Nos 51-57 **Batch H** – Roll Nos 58-68
2. The II Term clinical posting is of 19 days in each Department.
3. The batches may be revised based on the University examination results.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

Dr Anand Shigli
Dean

CLINICAL POSTING TIMETABLE

THIRD YEAR 2019-20

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2019)

CLINICAL ROTATION POSTING of I TERM FROM 01.08.19. to 01.12.19.

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
I Term								
01.08.2019 to 15.08.2019	A	B	C	D	E	F	G	H
16.08.2019 to 30.08.2019	H	A	B	C	D	E	F	G
31.08.2019 to 14.09.2019	G	H	A	B	C	D	E	F
15.09.2019 to 29.09.2019	F	G	H	A	B	C	D	E
30.09.2019 to 14.10.2019	E	F	G	H	A	B	C	D
15.10.2019 to (*) 02.11.2019	D	E	F	G	H	A	B	C
03.11.2019 to 17.11.2019	C	D	E	F	G	H	A	B
18.11.2019 to 01.12.2019	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A –Roll Nos 01-11,90 **Batch B** – Roll Nos 12-22 ,91 **Batch C** – Roll Nos 23-33,92
   Batch D –Roll Nos 34-44,93 **Batch E** – Roll Nos 45-55 **Batch F** – Roll Nos 56-66
   Days G –Roll Nos 67-77 **Batch H** – Roll Nos 78-89
2. The I Term clinical posting is of 15 days in each Department. (*) indicates Tentative 1st Internal Exam /2 extra days for University Diwali Holidays(28th,29th Oct).
3. THE BATCHES/ROLL NOS MAY/WILL BE REVISED BASED ON THE UNIVERSITY EXAMINATION RESULTS.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2019)

CLINICAL ROTATION POSTING of II TERM FROM 02.12.19. to 14.05.20.

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
I Term								
02.12.2019 to 21.12.2019	A	B	C	D	E	F	G	H
22.12.2019 to 11.01.2020	H	A	B	C	D	E	F	G
12.01.2020 to 31.01.2020	G	H	A	B	C	D	E	F
01.02.2020 to 21.02.2020	F	G	H	A	B	C	D	E
22.02.2020 to 13.03.2020	E	F	G	H	A	B	C	D
14.03.2020 to (*) 03.04.2020	D	E	F	G	H	A	B	C
04.04.2020 to 24.04.2020	C	D	E	F	G	H	A	B
25.04.2020 to 14.05.2020	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A –Roll Nos 01-11 **Batch B** – Roll Nos 12-21,85 **Batch C** – Roll Nos 22-31,86
   Batch D –Roll Nos 32-41 **Batch E** – Roll Nos 42-51 **Batch F** – Roll Nos 52-62
   Days G –Roll Nos 63-73 **Batch H** – Roll Nos 74-84
2. The II Term clinical posting is of 19 days in each Department.
3. The batches may be revised based on the University examination results.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students

PBagchi

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dean

CLINICAL POSTING TIMETABLE

INTERN 2018-19

DY PATIL DENTAL SCHOOL, PUNE

BDS- INTERNSHIP Schedule- REGULAR Batch, 2018-19

Batch \ Date	01.09.18-15.09.18	16.09.18-30.09.18	01.10.18-15.10.18	16.10.18-31.10.18	01.11.18-15.11.18	16.11.18-30.11.18	01.12.18-15.12.18	16.12.18-31.12.18	01.01.19-15.01.19	16.01.19-31.01.19	01.02.19-15.02.19	16.02.19-28.02.19
A	OP	OM	OM	PEDO	PEDO	ORTHO	ORTHO	PERIO	PERIO	OS	OS	OS
B	OM	OM	PEDO	PEDO	ORTHO	ORTHO	PERIO	PERIO	OS	OS	OS	CONS
C	PEDO	PEDO	ORTHO	ORTHO	PERIO	PERIO	OS	OS	OS	CONS	CONS	PROSTHO
D	ORTHO	ORTHO	PERIO	PERIO	OS	OS	OS	CONS	CONS	PROSTHO	PROSTHO	PROSTHO
E	PERIO	PERIO	OS	OS	OS	CONS	CONS	PROSTHO	PROSTHO	PROSTHO	PHD	PHD
F	OS	OS	OS	CONS	CONS	PROSTHO	PROSTHO	PROSTHO	PHD	PHD	PHD	PHD
G	CONS	CONS	PROSTHO	PROSTHO	PROSTHO	PHD	PHD	PHD	PHD	PHD	CONS	ELECTIVE
H	PROSTHO	PROSTHO	PROSTHO	PHD	PHD	PHD	PHD	PHD	CONS	ELECTIVE	OP	OM
I	PHD	PHD	PHD	PHD	PHD	CONS	ELECTIVE	OP	OM	OM	PEDO	PEDO

Batch \ Date	01.03.19-15.03.19	16.03.19-31.03.19	01.04.19-15.04.19	16.04.19-30.04.19	01.05.19-15.05.19	16.05.19-31.05.19	01.07.19-15.07.19	16.06.19-30.06.19	01.07.19-15.07.19	16.07.19-31.07.19	01.08.19-15.08.19	16.08.19-31.08.19
A	CONS	CONS	PROSTHO	PROSTHO	PROSTHO	PHD	PHD	PHD	PHD	PHD	CONS	ELECTIVE
B	CONS	PROSTHO	PROSTHO	PROSTHO	PHD	PHD	PHD	PHD	PHD	CONS	ELECTIVE	OP
C	PROSTHO	PROSTHO	PHD	PHD	PHD	PHD	PHD	CONS	ELECTIVE	OP	OM	OM
D	PHD	PHD	PHD	PHD	PHD	CONS	ELECTIVE	OP	OM	OM	PEDO	PEDO
E	PHD	PHD	PHD	CONS	ELECTIVE	OP	OM	OM	PEDO	PEDO	ORTHO	ORTHO
F	PHD	CONS	ELECTIVE	OP	OM	OM	PEDO	PEDO	ORTHO	ORTHO	PERIO	PERIO
G	OP	OM	OM	PEDO	PEDO	ORTHO	ORTHO	PERIO	PERIO	OS	OS	OS
H	OM	PEDO	PEDO	ORTHO	ORTHO	PERIO	PERIO	OS	OS	OS	CONS	CONS
I	ORTHO	ORTHO	PERIO	PERIO	OS	OS	OS	CONS	CONS	PROSTHO	PROSTHO	PROSTHO

[Abbreviations:PHD-Public Health Dentistry; OP-Oral Pathology;OS-Oral Surgery; OM-Oral Medicine;Elective- Dept of Choice]

Please note: Additional 15 days CONS posting alloted to each batch from the last 15 days of the long posting of PHD

Please Note:Roll Numbers of Interns for Clinical Postings are as follows:

Batch A-Roll no 1-2(Devyani, Jaswender)
Batch B-Roll no3-4(Purva, Preeti)
Batch C-Roll No5-6(Neelam, Ruchika)
Batch D -Roll no7-8(Vishwa,Priya)
Batch E-Roll no9-10(Maruti,Vijaylakshmi)
Batch F-Roll No11-12(Priyanka,Varuna)
Batch G-Roll no 13-14(Jayashree,Kajal)
Batch H-Roll no 15-16(Shrutika,Neha)
Batch I-Roll No 17-18(Muskan,Kajal)

Dr.Paulami Bagchi
(In-charge,Time Table,Examination Committee)

Dr. Anand Shigli
Dean

D.Y. PATIL DENTAL SCHOOL PUNE

CLINICAL POSTING TIMETABLE

FINAL YEAR 2018-19

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE
FINAL YEAR BDS (Regular Batch-2018)

CLINICAL ROTATION POSTING of FIRST & SECOND TERM- 01.08.2018 onwards

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillo-facial Surgery	Periodontics	Prosthodontics	Orthodontics	Pediatric Dentistry	Public Health Dentistry
I TERM								
01.08.2018 to 17.08.2018	A	B	C	D	E	F	G	H
18.08.2018 to 04.09.2018	H	A	B	C	D	E	F	G
05.09.2018 to 22.09.2018	G	H	A	B	C	D	E	F
23.09.2018 to 10.10.2018	F	G	H	A	B	C	D	E
11.10.2018 to 28.10.2018	E	F	G	H	A	B	C	D
29.10.2018 to 22.11.2018	D	E	F	G	H	A	B	C
23.11.2018 to 10.12.2018	C	D	E	F	G	H	A	B
11.12.2018 To 31.12.2018	B	C	D	E	F	G	H	A

Dr Paulami Bagchi
(In-Charge, Time Table section,
Examination Committee)

D.Y. PATIL DENTAL SCHOOL PUNE

Dr ANAND SHIGLI
Dean

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE
FINAL YEAR I & II Term BDS (Regular Batch)
REVISED CLINICAL ROTATION POSTING FROM 01.04.2019 till 10.05.2019

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Periodontics	Prosthodontics	Orthodontics	Pediatric Dentistry	Public Health Dentistry
I Term								
01.08.2018 to 17.08.2018	A	B	C	D	E	F	G	H
18.08.2018 to 04.09.2018	H	A	B	C	D	E	F	G
05.09.2018 to 22.09.2018	G	H	A	B	C	D	E	F
23.09.2018 to 10.10.2018	F	G	H	A	B	C	D	E
11.10.2018 to (*) 28.10.2018	E	F	G	H	A	B	C	D
29.10.2018 to 22.11.2018	D	E	F	G	H	A	B	C
23.11.2018 to 10.12.2018	C	D	E	F	G	H	A	B
11.12.2018 to 31.12.2018	B	C	D	E	F	G	H	A
II Term (Revised Roll numbers)								
01.01.2019 to 15.01.2019	A	B	C	D	E	F	G	H
16.01.2019 to 30.01.2019	H	A	B	C	D	E	F	G
31.01.2019 to 14.02.2019	G	H	A	B	C	D	E	F
15.02.2019 to 01.03.2019	F	G	H	A	B	C	D	E
02.03.2019 to 16.03.2019	E	F	G	H	A	B	C	D
17.03.2019 to 31.03.2019	D	E	F	G	H	A	B	C
01.04.2019 to* 25.04.2019	C	D	E	F	G	H	A	B
26.04.2019 to 10.05.2019	B	C	D	E	F	G	H	A

(*-Prelims practical exams to be held from 03.04.19 to 12.04.19.)

Please note:

1. **Students** Distribution for Dental Clinical Postings;

Batch A – Roll Nos. 01- 09 **Batch B** – Roll Nos. 10-19 **Batch C** – Roll Nos. 20-29 **Batch D** – Roll Nos. 30-38
Batch E – Roll Nos. 39-48 **Batch F** – Roll Nos. 49-58 **Batch G** – Roll Nos. 59-68 **Batch H** – Roll Nos. 69-78

(The batches and Roll numbers have been revised, based on the University examination results.)

2. **Students, to note**: Clinical Postings continue as per schedule even during the Internal Assessment Theory Examinations
3. **One Clinical Internal Assessment examination** shall be conducted at the end of each clinical posting based on the **MUHS University Practical Examination marks distribution**
4. **I,II,III(Prelims) Internal Assessment Examination** Time tables will be circulated at a later date. [(*) Tentative I Internal Exam]
5. All **HOD** s to kindly ensure the submission of soft copy of monthly Attendance (Theory and Clinical/Practical) of students every quarterly (i.e. by 5th of - October, January and April) to the Student section, Admin office through mail at vinayak.bhosale@dypds.com.

Dr Paulami Bagchi
(In-Charge, Time Table section, Examination Committee)

Dr Anand Shigli
Dean

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

FINAL YEAR BDS (2018-19 Regular Batch)

II Term

REVISED CLINICAL ROTATION POSTING FROM 11.05.2019 till 31.05.2019

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Periodontics	Prosthodontics	Orthodontics	Pediatric Dentistry	Public Health Dentistry
Revised II Term								
11.05.2019 to 12.05.2019	A	B	C	D	E	F	G	H
13.05.2019 to 15.05.2019	H	A	B	C	D	E	F	G
16.05.2019 to 18.05.2019	G	H	A	B	C	D	E	F
19.05.2019 to 20.05.2019	F	G	H	A	B	C	D	E
21.05.2019 to 23.05.2019	E	F	G	H	A	B	C	D
24.05.2019 to 26.05.2019	D	E	F	G	H	A	B	C
27.05.2019 to 28.05.2019	C	D	E	F	G	H	A	B
29.05.2019 to 31.05.2019	B	C	D	E	F	G	H	A

Please note:
In view of MUHS Circular No. MUHS/R/XA/6156/2018, the clinical postings of all students have been extended as follows to meet the students' attendance criteria required as per University guidelines.

Dr Paulami Bagchi
(In-Charge, Time Table section,
Examination Committee)

Dr Anand Shigli
Dean

D.Y. PATIL DENTAL SCHOOL PUNE

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE
FINAL YEAR I & II Term BDS (Regular Batch)
REVISED CLINICAL ROTATION POSTING FROM 01.04.2019 till 10.05.2019

Tentative Theory and Practical Examination Schedule: Ist Internal Examination

Date	Subject	Time
25/09/17, Monday	Oral Pathology : Theory	08:30 – 11:30AM
26/09/17, Tuesday	Oral Pathology : Practical Batch A	08:30 – 11:30AM
26/09/17, Tuesday	Gen Medicine : Practical Batch B	09:30 – 12:30PM
26/09/17, Tuesday	Gen Surgery : Practical Batch C	09:30 – 12:30PM
27/09/17, Wednesday	Gen Surgery: Theory	09:30 – 12:30PM
28/09/17, Thursday	Gen Medicine: Theory	09:30 – 12:30PM
29/09/17, Friday	Oral Pathology : Practical Batch B	08:30 – 11:30AM
29/09/17, Friday	Gen Medicine : Practical Batch C	09:30 – 12:30PM
29/09/17, Friday	Gen Surgery : Practical Batch A	09:30 – 12:30PM
03/10/17, Tuesday	Oral Pathology : Practical Batch C	08:30 – 11:30AM
03/10/17, Tuesday	Gen Medicine : Practical Batch A	09:30 – 12:30PM
03/10/17, Tuesday	Gen Surgery : Practical Batch B	09:30 – 12:30PM

Batch A : 1 to 30
Batch B : 31 to 60
Batch C : 61 to 88

Please note:

1. **IINd Internal, Preliminary and additional examinations time tables will be circulated at a later date**

Dr Paulami Bagchi
(In-Charge, Time Table section, Examination Committee)

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

CLINICAL POSTING TIMETABLE

THIRD YEAR 2018-19

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2018-19)

CLINICAL ROTATION POSTING of I TERM FROM 01.08.18. to 31.12.18

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
I Term								
01.08.2018 to 17.08.2018	A	B	C	D	E	F	G	H
18.08.2018 to 04.09.2018	H	A	B	C	D	E	F	G
05.09.2018 to 22.09.2018	G	H	A	B	C	D	E	F
23.09.2018 to 10.10.2018	F	G	H	A	B	C	D	E
11.10.2018 to 28.10.2018	E	F	G	H	A	B	C	D
29.10.2018 to (*) 22.11.2018	D	E	F	G	H	A	B	C
23.11.2018 to 10.12.2018	C	D	E	F	G	H	A	B
11.12.2018 to 31.12.2018	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A –Roll Nos 01-08 **Batch B** – Roll Nos 09-16 **Batch C** – Roll Nos 17-25
   Batch D –Roll Nos 26-34 **Batch E** – Roll Nos 35-42 **Batch F** – Roll Nos 43-51
   Days G –Roll Nos 52-59 **Batch H** – Roll Nos 60-69
2. The I Term clinical posting is of 17 days in each Department. (*) indicates Tentative 1st Internal Exam.
3. The batches may be revised based on the University examination results.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dean

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (Regular Batch-2018-19)

CLINICAL ROTATION POSTING of II TERM FROM 01.01.19. to 30.04.19

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Orthodontics	Pediatric Dentistry	Periodontics	Prosthodontics	Public Health Dentistry
II Term								
01.01.19 to 15.01.19	A	B	C	D	E	F	G	H
16.01.19 To(**) 30.01.19	H	A	B	C	D	E	F	G
31.01.19 to 14.02.19	G	H	A	B	C	D	E	F
15.02.19 to 01.03.19	F	G	H	A	B	C	D	E
02.03.19 to 16.03.19	E	F	G	H	A	B	C	D
17.03.19 to 21.03.19	D	E	F	G	H	A	B	C
01.04.19 to 15.04.19	C	D	E	F	G	H	A	B
16.04.19 to 30.04.19	B	C	D	E	F	G	H	A

Please note:

1. Students Distribution for Dental Clinical Postings;
   Batch A –Roll Nos 01-08 **Batch B** – Roll Nos 09-16 **Batch C** – Roll Nos 17-25
   Batch D –Roll Nos 26-34 **Batch E** – Roll Nos 35-42 **Batch F** – Roll Nos 43-51
   Days G –Roll Nos 52-59 **Batch H** – Roll Nos 60-69
2. The II Term clinical posting is of 15 days in each Department. (**) indicates Tentative 2nd Internal Exam.
3. The batches have been revised based on the University examination results.
4. **One Clinical Internal Assessment examination shall be conducted at the end of each clinical posting based on the MUHS University Practical Examination marks distribution.**
5. Students, to note: Clinical Postings to continue as per schedule even during the Internal Assessment Theory Examinations.
6. Departments to submit monthly Attendance of students

Dr Paulami Bagchi
In-Charge, Time Table section
Examination Committee

Dr Anand Shigli
Dean

D Y PATIL DENTAL SCHOOL,
D Y PATIL KNOWLEDGE CITY, LOHEGAON, PUNE

THIRD YEAR BDS (2018-19 Regular Batch)

II Term

REVISED CLINICAL ROTATION POSTING FROM 01.05.19. till 31.05.2019

Subject / Dates	Conservative Dentistry	Oral Medicine & Radiology	Oral & Maxillofacial Surgery	Periodontics	Prosthodontics	Orthodontics	Pediatric Dentistry	Public Health Dentistry
REVISED II Term								
01.05.2019 to 04.05.2019	A	B	C	D	E	F	G	H
05.05.2019 to 08.05.2019	H	A	B	C	D	E	F	G
09.05.2019 to 12.05.2019	G	H	A	B	C	D	E	F
13.05.2019 to 16.05.2019	F	G	H	A	B	C	D	E
17.05.2019 to 20.05.2019	E	F	G	H	A	B	C	D
21.05.2019 to 24.05.2019	D	E	F	G	H	A	B	C
25.05.2019 to 28.05.2019	C	D	E	F	G	H	A	B
29.05.2019 to 31.05.2019	B	C	D	E	F	G	H	A

Please note:

In view of MUHS Circular No. MUHS/R/XA/6156/2018, the clinical postings of all students have been extended as follows to meet the students' attendance criteria required as per University guidelines.

Dr Paulami Bagchi
(In-charge, Time Table section,
Examination Committee)

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

4

EXAM TIME TABLE

DATES OF CONDUCT OF INTERNAL ASSESSMENT EXAMINATION

INTERNAL EXAM TIME TABLE – 2022-23

DY PATIL DENTAL SCHOOL, PUNE

FIRST BDS, REGULAR BATCH 2023 Academic year

Notice

Subject: TIME TABLE - **FIRST INTERNAL ASSESSMENT**

All the students of FIRST BDS, Regular Batch 2023 Academic year are instructed to:

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations.

THEORY **Venue:** Lecture Hall no 2. first floor

Date	Subject	Time
03/04/2023	Human Anatomy	9.30 am to 12pm
05/04/2023	Physiology & Biochemistry	9.30 am to 12pm
06/04/2023	Dental Anatomy & Dental Histology	9.30 am to 12pm

PRACTICALS **Venue:** Confirm with Respective Departments

Date	Subject and Roll Numbers		
	Human Anatomy (9.00 am onwards)	Physiology & Biochemistry (9.00 am onwards)	Dental Anatomy & Dental Histology (9.00 am onwards)
10/04/2023	Roll nos 01-33	Roll nos 34-66	Roll nos 67-97
11/04/2023	Roll nos 67-97	Roll nos 01-33	Roll nos 34-66
12/04/2023	Roll nos 34-66	Roll nos 67-97	Roll nos 01-33

Dr. PAULAMI BAGCHI
Head, Academic Planning Committee

DEAN
DYPDS

DY PATIL DENTAL SCHOOL, PUNE

SECOND BDS 2023 Academic year-REGULAR Batch

Subject: Time Table for **FIRST Internal Assessment Examination**

All the students of Second BDS 2023 (Regular batch) Academic year are instructed to.

- Note the following time table for the FIRST Internal Assessment Examination
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory **Venue:** Examination Hall 2nd floor

Date	Subject	Time
05/06/2023	General pathology & Microbiology	12:30 pm onwards
06/06/2023	Pharmacology	12:30 pm onwards
07/06/2023	Dental material sciences	12:30 pm onwards

- **Practical-** **Venue:** Respective departments

Date	Subject and Roll Numbers					Time
	General pathology & Microbiology	Pharmacology	Dental Material Science-	Preclinical Conservative-	Preclinical Prosthodontics	
08/06/2023	01 to 32 (A)	33 to 64 (B)	64 to 96 (C)	----------	----------	9 am-12 pm
09/06/2023	33 to 64 (B)	64 to 96 (C)	01 to 32 (A)	----------	----------	9 am-12 pm
12/06/2023	64 to 96 (C)	01 to 32 (A)	33 to 64 (B)	----------	----------	9 am-12 pm
13/06/2023	----------	----------	----------	01 to 32 (A)	64 to 96 (C)	9 am-12 pm
14/06/2023	----------	----------	----------	33 to 64 (B)	01 to 32 (A)	9 am-12 pm
15/06/2023	----------	----------	----------	64 to 96 (C)	33 to 64 (B)	9 am-12 pm

Pbagchi 23.02.23.

Dr. PAULAMI BAGCHI
Head, Examination/Academic Planning Committee

DY PATIL DENTAL SCHOOL PUNE

Dr. ANAND SHIGLI
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

THIRD BDS, REGULAR BATCH 2023 Academic year

Notice

Subject: TIME TABLE - **FIRST INTERNAL ASSESSMENT**

All the students of Third BDS, Regular Batch 2023 Academic year are instructed to:

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations.

THEORY **Venue:** Lecture Hall no 2, first floor

Date	Subject	Time
12/04/2023	General Medicine	9am to 12pm
13/04/2023	Oral Pathology & Microbiology	9am to 12pm
15/04/2023	General Surgery	10 am to 1pm

PRACTICALS **Venue:** Confirm with Respective Departments

Date	Subject and Roll Numbers		
	General Medicine (2:30 pm onwards)	General Surgery (9am to 12pm)	Oral Pathology (9am to 12pm)
17/04/2023	Roll nos 01-26	Roll nos 27-52	Roll nos 53-79
18/04/2023	Roll nos 53-79	Roll nos 01-26	Roll nos 27-52
19/04/2023	Roll nos 27-52	Roll nos 53-79	Roll nos 01-26

Dr. PAULAMI BAGCHI
Head, Examination/Academic Planning Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. ANAND SHIGLI
Dean, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

BDS FINAL YEAR- REGULAR 2022-23 Academic year

Notice

BDS FINAL YEAR- REGULAR 2022-23

FIRST INTERNAL - THEORY EXAMINATION SCHEDULE

- Clinical postings are compulsory during the exam schedule, failure of which, candidates would be liable for serious action.
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory Date	Subject	Time
01.12.22	Public health dentistry	12:30-3:30 PM
02.12.22	Periodontics	12:30-3:30 PM
03.12.22	Pedodontics	12:30-3:30 PM
05.12.22	Oral Medicine & Radiology	12:30-3:30 PM
06.12.22	Conservative Dentistry & Endodontics	12:30-3:30 PM
07.12.22	Oral & Maxillofacial Surgery	12:30-3:30 PM
08.12.22	Prosthodontics and Crown & Bridge	12:30-3:30 PM
09.12.22	Orthodontics & Dentofacial Orthopedics	12:30-3:30 PM

01.11.22

Dr. PAULAMI BAGCHI
Head, Academic Planning Committee

Dr. ANAND SHIGLI
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

FIRST BDS, REGULAR BATCH 2023 Academic year

Notice

Subject: TIME TABLE - SECOND INTERNAL ASSESSMENT

All the students of FIRST BDS, Regular Batch 2023 Academic year are instructed to:

- Report 10 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations.

THEORY **Venue:** Lecture Hall no 2, first floor

Date	Subject	Time
12/07/2023	Human Anatomy	9.30 am to 12pm
13/07/2023	Physiology & Biochemistry	9.30 am to 12pm
14/07/2023	Dental Anatomy & Dental Histology	9.30 am to 12pm

PRACTICALS **Venue:** Confirm with Respective Departments

Date	Subject and Roll Numbers		
	Human Anatomy (9.00 am onwards)	Physiology & Biochemistry (9.00 am onwards)	Dental Anatomy & Dental Histology (9.00 am onwards)
17/07/2023	Roll nos 01-33	Roll nos 34-66	Roll nos 67-97
18/07/2023	Roll nos 67-97	Roll nos 01-33	Roll nos 34-66
19/07/2023	Roll nos 34-66	Roll nos 67-97	Roll nos 01-33

Pbagchi
12.06.23

Dr. PAULAMI BAGCHI
Head, Academic Planning Committee

DEAN
DYPDS

DY PATIL DENTAL SCHOOL, PUNE

SECOND BDS 2023 Academic year-REGULAR Batch

Notice

SECOND INTERNAL EXAMINATION SCHEDULE- Modified

- Due to MUHS exams announcement in December 23, kindly note the following MODIFIED Time table for the SECOND Internal Assessment Examination
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory **Venue:** Examination Hall 2nd floor

Date	Subject	Time
22/08/2023	Pharmacology	9:30 am-12:30 pm
23/08/2023	General pathology & Microbiology	9:30 am-12:30 pm
24/08/2023	Dental material sciences	9:30 am-12:30 pm

Date	Practical-09:15 AM onwards		Venue: Respective departments		
	General pathology & Microbiology	Pharmacology	Dental Material Science-	Preclinical Conservative-	Preclinical Prosthodontics
25/08/2023	01 to 32 (A)	33 to 64 (B)	64 to 96 (C)	----------	----------
26/08/2023	REGULAR SATURDAY CLASSES				
28/08/2023	33 to 64 (B)	64 to 96 (C)	01 to 32 (A)	----------	----------
29/08/2023	64 to 96 (C)	01 to 32 (A)	33 to 64 (B)	----------	----------
30/08/2023	----------	----------	----------	01 to 32 (A)	64 to 96 (C)
31/08/2023	----------	----------	----------	33 to 64 (B)	01 to 32 (A)
01/09/2023	----------	----------	----------	64 to 96 (C)	33 to 64 (B)

09.08.23

Dr. PAULAMI BAGCHI
Head, Examination/Academic Planning Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. ANAND SHIGLI
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

THIRD BDS, REGULAR BATCH 2023 Academic year

Notice

Subject: TIME TABLE - **SECOND INTERNAL ASSESSMENT**

All the students of Third BDS, Regular Batch 2023 Academic year are instructed to:

- Note the following Time table for the SECOND Internal Assessment Examination (Dates are subjected to change in case of any holidays/university exam dates which may be announced later)
- Report 10 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

THEORY **Venue:** Examination Hall,2nd Floor

Date	Subject	Time
03/07/2023	Oral Pathology & Microbiology	9am to 12pm
04/07/2023	General Medicine	9am to 12pm
05/07/2023	General Surgery	9am to 12pm

PRACTICALS **Venue:** Confirm with Respective Departments

Date	Subject and Roll Numbers		
	General Medicine (Confirm with Dept)	General Surgery (Confirm with Dept)	Oral Pathology (9am to 12pm)
06/07/2023	Roll nos 01-26	Roll nos 27-52	Roll nos 53-79
07/07/2023	Roll nos 53-79	Roll nos 01-26	Roll nos 27-52
10/07/2023	Roll nos 27-52	Roll nos 53-79	Roll nos 01-26

Pbagchi 12/06/23

Dr. PAULAMI BAGCHI
Head, Examination/Academic Planning Committee

Dr. ANAND SHIGLI
Dean, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

BDS FINAL YEAR- REGULAR 2022-23 Academic year

Notice

BDS- FINAL YEAR- REGULAR BATCH- 2022-23
SECOND INTERNAL - THEORY EXAMINATION SCHEDULE

Note the following THEORY timetable for the SECOND Internal Assessment Examination
Clinical postings are compulsory during the exam schedule, failure of which, candidates would be liable for serious action.
Report 15 minutes prior to start of examinations.
Confirm the syllabus for the examination from respective departments.
Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory DATE	SUBJECT	TIME
13.03.23	Public health dentistry	12:30-3:30 PM
14.03.23	Periodontics	12:30-3:30 PM
15.03.23	Pedodontics	12:30-3:30 PM
16.03.23	Oral Medicine & Radiology	12:30-3:30 PM
17.03.23	Conservative Dentistry & Endodontics	12:30-3:30 PM
20.03.23	Oral & Maxillofacial Surgery	12:30-3:30 PM
21.03.23	Prosthodontics and Crown & Bridge	12:30-3:30 PM
22.03.23	Orthodontics & Dentofacial Orthopedics	12:30-3:30 PM

22.01.23

Dr. PAULAMI BAGCHI
Head, Academic Planning Committee

Dr. ANANDSHIGLI
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

FIRST BDS, REGULAR BATCH 2023 Academic year

Notice

Subject: TIME TABLE - **THIRD INTERNAL ASSESSMENT**

All the students of FIRST BDS, Regular Batch 2023 Academic year are instructed to:

- Report 10 minutes prior to start of examinations.
- Confirm the syllabus and Follow the specific instructions (if any) of the respective departments regarding the examinations.

THEORY **Venue:** Lecture Hall no 2. first floor

Date	Subject	Time
04.12.23	Physiology & Biochemistry	9.30 am to 12pm
05.12.23	Dental Anatomy & Dental Histology	9.30 am to 12pm
06.12.23	Human Anatomy	9.30 am to 12pm

PRACTICALS **Venue:** Confirm with Respective Departments

Date	Subject and Roll Numbers		
	Human Anatomy (9.00 am onwards)	Biochemistry (9.00 am onwards)	Dental Anatomy & Dental Histology (9.00 am onwards)
11.12.23	Roll nos 01-33	Roll nos 34-66	Roll nos 67-97
12.12.23	Roll nos 67-97	Roll nos 01-33	Roll nos 34-66
13.12.23	Roll nos 34-66	Roll nos 67-97	Roll nos 01-33

Physiology	08.12.23- (09am – 11 am)	08.12.23- (11am –01 pm)	09.12.23- (09am – 11 am)
	Roll nos 01-33	Roll nos 34-66	Roll nos 67-97

01.11.23

Dr. PAULAMI BAGCHI
Head, Academic Planning Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. ANAND SHIGLI
Dean, DYPDS

DY PATIL DENTAL SCHOOL, PUNE
SECOND BDS REGULAR 2023 Academic year

Notice
PRELIMS/3RD INTERNAL EXAMINATION SCHEDULE-Modified

- Due to MUHS exam announcement in December 23, Kindly note the following MODIFIED Time table for the THIRD Internal Assessment Examination
- Report 10 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory **Venue:** Examination Hall 2nd floor

Date	Subject	Time
17/10/2023	General pathology & Microbiology	9:30 am-12:30 pm
18/10/2023	Pharmacology	9:30 am-12:30 pm
19/10/2023	Dental material sciences	9:30 am-12:30 pm

Date	Practical-09:15AM onwards Venue: Respective departments				
	General pathology & Microbiology	Pharmacology	Dental Material Science	Preclinical Conservative-	Preclinical Prosthodontics
20/10/2023	01 to 32 (A)	33 to 64 (B)	64 to 96 (C)	----------	----------
21-23/10/2023	REGULAR CLASSES				
25/10/2023	33 to 64 (B)	64 to 96 (C)	01 to 32 (A)	----------	----------
26/10/2023	64 to 96 (C)	01 to 32 (A)	33 to 64 (B)	----------	----------
27/10/2023	----------	----------	----------	01 to 32 (A)	64 to 96 (C)
28/10/2023	REGULAR CLASSES				
30/10/2023	----------	----------	----------	33 to 64 (B)	01 to 32 (A)
31/10/2023	----------	----------	----------	64 to 96 (C)	33 to 64 (B)

PBagchi 04.08.23

Dr. PAULAMI BAGCHI
Head, Examination/Academic Planning Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. ANAND SHIGLI
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

THIRD BDS, REGULAR BATCH 2023 Academic year

Notice

Subject: TIME TABLE - **THIRD INTERNAL ASSESSMENT**

All the students of Third BDS, Regular Batch 2023 Academic year are instructed to:

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

THEORY **Venue:** Lecture Hall no 2. first floor

Date	Subject	Time
16/10/2023	Oral Pathology & Microbiology	9am to 12pm
17/10/2023	General Medicine	9am to 12pm
18/10/2023	General Surgery	10 am to 1pm

PRACTICALS **Venue:** Confirm with Respective Departments

Date	Subject and Roll Numbers		
	General Medicine (2:30 pm onwards)	General Surgery (9am to 12pm)	Oral Pathology (9am to 12pm)
19/10/2023	Roll nos 01-26	Roll nos 27-52	Roll nos 53-79
20/10/2023	Roll nos 53-79	Roll nos 01-26	Roll nos 27-52
21/10/2023	Roll nos 27-52	Roll nos 53-79	Roll nos 01-26

18.09.23

Dr. PAULAMI BAGCHI
Head, Academic Planning Committee

DY PATIL DENTAL SCHOOL PUNE

Dr. ANAND SHIGLI
Dean, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

BDS FINAL YEAR- REGULAR 2022-23 Academic year

Notice

BDS- FINAL YEAR- REGULAR BATCH -2022-23

PRELIMS - THEORY EXAMINATION SCHEDULE

- Clinical postings are compulsory during the exam schedule, failure of which, candidates would be liable for serious action.
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory DATE	SUBJECT	TIME
15.05.23	Public health dentistry	12:30-3:30 PM
16.05.23	Periodontics	12:30-3:30 PM
17.05.23	Pedodontics	12:30-3:30 PM
18.05.23	Oral Medicine & Radiology	12:30-3:30 PM
19.05.23	Conservative Dentistry & Endodontics	12:30-3:30 PM
22.05.23	Oral & Maxillofacial Surgery	12:30-3:30 PM
23.05.23	Prosthodontics and Crown & Bridge	12:30-3:30 PM
24.05.23	Orthodontics & Dentofacial Orthopedics	12:30-3:30 PM

PBagchi 23.01.23

Dr. PAULAMI BAGCHI
Head, Examination Committee (Internal)

Dr. ANAND SHIGLI
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

Final Year BDS 2022023Academic year

Notice

3RD INTERNAL PRACTICAL EXAMINATION SCHEDULE

Time: 9:00am onwards

Date	Subject and Roll Numbers							
	OMDR	Perio	Orthodontia	Oral surgery	PHD	Conservative	Prosthodontia	Pedodontia
05/06/23	1 to 20(A)	21 to 40 (B)	41 to 60(C)	61 to 78(D)	———	———	———	———
06/06/23	———	———	———	———	1 to 20(A)	21 to 40 (B)	41 to 60(C)	61 to 78(D)
07/06/23	23 to 43 (B)	44 to 65(C)	66 to 86(D)	1 to 22(A)	———	———	———	———
08/06/23	———	———	———	———	23 to 43 (B)	44 to 65(C)	66 to 86(D)	1 to 22(A)
09/06/23	44 to 65(C)	66 to 86(D)	1 to 22(A)	23 to 43 (B)	———	———	———	———
12/06/23	———	———	———	———	44 to 65(C)	66 to 86(D)	1 to 22(A)	23 to 43 (B)
13/06/23	66 to 86(D)	1 to 22(A)	23 to 43 (B)	44 to 65(C)	———	———	———	———
14/06/23	———	———	———	———	66 to 86(D)	1 to 22(A)	23 to 43 (B)	44 to 65(C)

23.01.23

Dr. Paulami Bagchi
Head, Examination Committee (Internal)

Dr. Anand Shigli
DEAN, DYPDS

INTERNAL EXAM TIME TABLE 2021-22

DY PATIL DENTAL SCHOOL, PUNE

BDS FIRST YEAR 2021-22 Academic year

Notice

Subject: Time Table for **FIRST Internal Assessment Examination**

All the students of FIRST BDS 2021-22(regular batch) Academic year are instructed to:

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory **Venue:** Examination hall 2nd floor

Date	Subject	Time
15/04/22	**Dental Anatomy & Histology**	**9:30 am to 12:00 pm**
16/04/22	**Physiology & Biochemistry**	**10:00 am to 12:15 pm**
17/04/22	**General Anatomy**	**10:00 am to 12:15 pm**

- **Practical Batches- A--01-25; B--26-50; C—51-75; D--76-96** **Venue:** Respective Departments

Date	Dental Anatomy & Histology	General Anatomy	Biochemistry	Physiology	Time
19/04/22	**A**	**B**	**C**	C	9:15 am to 12:15 pm
20/04/22	**B**	**C**	**D**	A	9:15 am to 12:15 pm
22/04/22	**C**	**D**	**A**	B	9:15 am to 12:15 pm
23/04/22	**D**	**A**	**B**	**C**	9:15 am to 12:15 pm

Examination Co-Ordinator

D.Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

DY PATIL DENTAL SCHOOL, PUNE

Second BDS 2022 Academic year-Regular Batch

Notice

Subject: Time Table for **FIRST Internal Assessment Examination**

All the students of Second BDS 2022 (Regular batch) Academic year are instructed to

- Note the following time table for the FIRST Internal Assessment Examination
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory

Venue: Examination Hall 2nd floor

Date	Subject	Time
13/06/2022	General pathology & Microbiology	12:30 pm onwards
14/06/2022	Pharmacology	12:30 pm onwards
15/06/2022	Dental material sciences	12:30 pm onwards

- **Practical-**

Venue: Respective departments

Date	Subject and Roll Numbers					
	General pathology & Microbiology 9am - 12 PM	Pharmacology 9am - 12 PM	Dental Material Science- 9 am-12 pm	Preclinical Conservative- 9 am-12 pm	Preclinical Prosthodontics- 12:30 pm -3:30 pm	Time
13/06/2022	1 to 28(A)	29 to 56 (B)		----------	----------	9 am-12 pm
14/06/2022	29 to 56 (B)	57 to 85(C)		----------	----------	9 am-12 pm
15/06/2022	57 to 85(C)	1 to 28(A)		----------	----------	9 am-12 pm
16/06/2022	----------	----------	----------	1 to 28(A)	57 to 85(C)	9 am-12 pm
17/06/2022	----------	----------	57 to 85(C)	29 to 56 (B)	1 to 28(A)	9 am-12 pm
20/06/2022	----------	----------	1 to 28(A)	57 to 85(C)	29 to 56 (B)	9 am-12 pm
21/06/2022			29 to 56 (B)			

Bagchi 13/05/22

Dr. Paulami Bagchi
Head, Examination Committee (Internal)

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

THIRD BDS, REGULAR BATCH 2021-22 Academic year

Notice

Subject: TIME TABLE - **FIRST INTERNAL ASSESSMENT- Revised**

The students of Third year BDS Regular Batch 2021-22 Academic year to kindly note the Revised 1st Internal Theory exam time table-

THEORY

Date	Subject	Time
11/02/2022	Oral Pathology	9am to 12pm
14/02/2022	General Surgery	9am to 12pm
15/02/2022	General Medicine	9am to 12pm

PRACTICALS **Venue:** Confirm with Respective Departments

Date	Subject and Roll Numbers		
	General Medicine (2:30 pm onwards)	General Surgery (9am to 12pm)	Oral Pathology (9am to 12pm)
16/01/2022	Roll nos 01-28	Roll nos 29-56	Roll nos 57-85
17/02/2022	Roll nos 57-85	Roll nos 01-28	Roll nos 29-56
18/02/2022	Roll nos 29-56	Roll nos 57-85	Roll nos 01-28

PBagchi 01.02.22.

Dr. PAULAMI BAGCHI
Head, Academic Planning Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. ANAND SHIGLI
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

BDS FINAL YEAR- REGULAR 2021-22 Academic year

Notice

FIRST INTERNAL - THEORY EXAMINATION SCHEDULE- Revised

The students of Final year BDS Regular Batch 2021-22 Academic year to kindly note the Revised 1st Internal Theory exam time table-

- Clinical postings are compulsory during the theory exam schedule, failure of which, candidates would be liable for serious action.

Theory Date	Subject	Time
16.02.22	Public health dentistry	12:30-3:30 PM
17.02.22	Periodontics	12:30-3:30 PM
18.02.22	Pedodontics	12:30-3:30 PM
21.02.22	Oral Medicine & Radiology	12:30-3:30 PM
22.02.22	Conservative Dentistry & Endodontics	12:30-3:30 PM
23.02.22	Oral & Maxillofacial Surgery	12:30-3:30 PM
24.02.22	Prosthodontics and Crown & Bridge	12:30-3:30 PM
25.02.22	Orthodontics & Dentofacial Orthopedics	12:30-3:30 PM

Dr. PALLAMI BACCHI
Head, Academic Planning Committee

Dr. ANAND SHIGLI
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

BDS FIRST YEAR 2021-22 Academic year

Notice

Subject: Time Table for **SECOND Internal Assessment Examination**

All the students of FIRST BDS 2021-22(regular batch) Academic year are instructed to:

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Venue: Examination hall 2nd floor

Theory

Date	Subject	Time
27/09/22	Dental Anatomy & Histology	9:30 am to 12:00 pm
28/09/22	Physiology & Biochemistry	10:00 am to 12:15 pm
29/09/22	General Anatomy	10:00 am to 12:15 pm

- **Practical Batches- A—01-25; B—26-50; C—51-75; D—76-96**

Venue: Respective Departments

Date		Subject and Roll Numbers				Time
		Dental Anatomy & Histology	General Anatomy	Biochemistry	Physiology	
03/10/22	Monday	A	B	C	----------	9:15 am to 12:15 pm
04/10/22	Tuesday	B	C	D	----------	9:15 am to 12:15 pm
05//10/22	Wednesday	HOLIDAY				
06/10/22	Thursday	C	D	A		9:15 am to 12:15 pm
07/10/22	Friday	D	A	B	C B	12:15 -1:45pm 2:15 -3:45 pm
08/10/22	Saturday	----------	----------		A D	11:00-12:30 pm 1:00 - 2:30 pm

Prepared by ,Dr. Arti Hajarnavis
Member, Curriculum &Examination Committee

Dr. Paulami Bagchi
Head, Curriculum & Examination Committee

Dr. [illegible] Shigli
DEAN, DYPDSP

DY PATIL DENTAL SCHOOL, PUNE

Second BDS 2022 Academic year-Regular Batch

Notice

Subject: Time Table for **SECOND Internal Assessment Examination**

All the students of Second BDS 2022 (Regular batch) Academic year are instructed to

- Note the following time table for the SECOND Internal Assessment Examination
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory **Venue:** Examination Hall 2nd floor

Date	Subject	Time
22.08.22-Monday	General pathology & Microbiology	09:30 am onwards
23.08.22-Tuesday	Pharmacology	09:30 am onwards
24.08.22-Wednesday	Dental material sciences	09:30 am onwards

- **Practical-** **Venue:** Respective departments

Date	Subject and Roll Numbers					Time
	General pathology & Microbiology	Pharmacology	Dental Material Science-	Preclinical Conservative-	Preclinical Prosthodontics-	
05.09.22	1 to 28(A)	29 to 56 (B)	57 to 85(C)	----------	----------	09:00 am onwards
06.09.22	29 to 56 (B)	57 to 85(C)	1 to 28(A)	----------	----------	
07.09.22	57 to 85(C)	1 to 28(A)	29 to 56 (B)	----------	----------	
08.09.22	----------	----------	----------	1 to 28(A)	57 to 85(C)	
09.09.22	----------	----------	57 to 85(C)	29 to 56 (B)	1 to 28(A)	
12.09.22	----------	----------	1 to 28(A)	57 to 85(C)	29 to 56 (B)	
13.09.22			29 to 56 (B)			

22.07.22

Dr. Paulami Bagchi
Head, Examination Committee (Internal)

D.Y. PATIL DENTAL SCHOOL PUNE

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THIRD BDS, REGULAR BATCH 2021-22 Academic year

Notice

Subject: TIME TABLE - **SECOND INTERNAL ASSESSMENT**

The students of Third year BDS Regular Batch 2021-22 Academic year to kindly note SECOND INTERNAL Time Table:-

THEORY

Date	Subject	Time
06/04/2022	Oral Pathology	9am to 12pm
07/04/2022	General Surgery	9am to 12pm
08/04/2022	General Medicine	9am to 12pm

PRACTICALS **Venue:** Confirm with Respective Departments

Date	Subject and Roll Numbers		
	General Medicine (2:30 pm onwards)	General Surgery (9am to 12pm)	Oral Pathology (9am to 12pm)
11/04/2022	Roll nos 01-28	Roll nos 29-56	Roll nos 57-85
12/04/2022	Roll nos 57-85	Roll nos 01-28	Roll nos 29-56
13/04/2022	Roll nos 29-56	Roll nos 57-85	Roll nos 01-28

Bagchi 11.03.22.

Dr. PAULAMI BAGCHI
Head, Academic Planning Committee

DY PATIL DENTAL SCHOOL PUNE

Dr. ANAND SHIGLI
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

BDS FINAL YEAR- REGULAR 2021-22 Academic year

Notice

SECOND INTERNAL - THEORY EXAMINATION SCHEDULE

All the students of Final year BDS Regular Batch 2021-22 Academic year are instructed to :

- Note the following THEORY timetable for the SECOND Internal Assessment Examination
- Clinical postings are compulsory during the exam schedule, failure of which, candidates would be liable for serious action.
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory DATE	SUBJECT	TIME
04.04.22	Public health dentistry	12:30-3:30 PM
05.04.22	Periodontics	12:30-3:30 PM
06.04.22	Pedodontics	12:30-3:30 PM
07.04.22	Oral Medicine & Radiology	12:30-3:30 PM
08.04.22	Conservative Dentistry & Endodontics	12:30-3:30 PM
11.04.22	Oral & Maxillofacial Surgery	12:30-3:30 PM
12.04.22	Prosthodontics and Crown & Bridge	12:30-3:30 PM
13.04.22	Orthodontics & Dentofacial Orthopedics	12:30-3:30 PM

17.03.22

Dr. PAULAMI BAGCHI
Head, Academic Planning Committee

Dr. ANAND SHIGLI
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

BDS FIRST YEAR 2021-22 Academic year

Notice

Subject: Time Table for III Internal Assessment (Prelim) Examination

All the students of FIRST BDS 2021-22(regular batch) Academic year are instructed to:

- **Report 15 minutes prior to start of examinations.**
- **Confirm the syllabus for the examination from respective departments.**
- **Follow the specific instructions (if any) of the respective departments regarding the examinations**

Theory **Venue: Examination hall 2nd floor**

Date	Subject	Time
07/12/22	General Anatomy	9:30 am to 12:30 pm
08/12/22	Physiology & Biochemistry	9:30 am to 12:30 pm
09/12/22	Dental Anatomy & Histology	9:00 am to 12:00 noon

- **Practical Batches- A--01-25; B--26-50; C--51-75; D--76-96** **Venue: Respective Departments**

Date		Subject and Batches				Time
		Dental Anatomy & Histology	General Anatomy	Physiology & Biochemistry	Physiology (Theory Viva only)	
12/12/22	Monday	A	B	C	———	9:15 am to 1
13/12/22	Tuesday	B	C	D	———	9:15 am to 1
14/12/22	Wednesday	C	D	A	———	9:15 am to 1
15/12/22	Thursday	D	A	B		9:15 am to 1
16/12/22	Friday	———	———	———	A B	12:15 -1:45p 2:15 -3:45 p
17/12/22	Saturday	———	———	———	C D	11:00-12:30 1:00 – 2:30

Prepared by, Dr. Arti Hajairnavis
Member, Curriculum & Examination Committee

Dr. Paulami Bagchi
23.11.22.
Head, Curriculum & Examination Committee

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Second BDS 2022 Academic year-Regular Batch

Notice

Subject: Time Table for <u>THIRD Internal Assessment – PRELIMS Examination</u>

All the students of Second BDS 2022 (Regular batch) Academic year are instructed to:

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations.

Theory

<u>Venue: Examination Hall 2nd floor</u>

Date	Subject	Time
16.11.22-Monday	General pathology & Microbiology	09:30 am onwards
17.11.22-Tuesday	Pharmacology	09:30 am onwards
18.11.22-Wednesday	Dental material sciences	09:30 am onwards

- **Practical-**

Venue: Respective departments

Date	Subject and Roll Numbers					Time
	General pathology & Microbiology	Pharmacology	Dental Material Science-	Preclinical Conservative-	Preclinical Prosthodontics-	
21.11.22	01 to 28(A)	29 to 56 (B)	57 to 85(C)	[illegible]	[illegible]	09:00 am onwards
22.11.22	29 to 56 (B)	57 to 85(C)	1 to 28(A)	[illegible]	[illegible]	
23.11.22	57 to 85(C)	01 to 28(A)	29 to 56 (B)	[illegible]	[illegible]	
24.11.22	[illegible]	[illegible]	[illegible]	29 to 56 (B)	57 to 85(C)	
25.11.22	[illegible]	[illegible]	[illegible]	57 to 85(C)	01 to 28(A)	
26.11.22	[illegible]	[illegible]	[illegible]	01 to 28(A)	29 to 56 (B)	

Dr. Vaalami Bagchi
Head, Examination Committee (Internal)

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THIRD BDS, REGULAR BATCH 2021-22 Academic year

Notice

Subject: TIME TABLE - **THIRD INTERNAL ASSESSMENT/PRELIMS**

The students of Third year BDS Regular Batch 2021-22 Academic year to kindly note THIRD INTERNAL Time Table:-

THEORY **Venue:** Examination Hall, Second Floor

Date	Subject	Time
06/06/2022	Oral Pathology	9am to 12pm
07/06/2022	General Surgery	9am to 12pm
08/06/2022	General Medicine	9am to 12pm

PRACTICALS **Venue:** Confirm with Respective Departments

Date	Subject and Roll Numbers		
	General Medicine (2:30 pm onwards)	General Surgery (9am to 12pm)	Oral Pathology (9am to 12pm)
09/06/2022	Roll nos 01-28	Roll nos 29-56	Roll nos 57-85
10/06/2022	Roll nos 57-85	Roll nos 01-28	Roll nos 29-56
11/06/2022	Roll nos 29-56	Roll nos 57-85	Roll nos 01-28

Bagchi 23.04.22

Dr. PAULAMI BAGCHI
Head, Examination Committee (Internal)

DY PATIL DENTAL SCHOOL PUNE

Dr. ANAND SHIGLI
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

BDS FINAL YEAR- REGULAR 2021-22 Academic year

Notice

PRELIMS - THEORY EXAMINATION SCHEDULE

All the students of Final year BDS Regular Batch 2021-22 Academic year are instructed to :

- Note the following THEORY timetable for the THIRD Internal Assessment Examination
- Clinical postings are compulsory during the exam schedule, failure of which, candidates would be liable for serious action.
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory DATE	SUBJECT	TIME
25.05.22	Public health dentistry	12:30-3:30 PM
26.05.22	Periodontics	12:30-3:30 PM
27.05.22	Pedodontics	12:30-3:30 PM
30.05.22	Oral Medicine & Radiology	12:30-3:30 PM
31.05.22	Conservative Dentistry & Endodontics	12:30-3:30 PM
01.06.22	Oral & Maxillofacial Surgery	12:30-3:30 PM
02.06.22	Prosthodontics and Crown & Bridge	12:30-3:30 PM
03.06.22	Orthodontics & Dentofacial Orthopedics	12:30-3:30 PM

Bagchi 23.04.22.

Dr. PAULAMI BAGCHI
Head, Examination Committee (Internal)

Dr. ANAND SHIGLI
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

Final Year BDS 2021-22 Academic year

Notice

3RD INTERNAL PRACTICAL EXAMINATION SCHEDULE
Time: 9:30am onwards

Date	Subject and Roll Numbers							
	OMDR	Perio	Orthodontia	Oral surgery	PHD	Conservative	Prosthodontia	Pedodontia
07/06/22	1 to 22(A)	23 to 43 (B)	44 to 65(C)	66 to 86(D)	----------	----------	----------	----------
08/06/22	23 to 43 (B)	44 to 65(C)	66 to 86(D)	1 to 22(A)	----------	----------	----------	----------
09/06/22	44 to 65(C)	66 to 86(D)	1 to 22(A)	23 to 43 (B)	----------	----------	----------	----------
10/06/22	66 to 86(D)	1 to 22(A)	23 to 43 (B)	44 to 65(C)	----------	----------	----------	----------
13/06/22	----------	----------	----------	----------	1 to 22(A)	23 to 43 (B)	44 to 65(C)	66 to 86(D)
14/06/22	----------	----------	----------	----------	23 to 43 (B)	44 to 65(C)	66 to 86(D)	1 to 22(A)
15/06/22	----------	----------	----------	----------	44 to 65(C)	66 to 86(D)	1 to 22(A)	23 to 43 (B)
16/06/22	----------	----------	----------	----------	66 to 86(D)	1 to 22(A)	23 to 43 (B)	44 to 65(C)

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Dr. Paulami Bagchi
Head, Examination Committee (Internal)

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
DEAN, DYPDS

INTERNAL EXAM TIME TABLE 2020-2021

DY PATIL DENTAL SCHOOL, PUNE

FIRST BDS 2020-21 Academic year

Notice

Subject: Time Table for First Internal Assessment Examination (regular Batch 2020-2021)

All the students of first BDS 2020-21 Academic year are instructed to

- **Report 15 minutes prior to start of examinations.**
- **Confirm the syllabus for the examination from respective departments.**
- **Follow the specific instructions (if any) of the respective departments regarding the examinations**

Theory

Date	Subject	Theory Time
15/04/2021	Anatomy	9:30am to 12:30pm
16/04/2021	Physiology & Biochemistry	9:30am to 12:30pm
17/04/2021	Dental Anatomy, Histology & Embryology	9:30am to 12:30pm

Practical

Date	Anatomy Time 9:30am onwards	Physiology & Biochemistry Time 9:30am onwards	DADH Time 8:45am onwards
19/04/2021	Batch A (1-25)	Batch B (26-50)	Batch C (51-75)
20/04/2021	Batch B (26-50)	Batch C (51-75)	Batch D (76-100)
22/04/2021	Batch C (51-75)	Batch D (76-100)	Batch A (1-25)
23/04/2021	Batch D (76-100)	Batch A (1-25)	Batch B(26-50)

HOD
Anatomy

HOD
Physiology

HOD
Biochemistry

HOD
DADH

EXAMINATION
CO-ORDINATOR

BYPATIL DENTAL SCHOOL PUNE

DEAN
DYPDS

DY PATIL DENTAL SCHOOL, PUNE

SECOND BDS, REGULAR BATCH 2020-21 Academic year

Notice

Subject: TIME TABLE - FIRST INTERNAL ASSESSMENT

All the students of SECOND BDS, Regular Batch 2020-21 Academic year are instructed to:

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations.

THEORY **Venue:** Lecture Hall no 2, first floor

Date	Subject	Time
25/01/2021	General Pathology and Microbiology	9.30 am to 12pm
27/01/2021	Pharmacology	9.30 am to 12pm
28/01/2021	Dental Material Sciences	9.30 am to 12pm

	General Pathology and Microbiology (9.00 am onwards)	Pharmacology (9.00 am onwards)	Dental Material Sciences (9.00 am onwards)	Preclinical Prosthodontics (9.00am onwards)	Preclinical conservative (9.00 am onwards)
02/02/2021	Roll nos 01-17	Roll nos 51-68	Roll nos 69-86	----------	----------
03/02/2021	Roll nos 51-68	Roll nos 69-86	Roll nos 01-17	----------	----------
04/02/2021	Roll nos 69-86	Roll nos 1-17	Roll nos 51-68	----------	----------
05/06/2021	----------	----------	----------	Roll nos 01-17	Roll nos 51-68
06/06/2021	----------	----------	----------	Roll nos 69-86	Roll nos 01-17
08/02/2021	----------	----------	----------	Roll nos 51-68	Roll nos 69-86

Dr. PAULAMI BAGCHI
Head, Academic Planning Committee

Dr. ANAND SHIGLI
Dean, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

THIRD BDS, REGULAR BATCH 2020-21 Academic year

Notice

Subject: TIME TABLE - **FIRST INTERNAL ASSESSMENT- Revised**

The students of Third year BDS Regular Batch 2020-21 Academic year to kindly note the Revised 1st Internal Theory exam time table-

THEORY

Date	Subject	Time
16/02/2021	Oral Pathology	9am to 12pm
17/02/2021	General Surgery	9am to 12pm
18/02/2021	General Medicine	9am to 12pm

PRACTICALS **Venue:** Confirm with Respective Departments

Date	Subject and Roll Numbers		
	General Medicine (2:30 pm onwards)	General Surgery (9am to 12pm)	Oral Pathology (9am to 12pm)
21/01/2021	Roll nos 01-28	Roll nos 29-56	Roll nos 57-85
22/02/2021	Roll nos 57-85	Roll nos 01-28	Roll nos 29-56
23/02/2021	Roll nos 29-56	Roll nos 57-85	Roll nos 01-28

Dr. PAULAMI BAGCHI
Head, Academic Planning Committee

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. ANAND SHIGLI
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

BDS FINAL YEAR- REGULAR 2020-21 Academic year

Notice

FIRST INTERNAL - THEORY EXAMINATION SCHEDULE

All the students of Final year BDS Regular Batch 2020-21 Academic year are instructed to :

Note the following THEORY timetable for the FIRST Internal Assessment Examination

Clinical postings are compulsory during the exam schedule, failure of which, candidates would be liable for serious action.

Report 15 minutes prior to start of examinations.

Confirm the syllabus for the examination from respective departments.

Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory Date	Subject	Time
25.01.21	Public health dentistry	12:30-3:30 PM
27.01.21	Periodontics	12:30-3:30 PM
28.01.21	Pedodontics	12:30-3:30 PM
29.01.21	Oral Medicine & Radiology	12:30-3:30 PM
30.01.21	Conservative Dentistry & Endodontics	12:30-3:30 PM
01.02.21	Oral & Maxillofacial Surgery	12:30-3:30 PM
02.02.21	Prosthodontics and Crown & Bridge	12:30-3:30 PM
03.02.21	Orthodontics & Dentofacial Orthopedics	12:30-3:30 PM

PBagchi

Dr. PAULAMI BAGCHI

EXAMINATION CO-ORDINATOR

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. ANAND SHIGLI
DEAN, DYPDS

DY PATIL DENTAL SCHOOL, PUNE

BDS FIRST YEAR 2020-21 Academic year

Notice

Subject: Time Table for <u>SECOND Internal Assessment Examination</u>

All the students of FIRST BDS 2020-21(regular batch) Academic year are instructed to:

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory **Venue:** Examination hall 2nd floor

Date	Subject	Time
21/06/2021	Anatomy	9:30 am to 12:30 pm
22/06/2021	Physiology & Biochemistry	9:30 am to 12:30 pm
23/06/2021	Dental Anatomy, Histology & Embryology	9:30 am to 12:30 pm

- **Practical Batches- A--01-25; B--26-50; C---51-75; D - 76- 100** **Venue:** Respective Departments

Date		General Anatomy 9.30 am Onwards	Biochemistry & Physiology 9.30 am onwards	DADH 9.30 am onwards
24/06/2021	Monday	A	B	C
26/06/2021	Tuesday	B	C	D
28/06/2021	Wednesday	C	D	A
29/06/2021	Thursday	D	A	B

for Bagchi

Examination Coordinator

D.Y. PATIL DENTAL SCHOOL * PUNE

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DYPDS

DY PATIL DENTAL SCHOOL, PUNE

Second BDS 2020-21 Academic Year-Regular Batch

Notice

Subject: Time Table for **SECOND Internal Assessment Examination**

All the students of Second BDS 2020-21 (Regular batch) Academic year are instructed to

- Note the following time table for the SECOND Internal Assessment Examination
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory **Venue:** Examination Hall 2nd floor

Date	Subject	Time
04.05.2021	General pathology & Microbiology	9.15 am to 12.15pm
05.05.2021	Pharmacology	9.15 am to 12.15pm
06.05.2021	Dental material sciences	9.00 am to 12.00 pm

- **Practical-** **Venue:** Respective departments

Date	Subject and Roll Numbers					Time
	General pathology & Microbiology	Pharmacology	Dental Material Science-	Preclinical Conservative-	Preclinical Prosthodontics-	
26.04.2021	1 to 34(A)	35 to 68 (B)	69 to 103(C)	————	————	09:15 am onwards
27.04.2021	35 to 68 (B)	69 to 103(C)	1 to 34(A)	————	————	
28.04.2021	69 to 103(C)	1 to 34(A)	35 to 68 (B)	————	————	
29.04.2021	————	————	————	35 to 68 (B)	69 to 103(C)	
30.04.2021	————	————	————	69 to 103(C)	1 to 34(A)	
03.05.2021	————	————	————	1 to 34(A)	35 to 68 (B)	

Bagchi

Dr. Paulami Bagchi
Head, Examination Committee (Internal)

D.Y. PATIL DENTAL SCHOOL PUNE

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DY PATIL DENTAL SCHOOL, PUNE

Third Year BDS 2020-21 Academic year

Notice

Subject: Time Table for third BDS (regular batch 2020-21) Second Internal Assessment Examination

All the students of Third BDS (regular batch 2020-21) Academic year are instructed to

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Date	Subject	Theory Time
29/04/2021	Oral Pathology & Microbiology	9:15 am to 12:15 pm
30/04/2021	General Medicine	9:15 am to 12:15 pm
03/05/2021	General surgery	9:15 am to 12:15 pm

PRACTICALS

Date	Subject and Roll Numbers			
	General Medicine	General Surgery	Oral Pathology	Time
26/04/2021	1 to 31(A)	32 to 63 (B)	64 to 94(C)	9:15 am to 12:15 pm
27/04/2021	32 to 63 (B)	64 to 94(C)	1 to 31(A)	9:15 am to 12:15 pm
28/04/2021	64 to 94(C)	1 to 31(A)	32 to 63 (B)	9:15 am to 12:15 pm

HOD
General Medicine

HOD
General Surgery

Deepak
HOD
Oral pathology

EXAMINATION
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DY PATIL DENTAL SCHOOL, PUNE

BDS FINAL YEAR- REGULAR 2020-21 Academic year

Notice

SECOND INTERNAL - THEORY EXAMINATION SCHEDULE

- Note the following THEORY timetable for the SECOND Internal Assessment Examination
- Clinical postings are compulsory during the exam schedule, failure of which, candidates would be liable for serious action.
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory DATE	SUBJECT	TIME
26-04-2021	Public health dentistry	12:30-3:30 PM
27-04-2021	Periodontics	12:30-3:30 PM
28-04-2021	Pedodontics	12:30-3:30 PM
29-04-2021	Oral Medicine & Radiology	12:30-3:30 PM
30-04-2021	Oral & Maxillofacial Surgery	12:30-3:30 PM
03-05-2021	Orthodontics & Dentofacial Orthopedics	12:30-3:30 PM
04-05-2021	Prosthodontics and Crown & Bridge	12:30-3:30 PM
05-05-2021	Conservative Dentistry & Endodontics	12:30-3:30 PM

For Images

EXAMINATION COORDINATOR

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Dr. ANAND SHIGLI
DEAN, DYPDS

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune - 412105

FIRST BDS 2020-2021 BATCH

NOTICE

Subject: Timetable for Third Internal Assessment Examination

All the students of First BDS 2020-2021 Batch are instructed to...

- note the following timetable for the Second Internal Assessment Examination.
- **report 15 minutes prior** to the start of examinations.
- confirm the syllabus for the examination from the respective departments.
- follow the specific instructions (if any) of the respective departments regarding the examinations.

- Theory

Date	Subject	Time
29/11/2021	Anatomy	9:30 to 12:30
30/11/2021	Physiology and Biochemistry	9:30 to 12:30
01/12/2021	DADH	9:30 to 12:30

- Practical

Date	Subjects and Roll Numbers			
	Anatomy	Physiology and Biochemistry	DADH	Free Batch
06/12/2021	A	B	C	D
07/12/2021	B	C	D	A
08/12/2021	C	D	A	B
09/12/2021	D	A	B	C

A = 1 to 25, B = 26 to 50, C = 51 to 75, D = 76 to 100

HOD Anatomy

HOD Physiology

HOD Biochemistry

HOD DADH

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DY PATIL DENTAL SCHOOL, PUNE

Second BDS 2020-21 Academic year

Notice

Subject: Time Table for <u>Third Internal Assessment Examination</u>

All the students of Second BDS 2020-21(regular batch) Academic year are instructed to

- Note the following time table for the Third Internal Assessment Examination
- Report 15 minutes prior to start of examinations
- Confirm the syllabus for the examination from respective departments
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory

Venue: examination hall 2nd floor

Date	Subject	Time
12/08/2021	General pathology & Microbiology	9:30 am to 12:30 pm
13/08/2021	Pharmacology	9:30 am to 12:30 pm
14/08/2021	Dental material sciences	9:30 am to 12:30 pm

- Practical

Venue: respective departments

Date	Subject and Roll Numbers					Time
	General pathology & Microbiology	Pharmacology	DMS	Preclinical Conservative	Preclinical Prosthodontia	
17/08/2021	1 to 30(A)	31 to 60 (B)	61 to 92(C)	----------	----------	9:15 am to 12:15 pm
18/08/2021	31 to 60 (B)	61 to 92(C)	1 to 30(A)	----------	----------	9:15 am to 12:15 pm
19/08/2021	61 to 92(C)	1 to 30(A)	31 to 60 (B)	----------	----------	9:15 am to 12:15 pm
23/08/2021	----------	----------	----------	31 to 60 (B)	61 to 92(C)	9:15 am to 12:15 pm
24/08/2021	----------	----------	----------	61 to 92(C)	1 to 30(A)	9:15 am to 12:15 pm
25/08/2021	----------	----------	----------	1 to 30(A)	31 to 60 (B)	9:15 am to 12:15 pm

HOD
General Pathology

HOD
Microbiology

HOD
Pharmacology

HOD
Dental Materials

HOD
Preclinical Conservative

HOD
Preclinical Prosthodontia

EXAMINATION
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DY PATIL DENTAL SCHOOL, PUNE
Third Year BDS 2020-21 Academic year

Notice

Subject: Time Table for third BDS (regular batch 2020-21 Third Internal Assessment Examination

All the students of Third BDS (regular batch 2020-21) Academic year are instructed to

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Date	Subject	Theory Time
22/07/2021	Oral Pathology & Microbiology	9:15 am to 12:15 pm
23/07/2021	General Medicine	9:15 am to 12:15 pm
24/07/2021	General surgery	9:15 am to 12:15 pm

PRACTICALS

Subject and Roll Numbers

Date	General Medicine	General Surgery	Oral Pathology	Time
26/07/2021	1 to 31(A)	32 to 63 (B)	64 to 94(C)	9:15 am to 12:15 p
27/07/2021	32 to 63 (B)	64 to 94(C)	1 to 31(A)	9:15 am to 12:15 p
28/07/2021	64 to 94(C)	1 to 31(A)	32 to 63 (B)	9:15 am to 12:15 p

HOD
General Medicine

HOD
General Surgery

HOD
Oral pathology

EXAMINATION
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Notice

3RD INTERNAL THEORY EXAMINATION SCHEDULE

Subject: Time Table for **Third Internal Assessment Examination**

All the students of Final year BDS 2020-21 Academic year are instructed to

- Note the following timetable for the Third Internal Assessment Examination
- Clinical postings are compulsory during the exam schedule, failure of which, candidates would be liable for serious action.
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory Date	Subject	Time
26/07/2021	Public health dentistry	12:30-3:30 PM
2707/2021	Periodontics	12:30-3:30 PM
28/07/2021	Pedodontics	12:30-3:30 PM
29/07/2021	Oral Medicine & Radiology	12:30-3:30 PM
30/07/2021	Conservative Dentistry & Endodontics	12:30-3:30 PM
31/07/2021	Oral & Maxillofacial Surgery	12:30-3:30 PM
02/08/2021	Prosthodontics and Crown & Bridge	12:30-3:30 PM
03/08/2021	Orthodontics & Dentofacial Orthopaedics	12:30-3:30 PM

Examination Co-Ordinator

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Final Year BDS 2020-21 Academic year

Notice

3RD INTERNAL PRACTICAL EXAMINATION SCHEDULE

Time: 9:30am to 3:30pm

Date	Subject and Roll Numbers							
	PHD	Perio	Orthodontia	OMDR	Oral surgery	Conservative	Prosthodontia	Pedodontia
05/07/2021	1 to 22(A)	23 to 44 (B)	45 to 68(C)	68 to 91(D)	———	———	———	———
06/07/2021	23 to 44 (B)	45 to 68(C)	68 to 91(D)	1 to 22(A)	———	———	———	———
07/07/2021	45 to 68(C)	68 to 91(D)	1 to 22(A)	23 to 44 (B)	———	———	———	———
08/07/2021	68 to 91(D)	1 to 22(A)	23 to 44 (B)	45 to 68(C)	———	———	———	———
09/07/2021	———	———	———	———	1 to 22(A)	23 to 44 (B)	45 to 68(C)	68 to 91(D)
10/07/2021	———	———	———	———	23 to 44 (B)	45 to 68(C)	68 to 91(D)	1 to 22(A)
12/07/2021	———	———	———	———	45 to 68(C)	68 to 91(D)	1 to 22(A)	23 to 44 (B)
13/07/2021	———	———	———	———	68 to 91(D)	1 to 22(A)	23 to 44 (B)	45 to 68(C)

HOD ORTHODONTICS

HOD PEDODONTICS

HOD PHD

HOD OMDR

HOD PROSTHODONTICS

HOD PERIODONTICS

HOD ORAL SURGERY

HOD ENDODONTICS 2/7/21

Examination Co-Ordinator

D. PATIL DENTAL SCHOOL PUNE

DEAN DYPDS

INTERNAL EXAM TIME TABLE 2019-2020

DY PATIL DENTAL SCHOOL, PUNE

BDS FIRST YEAR 2019-20 Academic year

Notice

Subject: Time Table for **First Internal Assessment Examination**

All the students of FIRST BDS 2019-20(regular batch) Academic year are instructed to:

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory

Venue: Examination hall 2nd floor

Date	Subject	Time
28/11/2019	Anatomy	9:45 am to 12:45 pm
29/11/2019	Physiology & Biochemistry	9:45 am to 12:45 pm
30/11/2019	Dental Anatomy, Histology & Embryology	8:45 am to 11:45 am

- **Practical Batches- A–01-25; B–26-50; C—51-75; D - 76- 100**

Venue: Respective Departments

Date		General Anatomy 9.00 am Onwards	Biochemistry & Physiology 9.00 am onwards	DADH 9.00 am onwards
03/12/2019	Tuesday	A	B	C
04/12/2019	Wednesday	B	C	D
05/12/2019	Thursday	C	D	A
06/12/2019	Friday	D	A	B

For. Bhagat

Examination Coordinator

D.Y. PATIL DENTAL SCHOOL PUNE

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DY PATIL DENTAL SCHOOL, PUNE

Second BDS 2019-20 Academic year

Notice

Subject: Time Table for First Internal Assessment Examination

All the students of Second BDS 2019-20(regular batch) Academic year are instructed to

- Note the following time table for the First Internal Assessment Examination
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory

Venue: examination hall 2nd floor

Date	Subject	Time
14/10/2019	General pathology & Microbiology	9:15 am to 12:15 pm
16/10/2019	Pharmacology	9:15 am to 12:15 pm
15/10/2019	Dental material sciences	9:00 am to 12:00 pm

- Practical

Venue: respective departments

Date	Subject and Roll Numbers					Time
	General pathology & Microbiology	Pharmacology	Preclinical Prosthodontia	Preclinical Conservative	DMS	
25/11/2019	1 to 25(A)	26 to 50 (B)	51 to 75(C)	———	———	9:15 am to 12:15 pm
26/11/2019	26 to 50 (B)	51 to 75(C)	76 to 100(D)	———	———	9:15 am to 12:15 pm
27/11/2019	51 to 75(C)	76 to 100(D)	1 to 25(A)	———	———	9:15 am to 12:15 pm
28/11/2019	76 to 100(D)	1 to 25(A)	26 to 50 (B)	———	———	9:15 am to 12:15 pm
19/11/2019	———	———	———	1 to 25(A)	26 to 50 (B)	9:15 am to 12:15 pm
20/11/2019	———	———	———	26 to 50 (B)	51 to 75(C)	9:15 am to 12:15 pm
21/11/2019	———	———	———	51 to 75(C)	76 to 100(D)	9:15 am to 12:15 pm
22/11/2019	———	———	———	76 to 100(D)	1 to 25(A)	9:15 am to 12:15 pm

Venue: respective departments

HOD General Pathology

HOD Microbiology

HOD Pharmacology

HOD Dental Materials 01/10/2019

HOD Preclinical Conservative 1/10/19

HOD Preclinical Prosthodontia 01/10/19

EXAMINATION CO-ORDINATOR

DEAN DYPDS

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DY PATIL DENTAL SCHOOL, PUNE

THIRD BDS, REGULAR BATCH 2019-20 Academic year

Notice

Subject: TIME TABLE - FIRST INTERNAL ASSESSMENT

The students of Third year BDS Regular Batch 2019-20 Academic year to kindly note FIRST INTERNAL Time Table:-

THEORY

Date	Subject	Time
17/10/2019	Oral Pathology & Microbiology	8:45 am to 11:45 am
18/10/2019	General Medicine	9am to 12pm
19/10/2019	General Surgery	9am to 12pm

PRACTICALS **Venue: Confirm with Respective Departments**

Date	Subject and Roll Numbers		
	General Medicine (9am to 12pm)	General Surgery (9am to 12pm)	Oral Pathology (9am to 12pm)
14/10/2019	Roll nos 01-29	Roll nos 30-58	Roll nos 59-86
15/10/2019	Roll nos 30-58	Roll nos 59-86	Roll nos 01-29
16/10/2019	Roll nos 59-86	Roll nos 01-29	Roll nos 30-58

EXAMINATION CO-ORDINATOR

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DY PATIL DENTAL SCHOOL, PUNE

Final Year BDS 2019-20 Academic year

Notice

Subject: Time Table for First Internal Assessment Examination

All the students of Final year BDS 2019-20 Academic year are instructed to

- Note the following timetable for the First Internal Assessment Examination
- Clinical postings are compulsory during the exam schedule, failure of which, candidates would be liable for serious action.
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory

Date	Subject	Time
03/10/2019	Public health dentistry	12:30-3:30 PM
04/10/2019	Periodontics	12:30-3:30 PM
05/10/2019	Pedodontics	12:30-3:30 PM
07/10/2019	Oral Medicine & Radiology	12:30-3:30 PM
09/10/2019	Oral & Maxillofacial Surgery	12:30-3:30 PM
10/10/2019	Conservative Dentistry & Endodontics	12:30-3:30 PM
11/10/2019	Prosthodontics and Crown & Bridge	12:30-3:30 PM
12/10/2019	Orthodontics & Dentofacial Orthopaedics	12:30-3:30 PM

HOD ORTHODONTICS | HOD PEDODONTICS | HOD PHD | HOD OMDR | HOD PROSTHODONTICS | HOD PERIODONTICS | HOD ORAL SURGERY | HOD ENDODONTICS

Examination Co-Ordinator

D.Y. PATIL DENTAL SCHOOL PUNE

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FIRST BDS 2019-20 Academic year

Notice

Subject: Time Table for Second Internal Assessment Examination (regular Batch 2019-2020)

All the students of first BDS 2019-20 Academic year are instructed to

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory

Date	Subject	Theory Time
06/02/2020	Anatomy	9:45am to 12:30pm
07/02/2020	Physiology & Biochemistry	9:45am to 12:30pm
08/02/2020	Dental Anatomy, Histology & Embryology	8:45 am to 11:45 am

Practical

Date	Anatomy Time 9:30am onwards	Physiology & Biochemistry Time 9:30am onwards	DADH Time 8:45am onwards
10/02/2020	Batch A	Batch B	Batch C
11/02/2020	Batch B	Batch C	Batch D
12/02/2020	Batch C	Batch D	Batch A
13/02/2020	Batch D	Batch A	Batch B

HOD
Anatomy

HOD
Physiology

HOD 12/12/19
Biochemistry

HOD
DADH

EXAMINATION
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Second BDS 2019-20 Academic year

Notice

Subject: Time Table for Second Internal Assessment Examination

All the students of Second BDS 2019-20(regular batch) Academic year are instructed to

- Note the following time table for the Second Internal Assessment Examination
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Venue: examination hall 2nd floor

Theory

Date	Subject	Time
27/01/2020	General pathology & Microbiology	9:15 am to 12:15 pm
28/01/2020	Pharmacology	9:15 am to 12:15 pm
29/01/2020	Dental material sciences	9:00 am to 12:00 pm

- **Practical**

Venue: respective departments

Date	Subject and Roll Numbers					Time
	General pathology & Microbiology	Pharmacology	Preclinical Prosthodontia	Preclinical Conservative	DMS	
30/01/2020	~~A 1 to 23~~	~~D 70 to 93~~	----------	~~35~~ to ~~68~~ (B)	~~69~~ to ~~90~~(C)	9:15 am to 12:15 pm
31/01/2020	~~D 70 to 93~~	~~B 24 to 46~~	----------	69 to 100(C)	1 to 34(A)	9:15 am to 12:15 pm
01/02/2019	----------	~~A~~	----------	1 to ~~34~~(A)	~~35~~ to ~~68~~(B)	9:15 am to 12:15 pm
4/02/20 01/02/2019	~~1 to 34~~(A) 13	~~35 to 68~~ (B)(	~~1 to 34~~(A)	~~D~~ ----------	----------	9:15 am to 12:15 pm
5/02/20 04/02/2019	35 to 68 (B)	69 to 100(C)	35 to 68 (B)	----------	----------	9:15 am to 12:15 pm
6/02/20 06/02/2019	69 to 100(C)	1 to 34(A)	69 to 100(C)	----------	----------	9:15 am to 12:15 pm

Venue: respective departments

12/12/19

HOD
General Pathology

HOD
Microbiology

HOD
Pharmacology

HOD
Dental Materials

HOD
Preclinical Conservative

HOD
Preclinical Prosthodontia

Examination Co-Ordinator

D. Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

DY PATIL DENTAL SCHOOL, PUNE

THIRD BDS, REGULAR BATCH 2019-20 Academic year

Notice

Subject: TIME TABLE - SECOND INTERNAL ASSESSMENT

The students of Third year BDS Regular Batch 2019-20 Academic year to kindly note SECOND INTERNAL Time Table: -

THEORY

Date	Subject	Time
29/04/2020	Oral Pathology & Microbiology	9:15am to 12:15pm
30/04/2020	General Medicine	9:15am to 12:15pm
03/05/2020	General Surgery	9:15am to 12:15pm

PRACTICALS **Venue:** Confirm with Respective Departments

Date	Subject and Roll Numbers		
	General Medicine (9:15am to 12:15pm)	General Surgery (9:15am to 12:15pm)	Oral Pathology ((9:15am to 12:15pm)
26/04/2020	Roll nos 01-31	Roll nos 32-63	Roll nos 64-94
27/04/2020	Roll nos 32-63	Roll nos 64-94	Roll nos 01-31
28/04/2020	Roll nos 64-94	Roll nos 01-31	Roll nos 32-63

EXAMINATION COORDINATOR

D.Y. PATIL DENTAL SCHOOL PUNE

DEAN DYPDS

DY PATIL DENTAL SCHOOL, PUNE

Final Year BDS 2019-20 Academic year

Notice

Subject: Time Table for **Second Internal Assessment Examination**

All the students of Final year BDS 2019-20 Academic year are instructed to

- Note the following timetable for the Second Internal Assessment Examination
- Clinical postings are compulsory during the exam schedule, failure of which, candidates would be liable for serious action.
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory

Date	Subject	Time
27/01/2020	Public health dentistry	12:30-3:30 PM
28/01/2020	Conservative Dentistry & Endodontics	12:30-3:30 PM
29/01/2020	Pedodontics	12:30-3:30 PM
30/01/2020	Oral Medicine & Radiology	12:30-3:30 PM
31/01/2020	Periodontics	12:30-3:30 PM
01/02/2020	Oral & Maxillofacial Surgery	12:30-3:30 PM
03/02/2020	Prosthodontics and Crown & Bridge	12:30-3:30 PM
04/02/2020	Orthodontics & Dentofacial Orthopaedics	12:30-3:30 PM

HOD ORTHODONTICS | HOD PEDODONTICS | HOD PHD | HOD OMDR | HOD PROSTHODONTICS 12/12/19 | HOD PERIODONTICS 12/12/19 | HOD ORAL SURGERY | HOD ENDODONTICS 12/12/19

Examination Co-Ordinator

DEAN DYPDS

DY PATIL DENTAL SCHOOL, PUNE

BDS FIRST YEAR 2019-20 Academic year

Notice

Subject: Time Table for **Third Internal Assessment Examination**

All the students of FIRST BDS 2019-20(regular batch) Academic year are instructed to:

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory **Venue:** Examination hall 2nd floor

Date	Subject	Time
28/11/2020	Anatomy	9:45 am to 12:45 pm
29/11/2020	Physiology & Biochemistry	9:45 am to 12:45 pm
30/11/2020	Dental Anatomy, Histology & Embryology	8:45 am to 11:45 am

- **Practical Batches- A--01-25; B--26-50; C---51-75; D - 76- 100** **Venue:** Respective Departments

Date	General Anatomy 9.00 am Onwards	Biochemistry & Physiology 9.00 am onwards	DADH 8.45 am onwards
03/12/2020	A	B	C
04/12/2020	B	C	D
05/12/2020	C	D	A
06/12/2020	D	A	B

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Examination Coordinator

D. Y. PATIL DENTAL SCHOOL PUNE

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Second BDS 2019-20 Academic year

Notice

Subject: Time Table for Third Internal Assessment Examination

As per the instructions received by the MUHS dated 28/05/2020 letter no MUHS/XC/2898/2020 the following pattern of exam must be followed

- Pattern of exam: Open Book Examination Pattern.
- On the scheduled date of examination, the question paper is sent to all the students by E-mail / SMS / Whats App group or specific pattern decided by the department in consensus with the students at the time of scheduled start of examination.
- A specific time of submission of the answer sheet of theory and practical, which is handwritten with name and number on each answer sheet to be scanned and uploaded to the given email ID within the speculated time of 30minutes from completion of exam.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory

Date	Subject	Time
06/06/2020	General pathology & Microbiology	9:15 am to 12:15 pm
07/06/2020	Pharmacology	9:15 am to 12:15 pm
08/06/2020	Dental material sciences	9:00 am to 12:00 pm

Practical

Date	Subject	Time
09/06/2020	General pathology & Microbiology	9:15 am to 12:15 pm
10/06/2020	Pharmacology	9:15 am to 12:15 pm
11/06/2020	Dental material sciences	9:00 am to 12:00 pm

EXAMINATION
CO-ORDINATOR

D. Y. PATIL DENTAL SCHOOL PUNE

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THIRD BDS, REGULAR BATCH 2019-20 Academic year

Notice

Subject: TIME TABLE - THIRD INTERNAL ASSESSMENT- Revised

The students of Third year BDS Regular Batch 2019-20 Academic year to kindly note the Revised third Internal Theory exam time table-

THEORY

Date	Subject	Time
16/06/2020	Oral Pathology	9am to 12pm
17/06/2020	General Surgery	9am to 12pm
18/06/2020	General Medicine	9am to 12pm

PRACTICALS **Venue: Confirm with Respective Departments**

Date	Subject and Roll Numbers		
	General Medicine (2:30 pm onwards)	General Surgery (9am to 12pm)	Oral Pathology (9am to 12pm)
21/06/2020	Roll nos 01-28	Roll nos 29-56	Roll nos 57-85
22/06/2020	Roll nos 57-85	Roll nos 01-28	Roll nos 29-56
23/06/2020	Roll nos 29-56	Roll nos 57-85	Roll nos 01-28

Dr. Deepak Nagpal
Exam Coordinator

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. ANAND SHIGLI
DEAN, DYPDS

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DY PATIL DENTAL SCHOOL, PUNE

Final Year BDS 2019-20 Academic year

Notice

Subject: Time Table for Third Internal Assessment Examination

All the students of Final year BDS 2019-20 Academic year are instructed to

- **Note the following timetable for the Second Internal Assessment Examination**
- **Clinical postings are compulsory during the exam schedule, failure of which, candidates would be liable for serious action.**
- **Report 15 minutes prior to start of examinations.**
- **Confirm the syllabus for the examination from respective departments.**
- **Follow the specific instructions (if any) of the respective departments regarding the examinations**

Theory

Date	Subject	Time
27/01/2020	Public health dentistry	12:30-3:30 PM
28/01/2020	Conservative Dentistry & Endodontics	12:30-3:30 PM
29/01/2020	Pedodontics	12:30-3:30 PM
30/01/2020	Oral Medicine & Radiology	12:30-3:30 PM
31/01/2020	Periodontics	12:30-3:30 PM
01/02/2020	Oral & Maxillofacial Surgery	12:30-3:30 PM
03/02/2020	Prosthodontics and Crown & Bridge	12:30-3:30 PM
04/02/2020	Orthodontics & Dentofacial Orthopaedics	12:30-3:30 PM

HOD ORTHODONTICS

HOD PEDODONTICS

HOD PED

HOD OMDR

HOD PROSTHODONTICS 12-12-19

HOD PERIODONTICS 12/12/19

HOD ORAL SURGERY

HOD ENDODONTICS 12/12/19

Examination Co-Ordinator

DEAN DYPDS

INTERNAL EXAM TIME TABLE 2018-19

DY PATIL DENTAL SCHOOL, PUNE

FIRST BDS, REGULAR BATCH 2018-19 Academic year

Notice

Subject: TIME TABLE - **FIRST INTERNAL ASSESSMENT**

All the students of FIRST BDS, Regular Batch 2018-19 Academic year are instructed to:

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations.

THEORY **Venue:** Lecture Hall no 2, first floor

Date	Subject	Time
28/11/2018	Physiology & Biochemistry	9.45 am to 12pm
29/11/2018	Dental Anatomy & Dental Histology	9.45 am to 12pm
30/11/2018	Human Anatomy	8.45 am to 11.45am

Date	Subject and Roll Numbers		
	Human Anatomy (9.00 am onwards)	Physiology &Biochemistry (9.00 am onwards)	Dental Anatomy & Dental Histology (9.00 am onwards)
03/12/2018	Batch A	Batch B	Batch C
04/12/2018	Batch B	Batch C	Batch D
05/12/2018	Batch C	Batch D	Batch A
06/12/2018	Batch D	Batch A	Batch B

Dr. ANAND SHIGLI
Dean, DYPDS

Regular batch.

DY PATIL DENTAL SCHOOL, PUNE

Second BDS 2018-19 Academic year

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Notice

Subject: Time Table for First Internal Assessment Examination

All the students of Second BDS 2018-19 (regular batch) Academic year are instructed to

- **Note the following time table for the ~~Additional~~ Internal Assessment Examination**
- **Report 15 minutes prior to start of examinations.**
- **Confirm the syllabus for the examination from respective departments.**
- **Follow the specific instructions (if any) of the respective departments regarding the examinations**

Theory

Venue: examination hall 2nd floor

	Date	Subject	Time
Wed	24/10/2018	General pathology & Microbiology	9:15 am to 12:15 pm
Thu	25/10/2018	Pharmacology	9:15 am to 12:15 pm
Fri	26/10/2018	Dental material sciences	9:00 am to 12:00 pm

Practical

Venue: respective departments

	Date	Subject and Roll Numbers					
		General pathology & Microbiology	Pharmacology	Preclinical Prosthodontia	Preclinical Conservative	DMS	Time
Thu	11/10/2018			1 to 34(A)	35 to 67 (B)	68 to 100(C)	9:15 am to 12:15 pm
Fri	12/10/2018			68 to 100(C)	1 to 34(A)	35 to 67 (B)	9:15 am to 12:15 pm
Sat	13/10/2018			35 to 67 (B)	68 to 100(C)	1 to 34(A)	9:15 am to 12:15 pm
Mon	19/11/2018	1 to 25(A)	26 to 50 (B)	———	———	———	9:15 am to 12:15 pm
Wed	21/11/2018	51 to 75(C)	76 to 100(D)	———	———	———	9:15 am to 12:15 pm
Thu	22/11/2018	26 to 50 (B)	51 to 75(C)	———	———	———	9:15 am to 12:15 pm
Mon	26/11/2018	76 to 100(D)	1 to 25(A)	———	———	———	9:15 am to 12:15 pm

HOD General Pathology

HOD Microbiology

HOD Pharmacology

HOD Dental Materials

HOD Preclinical Conservative (for HOD)

HOD Preclinical Prosthodontia

Examination Co-Ordinator

DEAN DYPDS

DY PATIL DENTAL SCHOOL, PUNE

THIRD BDS 2018-19 Academic year

Notice

Subject: Time Table for third BDS (regular batch 2018-19) first Internal Assessment Examination

All the students of third BDS (regular batch 2018-19) Academic year are instructed to

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

THEORY **Venue:** lecture hall no 2. first floor

Date	Subject	Time
08/10/2018	Oral Pathology & Microbiology	8:45 am to 11:45 am
09/10/2018	General Medicine	9am to 12pm
10/10/2018	General surgery	9am to 12pm

PRACTICALS

Date	Subject and Roll Numbers			
	General Medicine	General Surgery	Oral Pathology	Time
11/10/2018	1 to 27(A)	28 to 55 (B)	56 to 81(C)	9:00am to 12:00pm
12/10/2018	56 to 81(C)	1 to 27(A)	28 to 55 (B)	9:00am to 12:00pm
13/10/2018	28 to 55 (B)	56 to 81(C)	1 to 27(A)	9:00am to 12:00pm

HOD
General Medicine

HOD
General Surgery

HOD
Oral pathology

EXAMINATION CO-ORDINATOR

D.Y. PATIL DENTAL SCHOOL PUNE

DEAN
DYPDS

DY PATIL DENTAL SCHOOL, PUNE

BDS FINAL YEAR- REGULAR 2018-19 Academic year

Notice

FIRST INTERNAL - THEORY EXAMINATION SCHEDULE

- Note the following THEORY timetable for the FIRST Internal Assessment Examination
- Clinical postings are compulsory during the exam schedule, failure of which, candidates would be liable for serious action.
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Venue: Examination hall 2nd floor

Theory DATE	SUBJECT	TIME
08-10-2018	Oral & Maxillofacial Surgery	9.00AM to 12:00PM
09-10-2018	Periodontics	9.00AM to 12:00PM
10-10-2018	Orthodontics & Dentofacial Orthopedics	9.00AM to 12:00PM
11-10-2018	Public health dentistry	9.00AM to 12:00PM
12-10-2018	Conservative Dentistry & Endodontics	9.00AM to 12:00PM
13-10-2018	Pedodontics	9.00AM to 12:00PM
15-10-2018	Prosthodontics and Crown & Bridge	9.00AM to 12:00PM
16-10-2018	Oral Medicine & Radiology	9.00AM to 12:00PM

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Examination Coordinator

D.Y. PATIL DENTAL SCHOOL PUNE

DEAN,
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DY PATIL DENTAL SCHOOL, PUNE

FIRST BDS 2018-19 Academic year

Notice

Subject: Time Table for Second Internal Assessment Examination (regular Batch 2018-2019)

All the students of first BDS 2018-19 Academic year are instructed to

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory

Date	Subject	Theory Time
07/02/2019	Anatomy	9:30am to 12:30pm
08/02/2019	Physiology & Biochemistry	9:30am to 12:30pm
09/02/2019	Dental Anatomy, Histology & Embryology	8:45 am to 11:45 am

Practical

Date	Anatomy Time 9:30am onwards	Physiology & Biochemistry Time 9:30am onwards	DADH Time 8:45am onwards
11/02/2019	Batch A	Batch B	Batch C
12/02/2019	Batch B	Batch C	Batch D
13/02/2019	Batch C	Batch D	Batch A
14/02/2019	Batch D	Batch A	Batch B

HOD
Anatomy

HOD
Physiology

HOD
Biochemistry

HOD
DADH

EXAMINATION
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DEAN
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PUNE

DY PATIL DENTAL SCHOOL, PUNE

Second BDS 2018-19 Academic year

Notice

Subject: Time Table for Second Internal Assessment Examination

All the students of Second BDS 2018-19(regular batch) Academic year are instructed to

- Note the following time table for the Additional Internal Assessment Examination
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Theory

Venue: examination hall 2nd floor

Date	Subject	Time
11/02/2019	General pathology & Microbiology	9:15 am to 12:15 pm
12/02/2019	Pharmacology	9:15 am to 12:15 pm
13/02/2019	Dental material sciences	9:00 am to 12:00 pm

Practical

Venue: respective departments

Date	Subject and Roll Numbers					Time
	General pathology & Microbiology	Pharmacology	Preclinical Prosthodontia	Preclinical Conservative	DMS	
06/02/2019			----------	35 to 67 (B)	68 to 100(C)	9:15 am to 12:15 pm
07/02/2019			----------	1 to 34(A)	35 to 67 (B)	9:15 am to 12:15 pm
08/02/2019			----------	68 to 100(C)	1 to 34(A)	9:15 am to 12:15 pm
18/02/2019	1 to 25(A)	26 to 50 (B)	51 to 75(C)	----------	----------	9:15 am to 12:15 pm
19/02/2019	26 to 50 (B)	51 to 75(C)	76 to 100(D)	----------	----------	9:15 am to 12:15 pm
20/02/2019	51 to 75(C)	76 to 100(D)	1 to 25(A)	----------	----------	9:15 am to 12:15 pm
21/02/2019	76 to 100(D)	1 to 25(A)	26 to 50 (B)	----------	----------	9:15 am to 12:15 pm

HOD General Pathology

HOD Microbiology

HOD Pharmacology

HOD Dental Materials

HOD Preclinical Conservative 10/1/19

HOD Preclinical Prosthodontia 10/1/19

DEAN BDS

DY PATIL DENTAL SCHOOL, PUNE
THIRD BDS 2018-19 Academic year
Notice

Subject: Time Table for third BDS (regular batch 2018-19) Second Internal Assessment Examination

All the students of third BDS (regular batch 2018-19) Academic year are instructed to

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

THEORY

Venue: lecture hall no 2, first floor

Date	Subject	Time
04/02/2019	Oral Pathology & Microbiology	8:45 am to 11:45 am
05/02/2019	General Medicine	9am to 12pm
06/02/2019	General surgery	9am to 12pm

PRACTICALS

Date	Subject and Roll Numbers			
	General Medicine	General Surgery	Oral Pathology	Time
07/02/2019	1 to 23(A)	24 to 46 (B)	47 to 69(C)	9:00am to 12:00pm
08/02/2019	47 to 69(C)	1 to 23(A)	24 to 46 (B)	9:00am to 12:00pm
09/02/2019	24 to 46 (B)	47 to 69(C)	1 to 23(A)	9:00am to 12:00pm

HOD
General Medicine

HOD
General Surgery

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HOD
Oral pathology

EXAMINATION
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DY PATIL DENTAL SCHOOL, PUNE

Final Year BDS 2018-19 Academic year

Notice

Subject: Time Table Second Internal Assessment Examination

All the students of **Final year BDS** (Regular batch 2018-19) Academic year are instructed to

- Note the following timetable for the Second Internal Assessment Examination
- Clinical postings are compulsory during the exam schedule, failure of which, candidates would be liable for serious action.
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Venue: Examination hall 2nd floor

Date	Theory	
	Subject	Time
04/02/2019	Oral & Maxillofacial Surgery	12:30 pm to 3:30 pm
05/02/2019	Periodontics	12:30 pm to 3:30 pm
06/02/2019	Orthodontics & Dentofacial Orthopaedics	12:30 pm to 3:30 pm
07/02/2019	Public health dentistry	12:30 pm to 3:30 pm
08/02/2019	Pedodontics	12:30 pm to 3:30 pm
09/02/2019	Oral Medicine & Radiology	12:30 pm to 3:30 pm
11/02/2019	Prosthodontics and Crown & Bridge	12:30 pm to 3:30 pm
12/02/2019	Conservative Dentistry & Endodontics	12:30 pm to 3:30 pm

HOD ORTHODONTICS

for HOD PEDODONTICS

HOD PHD

HOD OMDR

HOD PROSTHODONTICS 10/1/19

HOD PERIODONTICS 10/1/19

HOD ORAL SURGERY

HOD ENDODONTICS 10/1/19

Examination Co-Ordinator

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DY PATIL DENTAL SCHOOL, PUNE

FIRST BDS 2018-19 Academic year

Notice

Subject: Time Table for third Internal Assessment Examination (regular Batch 2018-2019)

All the students of first BDS 2018-19 Academic year are instructed to

- **Report 15 minutes prior to start of examinations.**
- **Confirm the syllabus for the examination from respective departments.**
- **Follow the specific instructions (if any) of the respective departments regarding the examinations**

Theory

Date	Subject	Theory Time
03/04/2019	Anatomy	9:30am to 12:30pm
04/04/2019	Physiology & Biochemistry	9:30am to 12:30pm
05/04/2019	Dental Anatomy, Histology & Embryology	8:45 am to 11:45 am

Practical

Date	Anatomy Time 9:30am onwards	Physiology & Biochemistry Time 9:30am onwards	DADH Time 8:45am onwards
08/04/2019	Batch A	Batch B	Batch C
09/04/2019	Batch B	Batch C	Batch D
10/04/2019	Batch C	Batch D	Batch A
11/04/2019	Batch D	Batch A	Batch B

HOD
Anatomy

HOD
Physiology

For HOD
HOD
Biochemistry

HOD
DADH

EXAMINATION
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DYPDS

DY PATIL DENTAL SCHOOL
PUNE

DY PATIL DENTAL SCHOOL, PUNE

Second BDS 2018-19 Academic year

Notice

Subject: Time Table for 3rd Internal Assessment Examination/ Betterment 1 for Repeaters

All the students of Second BDS 2018-19(referred batch) Academic year are instructed to

- Note the following time table for the Third Internal Assessment Examination
- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Date	Subject	Practical	Theory
11/10/2019	General pathology & Microbiology	9:15 am to 12:15 pm	12:30pm to 3:30pm
12/10/2019	Preclinical Prosthodontia	9:00 am to 12:00 pm	———
14/10/2019	Dental material sciences	9:00 am to 12:00 pm	12:30pm to 3:30pm
15/10/2019	Preclinical Conservative	9:00 am to 12:00 pm	———
16/10/2019	Pharmacology	9:15 am to 12:15 pm	12:30pm to 3:30pm

Venue: respective departments

30/08/19

30/08/19

HOD
General Pathology

HOD
Microbiology

HOD
Pharmacology

HOD
Dental Materials

HOD
Preclinical Conservative

HOD
Preclinical Prosthodontia

DY PATIL DENTAL SCHOOL PUNE

Examination Co-Ordinator

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DY PATIL DENTAL SCHOOL, PUNE

THIRD BDS 2018-19 Academic year

Notice

Subject: Time Table for third BDS (regular batch 2018-19) third Internal Assessment Examination

All the students of third BDS (regular batch 2018-19) Academic year are instructed to

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (If any) of the respective departments regarding the examinations

THEORY **Venue:** lecture hall no 2. first floor

Date	Subject	Time
08/04/2019	Oral Pathology & Microbiology	8:45 am to 11:45 am
09/04/2019	General Medicine	9am to 12pm
10/04/2019	General surgery	9am to 12pm

PRACTICALS

Date	Subject and Roll Numbers			
	General Medicine	General Surgery	Oral Pathology	Time
03/04/2019	1 to 23(A)	24 to 46 (B)	47 to 69(C)	9:00am to 12:00pm
04/04/2019	47 to 69(C)	1 to 23(A)	24 to 46 (B)	9:00am to 12:00pm
05/04/2019	24 to 46 (B)	47 to 69(C)	1 to 23(A)	9:00am to 12:00pm

HOD
General Medicine

HOD
General Surgery

HOD
Oral pathology

EXAMINATION
CO-ORDINATOR

DEAN
DYPDS

DYPATIL DENTAL SCHOOL
PUNE

DY PATIL DENTAL SCHOOL, PUNE

Final Year BDS 2018-19 Academic year

Notice

Subject: Time Table for Third Internal Assessment Examination/Betterment 1 for Repeaters

All the students of Final year BDS 2018-19 Academic year are instructed to

- **Note the following timetable for the Third Assessment Examination**
- **Clinical postings are compulsory during the exam schedule, failure of which, candidates would be liable for serious action.**
- **Report 15 minutes prior to start of examinations.**
- **Confirm the syllabus for the examination from respective departments.**
- **Follow the specific instructions (if any) of the respective departments regarding the examinations**

Theory

Date	Subject	Time	
		Theory	Practical
03/06/2019	Public health dentistry	12:30-3:30 PM	8:30am-12:00pm
04/06/2019	Periodontics	12:30-3:30 PM	8:30am-12:00pm
05/06/2019	Conservative Dentistry & Endodontics	12:30-3:30 PM	8:30am-12:00pm
07/06/2019	Oral Medicine & Radiology	12:30-3:30 PM	8:30am-12:00pm
09/06/2019	Oral & Maxillofacial Surgery	12:30-3:30 PM	8:30am-12:00pm
10/06/2019	Pedodontics	12:30-3:30 PM	8:30am-12:00pm
11/06/2019	Prosthodontics and Crown & Bridge	12:30-3:30 PM	8:30am-12:00pm
12/06/2019	Orthodontics & Dentofacial Orthopaedics	12:30-3:30 PM	8:30am-12:00pm

HOD ORTHODONTICS 30/8/19

HOD PEDODONTICS

HOD PHD

HOD OMDR

HOD PROSTHODONTICS 30/08/19

HOD PERIODONTICS 30/8/19

HOD ORAL SURGERY

HOD ENDODONTICS

Examination Co-Ordinator

DY PATIL DENTAL SCHOOL PUNE

DEAN DYPDS

5

LIST OF PROGRAMS, SEMINARS, COURSES

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105

LIST CAPACITY ENHANCEMENT PROGRAMS AND OTHER SKILL DEVELOPMENT SCHEMES 2018-23

Sr. No		
I	2022-23	**SOFT SKILL DEVELOPMENT**
		• **Leadership skills and team building exercises**
		1. Guest Lecture on -Ethics and Legal Consideration Dental Care
		2. Guest Lecture on- How to overcome a fear of exam
		3. Guest Lecture on - One Team- One Dream -Better Dentistry
		4. Guest Lecture on - Dental case Presentations-Key Factor
	2021-22	5. Guest Lecture on - Innovate Today Transform tomorrow
		6. Guest Lecture on - Captivating your Audience- Present Like a pro
		7. Guest lecture- from Apprehension to Accomplishing- success stories
		8. Workshop on-Art of living
	2020-21	9. Guest lecture on - Excellent- effective- empowering way of dental team
		10. Guest Lecture on - Message Matters
		11. Guest lecture on- Cultivation leadership in dental practice
		12. Guest Lecture on - Exam road map
	2019-20	13 Workshop on - Patient centric health care
		14 Guest Lecture on - From Trepidation to Triumph
		15 Workshop on - Leadership mastery
		16 Guest Lecture on - From Fear to Flourish
	2018-19	17 Workshop-Building Bridges between Patient and Doctor
		18 Guest Lecture on - Present to Impress
		19 Guest lecture on -To help and do no harm -Ethical dental practice
		20 Guest Lecture on Making the right Choice
II		**LANGUAGE**
		A) Language Enhancement Scheme

	2022-23	1. Workshop on - Boost Yours Language Skill
	2021-22	2. Workshop on - Polishing Your Language Ability
	2020-21	3. Workshop on - Achieving Language Excellence for Better Patient Care
	2019-20	4. Workshop on - Enhancing Linguistic competition
	2018-19	5. Workshop on - Learning Local Language
	2022-23	**B) Communication skills development**
		• **Interpersonal skill development with patients**
		1. Guest Lecture on -Advancing communication with cutting edge technology
		2 Guest Lecture on – 'Effective communication' - A cornerstone of modern dentistry
	2021-22	3 Guest Lecture on – 'Bridging Gaps'- Communication strategies in Dental Care
		4 Guest Lecture -Digital solution for superior Communication
	2020-21	5 Guest Lecture on - Role of technology in improving communication efficiency
		6 Guest Lecture on – 'Communication' - The key to successful Dental outcome
	2019-20	7 Guest Lecture on –'Tech Savvy Communication' Revolutionizing Interaction
		8 Guest Lecture on -Impact of effective Communication in Dental Practice
	2018-19	9 Guest Lecture on -The vital role of communication skills in dentistry
		10 Guest Lecture on - Use of technology for better communication in dentistry
III		**YOGA AND WELLNESS**
		• **Conducting Yoga Classes**
	2022-23	1. Workshop on -Yoga and wellness
	2021-22	2. Workshop on Yoga and wellness
	2019-20	3. Workshop on Yoga and wellness
	2018-19	4. Workshop on Yoga and wellness
IV		**ANALYTICAL SKILL DEVELOPMENT**
		• **Research methodology**
	2022-23	1. Workshop on - Research methodology
	2021-22	2. Workshop on - Research methodology
	2020-21	3. Workshop on - Research methodology
	2018-19	4. Workshop on - Research methodology
		• **Biostatistics**
	2022-23	1. Workshop on - Biostatistics
	2021-22	2. Workshop on - Biostatistics

	2020-21	3. Workshop on - Biostatistics
	2018-19	4. Workshop on - Biostatistics
V		**HUMAN VALUE DEVELOPMENT**
		A) Bioethics
	2022-23	1. Guest lecture on - Bioethics
	2021-22	2. Guest lecture on - Bioethics
	2020-21	3. Guest lecture on - Bioethics
	2019-20	4, Guest lecture on - Bioethics
	2018-19	5. Guest lecture on - Bioethics
		B) Environmental awareness
	2022-23	1. Green Planet Fest Celebration Day
	2021-22	2. Global Green Day Celebration Day
	2018-19	3. Environmental Celebration Drive
VI		**PERSONALITY AND PROFESSIONAL DEVELOPMENT**
		A) Career path after BDS
	2022-23	1. Guest Lecture on - U S Dental Education Pathway
	2021-22	2. Workshop on - Career Counselling Overseas Programme
	2020-21	3. Guest Lecture on - Career choice a foreign trained dentist can make in US
	2019-20	4. Workshop on - Career counselling to BDS students
	2018-19	5. Career counselling workshop
		B) Scope of BDS
	2022-23	1. Guest Lecture on - How to build successful professional life
	2021-22	2. Guest Lecture on -Tooth tech- Innovating future of dentistry
	2020-21	3. Guest Lecture on - Unlocking potential growth in Dentistry
	2019-20	4. Guest Lecture on - Dental Vista- Beyond the chair
	2018-19	5. Guest Lecture on - Dental Dynamics
		C) Latest Trends In Dentistry
	2022-23	1. Workshop on - 3D printing in dentistry
	2021-22	2. Workshop on - 3D printing in dentistry
	2020-21	3. Guest Lecture on - Subscription based coverage in Dentistry
	2019-20	4. Workshop on - Laser in dentistry
	2018-19	5. Guest Lecture on - Emotional dentistry and Mental Health

D. Y. PATIL DENTAL SCHOOL PUNE

Dr Anand Shigli
Dean

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105

Sr. No	List of Add-on courses offered during last five years
	Year 2022-2023
1	Add-on courses on Basics of antibiotic prescription
2	Add-on course on Biostatistics
	Year 2021-2022
3	Add-on courses on Systemic Reviews & Meta-analysis
	Year 2020-2021
4	Add-on courses on Role of dentistry in screening, diagnosis & treatment of sleep apnea
	Year 2019-2020
5	Add-on courses on Minimum drilling Maximum Stability
6	Add-on courses on Facial aesthetics Workshop
	Year 2018-2019
7	Add-on courses on An Extensive workshop on temporary anchorage devices

D.Y. PATIL DENTAL SCHOOL PUNE

Dean

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105

Sr No	List of value-added courses offered during last five years	Date	No of Students	Year
	List of value-added courses offered for year 2022-2023			
1	Bioethics	10/12/2023	78	IV
2	Advanced Diagnosis in Orthodontics: Enhancing Treatment Planning	7/13/2023	75	INTERN
3	Dental Intelligence Redefined: Navigating ChatGPT in Your Dental Studies	6/5/2023	75	III
4	Advances in Periodontal Surgery - LASER	5/15/2023	86	INTERN
5	Basics of Mag Vision Microscopic Imaging Software	5/10/2023	193	I,II
6	Isolation in Dentistry- Rubber Dam Now or Never	3/9/2023	175	II, III
7	Basic Life Support	2/13/2023	30	I
8	Advanced Course in Implant Prosthodontics	10/10/2022	86	INTERN
9	Use Of Intraoral Camera for Patient Education and Motivation	9/15/2022	72	IV
	List of value-added courses offered for year 2021-22			
10	Economics of Food	9/5/2022	181	I, II
11	Future Directions in Orthodontics	7/13/2022	79	INTERN
12	Advances in Periodontal Surgery - ELECTROCAUTERY	4/20/2022	87	INTERN
13	Digital Dentistry	10/11/2021	87	IV
14	Basics of Patient Communication and Relationship Building	10/10/2021	87	INTERN
15	Insights of Suturing	9/27/2021	82	IV
16	Tobacco Cessation Awareness Program	9/15/2021	74	III
17	Current Concepts in Cosmetic Dentistry for General Practitioner	2/10/2021	64	INTERN

	List of value-added courses offered for year 2020-21			
18	Suturing Techniques in Periodontics	12/21/2021	64	INTERN
19	Role of TMJ in Orthodontics	7/13/2021	144	IV,INTERN
20	Professionalism and Legal Aspects in Dentistry	4/7/2021	80	INTERN
21	Digital Learning	12/2/2020	162	I, II
22	Esthetic Prosthodontics: Mastering Aesthetic Restorations	10/12/2020	83	III
23	Magnification in Endodontics	2/15/2020	86	III
	List of value-added courses offered for year 2019-20			
24	Antibiotics in Dentistry – Use and Overuse	3/5/2020	84	III
25	Intra-Oral Camera	1/20/2020	71	INTERN
26	Basics of Microsoft Power Point for BDS Students	10/10/2019	193	I, II
27	Road Safety Awareness	9/27/2019	93	IV
28	Vital Staining Techniques	9/25/2019	72	INTERN
29	Fundamentals of Complete Denture	8/20/2019	86	III
30	Modern Root Canal Treatment for Day to Day Clinical Practice	2/14/2019	75	INTERN
	List of value-added courses offered for year 2018-19			
31	Clinical Digital Photography	7/13/2019	18	INTERN
32	Zirconia Crowns in Pediatric Dentistry	3/4/2019	71	INTERN
33	Basics of Tooth Preparation	10/15/2018	98	II
34	Basics of Microsoft Word for BDS Students	10/10/2018	100	I
35	Intramuscular and Intravenous Injection Techniques	9/27/2018	18	INTERN
36	Ethics in Biomedical Research	8/29/2019	75	IV
37	Basic Root Canal Treatment for Day-to-Day Clinical Practice	2/8/2018	83	IV
38	Extraoral Radiography	1/16/2018	43	INTERN



6

LIST OF EXTENSION AND OUTREACH ACTIVITIES

LIST OF EXTENSION AND OUTREACH ACTIVITIES

Number of extension and outreach activities carried out in collaboration with National and International agencies, industry, community, Government and Non- Governmental Organisations engaging NSS/NCC/Red cross/YRC/institutional clubs etc. during the last five years

Year	Name of the Activity	Organising Unit/ Agency/Collaborating agency	No. of students participated in such activities	No of staff Participted in such activities
31/08/2023	Dental Diagnosis camp	DY PATIL INTERNATIONAL SCHOOL	10	1
29/08/2023	Smile radiant	MATRUCHAYA BALAK ASHRAM	4	1
26/08/2023	Tartar off dental health inspection	AMRUTESHWAR MANDIR, PORWAL ROAD	9	1
24/08/2023	Maximum dental health inspection	KIDZEENNIA DHANORI	5	1
23/08/2023	Oral Health Awareness Camp	SHEMROCK GENIUS PUNE	7	1
22/08/2023	Destroyer of dents and decay	TAPAS FOUNDATION PUNE	5	1
18/08/2023	Caries Prevention	PROXIMA INTERNATIONAL DHANORI PUNE	2	1
17/08/2023	Flawless 32	TIMEKIDS DHANORI	5	1
17/08/2023	Dental education Camp	C EYES ENGLISH SCHOOL	4	1
15/08/2023	Meri Mati Mera Desh	NSS UNIT	20	**3**
15/08/2023	Jacket Distribution Drive	CENTRE FOR ADVOCACY AND RESEARCH	20	**3**
10/08/2023	Tooth care camp	KENDRIYA VIDYALAYA NO. 1, AFS, LOHEGAON	10	1
09/08/2023	Basic Oro Dental care camp	KENDRIYA VIDYALAYA NO. 1, AFS, LOHEGAON	10	1
08/08/2023	Poise your teeth	ASHA VIDYALAYA	5	1
07/08/2023	Dental Hygiene Awareness and Diagnosis camp	IMMANUEL ENGLISH MEDIUM SCHOOL	7	1
04/08/2023	Dental supervision encampment	BUMBLEBEE PREPRIMARY SCHOOL	5	1
04/08/2023	Oral Hygiene Health Education activity	ANGEL GLOBAL PRESCHOOL, LOHEGAON	4	1
04/08/2023	Oral Health Diagnosis camp	KIDZZENIA PRESCHOOL	3	1
03/08/2023	Oral solutions Programme	MMIT LOHEGAON	7	1
03/08/2023	Cavity Killers Camp	MMIT LOHEGAON	7	1
02/08/2023	Dental Awareness and Assessment camp	THE KIDS ARENA PRESCHOOL, DHANORI	7	1
28/07/2023	Scrub and thread with healthy teeth and gums	IKIDS PARADISE PRESCHOOL	3	1

28/07/2023	Dental diagnosis encampment	DNYANDEEP BALGRUHA, DIGHI	10	1
27/07/2023	Dental Examination	SHIVSENA OFFICE, LOHEGAON	4	1
26/07/2023	Happy Teeth Camp	ANGEL PRESCHOOL, CHARHOLI	2	1
24/07/2023	Caries on to go	BACHPAN PRESCHOOL, CHARHOLI	6	1
24/07/2023	Illuminating lives and smiles	NURTURE INTERNATIONAL SCHOOL, CHARHOLI	6	1
20/07/2023	Oral Hygiene Awareness Camp	FIRST CRY INTELLIC , LOHEGAON	5	1
20/07/2023	Smile Care Camp	“C” EYES ENGLISH SCHOOL, LOHEGAON	4	1
19/07/2023	Appealing gums	MOON HOUSE PLAYSCHOOL, CHARHOLI	5	1
19/07/2023	Perfect thirty two Dental camp	ORACLE INTERNATIONAL SCHOOL, CHARHOLI	8	1
19/07/2023	Healthy tooth leave decay	LITTLE LEARNING SCHOOL ,LOHEGAON	4	1
18/07/2023	Smile protection encampment	ZP PRIMARY SCHOOL, BARGE VASTI	6	1
17/07/2023	An explanation to oral problems	SKP SCHOOL	8	1
17/07/2023	Fit mouth fit life	SCRIBBLINGS PRE SCHOOL	9	1
16/07/2023	Tree Plantation Drive	NSS UNIT	19	**2**
15/07/2023	Oral Disease Free camp	PAS A PAS PRE SCHOOL, PORWAL ROAD	5	1
14/07/2023	Restore the smile	JESHTHARITH FOUNDATION, DHANORI	5	1
13/07/2023	Special Dental Camp for industry workers	RPS TOWER LOHEGAON	6	1
13/07/2023	Go Cavities Go programme	ADARSH PRE SCHOOL, LOHEGAON	6	1
13/07/2023	Dental diagnosis Camp for Hospital workers	SMART KIDS HIGH SCHOOL, AWHALWADI	6	1
13/07/2023	Dental inspection encampment	SMART KIDS PRIMARY SCHOOL, AWHALWADI	6	1
12/07/2023	Healthy Mouth Healthy life Dental camp	MIRACLE MINDS PRE SCHOOL	7	1
11/07/2023	Health Education activity on Mucormycosis	JYO TALENT PRE PRIMARY SCHOOL	6	1
10/07/2023	An insight into teeth encampment	THINK VISION ACADEMY	5	1
08/07/2023	Dental Awareness and Checkup camp	KIDZEE CHARHOLI	7	1
08/07/2023	Go Oral Disease camp	GHAR OLD AGE HOME, YERWADA	5	1
06/07/2023	Mouth information dental encampment	KIDZEE SCHOOL, NIVRUTTI PARK	6	1
06/07/2023	Bright smile dental awareness encampment	THINK VISION ACADEMY	5	1
05/07/2023	Dental care camp	IKIDS SCHOOL	5	1
04/07/2023	Oral Diagnosis and cavity free awareness Camp	KIDS JUNCTION PRESCHOOL	8	1
03/07/2023	All smiles protection encampment	SURYA PUBLIC SCHOOL LOHEGAON	5	1
03/07/2023	Oral Health problems recognition drive	SANT TUKARAM TEMPLE, LOHEGAON	6	1
30/06/2023	Oral disease awareness and examination camp	KAVERI INTERNATIONAL SCHOOL	6	1

27/06/2023	Oral environment Cleanliness protection camp	SHIVSHAMBHO GRANTHALAYA	5	1
26/06/2023	Destroyer of dents and decay	KINGSBURY PRIDE WORLD CITY	9	1
25/06/2023	Flawless 32	NIRGUDI CAMP	20	1
24/06/2023	Dental education Camp	NIRMAL BAHUDESHIYA SANSTHA	5	1
23/06/2023	Oral solutions Programme	LAKEVIEW SOCIETY	4	1
23/06/2023	Tooth care camp	DIVYAHANS PRECHOOL	9	1
22/06/2023	Cavity Killers Camp	BRILIANT INTERNATIONAL SCHOOL	10	1
20/06/2023	Dental documentation encampment	PANDIT NEHRU PRIMARY SCHOOL	9	1
19/06/2023	Scrub and thread	BHARTI VIDYAPEETH ENGLISH MEDIUM SCHHOI	18	1
17/06/2023	Illuminating lives and smiles	CONCORD PUSHPAK	7	1
17/06/2023	Dental survey	GOLDEN WINDS SOCIETY	7	1
15/06/2023	Smile Care Camp	NIMBALKAR NAGAR CHAWL LANE 2	5	1
15/06/2023	Oral Health Screeening for underprivileged comn	KHESE CHOWL	8	1
14/06/2023	Kids Awareness Camp	NIMBALKAR NAGAR	4	1
14/06/2023	Oro care Dental camp	B K HOMES LOHEGAON PUNE	9	1
12/06/2023	Leave tooth decay leave	SILVERMIST COOP HOUSING SOCIETY	8	1
10/06/2023	Care for your smile	PARK SPRING SOCIETY	7	1
10/06/2023	Oral screening camp	PARAMOUNT SOCIETY	7	1
05/06/2023	Cleanliness Drive	NSS UNIT	26	**2**
30/05/2023	Oral Disease Free camp	BUDDHA VIHAR VISHRANTWADI	9	1
30/05/2023	An explanation to oral problems	SOMESHWAR MANDIR, VISHRANTWADI	10	1
28/05/2023	Go Cavities Go programme	JOHN PAUL SLUM DEVELOPMENT PROJECT	5	1
28/05/2023	Dental inspection encampment	VIJAY NAGARI SAHAKARI PATSANSTHA	4	1
27/05/2023	Go tartar and go gum disease camp	AAPULKI OLDAGE HOME	7	1
27/05/2023	Oral Health Screening and Awareness Camp	GOODWILL UNIQUE ZEST COUNTY	7	1
24/05/2023	Special Oral Diagnosis and Awareness camp	PHC WADGAON SHINDE	6	1
18/05/2023	No more cavities No more oral Problems Camp	FLYING HEIGHJTS SOCIETY	6	1
16/05/2023	Oral Hygiene Camp	LOHEGAON POLICE STATION	6	1
16/05/2023	Brightening smile Brightening lives camp	DATTA MANDIR LOHEGAON	6	1
13/05/2023	Brush and floss	SWAPNA SANKUL SOCIETY ,PORWAL ROAD	5	1
11/05/2023	Oral Health and Smile care camp	GOLD COUNTY SOCIETY,CHAROLI	6	1
11/05/2023	Dental assesment and Oral Hygiene Awareness c	PARSHVA LABOUR	6	1

28/04/2023	Optimum Dental checkup	PARADISE INTERNATIONAL SCHOOL,PUNE	7	1
21/04/2023	Dental Inspection and Diagnosis encampment	BACHPAN PLAY SCHOOL ,MOZENAGAR	4	1
20/04/2023	Oral diagnosis and awareness Camp	LITTLE MILLENIUM SCHOOL,PORWAL ROAD	12	1
19/04/2023	Perfect and Smiling 32 teeth camp	SANSKAR GURUKUL SCHOOL ALANDI PUNE	9	1
18/04/2023	Cavity Killers Cavity Prevention camp	SANSKAR GURUKUL SCHOOL ALANDI PUNE	8	1
17/04/2023	Dental Hygiene and assessment camp	LITTLE MILLENIUM SCHOOL LOHEGAON	6	1
15/04/2023	Smile solutions camp	SHRI VITTHAL RUKMINI MANDIR DHANORI	14	1
15/04/2023	Smile Bright Smile teeth camp	KARAMYOGI MAHADU SHAKHARM TINGRE FIRI	8	1
13/04/2023	Clean mouth Healthy gums camp	JALSAMPARK KArYALAYA CHARHOLIO	7	1
13/04/2023	Dental Screening for Special Children	CL.YOUNG PRIMARY SCHOOL	8	1
12/04/2023	Dental supervision encampment	GANBA SOPANRAO MOZE PRIMARY SCHOOL, YE	5	1
11/04/2023	Oral hygiene analysis programme	ENGLISH MEDIUM PRIMARY SCHOOL	15	1
08/04/2023	Oral Screening Camp for Village people	KHANDVE FOOD PLAZA	8	1
03/04/2023	Healthy and Caries free mouth camp	SURYA PUBLIC SCHOOL	5	1
01/04/2023	Dental estimation encampment	ZP SCHOOL LOHEGAON	4	1
29/03/2023	Style yours smile	SMART KIDS PRIMARY SCHOOL,WAGHOLI	16	1
23/03/2023	Dental health orientation camp	ZP PRIMARY SCHOOL, DHANORI	15	1
23/03/2023	Fit mouth fit life	BRILLIANT INTERNATIONAL SCHOOL,VADGAON	8	1
20/03/2023	Dental and oral Cavity Scanning	VAISHNAVI SCHOOL	13	2
18/03/2023	Crafty and Brightening Smile	ARIANA SOCIETY,LOHEGAON	10	1
09/03/2023	Praise your Smile	LABOUR CAMP,JAKAT NAKA	6	1
08/03/2023	Tartar off dental health inspection	RADHESHYAM SOMESHWAR MANDIR	9	1
08/03/2023	Smiley teeth smiley gums camp	GANESH MANDIR, VISHRANTWADI	5	1
01/03/2023	Dental Caries Killers Camp	ISABELLA INTERNATIONAL SCHOOL,LOHEGAON	9	1
01/03/2023	Destroyer of dents and decay	DNAYNDEEP BALGRUHA,DIGHI	4	1
27/02/2023	Oro gum care camp	NIRGUDI CAMP	10	1
24/02/2023	Perfect 32 Perfect Smile Camp	RAJIV GANDHI HOSPITAL, YERWADA	7	1
22/02/2023	Dental Problems Evaluation and solution Camp	SHRIRAM DEVELOPERS DHANORI	10	1
16/02/2023	Oral Health Awareness camp	LAKEWOOD PRESCHOOL DHANORI	9	1
14/02/2023	Oral health camp	ZP PRIMARY SCHOOL LOHEGAON	10	1
09/02/2023	Mouth aware Dental Camp	SHIVSENA OFFICE LOHEGAON	10	1
07/02/2023	Teethly explanation and diagnosis camp	KIDZEE SCHOOL,NIVRUTI PARK	15	1

06/02/2023	Stay cavity free Stay healthy	ZP PRIMARY SCHOOL	27	1
04/02/2023	No more cavities No more dental problems	SANT TUKARAM PRIMARY SCHOOL,LOHEGAON	25	**2**
03/02/2023	Oral disease diagnosis and Awareness camp	SNEHCHAYA ORPHANAGE	6	1
01/02/2023	Oral screening camp	ISABELLA INTERNATIONAL SCHOOL,LOHEGAON	7	1
26/01/2023	Food Distribution Drive	ASHRAYA INITIATIVE FOR CHILDREN ,YERWADA	20	**2**
23/01/2023	Caries free camp	AADARSH PREPRIMARY SCHOOL	10	1
21/01/2023	Understanding prevailing public Health Problems	PHC WAGHOLI	50	**1**
21/01/2023	Heathy Gums Dental camp	PHC WAGHOLI	11	1
19/01/2023	Dental solutions and awareness camp	SOMESHWAR MANDIR ,VISHRANTWADI	7	1
12/01/2023	Healthy gums healthy teeth healthy body camp	HELLO KIDS TINY LAND PRESCHOOL DHANORI	8	1
10/01/2023	Paediatric Dental camp	PRIDE WORLD CITY	11	1
09/01/2023	Cavity Removal awareness Camp	PRAGATI INTERNATIONAL SCHOOL	7	1
07/01/2023	Radiant smiley camp	LITTLE MILLIONIUM PRESCHOOL	7	1
04/01/2023	Oro hygiene dental camp	MAHANAGARPALIKA SAHAYAK LOHEGON	5	1
03/01/2023	Oral health and wellness camp	GRAMPANCHAYAT KARYALAY,KHED	6	1
31/12/2022	Oral Health Assessment	PRIDE WORLD CITY LABOUR CAMP	6	1
30/12/2022	Appealing and Healthy gums	JAIKUL ASSOCIATES	15	1
29/12/2022	Sound teeth and healthy gums encampment	PHC WAGHOLI	15	1
20/12/2022	Community Oral Diagnosis camp	PHC WAGHOLI	15	1
19/12/2022	Dental problems prevention and analysis	CRR RESIDENTIAL SCHOOL FOR DEAF	15	1
17/12/2022	Mouth Care Camp	LITTLE MILLIONARE SCHOOL	16	1
14/12/2022	Smile and Caries protection encampment	ST.PETER SCHOOL	21	2
13/12/2022	Smile and Caries protection encampment	ST.PETER SCHOOL	11	2
12/12/2022	Basic Dental Checkup camp	TAPAS FOUNDATION LOHEGAON	11	1
09/12/2022	Oral Health well being plan	TRINITY SCHOOL DIGHI	13	1
07/12/2022	Tooth care and diagnosis camp	SANTULAN BHAWAN KHARADI	8	1
06/12/2022	Go oral sickness and oral problems go	PHC WAGHOLI	9	1
06/12/2022	Understanding prevailing public Health Problems	PHC WAGHOLI	50	**1**
05/12/2022	Dental Assessment and Awareness camp	EYES SCHOOL	12	1
03/12/2022	Healthy mouth camp	SS ENGLISH M EDIUM SCHOOL	17	1
01/12/2022	Healthy teeth and Smile on go programme	FUN AND FUN PRESCHOOL	13	1
30/11/2022	Caries Killers Camp	SANTULAN BHAWAN KHARADI	10	1

29/11/2022	Cavity awareness and Examination Camp	PHC WAGHOLI	12	1
26/11/2022	Grace Your Teeth Programme	CONCORD SOCIETY,PORWAL ROAD	9	1
25/11/2022	Dental Awareness and Scanning drive	AKANSHA ACADEMY LOHEGAON	16	1
24/11/2022	Oral cavity protection Encampment	SMART KIDS PRIMARY SCHOOL	7	1
23/11/2022	Dental supervision encampment	TRINITY SCHOOL DIGHI	20	1
21/11/2022	Teethly explanation and examination Camp	ASHRAYA INITIATIVE FOR CHILDREN ,YERWADA	13	1
21/11/2022	Field Visit Water Purification Plant	MARATHWADA MITRA MANDAL, INSTITUTE OF T	50	**1**
19/11/2022	Healthy Teeth Camp	SANT TUKARAM MAHARAJ MANDIR	10	1
12/11/2022	Oral Health Education Training session for teachi	PHC WAGHOLI	11	1
11/11/2022	Smile and shine programme	NEW WISDOM INTERNATIONAL SCHOOL	13	1
28/09/2022	Bright smile dental awareness encampment	VADGAON SHINDE GRAMPANCHAYAT	11	1
23/09/2022	Mouth information dental encampment	GAJRAJ MITRAMANDAL	5	1
22/09/2022	Dental care camp	ZILLA PARISHAD PRATHAMIK VIDYALAYA	5	1
19/09/2022	Oral Health problems recognition drive	MAJHA GHAR AASHRAM	11	1
17/09/2022	All smiles protection encampment	NIRGUDI CAMP	12	1
15/09/2022	Kids Oral Screening camp	Z.P.PRIMARY SCHOOL,LOHEGAON	8	3
11/09/2022	Dental Information and Diagnosis camp	GYANBA SOPANRAO PRATHAMIK SCHOOL	12	1
07/09/2022	Oral disease awareness and examination camp	VITTHAL RUKMINI MANDIR,	13	1
24/08/2022	Oral environment Cleanliness protection camp	PHC WAGHOLI	7	1
15/08/2022	Har Ghar Tiranga	GOLDEN WINDS SOCIETY	20	**1**
04/08/2022	Smile Craft and Oro care camp	VISHRANTWADI CHOWK	5	1
22/07/2022	Smile and Oral care Camp	ZILLA PARISHAD PRIMARY SCHOOL, HAVELI	12	1
28/06/2022	Healthy teeth Healthy Smile camp	DR.MAR THEOPHILUS SCHOOL,DHANORI	15	1
07/05/2022	Tooth protection encampment	SANT TUKARAM MAHARAJ MANDIR	7	2
13/04/2022	Dental Cavity analysis encampment	MAHER HOMES	6	1
13/04/2022	Oral health well being plan	MAHALAKSHMI RADHA KRUSHNA MANDIR,VIS	5	1
10/04/2022	Tree Plantation Drive	NSS UNIT	16	**2**
07/04/2022	Dental care camp	KAMAYANI SCHOOL, NIGDI	20	**1**
04/04/2022	Poshan Abhiyaan	KAMAYANI SCHOOL, NIGDI	19	**1**
02/04/2022	Maximum dental health inspection	MAHER HOMES	5	1
23/03/2022	Oral disease diagnosis camp	ZILLA PARISAD SCHOOL	5	1
12/03/2022	Basic dental camp	PARK SPRINGS SOCIETY	10	1

09/03/2022	Radiant smile and sound teeth camp	PRIDE WORLD CITY,LOHEGAON	5	1
02/03/2022	Urban Dental Care camp	ZILLA PARISHAD PRATHAMIK SCHOOL	5	1
26/02/2022	Tooth care camp	PHC WAGHOLI	15	1
12/02/2022	All smiles protection encampment	PHC WAGHOLI	11	1
26/01/2022	Blanket Distribution Drive	CENTRE FOR ADVOCACY AND RESEARCH	20	**3**
07/01/2022	Oral environment care and protection programme	VINAYAKL BONGANE	5	1
30/12/2021	Institute dental care and well being programme	JEEVANDAI FOUNDATION YERWADA	10	1
29/12/2021	Tooth care camp	PHC WAGHOLI	10	1
21/12/2021	Oral cavity diagnosis and oral care encampment	DNYANDEEP BALGRUHA DIGHI	6	1
15/12/2021	Remain tooth decay free	PUBLIC CAMP YASHWANT NAGAR YERWADA	10	1
13/12/2021	Appealing gums and Appealing teeth	PHC WAGHOLI	10	1
30/11/2021	Dental Diagnosis camp for Adults	PHC WAGHOLI	10	1
22/11/2021	Cavity Removal awareness Camp	PHC WAGHOLI	8	1
16/11/2021	An insight into teeth encampment	SOS CHILDREN VILLAGE YERWADA	8	1
27/10/2021	Oral cavity dental encampment	ST GRISPEN GIRLS SCHOOL, NULL STOP	4	1
21/10/2021	Oro Care camp	PHC WAGHOLI	7	1
18/10/2021	Covid vaccination Drive Dose II	PUNE MUNICIPAL CORPORATION	20	**2**
18/10/2021	Field Visit Water Purification Plant	MARATHWADA MITRA MANDAL, INSTITUTE OF	50	**1**
07/10/2021	Teeth and gums problem remedy programme	PRIDE WORLD CITY	9	1
04/10/2021	Oral cavity care and protection drive	NIRGUDI CAMP	9	2
24/09/2021	Animal Care	CARE PET SHELTER, BAKORIGAON	20	**1**
18/09/2021	Dental problems analysis	THE FERN AMNORA	5	1
22/07/2021	Dental care camp	DNYANDEEP BALGRUHA, DIGHI	20	2
17/07/2021	Covid vaccination Drive Dose I	PUNE MUNICIPAL CORPORATION	20	**2**
25/06/2021	Van Mahotsav	GREEN AVANI FOUNDATION	80	**2**
08/01/2021	Understanding prevailing public Health Problems	PHC WAGHOLI	50	**1**
08/01/2021	Dental Checkup Camp	PHC WAGHOLI	5	1
01/01/2021	Oral Check up Camp	PHC WAGHOLI	5	1
12/03/2020	Go oral problems go	BHAIRAVNAGAR, DHANORI	9	1
09/03/2020	Understanding prevailing public Health Problems	PHC WAGHOLI	50	**1**
09/03/2020	Live tooth live gums leave decay	PHC WAGHOLI	7	1
03/03/2020	Tooth protection and Healthy gums encampment	PUBLIC CAMP VISHRANTWADI	7	1

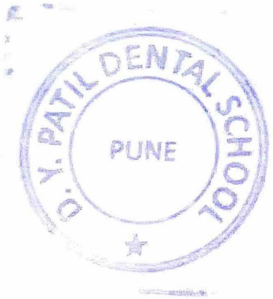
02/03/2020	Teethly examination and oral problems explanatio	PUBLIC CAMP ALANDI	7	1
18/02/2020	Long Live tooth and leave decay	PHC WAGHOLI	8	1
17/02/2020	Sparkling Smile Camp for kids	PUBLIC CAMP VISHRANTWADI	5	1
13/02/2020	Donation Campaign	WAGHESHWAR ENGLISH MEDIUM SCHOOL	12	1
10/02/2020	Dental Analysis	PUBLIC CAMP PHC WAGHOLI	9	1
06/02/2020	Dental Health Scanning	PUBLIC CAMP PHC WAGHOLI	7	1
29/01/2020	Smile care programme	LITTLE LOTUS PRESCHOOL	5	1
25/01/2020	Dental Evaluation Camp	PUBLIC CAMP VISHRANTWADI	8	1
23/01/2020	Smile Bright	PHC WAGHOLI	8	1
20/01/2020	Dental Examination camp	ROSE SOCIETY,PORWAL ROAD	5	1
18/01/2020	Smile craft and care	HERMES DROME SOCIETY	9	1
15/01/2020	Field Visit Water Purification Plant	MARATHWADA MITRA MANDAL, INSTITUTE OF T	50	**1**
14/01/2020	Sound oral health on go programme	SHRI RADHA KRISHNA TEMPLE, VISHRANTWADI	9	1
11/01/2020	Oral problems care and remedy programme	ZILLA PARISHAD SCHOOL	9	1
10/01/2020	Oral Health Awareness and Examination camp	PUBLIC CAMP CHARHOLI	10	1
10/01/2020	Oral Health Awareness and Examination camp	PHC WAGHOLI	9	1
10/01/2020	Cavity Killers and Termination Camp	MEERA CLINIC	6	1
09/01/2020	Oral Health Awareness and Examination camp	UNIQUE INTERNATIONAL SCHOOL	10	1
09/01/2020	Brightening up Smiles and Lives camp	SAMARTH SHIKSHAN PRAKASH MANDAL	10	1
08/01/2020	Oro care camp	PHC, WAGHOLI	10	1
07/01/2020	Oral cavity diagnosis and protection	FLYING HEIGHTS, PORWAL ROAD	5	1
03/01/2020	Parise your smile	PHC CHARHOLI	6	1
03/01/2020	Radiant glowing smile	MARATHWADA MITRA MANDAL, INSTITUTE OF T	8	1
03/01/2020	Dental Health Scanning	MIRA CLINIC, CHARHOLI	9	1
02/01/2020	Smile care Camp	PHC WAGHOLI	7	1
01/01/2020	Stay cavity free	SRI RAADHA KRISHNA TEMPLE	5	1
31/12/2019	No more cavities	WAGHESHWAR TEMPLE, WAGHOLI	8	1
30/12/2019	School Dental Health Checkup programme	SANTULAN PASHAN SCHOOL, WAGHOLI	8	1
28/12/2019	Dental diagnosis and education camp	ZP SCHOOL, LOHEGAON	8	1
24/12/2019	Field Visit Water Purification Plant	MARATHWADA MITRA MANDAL, INSTITUTE OF T	50	**1**
23/12/2019	Healthy mouth Healthy body camp	ADYP KNOWLEDGE CITY CHAROLI BK	10	1
21/12/2019	Dental Health check up camp	ZILLA PARISHAD SCHOOL LOHEGAON	8	1

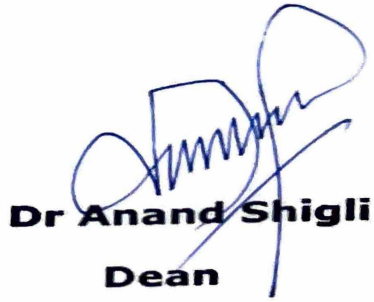
20/12/2019	Oral screening camp	DR. MAR THEOPHILLUS SCHOOL	10	1
17/12/2019	Oral Problems protection camp	PHC VISHRANTWADI	9	1
11/12/2019	Oral cavity protection	ORICHIDALE INTERNATIONAL SCHOOL	7	1
07/12/2019	Oral cavity dental encampment	ANGANWADI LOHEGAON	10	1
07/12/2019	Dental caries and Dental Problems remedy	MARATHWADA MITRA MANDAL, INSTITUTE OF	10	1
04/12/2019	Proud Mouth Clean Mouth camp	PHC WAGHOLI	10	1
29/11/2019	Go Dental sickness go	GAYATRI INJTERNATIONAL SCHOOL CHAROLI	10	1
26/11/2019	Sound tooth leave decay	RADHA KRISHNA MANDIR VISHRANTWADI	5	1
20/11/2019	Kids Diagnosis and Oral Health Awareness camp	PHC LOHEGAON	8	1
18/11/2019	Dental wellness camp	PHC WAGHOLI	9	1
15/11/2019	Oral care camp	BRILLANT INTERNATIONAL SCHOOL	10	1
11/11/2019	Oral care and oral hygiene	VITTHAL MANDIR VISHRANTWADI	10	1
09/11/2019	Dental health orientation camp	ELITE ABODH	8	1
07/11/2019	Oral health and wellness camp	BIRDS AND SKY PRESCHOOL NIMBALKAR NAGA	8	1
07/11/2019	Smile care and Smile craft programme	ROSE APARTMENT	8	1
23/09/2019	Radiant smile	VISHWAVYAPI MANAV DHARM ASHRAM, DAUN	9	1
21/09/2019	Praise your Smile	REVEL ORCHID SOCIETY PORWAL ROAD	10	1
18/09/2019	Smiling Teeth and Healthy Gums camp	BUDDHA SEVAK MANDALK VISHRANTWADI	9	1
14/09/2019	Oral screening camp	C R RANGANATHAN SCHOOL, TINGRE NAGAR	9	1
05/09/2019	Kids Dental Checkup Camp	ZP SCHOOL, LOHEGAON	8	1
31/08/2019	Cavity Removal awareness Camp	DNYANJYOTI SAVITRI BAI PHULE COMPUTER TR	7	1
30/08/2019	Oral cleanliness awareness programme	SHREE BRAHCHANDRA SHIKSHAN PRASARAK M	7	1
27/08/2019	All smiles protection encampment	SPRING BLOOM SOCIETY	7	1
26/08/2019	Dental caries recognition camp	LOHEGAON PUBLIC CAMP	7	1
22/08/2019	Perpetual dental encampment	BROOKLYN SOCIETY CHAROLI PUNE	10	1
21/08/2019	Dental hygiene camp	PODAR INTERNATIONAL SCHOOL	7	1
13/08/2019	Healthy mouth camp	DYP ENGINEERING COLLEGE PUNE	6	1
09/08/2019	Smile care programme	CHAROLI	10	1
08/08/2019	Remain tooth decay free	PHC WAGHOLI	10	1
06/08/2019	Oral Health Screening Camp	SHREE BRAHCHANDRA SHIKSHAN PRASARAK M	10	1
31/07/2019	Style yours smile	ASHRAY REHABILITATION FOR CHILDREN, YERV	12	2
05/07/2019	Oral disease camp	SHANKESHWAR DREAM HOUSING SOCIETY, CHI	5	1

31/05/2019	Dental examination encampment	LOHEGAON BUS STOP	10	3
07/05/2019	Dental checkup and Awareness Camp	SANT TUKARAM MAHARAJ MANDIR	10	1
04/05/2019	Teens awareness dental camp	DNYNESHWAR MANDIR ALANDI	10	1
02/05/2019	Dental problems on to go forever	SHRI MAHALAXMI SAMAJIK SANSTHA	7	1
16/04/2019	Dental health well being plan	PHC WAGHOLI	12	2
15/04/2019	Oral Diagnosis in adults	AADHART BAL AANGAN SCHOOL VIMANNAGAI	12	2
27/03/2019	Special Oral Diagnosis camp for Industrial worke	PHC WAGHOLI	10	3
23/03/2019	Healthy Teeth camp	BHAGVA CHOWK LAXMINAGAAR YERWADA	10	2
15/03/2019	Basic dental camp	NIMBALKAR NAGAR PUBLIC CAMP	10	1
13/03/2019	Dental health protection	GAWADE SCHOOL PARVATI PUNE	10	1
12/03/2019	Smile and shine	RAJIV GANDHI ENGLISH MEDIUM SCHOOL KALV	12	2
09/03/2019	Dental strength encampment	ANAND VIDHYA NIKETAN SCHOOL VIMAN NAG	10	1
06/03/2019	Oral problems explanation and diagnosis camp	CHAROLI BUDRUK	12	2
05/03/2019	Tooth protection encampment	PHC WAGHOLI	10	2
28/02/2019	Sound oral health on to go	ANGELS ACADEMY AMANORA	9	5
20/02/2019	Go caries Go Dental Health care camp	PHC WAGHOLI	12	2
16/02/2019	Thread and shine gums and teeth	GOVERNMENT SCHOOL DIGHI	7	2
12/02/2019	Dental Solutions camp	PHC WAGHOLI	7	2
11/02/2019	Create smile dental awareness encampment	DNYNESHWAR MANDIR ALANDI	7	2
08/02/2019	Oral Health Diagnosis and Solutions Camp	S S ENGLISH MEDIUM SCHOOL PRATIK NAGAR A	7	1
06/02/2019	Go oral sickness go	S S ENGLISH MEDIUM SCHOOL PRATIK NAGAR A	7	1
04/02/2019	Dental problems remedy camp	TRADENET BUILDING, VIMAN NAGAR	7	1
03/02/2019	Oral Health Check up	KUNDAN NAGAR SOCIETY KHADKI	10	1
02/02/2019	Tooth Caries prevention camp	GOVERNMENT SCHOOL DIGHI	10	1
02/02/2019	Grace Your Teeth Programme	PCMC PRIMARY SCHOOL, DIGHI	10	1
29-01-21019	Understanding prevailing public Health Problems	PHC WAGHOLI	50	**1**
29/01/2019	Smile on forever	PHC WAGHOLI	7	1
25/01/2019	Adults Oral Health Diagnosis Camp	PARK SPRING SOCIETY PORWAL ROAD	7	2
25/01/2019	Dental education Camp	C V RANGANATHAN RESIDENTIAL SCHOOL	10	2
20/01/2019	Healthy Mouth Healthy Life Camp	SANT TUKARAM MANDIR LOHEGAON	8	1
18/01/2019	Oral cavity protection	IMMANUEL MARTHOMA SCHOOL BHAIRAV NAG	7	2
17/01/2019	Grown up (adult) dental encampment	ZP SCHOOL KHANDVE NAGAR HAVELI	7	1

11/01/2019	Pedagogy of dental problems encampment	PHC WAGHOLI	8	1
09/01/2019	Perfect Smile Camp	DNYNESHWAR MANDIR ALANDI	7	3
07/01/2019	Mouth information dental encampment	GAJANAN DAIRY PORWAL ROAD	6	1
04/01/2019	Dental problems estimation encampment	DATTA MANDIR KALWAD WASTI LOHEGAON	5	1
04/01/2019	Sound and healthy gums encampment	SHREE VENKATESH PRASAD SAHAKARI GRUHA	4	1
03/01/2019	Mouth Care Camp	JOHN PAUL TRUST LAXMI NAGAR YERWADA	7	2
27/12/2018	Oral cleanliness drive	DHANMADA TRUST ALANDI	8	1
24/12/2018	Tooth care camp	PHC WAGHOLI	9	1
20/12/2018	Basic Dental Care and Assessment camp	VIKHE PATIL MEMORIAL SCHOOL LOHEGAON	10	1
17/12/2018	Oral Problems recognition	MIT COLLEGE ALANDI	6	1
12/12/2018	Healthy Mouth Healthy Teeth Checkup camp	DNYNESHWAR VIDHYALA DHANORI ROAD	9	1
08/12/2018	Dental Evaluation and Caries prevention camp	SAI PARK COLONY LOHEGAON	5	1
07/12/2018	Dental Diagnosis camp	SANT TUKARAM JUNIOR COLLEGE LOHEGAON	10	1
01/12/2018	Smile radiant	SWAPNASANKUL SOCIETY PORWAL ROAD	6	1
30/11/2018	Tartar off dental health inspection	NAVNIRMITI FOUNDATION PRIDE WORLD CITY	5	1
27/11/2018	Maximum dental health inspection	POTDAR JUMBO KIDS SCHOOL	9	1
21/11/2018	Oral Diagnosis and Awareness camp	GANESH MANDIR LOHEGAON	7	1
17/11/2018	Oral Health Awareness Camp	PRIDE ASHIYANA	6	1
16/11/2018	Destroyer of dents and decay	DR. M. THEOPHILUS SCHOOL PORWAL ROAD PU	8	1
14/11/2018	Caries Prevention	MMIT COLLEGE WADGAON SHINDE	5	1
31/10/2018	Dental education Camp	PUNE DISTRICT COURT SHIVAJINAGAR PUNE	10	1
27/10/2018	Flawless 32	SAI KRUPA RESIDENCY LOHEGAON	5	1
23/10/2018	Tooth care camp	SIDDHANT NAGAR JAKAT NAKA DHANORI LOH	8	1
20/10/2018	Poise your teeth	BRILLANT INTERNATIONAL SCHOOL LOHEGAON	9	1
17/10/2018	Dental supervision encampment	SANT TUKARAM PRIMARY SCHOOL LOHEGAON	13	1
15/10/2018	Oral solutions Programme	MHS GAJRAJ MITRAMANDAL YERWADA	11	1
09/10/2018	Cavity Killers Camp	PHC LOHEGAON	7	1
05/10/2018	Dental diagnosis encampment	SANT TUKARAM VIDYALAY LOHEGAON	8	1
03/10/2018	Dental checkup camp	JOG MAHARAJ WARKARI SHIKSHAN SAMSTHA A	7	1
22/09/2018	Oral Screening Camp for Kids	ANAND NAGAR DHANORI ROAD LOHEGAON	6	1
20/09/2018	Scrub and thread with healthy teeth and gums	SHASTRINAGAR YERWADA	9	1
06/09/2018	Dental Examination	CHAROLI BUDRUK POST OFFICE	5	1

01/09/2018	Happy Teeth Camp	ROSE SOCIETY LOHEGOAN	6	1
30/08/2018	Illuminating lives and smiles	R & D E ENGLISH SCHOOL VISHRANTWADI PUNE	10	1
08/08/2018	Caries on to go	SHRI RAM LOTUS SOCIETY LOHEGAON PUNE	6	1
02/08/2018	Kids Oral diagnosis camp	VITTHAL MANDIR DHANORI ROAD, PUNE	5	1
30/07/2018	Tooth Care and Diagnostic camp	ASHRAY NGO, YERWADA	7	1
21/07/2018	Health Education activity on Prevention of Oral D	GRAM PANCHYAT MARKAL	7	1
10/07/2018	Smile Care Camp	ST PETER SCHOOL DHANORI PUNE	8	1
27/06/2018	Dental Health Education Activity	TUKARAM MAHARAJ MANDIR LOHEGAON	5	1
26/06/2018	Health Education Activity on Oral Hygiene Awar	TUKARAM MAHARAJ MANDIR LOHEGAON	5	1
19/06/2018	Oral Hygiene Awareness Camp	DR. M. THEOPHILUS SCHOOL PORWAL ROAD PU	9	1
07/06/2018	Healthy tooth leave decay	PHC INDIRA NAGAR	6	1





Dr Anand Shigli

Dean

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SEMINAR, JOURNAL CLUB, DISCUSSION AND DEMONSTRATION

PG TIME TABLE

DEPARTMENT OF PEDIATRIC DENTISTRY

D.Y.Patil dental school ,Lohegaon

DEPA RTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY .

MDS TIMETABLE

Day	9 to 10 AM	10 TO 2 PM	2 TO 3 PM	3TO 4PM
MONDAY	CLINICS	CLINICS	RECESS	SEMINAR
TUESDAY	CLINICS	CLINICS	RECESS	CASEPRESENTATI(
WEDNESDAY	CLINICS	CLINICS	RECESS	SEMINAR
THURSDAY	CLINICS	CLINICS	RECESS	JOURNAL CLUB
FRIDAY	CLINICS	CLINICS	RECESS	JOURNAL CLUB
SATURDAY	CLINICS	CLINICS	RECESS	CLINICS

PROFESSOR & HEAD
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D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105.

DEPARTMENT OF ORTHODONTICS

D Y Patil Dental School

Dept of Orthodontics & Dentofacial Orthopedics

PG Timetable

DAY	9 am – 10.30 am	10.30am-12.15pm	12.15-1.00rm	1.00pm -3.00 pm	3.00pm -4.00pm
MONDAY	SEMINAR – 1ST YEAR	Clinics	Lunch Break	Clinics	CASE PRESENTATION
TUESDAY	SEMINAR - 2ND YEAR	Clinics	Lunch Break	Clinics	JOURNAL CLUB – 3RD YEAR
WEDNESDAY	SEMINAR – 3RD YEAR	Clinics	Lunch Break	Clinics	JOURNAL CLUB – 1ST YEAR
THURSDAY	SEMINAR – 1ST YEAR	Clinics	Lunch Break	Clinics	Clinics
FRIDAY	CASE PRESENTATION	Clinics	Lunch Break	Clinics	JOURNAL CLUB – 2ND YEAR
Saturday	Clinics	Clinics	Lunch Break	Clinics	Clinics

Dr Sandeep Jethe

PROFESSOR & HEAD

HOD

Dept. of Orthodontics

D Y Patil Dental School

Dept of Orthodontics

D Y Patil Knowledge City

Charoli (Bk), Via Lohegaon, Pune - 412105

DEPARTMENTOF ENDODONTICS

DEPT. OF CONSERVATIVE DENTISTRY & ENDODONTICS

TIME-TABLE

POST- GRADUATE STUDENTS 2023 - 2024

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9:00-10:00		SEMINAR/ JC III - MDS		SEMINAR/ JC II - MDS		
10:00-11:00	CLINICAL WORK / SEMINAR JC I – MDS III + I MDS OPD	CLINICAL WORK / III+I MDS OPD	CLINICAL WORK / III+I MDS OPD	CLINICAL WORK / II MDS OPD	CLINICAL WORK / II MDS OPD	CLINICAL WORK / II MDS OPD
11:00-12:00						
12:00-12:30						
12:30-1:30						
1:30-2:30						
2:30-4:00						

for

HOD

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PG
SEMINARS

DEPARTMENTOF PEDODONTICS

D.Y.Patil dental school ,Lohegaon

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY .

List of seminar of year 2021 -2022

Sr .no	Date	Topic name	PG student
1	17/1/22	Aims ,objective & scope of pediatric dentistry. (Part I)	Dr.Vijayalaxmi
2.	18/1/22	Aims ,objective & scope of pediatric dentistry. (Part II)	Dr.Vijayalaxmi
3.	24/1/22	Embryology of head and neck(part I)	Dr.Bhagyashri
4	1/2/22	Embryology of head and neck(part II)	Dr.Bhagyashri
5	2/2/22	Growth & developmental theories of bone growth.(part I)	Dr.vijayalaxmi
6	8/2/22	Growth & developmental theories of bone growth.(part II)	Dr.vijayalaxmi
7	10/2/22	Growth & developmental theories of bone growth.(part III)	Dr.vijayalaxmi

8	16/2/22	Growth and development of mandible (part I)	Dr.Bhagyashri
9	21/2/22	Growth and development of mandible (part II)	Dr.Bhagyashri
10	23/2/22	Growth and development of maxilla(part I)	Dr.Vijayalaxmi
11	2/3/22	Growth and development of maxilla(part II)	Dr.Vijayalaxmi
12	21/3/22	Inflammation	Dr.Vijayalaxmi
13	30/3/22	Wound healing (part I)	Dr.Bhagyashri
14	31/3/22	Wound healing (part II)	Dr.Bhagyashri
15	4/4/22	Muscles of mastication	Dr.Vijayalaxmi
16	11/4/22	Arterial and venous supply of head and neck	Dr.Bhagyashri
17	25/4/22	Nerve supply of head and neck (partI)	Dr.Vijayalaxmi
18	26/4/22	Nerve supply of head and neck (partII)	Dr.Vijayalaxmi

19	2/5/22	Nerve supply of head and neck (partIII)	Dr.Vijayalaxmi
20	10/5/22	Blood (part I)	Dr.Bhagyashri
21	17/5/22	Blood (part II)	Dr.Bhagyashri
22	25/5/22	Blood (part III)	Dr.Bhagyashri
23	30/5/22	Hemostasis (partI)	Dr.Vijayalaxmi
24	6/6/22	Hemostasis (partII)	Dr.Vijayalaxmi
25	20/6/22	Saliva (I)	Dr.Bhagyashri
26	27/6/22	Saliva(II)	Dr.Bhagyashri
27	11/7/22	Calcium & vitamin D metabolism (partI)	Dr.Vijayalaxmi
28	14/7/22	Calcium & vitamin D metabolism (partII)	Dr.Vijayalaxmi
29	18/7/22	Calcium & vitamin D metabolism (partIII)	Dr.Vijayalaxmi

30	30/7/22	Development of tooth partI	Dr.Bhagyashri
31	2/8/22	Development of tooth part II	Dr.Bhagyashri
32	15/9/22	Tooth eruption and shedding	Dr.Vijayalaxmi
33	20/9/22	Dental plaque part I	Dr.Bhagyashri
34	4/10/22	Dental plaque part II	Dr.Bhagyashri
35	17/10/22	Gingival and periodontal diseases in children part I	Dr.Vijayalaxmi
36	20/11/ 22	Gingival and periodontal diseases in children part II	Dr.Vijayalaxmi
37	21/11/ 22	Plaque controlling measures part I	Dr.Bhagyashri
38	28/12/22	Plaque controlling measures part II	Dr.Bhagyashri

39	11/1/23	Development of occlusion part I	Dr.Vijayalaxmi
40	16/1/23	Development of occlusion part II	Dr.Vijayalaxmi
41	18/1/23	Development of occlusion part III	Dr.Vijayalaxmi
42	6/2/23	Pit and fissure sealant part I	Dr Bhagyashri
43	9/2/23	Pit and fissure sealant part II	Dr Bhagyashri
44	20/2/23	Child abuse & neglect partI	Dr.Vijayalaxmi
45	6/3/23	Child abuse & neglect partII	Dr.Vijayalaxmi
46	23/3/23	Interceptive orthodontics part I	Dr Bhagyashri
47	29/3/23	Interceptive orthodontics part II	Dr Bhagyashri
48	3/4/23	Preventive orthodontics part I	Dr Bhagyashri
49	10/4/23	Preventive orthodontics part II	Dr Bhagyashri
50	24/4/23	Infant oral health part I	Dr.Vijayalaxmi
51	6/5/23	Infant oral health part II	Dr.Vijayalaxmi
52	18/5/23	Diet and nutrition in pediatric dentistry	Dr Bhagyashri

53	31/5/23	Isolation in dentistry	Dr.Vijayalaxmi
54	18/6/23	Pediatric operative dentistry –restorative consideration &current concept	Dr Bhagyashri
55	27/6/23	Infection control in pediatric dentistry	Dr.Vijayalaxmi
56	10/7/23	Oral manifestations of systemic diseses part I	Dr Bhagyashri
57	11/7/23	Oral manifestations of systemic diseses part II	Dr Bhagyashri
58	21/8/23	Pain pathway part I	Dr.Vijayalaxmi
59	24/8/23	Pain pathway part II	Dr.Vijayalaxmi
60	1/9/23	Dental pulp	Dr Bhagyashri
61	25/9/23	Pediatric minor oral surgery	Dr.Vijayalaxmi
62	13/9/23	Cleft lip and palate part I	Dr Bhagyashri
63	15/9/23	Cleft lip and palate part II	Dr Bhagyashri

64	6/11/23	History of fluorides	Dr Bhagyashri
65	18/12/23	Topical fluoride in pediatric dentistry part I	Dr.Vijayalaxmi
66	21/12/23	Topical fluoride in pediatric dentistry part II	Dr.Vijayalaxmi
67	9/1/23	Early childhood caries part I	Dr Bhagyashri
68	15/1/23	Early childhood caries part II	Dr Bhagyashri
69	16/1/23	Early childhood caries part III	Dr Bhagyashri
70	13/2/23	Diet and dental caries part I	Dr.Vijayalaxmi

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D.Y.Patil dental school ,Lohegaon

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY .

List of seminar of year 2022 -2023

Date	Topic	PG student
15/2/22	Aims ,objective & scope of pediatric dentistry.	Dr. Ahilya
2/1/23	Embryology of head and neck	Dr. Mayuri
27/1/23	Growth & developmental theories of bone growth.(part I)	Dr. Ahilya
30/1/23	Growth & developmental theories of bone growth.(part II)	Dr. Ahilya
1/2/23	Growth & developmental theories of bone growth.(part III)	Dr. Ahilya
13/1/23	Growth and development of mandible (part I)	Dr. Mayuri
15/1/23	Growth and development of mandible (part II)	Dr. Mayuri

13/3/23	Growth and development of maxilla	Dr. Ahilya
17/3/23	Inflammation partI	Dr. Mayuri
19/3/23	Inflammation part II	Dr. Mayuri
9/5/23	Wound healing	Dr. Ahilya
22/5/23	Muscles of mastication	Dr. Mayuri
5/6/23	Arterial and venous supply of head and neck	Dr. Ahilya
19/6/23	Nerve supply of head and neck	Dr. Mayuri
30/7/23	Blood	Dr. Ahilya
20/7/23	Enamel part I	Dr. Mayuri
21/7/23	Enamel part II	Dr. Mayuri
27/7/23	Dentin	Dr. Ahilya

28/3/23	Hemostasis	Dr.Mayuri
4/9/23	Salivary glands and saliva	Dr. Ahilya
9/10/23	Calcium & vitamin D metabolism I	Dr.Mayuri
11/10/23	Calcium & vitamin D metabolism II	Dr.Mayuri
16/10/23	Development of tooth	Dr. Ahilya
21/11/23	Eruption and shedding	Dr.Mayuri
4/12/23	Dental plaque part I	Dr. Ahilya
5/2/24	Gingival and periodontal diseases in children part I	Dr.Mayuri
7/2/24	Gingival and periodontal diseases in children part II	Dr.Mayuri
12/2/24	Dental plaque part II	Dr. Ahilya
16/2/24	Dental plaque part III	Dr. Ahilya

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DEPARTMENT OF ORTHODONTICS

DY Patil Dental School

Department of Orthodontics and Dentofacial Orthopaedics

SEMINARS

Year: 2021

Sr. No.	Date	Presented By	Topic Name
1.	10/12/2021	Dr. Mrunali Tone	Muscle physiology (Embryology)
2.	20/12/2021	Dr. Sanjeet Utekar	Wrought Metal Alloy (Basic principle & property)
3.	22/12/2021	Dr. Shirish Game	History of orthodontics
4.	24/12/2021	Dr. Mrunali Tone	Muscle physiology (molecular basis)

Year: 2022

Sr. No.	Date	Presented By	Topic name
1.	03/01/2022	Dr. Shirish Game	Pre Angle era (History)
2.	07/01/2022	Dr. Mrunali Tone	Myofacial pain dysfunction syndrome
3.	17/01/2022	Dr. Mrunali Tone	Obstructive Sleep Apnoea
4.	21/01/2022	Dr. Sanjeet Utekar	Gold and stainless steel
5.	24/01/2022	Dr. Shirish Game	Angle era (history)
6.	14/02/2022	Dr. Mrunali Tone	Muscle physiology (Applied aspect)
7.	21/02/2022	Dr. Sanjeet Utekar	A.J Wilcock wire
8.	25/02/2022	Dr. Shirish Game	Parallel development in Europe
9.	09/03/2022	Dr. Shirish Game	Recent advancement in aligners
10.	14/03/2022	Dr. Sanjeet Utekar	Co-Cr and NiTi wire
11.	04/04/2022	Dr. Sanjeet Utekar	B-Titanium wire
12.	18/04/2022	Dr. Shirish Game	Treatment planning in Orthodontics
13.	08/06/2022	Dr. Shirish Game	Post natal craniofacial growth
14.	15/06/2022	Dr. Mrunali Tone	Finishing and Detailing
15.	30/08/2022	Dr. Shirish Game	Straight wire appliance
16.	19/09/2022	Dr. Mrunali Tone	Roth philosophy
17.	07/10/2022	Dr. Sanjeet Utekar	Genetics in orthodontics

Year: 2023

Serial No.	Date	Presented By	Topic name
1.	11/01/2023	Dr. Sanjeet Utekar	Standard edgewise appliance
2.	03/02/2023	Dr. Sunil Kalyankar	Pre-natal growth and development
3.	17/02/2023	Dr. Shirish Game	Sliding mechanism
4.	17/03/2023	Dr. Aakanksha Kedar	Basics of cephalometry
5.	24/03/2023	Dr. Sanjeet Utekar	MBT
6.	24/04/2023	Dr. Devika Patanshetti	Bonding in orthodontics
7.	17/04/2023	Dr. Sunil Kalyankar	Headgear
8.	10/05/2023	Dr. Mrunali Tone	Loop mechanism
9.	15/05/2023	Dr. Mrunali Tone	Damon philosophy
10.	02/05/2023	Dr. Sunil Kalyankar	Diagnosis and Treatment Planning
11.	01/06/2023	Dr. Mrunali Tone	Bioprogressive Therapy

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DEPARTMENT OF ENDODONTICS

D. Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

SEMINARS PRESENTED (2021-2022)

Sr No.	DATE	TOPICS	PG STUDENT
1.	01/01/22	Enamel-Anatomy and Histological Features	Dr. Vishwajit
2.	03/01/22	Enamel- Clinical Considerations	Dr. Vishwajit
3.	05/01/22	Dentin: Anatomical and Histological Features	Dr. Manjiri
4.	06/01/22	Dentin: Pathological Diseases and Clinical Considerations	Dr. Manjiri
5.	08/01/2022	Cementum- Anatomy & Histological Features	Dr. Shraddha
6.	10/01/2022	Cementum- Clinical Considerations	Dr. Shraddha
7.	03/02/2022	Fundamentals of tooth preparation- Steps of Initial & Final Stages of Tooth Preparations	Dr. Shraddha
8.	04/02/2022	Fundamentals of tooth preparation- Additional Concepts for Amalgam & Composite Tooth Presentations	Dr. Shraddha
9.	14/02/2022	Class I cavity preparation of amalgam restorations	Dr. Vishwajit
10.	15/02/2022	Class II cavity preparation of amalgam restorations	Dr. Vishwajit
11.	23/03/2022	Cavity Preparation for Class III and Class V Amalgam Restoration	Dr. Manjiri
12.	10/05/2022	Dental Pulp- Anatomy, Structural & Histological features	Dr. Shraddha

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13.	17/05/2022	Dental Pulp- Clinical considerations	Dr. Shraddha
14.	24/05/2022	Amalgam: History, Classification, Composition, Functions of Constituents of Alloy Powder and Manufacture of Alloy Powder	Dr. Manjiri
15.	31/05/2022	Amalgam: Amalgamation Process of Low Copper and High Amalgam, Microstructure of Set Amalgam, Delayed Expansion and Mercuroscopic Expansion	Dr. Manjiri
16.	14/06/2022	Amalgam Part I	Dr. Vishwajit
17.	28/06/2022	Amalgam Part II	Dr. Vishwajit
18.	05/07/2022	Amalgam Part III	Dr. Vishwajit
19.	12/07/2022	Dental Cements- Introduction, History, Zinc Phosphate cement, Silicate Cements, Copper Cements	Dr. Shraddha
20.	20/7/2022	Dental cements-Zinc polycarboxylate cement, Zinc oxide eugenol	Dr. Vishwajit
21.	28/07/2022	Glass Ionomer Cement and modifications	Dr. Manjiri
22.	02/08/2022	Modifications of Glass Ionomer Cement	Dr. Manjiri
23.	23/08/22	Dental Cements- Compomer, Resin Cement, Calcium Hydroxide Cement, Calcium Phosphate Cements, Cavit	Dr. Shraddha
24.	5/08/2022	Dentin bonding agent part I	Dr. Vishwajit
25.	15/08/2022	Dentin bonding agent Part II	Dr. Vishwajit

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26.	11/10/2022	Composite Resin: Introduction, History, Classification, Setting Mechanisms	Dr. Manjiri
27.	17/10/2022	Composite Resins- Properties	Dr. Shraddha
28.	18/10/2022	Composite Resin: Curing Mechanisms, Dual Cure Resin, Optical modifiers and Inhibitors	Dr. Manjiri
29.	26/12/22	Composite Resins- Recent advances	Dr. Shraddha

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DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

SEMINARS PRESENTED (2022-2023)

Sr No.	DATE	TOPICS	Presented by
1.	02/01/2023	Inlay Wax	Dr. Vishwajit
2.	17/01/2023	Biocompatibility of Dental Materials: In Vitro, Animal and Usage Tests	Dr. Manjiri
3.	24/01/2023	Biocompatibility of Dental Materials: Reaction of Pulp to Dental Materials and Reaction of Other Oral Soft Tissues to Dental Materials	Dr. Manjiri
4.	07/02/2023	Dental Ceramics - Introduction, History, Classification	Dr. Shraddha
5.	14/02/2023	Dental Ceramics - Structure, Composition	Dr. Shraddha
6.	21/02/2023	Dental Ceramics Part-I	Dr. Vishwajit
7.	28/03/2023	Dental Ceramics Part-I	Dr. Vishwajit
8.	11/04/2023	CAD/CAM Processing of Ceramics. Abrasiveness and Wear Rates Caused by Ceramics, Effect of APF Gel on Ceramics	Dr. Manjiri
9.	30/05/2023	Deep Dentinal Caries - Introduction, Etiology, Clinical features, Diagnosis	Dr. Shraddha

10.	06/06/2023	Management of Deep Carious Lesions - Pulp Protection & Pulp Capping	Dr. Shraddha
11.	20/06/2023	Diseases of Pulp	Dr. Vishwajit
12.	27/06/2023	Periradicular Diseases and Management Part-I	Dr. Manjiri
13.	30/06/2023	Periradicular Diseases and Management Part-II	Dr. Manjiri
14.	04/07/2023	Dental Caries – Introduction, Etiology, Classification	Dr. Shraddha
15.	06/07/2023	Clinical and Histopathological features of Dental Caries	Dr. Shraddha
16.	12/07/2023	Diagnosis of Dental Caries	Dr. Vishwajit
17.	18/07/2023	Prevention and Management of Dental Caries	Dr. Vishwajit
18.	25/07/2023	Diet and Dental Caries, Caries Vaccine	Dr. Manjiri
19.	02/08/2023	Caries Vaccine, Systemic Diseases and Dental Caries	Dr. Manjiri
20.	08/08/2023	Endodontic microbiology – Introduction, History, Microbes, Identification of microbes	Dr. Shraddha
21.	09/08/2023	Endodontic Biofilm – Introduction, Common microbes, Types, Eradication, Novel disinfectants	Dr. Shraddha
22.	22/08/2023	Sterilization in Endodontics	Dr. Vishwajit

23.	29/08/2023	Diagnosis in Endodontics Part-I	Dr. Manjiri
24.	30/08/2023	Diagnosis in Endodontics Part-I	Dr. Manjiri
25.	01/09/2023	Case Selection and Treatment Planning in Endodontics Part-I	Dr. Manjiri
26.	04/09/2023	Case Selection and Treatment Planning in Endodontics Part-I	Dr. Manjiri
27.	05/09/2023	Rationale of Endodontic Treatment	Dr. Shraddha
28.	12/09/2023	Internal Anatomy of Maxillary Teeth	Dr. Vishwajit
29.	26/09/2023	Access Cavity Preparation in Endodontics	Dr. Manjiri
30.	29/09/2023	Recent Advances in Access Cavity Preparation in Endodontics	Dr. Manjiri
31.	03/10/2023	Hand Instruments in Endodontics	Dr. Shraddha
32.	11/10/2023	Rotory Instruments in Endodontics	Dr. Vishwajit
33.	31/10/2023	Endomotors, Speed and Torque	Dr. Manjiri
34.	07/11/2023	Irrigants in Endodontics	Dr. Vishwajit
35.	21/11/2023	Irrigation in Endodontics	Dr. Shraddha
36.	06/12/2023	Intracanal Medicaments in Endodontics	Dr. Shraddha

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SEMINARS PRESENTED (2022-2023)

Sr. No.	DATE	TOPIC	PG STUDENT
1	19/01/2023	Wound Healing	Dr. Radhika Gadge
2	02/02/2023	Saliva	Dr. Apurva Kamble
3	16/02/2023	Inflammation	Dr. Arnika Maurya
4	23/02/2023	Casting Procedures	Dr. Radhika Gadge
5	23/03/2023	Casting Defects	Dr. Apurva Kamble
6	06/04/2023	Investment Materials	Dr. Arnika Maurya
7	04/05/2023	Colour and Optical Properties	Dr. Apurva Kamble
8	11/05/2023	Elastic and Other Properties of Dental Materials	Dr. Arnika Maurya
9	18/05/2023	Stress and Strength as a Property of Dental Materials	Dr. Radhika Gadge
10	16/06/2023	Analgesics in Endodontics	Dr. Radhika Gadge
11	22/06/2023	Antibiotics in Endodontics	Dr. Apurva Kamble
12	13/07/2023	Emergency Drugs in Dental Office	Dr. Arnika Maurya
13	10/08/2023	Occlusion in Conservative Dentistry and Endodontics	Dr. Radhika Gadge
14	17/08/2023	Contacts and Contour	Dr. Apurva Kamble
15	24/08/2023	Separation of Teeth and Matrices	Dr. Arnika Maurya
16	05/10/2023	Isolation and Gingival Tissue Displacement (Part I)	Dr. Radhika Gadge
17	06/10/2023	Isolation and Gingival Tissue Displacement (Part II)	Dr. Radhika Gadge
18	13/10/2023	Hand Instruments in Operative Dentistry	Dr. Apurva Kamble
19	19/10/2023	Rotary Instruments in Operative Dentistry	Dr. Arnika Maurya
20	28/12/2023	Pulp Protection (Part I)	Dr. Radhika Gadge
21	29/12/2023	Pulp Protection (Part II)	Dr. Radhika Gadge

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SR.NO	DATE	TOPICS	PG STUDENT
9	03/08/2023	Colour assessment of resin composite by using cell phone image comparedwithspectrophotometer	Dr.Arnika Maurya
10	07/09/2023	Endocrown- a paradigm shift in rehabilitation-a report of two cases	Dr.Radhika Gadge
11	14/09/2023	Evaluation of bacterial reduction at various stages of endodontic retreatment after use of different disinfection regimen an in-vivo study	Dr.Apurva Kamble
12	21/09/2023	Management of separated endodontic instrument using a customized loop and syringe technique- case series	Dr.Arnika Maurya
13	26/10/2023	Composite pre heating a novel approach in restorative dentistry	Dr.Radhika Gadge
14	02/11/2023	Physiochemical ,cytotoxicity,and biological properties of calcium silicate based root canal sealer – a literature review.	Dr.Apurva Kamble
15	07/11/2023	Effect of sodium hypochloride concentration on electronic apex locator reliability	Dr.Arnika Maurya

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JOURNAL CLUBS

DEPARTMENT OF PEDODONTICS

D.Y. PATIL dental school, Lohegaon

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY.

LIST OF JOURNAL CLUB OF YEAR 2022 – 23

SR NO	DATE	TOPIC NAME	PG STUDENT
1	30/12/2022	Dental erosion risk factors in 6-12 year old children in Mexico city .	Dr ahilya
2	13/1/23	Role of Marginal Ridge Shape and Contact Extent in Proximal Caries Between Primary Molars	Dr mayuri
3	17/2/23	Tooth discoloration induced by different calcium Silicate- based cements: A Two-year spectrophotometric & photographic evaluation in vitro	Dr ahilya
4	24/2/23	Materal self-efficacy and old children's 1-5-year-old brushing habits.	Dr mayuri
5	24/3/22	first dental visit: Age, reasons oral health status & dental treatment need among	Dr ahilya

		children aged I month to 14 years	
6	1/4/23	Effect of resin infiltration on artificial comes an in vitro evaluation of resin penetration and microhardness.	Dr mayuri
7	28/4/23	Comparative evaluation of fracture strength of Pulpo tomized Primary Molars: 1. An In Vitro Study	Dr ahilya.
8	19/5/23	Paediatric denstist Choices of restorative materials for primary molars	Dr mayuri
9	2/6/23	Long term clinical performance of heat-cured high viscosity glass ionomer class Ⅱ restorations versus resin - D2. based composites in primary. molars: a randomized comparison trial.	Dr ahilya
10	16/6/23	Comparative evaluation of clinical and radiographic success of three different Jesion sterilization and tissue	Dr mayuri

		repair techniques as treatment options in primary molars requiring pulpectomy: An in vivo study	
11	14/7/23	Paediatric dentists Choices of restorative materials for primary molars	Dr ahilya
12	28/7/23	In Vitro remineralization of primary teeth with a remineralization - pra-moting peptide containing dental varnish	Dr mayuri
13	4/8/23	Infant dietary pattern & its association with early childhood caries in preschool children: A cross-section study.	Dr ahilya
14	25/8/23	Evaluation of the anti-bacterial activity of Ena-melast and Huarde fender Fluoride varnishes against Streptococcus mutans biofilm on in vitro study in primary teeth.	Dr mayuri

15	1/9/23	Fate of pulpotomies teeth in Paediatric patients: A3 year case series in a Malaysian Dental teaching Hospital.	Dr ahilya
16	22/9/23	Response of intraconal medicaments on viability survival of	Dr mayuri
		SHEDS.	
17	27/10/23	Pulp revascularization od bilateral upper necrotic immature permanent incisors with blood clot us platelet-rich fibrin Scaffold- A split mouth double blind randomized controlled trial	Dr ahilya
18	4/11/23	Evaluation of biological effect of mineral trioxide aggregate in in Hammed pulp - in vitro analysis.	Dr mayuri

19	11/11/23	Comparative evaluation of antimicrobial efficacy of elidzonic acid and propolis against F. faecalis in primary teeth: An in vivo study	Dr ahilya
20	8/12/2023	Relationship between time to haemostasis and outcomes of pulpotomy using Root BP plus in symptomatic young permanent prospective study teeth a	Dr mayuri
21	12/1/24	Smear layer removal efficacy of irrigating solution applied distinct needle designs: A scanning electron microscopic Study	Dr ahliya
22	9/2/24	Effect of three different pastes on remineralization of initial enamel lesion An in vitro study	Dr ahilya
23	9/2/24	Timing of extraction of permanent in 0 first molars school aged children: pilot study	Dr mayuri

24	15/2/24	Comparing Zirconia to anterior strip crowns in primary anterior teeth in children: a randomized clinical trial	Dr ahilya

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JOURNAL CLUB PRESENTED BY POSTGRADUATE STUDENT

Name of Postgraduate Student – **Dr. Bhagyashri B Mune**

Sr. No	Title	Date
1	Effects of different dentinal drying methods on the adhesion of glass ionomer restoration to primary teeth	25/3/2022
2	Effectiveness of lidocaine dent patch system versus lidocaine gel as topical anesthetic agent in children.	8/4/2022
3	Oral health status in mentally disabled children dental care knowledge of parents and impact of audiovisual oral health education program.	13/5/2022
4	Comparative evaluation of antibacterial efficacy different bioactive smart composites: An in vitro study	27/05/2022
5	Comparison of Vitamin D Level of Children with Severe Early Childhood Caries and Children with No Caries	10/6/2022
6	Drinking Desalinated Water that Lack Calcium and Magnesium Has No Effect on Mineral Content of Enamel and Dentin in Primary Teeth	4/08/2022

7	Clinical effect of photodynamic therapy on primary carious dentin after partial caries removal	22/07/2022
8	Survival Rates of Stainless-Steel Crowns and Multi-Surface Composite Restorations Placed by Dental Students in a Pediatric Clinic	2/09/2022
9	A cross-sectional survey on children perception of isolation methods for restorative procedures and influence of cognitive development.	14/09/2022
10	Removal of smear layer by various root canal irrigations in primary teeth.	5/11/2022
11	Development of a Silver Diamine Fluoride Protocol in Safety Net Dental Settings.	6/01/2023
12	A Comparative Assessment of Different Techniques for Obturation with Endoflas in Primary Molars: An In vivo Study	
13	Effect of sleep on development of early childhood caries: a systematic review	14/3/2023
14	Evaluation of marginal alveolar bone For early dene height perodontal disease in Pediatric population clinical f radiograph Study	12/5/23
15	Nano cellulose reinforced glass ionomer restoration	9/6/23

7	Clinical effect of photodynamic therapy on primary carious dentin after partial caries removal	22/07/2022
8	Survival Rates of Stainless-Steel Crowns and Multi-Surface Composite Restorations Placed by Dental Students in a Pediatric Clinic	2/09/2022
9	A cross-sectional survey on children perception of isolation methods for restorative procedures and influence of cognitive development.	14/09/2022
10	Removal of smear layer by various root canal irrigations in primary teeth.	5/11/2022
11	Development of a Silver Diamine Fluoride Protocol in Safety Net Dental Settings.	6/01/2023
12	A Comparative Assessment of Different Techniques for Obturation with Endoflas in Primary Molars: An In vivo Study	
13	Effect of sleep on development of early childhood caries: a systematic review	14/3/2023
14	Evaluation of marginal alveolar bone For early dene height perodontal disease in Pediatric population clinical f radiograph Study	12/5/23
15	Nano cellulose reinforced glass ionomer restoration	9/6/23

16	evaluation of Safety Or of using sedative anesthesia in Ped. D	7/7/23
17	Efficacy of iodoform based c material for pulpectomy of primary Teeth 24 month NIRCT	17/8/23
18	Effect of NAM on maxillary arch dimension and malocclusion characteristics in primary dentition patients with cleft lip and palate.	13/10/23
19	outcome of preformed metal crown placed with the Conventional & Hall technique A Systematic C reliant & meta-analysis	29/11/23
20	A Comparative study to the effectiveness of SDE at different duration of application in treating Carious primary teeth.	26/12/23
21	blood clot & PR-F young permanent teeth based on revived American Comparative Ev of regenerative potential in the academy of Endodontic Clinical Consideration For regenerative Procedure : 2016	19/1/24

JOURNAL CLUB PRESENTED BY POSTGRADUATE STUDENT

Name of Postgraduate Student – **Dr. Vijayalaxmi Mohite**

Sr. No	Title	Date

10	Best clinical practice guideline for clinician dealing with MIH: EAPD policy document	7/10/2022
11	Clinical evaluation of pediatric posterior zirconia and SS crown: a comparative study.	22/10/2022
12	Evaluation of 3 different remineralizing agent on artificially demineralized enamel lesion using SEM-EDX magic angle spinning nuclear resonance	23/1/2023
13	The outcome of endodontic regeneration in delayed replanted permanent incisor turboreg analysis of case	4/3/2023

14	Comparison of disinfection Sath Dr. through Dr. Vijay effectiveness through manual rotary system, PDT in molar: vitro study.	21/4/23
15	Influence of isolation technique on survival of modified gic restoration primary molars	26/5/23
16	Composite Coresupport Divijaya ssc enhance Fracture resistance of severely damage posterior teeth	30/6/23
17	Clinical effectiveness of alkasatie No nano. Filled resin Composite inter-	21/7/23

	restoration of Caries permanent M teeth of children - ARCT	
18	Preclinical Clinical Trial Ar. of chherhexidine polymer Scaffold for pulp Therapy	13/10/23
19	Minimally invasive techniques used for caries management dentistry	20/10/23
20	Evaluating the Fissure preparation technique on microleakage of le a Composite used an a Fissure sealant	21/12/23
21	evaluation of accuracy of electronic apex locator in presence of Naocl in primary, teeth with. and without resorption	2/2/24

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DEPARTMENT OF ORTHODONTICS

DY Patil Dental School

Department of Orthodontics and Dentofacial Orthopaedics

JOURNAL CLUB PRESENTATIONS

Year: 2022

Sr No.	Date	Presented By	Topic Name
1.	02/02/2022	Dr. Shirish Game	Impact of variation in maxillary lateral incisors dimensions ad smile aesthetics
2.	08/02/2022	Dr. Mrunali Tone	An analysis of clinical imaging features of unilateral impacted maxillary lateral incisor: a cross sectional study
3.	23/03/2022	Dr. Sanjeet Utekar	Incisor position and alveolar bone thickness comparative analysis of two untreated sample of lateral cephalogram
4.	30/03/2022	Dr. Shirish Game	Interaction of hard tissue and soft tissue and growth over time and their impact orthodontic diagnosis
5.	06/04/2022	Dr. Mrunali Tone	Primary role of functional matrices in facial growth
6.	13/04/2022	Dr. Sanjeet Utekar	Influence of lateral ceph in orthodontics diagnosis and treatment planning
7.	20/04/2022	Dr. Shirish Game	Extraction planning in orthodontics
8.	22/04/2022	Dr. Mrunali Tone	The functional matrix hypothesis Revisited Role of mechanotransduction
9.	27/04/2022	Dr. Sanjeet Utekar	A practical method for determining pubertal growth spurts
10.	01/06/2022	Dr. Shirish Game	The FMH Revisited 3: The genomic thesis
11.	06/06/2022	Dr. Sanjeet Utekar	The functional matrix hypothesis revisited 4
12.	01/07/2022	Dr. Mrunali Tone	A review of tooth formation in children with cleft lip and palate
13.	07/07/2022	Dr. Sanjeet Utekar	Quantitative analysis of TMJ Adaptation to protrusion function

14.	08/09/2022	Dr. Mrunali Tone	The K Loop molar distalizing appliance
15.	11/11/2022	Dr. Shirish Game	Upto date approach in treatment of impacted mandibular molars: A literature review
16.	01/12/2022	Dr. Shirish Game	Bracket positioning for smile arc protection
17.	07/12/2022	Dr. Sanjeet Utekar	Mid palatal suture maturation method for assessment of maturation before expansion
18.	22/12/2022	Dr. Mrunali Tone	Acoustic measurement of speech and voice in men with angles class 2 Div 1 Malocclusion

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Year: 2023

Serial No.	Date	Presented By	Topic Name
1.	09/01/2023	Dr. Sanjeet Utekar	Common Sense mechanics 8,9
2.	08/02/2023	Dr. Shirish Game	Common sense mechanic 1 2 3
3.	13/02/2023	Dr. Sanjeet Utekar	Common sense mechanic 13,14
4.	17/02/2023	Dr Akansha Kedar	A method of cephalometric evaluation McNamara
5.	05/03/2023	Dr. Shirish Game	Skeletal and dental changes following FR therapy in Class II patients.
6.	06/03/2023	Dr. Sanjeet Utekar	Benefits of early class 2 treatment progress report of two phase RCT
7.	07/03/2023	Dr Akansha Kedar	The irregularity index A Quantitative score of mandible
8.	15/03/2023	Dr Sunil Kalyankar	The wits Appraisal
9.	03/04/2023	Dr. Sanjeet Utekar	Deep overbite correction by intrusion
10.	20/04/2023	Dr. Mrunali Tone	Common sense mechanics 4 5 6
11.	24/04/2023	Dr Sunil Kalyankar	Demineralization and remineralization around orthodontic appliance
12.	02/05/2023	Dr Sunil Kalyankar	Skeletal anchorage system and open bite
13.	04/05/2023	Dr. Mrunali Tone	Common sense mechanics 11 12
14.	05/05/2023	Dr. Shirish Game	Airway adequacy head posture and craniofacial morphology
15.	15/05/2023	Dr. Shirish Game	Common Sense mechanics 9 10
16.	16/05/2023	Dr Sunil Kalyankar	Factors related to micro implant assisted RPE in teenagers and young adults- CBCT
17.	23/05/2023	Dr Devika	A Soft tissue cephalometric Analysis and its use in orthodontics treatment planning

18.	25/05/2023	Dr Akansha Kedar	Long face syndrome vertical maxillary excess
19.	30/05/2023	Dr. Mrunali Tone	Asymmetry of Human facial skeleton
20.	08/06/2023	Dr. Mrunali Tone	A new device for absolute anchorage
21.	09/06/2023	Dr. Sunil Kalyankar	Orthodontic appliance and enamel demineralization part 1 region development
22.	12/06/2023	Dr Akansha Kedar	Burstone CR deep overbite correction by intrusion AMJ Orthodontics
23.	21/06/2023	Dr. Shirish Game	Orthodontic retreatment for vertical control in a patient with skeletal Class II long face
24.	07/08/2023	Dr. Shirish Game	Bone anchored maxillary protraction long term outcomes in UCLP: A case report
25.	03/07/2023	Dr. Sunil Kalyankar	Factors associated with the stability of titanium screw placed in posterior region

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DEPARTMENT OF ENDODONTICS

D. Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

JOURNAL CLUB PRESENTED (2021-2022)

Sr No.	DATE	TOPICS	PG STUDENT
1.	05/04/2022	Current Concepts of Dentinal Hypersensitivity	Dr. Shraddha
2.	11/4/2022	Premixed Bioceramics: A Novel Pulp Capping Agent	Dr. Manjiri
3.	28/04/2022	Insight in to status of dental caries Vaccination: A Review	Dr. Vishwajit
4.	05/05/2022	Effect of prophylactic instrumentation on surface roughness of toothcolored restorative material: An in vitro study	Dr. Manjiri
5.	11/05/2022	Pre endodontic restoration of structurally compromised teeth: Current concepts	Dr. Vishwajit
6.	19/05/2022	Oxygen Inhibition Layer: A Dillema to Be Solved	Dr. Shraddha
7.	24/05/2022	Needle gauge influences pain perception during intra-pulpal anesthesia: A randomized control trial	Dr. Vishwajit
8.	02/06/2022	Modified Putty Index Matrix Technique	Dr. Shraddha
9.	16/06/2022	Traditional and minimally invasive access	Dr. Manjiri

		cavities in Endodontics: A literature review	
10.	23/06/2022	Nicolau Syndrome After Endodontic Treatment	Dr. Shraddha
11.	30/06/2022	To evaluate and compare the compressive strength of root dentin exposed to calcium hydroxide, mixed with various vehicles for a period of 30 days: An in-vitro study	Dr. Manjiri
12.	14/07/2022	Endodontic biofilms: Contemporary and future treatment options	Dr. Vishwajit
13.	26/07/2022	Influence Of Maintaining Apical Patency in Post-Endodontic Pain	Dr. Shraddha
14.	21/07/2022	The Influence of Irrigant Activation, Concentration and Contact Time on Sodium Hypochlorite penetration on Root Dentin	Dr. Manjiri
15.	03/08/2022	Influence of dentinal debris and organic tissue on the properties of sodium hypochlorite solution	Dr. Vishwajit
16.	11/08/2022	Unprepared Root Canal Areas: Causes, Clinical Implications and Therapeutic Strategies	Dr. Manjiri
17.	1/09/2022	Atypical radiographic presentation of a horizontal mid root fracture in a maxillary central incisor	Dr. Vishwajit
18.	08/09/2022	CAD/CAM Ceramic Restorative Materials for Natural Teeth	Dr. Manjiri

19.	15/09/2022	Radix Entomolaris: Review and Series of Case Reports	Dr. Shraddha
20.	18/09/2022	Management of Intracanal Separated Instruments	Dr. Shraddha
21.	22/09/2022	Deep Marginal Elevation	Dr. Vishwajit
22.	06/10/2022	Electric Pulp Testing	Dr. Shraddha
23.	13/10/2022	Evaluation of Accuracy of Electronic Apex Locators in the Presence of Various Irrigants	Dr. Manjiri
24.	20/10/2022	Efficacy of direct pulp for management of cariously exposed pulps in permanent teeth	Dr. Vishwajit

for HOD

Professor and Head of Department

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics
D.Y. Patil Dental School
Pune - 411018

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

JOURNAL CLUB PRESENTATIONS (2022-2023)

Sr No.	DATE	TOPICS	Presented by
1.	29/12/2022	Resin Infiltration of Enamel White Spot Lesions: An Ultramorphological Analysis	Dr. Manjiri
2.	05/01/2023	Management of Double Dens Invaginatus	Dr. Shraddha
3.	12/01/2023	Three dimensionally analysis of the root canal preparation with Reciproc blue, Waveone gold, XP endoshaper	Dr. Vishwajit
4.	31/01/2023	Calcium Hydroxide as Intracanal Medicament	Dr. Shraddha
5.	18/04/2023	A Review on Triple Antibiotic Paste as a Suitable Material used in Regenerative Endodontics	Dr. Manjiri
6.	25/04/2023	Glide path enlargement of curved molar canals using Hyflex EDM glide path file versus Pathfile:a comparative study of preparation time and postoperative pain	Dr. Vishwajit

Professor and Head of Department

PROFESSOR & HEAD
Dept. of Conservative Dentistry & Endodontics
D.Y. Patil Dental School
D.Y. Patil Knowledge City

CASE DISCUSSIONS

DEPARTMENTOF PEDODONTICS

D.Y.Patil dental school ,Lohegaon

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY .

Case presentation 2022-23

Date	Topic	PG student
15/2/24	Early childhood caries	Dr. Ahilya
20/2/24	Traumatic dental injury	Dr. Mayuri
19/3/24	Amelogenesis imperfecta	Dr. Mayuri

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D.Y.Patil dental school ,Lohegaon

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY .

Case presentation batch 2022-23

Date	Topic	PG student
31/3/23	Dentigerous cyst	Dr. Bhagyshri
1/7/23	Dental flurosis	Dr. Bhagyshri
1/8/23	Early childhood caries	Dr .Vijayalaxmi
28/8/23	Early childhood caries	Dr .Vijayalaxmi
2/1/24	Traumatic dental injury	Dr. Bhagyshri

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DEPARTMENT OF ORTHODONTICS

DY Patil Dental School

Department of Orthodontics and Dentofacial Orthopaedics

CASE PRESENTATIONS COMPLETED

Year 2022-23

Sr No	DATE	Doctor's name	Patient's name
1.	13/5/22	Dr. Sanjeet Utekar	Tejas Nagwade
2.	13/5/22	Dr. Shirish Game	Srushti Lokhande
3.	13/5/22	Dr. Mrunali Tone	Suyash Acharya
4.	27/7/22	Dr. Sanjeet Utekar	Aditya Kamble
5.	27/7/22	Dr. Shirish Game	Sneha Thomas
6.	27/7/22	Dr. Mrunali Tone	Sairaj Raut
7.	22/8/22	Dr. Sanjeet Utekar	Tanushree Nanaware
8.	22/8/22	Dr. Shirish Game	Priya Kadam
9.	22/8/22	Dr. Mrunali Tone	Harshita Jadhav
10.	29/8/22	Dr. Sanjeet Utekar	Trupti Gavhane
11.	29/8/22	Dr. Shirish Game	Anshika Gupta
12.	29/8/22	Dr. Mrunali Tone	Mahip Tripathi
13.	9/9/22	Dr. Sanjeet Utekar	Anjali Badigar
14.	9/9/22	Dr. Shirish Game	Pranav Kadam
15.	9/9/22	Dr. Mrunali Tone	Avantika Jadhav
16.	12/9/22	Dr. Sanjeet Utekar	Omkar Navale
17.	12/9/22	Dr. Shirish Game	Priti Bhandari
18.	12/09/22	Dr. Mrunali Tone	Rutuja Kherkar
19.	23/9/22	Dr. Sanjeet Utekar	Rishabh Arya
20.	23/9/22	Dr. Shirish Game	Shubhangi Zine
21.	23/9/22	Dr. Mrunali Tone	Pratik Baghale
22.	23/9/22	Dr. Sanjeet Utekar	Anjali Khadke
23.	23/9/22	Dr. Shirish Game	Omkar Kakade
24.	23/9/22	Dr. Mrunali Tone	Sahani Shaikh
25.	4/10/22	Dr. Sanjeet Utekar	Yuvraj Gaikwad
26.	4/10/22	Dr. Shirish Game	Shruti Jindal
27.	4/10/22	Dr. Mrunali Tone	Mahadevi Sakhare
28.	4/10/22	Dr. Sanjeet Utekar	Karan Kamble
29.	4/10/22	Dr. Shirish Game	Shruti Nagdekar
30.	4/10/22	Dr. Mrunali Tone	Shreyansh Pachpute
31.	7/10/22	Dr. Sanjeet Utekar	Sapna Ranpise
32.	7/10/22	Dr. Shirish Game	Navya M
33.	7/10/22	Dr. Mrunali Tone	Pooja Malviya
34.	4/11/22	Dr. Sanjeet Utekar	Rohit Kolekar
35.	4/11/22	Dr. Shirish Game	Suresh Sanisare
36.	4/11/22	Dr. Mrunali Tone	Mary Shaikh
37.	24/11/22	Dr. Sanjeet Utekar	Prachi Lokhande
38.	24/11/22	Dr. Shirish Game	Janhvi W
39.	24/11/22	Dr. Mrunali Tone	Astha Tilekar
40.	28/11/22	Dr. Sanjeet Utekar	Manisha Kumar
41.	28/11/22	Dr. Shirish Game	Ayushi Singh

	28/11/22	Dr. Mrunali Tone	Rohit Meghawat
43.	9/12/22	Dr. Sanjeet Utekar	Kashwi Saxena
44.	9/12/22	Dr. Shirish Game	Shivanjali Jagade
45.	9/12/22	Dr. Mrunali Tone	Apeksha Thorave
46.	16/12/22	Dr. Sanjeet Utekar	Kajal Goud
47.	16/12/22	Dr. Shirish Game	Sakshi Kharat
48.	16/12/22	Dr. Mrunali Tone	Prince Sharma
49.	26/12/22	Dr. Sanjeet Utekar	Krisha Poojari
50.	26/12/22	Dr. Shirish Game	Deepak Aiwale
51.	26/12/22	Dr. Mrunali Tone	Britika Kaur
52.	30/12/22	Dr. Sanjeet Utekar	Zohira Shaikh
53.	30/12/22	Dr. Shirish Game	Shilpa Sawant
54.	30/12/22	Dr. Mrunali Tone	Chetan Gaikwad
55.	13/1/23	Dr. Sanjeet Utekar	Shweta Salunkhe
56.	13/1/23	Dr. Shirish Game	Jayesha Punia
57.	13/1/23	Dr. Mrunali Tone	Mantasha Haque
58.	16/1/23	Dr. Sanjeet Utekar	Sharvari Patil
59.	16/1/23	Dr. Shirish Game	Seema Mane
60.	16/1/23	Dr. Mrunali Tone	Ashwini Waghmare
61.	18/1/23	Dr. Sanjeet Utekar	Rehnuma Khan
62.	18/1/23	Dr. Shirish Game	Anita Waghmare
63.	18/1/23	Dr. Mrunali Tone	Payal Kirte
64.	23/1/23	Dr. Sanjeet Utekar	Ruchika Gadave
65.	23/1/23	Dr. Shirish Game	Sanjana Kaur
66.	23/1/23	Dr. Mrunali Tone	Nihar
67.	3/2/23	Dr. Sanjeet Utekar	Yusuf Tanwar
68.	3/2/23	Dr. Shirish Game	Manasi Kapse
69.	3/2/23	Dr. Mrunali Tone	Ashlesha Chavan
70.	13/2/23	Dr. Sanjeet Utekar	Pradnya Chavan
71.	13/2/23	Dr. Shirish Game	Ashwet Pawar
72.	13/2/23	Dr. Mrunali Tone	Bhavya Nahata
73.	24/2/23	Dr. Sanjeet Utekar	Vandana Bahata
74.	24/2/23	Dr. Shirish Game	Trupti Shirsath
75.	24/2/23	Dr. Mrunali Tone	Raunak Ranpise
76.	1/3/23	Dr. Sanjeet Utekar	Akshara Dixit
77.	1/3/23	Dr. Shirish Game	Shirish G.
78.	1/3/23	Dr. Mrunali Tone	Rushikesh Gilbile
79.	8/3/23	Dr. Sanjeet Utekar	Shivani Pawar
80.	8/3/23	Dr. Shirish Game	Arnab Shebhade
81.	8/3/23	Dr. Mrunali Tone	Shravani Shetye
82.	15/3/23	Dr. Sanjeet Utekar	Sanvi Tangde
83.	15/3/23	Dr. Shirish Game	Kavya Konduskar
84.	15/3/23	Dr. Mrunali Tone	Sargam Kaur
85.	3/4/23	Dr. Sanjeet Utekar	Vedika Patre
86.	3/4/23	Dr. Shirish Game	Pratik Shivale
87.	3/4/23	Dr. Mrunali Tone	Neil Satardekar
88.	12/4/23	Dr. Sanjeet Utekar	Harshada Najilkar
89.	12/4/23	Dr. Shirish Game	Shiv Verma
90.	12/4/23	Dr. Mrunali Tone	Harsh Dutta

	17/4/23	Dr. Sanjeet Utekar	Monika Girhe
92.	17/4/23	Dr. Shirish Game	Tushara Pamedi
93.	17/4/23	Dr. Mrunali Tone	Akshay Malagali
94.	27/4/23	Dr. Sanjeet Utekar	Shakeel Shaikh
95.	27/4/23	Dr. Shirish Game	Trupti Khandave
96.	27/4/23	Dr. Mrunali Tone	Rushabh Mallasamani
97.	3/5/23	Dr. Sanjeet Utekar	Vandana Sunsuna
98.	3/5/23	Dr. Shirish Game	Gayatri Baviksar
99.	3/5/23	Dr. Mrunali Tone	Ashwini Umap
100.	10/5/23	Dr. Sanjeet Utekar	Unnati Kurambhati
101.	10/5/23	Dr. Shirish Game	Janvi Waghere
102.	10/5/23	Dr. Mrunali Tone	Tejaswini Gaikwad
103.	18/5/23	Dr. Sanjeet Utekar	Atul Bisht
104.	18/5/23	Dr. Shirish Game	Pankaj Agasti
105.	18/5/23	Dr. Mrunali Tone	Isha Bishnoi
106.	29/5/23	Dr. Sanjeet Utekar	Shivtej Talekar
107.	29/5/23	Dr. Shirish Game	Sakshi Patel
108.	29/5/23	Dr. Mrunali Tone	Karan Kakade
109.	1/6/23	Dr. Sanjeet Utekar	Dipti Sethuraman
110.	1/6/23	Dr. Shirish Game	Shivprasad Sontake
111.	1/6/23	Dr. Mrunali Tone	Shrutika Raskar
112.	7/6/23	Dr. Sanjeet Utekar	Rohit Agarwal
113.	7/6/23	Dr. Shirish Game	Om Gholap
114.	7/6/23	Dr. Mrunali Tone	Pallavi Parande
115.	14/6/23	Dr. Sanjeet Utekar	Swapnil Pawar
116.	14/6/23	Dr. Shirish Game	Payal Dikkit
117.	14/6/23	Dr. Mrunali Tone	Mahesh Nanaware
118.	21/6/23	Dr. Sanjeet Utekar	Lavanya Rohila
119.	21/6/23	Dr. Shirish Game	Shivam Bhukane
120.	21/6/23	Dr. Mrunali Tone	Baljeet Singh
121.	26/6/23	Dr. Sanjeet Utekar	Bhagyashree Chaudhari
122.	26/6/23	Dr. Shirish Game	Prarthna Karande
123.	26/6/23	Dr. Mrunali Tone	Priti Garat
124.	3/7/23	Dr. Sanjeet Utekar	Shruti Pawar
125.	3/7/23	Dr. Shirish Game	Abhishek Dheer
126.	3/7/23	Dr. Mrunali Tone	Rachna Kanase
127.	10/7/23	Dr. Sanjeet Utekar	Komal Kaur
128.	10/7/23	Dr. Shirish Game	Swaroop Kamble
129.	10/7/23	Dr. Mrunali Tone	Pradnya
130.	18/7/23	Dr Sunil Kalyankar	Sharvari Belitkar
131.	18/07/23	Dr Akansha Kedar	Sahil Dalvi
132.	18/07/23	Dr Devika P.	Rishikesh Ravte
133.	29/08/23	Dr Sunil Kalyankar	Badri Jadhav
134.	29/08/23	Dr Akansha Kedar	Riya Bhavar
135.	29/08/23	Dr Devika P.	Anjali Borate

Dr. Sandeep Jethe

H.O.D.
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Charoli (Bk), Via Lohegaon, Pune - 412105

DEPARTMENT OF ENDODONTICS

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

CASE PRESENTATIONS (2022-2023)

Sr No.	DATE	TOPICS	Presented by
1.	09/03/2023	Atypical Root Canal Anatomy – An Endodontic Enigma	Dr. Manjiri
2.	23/03/2023	Management of Horizontal Root Fracture – A Case Report	Dr. Vishwajit
3.	08/04/2023	Management of C-Shape Root Canal Morphology	Dr. Vishwajit
4.	02/05/2023	Instrument Retrieval using Ultrasonics	Dr. Manjiri
5.	15/05/2023	Management of Extra Canals in Mandibular Premolars	Dr. Shraddha
6.	23/03/2023	Management of Extra Canals in Mesio-buccal Root of Maxillary Molars	Dr. Manjiri
7.	02/08/2023	Multidisciplinary Management of Impacted, Superiorly Inverted, Severely Dilacerated Maxillary Central Incisor	Dr. Shraddha
8.	12/06/2023	Extrarootcanal Morphology in Maxillary Molar	Dr. Vishwajit
9.	14/06/2023	Reattachment of Fractured Maxillary Lateral Incisor using Glass Fiber Reinforced Post	Dr. Shraddha

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Department of Conservative Dentistry & Endodontics
D.Y. Patil Dental School
Knowledge City

UG DEPARTMENTS

- **SEMINARS**
- **DEMONSTRATION**
- **CASE DISCUSSION**

DISCUSSION AND DEMONSTRATION – PUBLIC HEALTH DENTISTRY

AY-2022-23

2022-23

Sl no	Date	Topic	Staff
1	2/1/23	Introduction to Public Health Dentistry	Dr. Karibasappa G N
2	3/1/23	Introduction to Indices	Dr.Sriram Kulkarni
3	4/1/23	Case history recording	Dr.Prakash Gaikwad
4	5/1/23	Diet history recording	Dr. Karibasappa G N
5	6/1/23	Interpretation of clinical findings	Dr.Sriram Kulkarni
6	7/1/23	Levels of prevention	Dr.Prakash Gaikwad
7	9/1/23	OHI-S	Dr. Karibasappa G N
8	10/1/23	DMFT/DMFS	Dr.Sriram Kulkarni
9	11/1/23	CPITN	Dr.Prakash Gaikwad
10	12/1/23	CPI	Dr.Sriram Kulkarni
11	13/1/23	Loss of Attachment	Dr.Prakash Gaikwad
12	14/1/23	Introduction to Public Health Dentistry	Dr.Sriram Kulkarni
13	16/1/23	Introduction to Indices	Dr.Prakash Gaikwad
12	17/1/23	Case history recording	Dr.Prakash Gaikwad
14	18/1/23	Diet history recording	Dr.Sriram Kulkarni
15	19/1/23	Interpretation of clinical findings	Dr.Prakash Gaikwad
16	20/1/23	Levels of prevention	Dr. Karibasappa G N
17	21/1/23	OHI-S	Dr.Sriram Kulkarni
18	23/1/23	DMFT/DMFS	Dr.Prakash Gaikwad
19	24/1/23	CPITN	Dr. Karibasappa G N
20	27/1/23	CPI	Dr.Sriram Kulkarni

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D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - [illegible]

AY 2022-23

III BDS 1st Term

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	1/2/23	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	2/2/23	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	3/2/23	Demonstration on Diagnostic Instrument	Dr. Shriram K
4	4/2/23	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	5/2/23	Case History discussion	Dr. Prakash Gaikwad
6	6/2/23	Treatment Plan	Dr. Shriram K
7	9/2/23	Introduction to Indices	Dr Karibasappa GN
8	12/2/23	Post End Exam	Dr. Prakash Gaikwad
		Batch G	
1	13/2/23	Introduction to Public Health Dentsitry	Dr. Shriram K
2	14/2/23	Demonstration of Dental Chair and its Functionality	Dr Karibasappa GN
3	15/2/23	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	16/2/23	Discussion on Diagnostic Instruments	Dr. Shriram K
5	17/2/23	Case History discussion	Dr Karibasappa GN
6	19/2/23	Treatment Plan	Dr. Prakash Gaikwad
7	21/2/23	Introduction to Indices	Dr. Shriram K
8	24/2/23	Post End Exam	Dr Karibasappa GN
		Batch F	
1	25/2/23	Introduction to Public Health Dentsitry	Dr. Prakash Gaikwad
2	26/2/23	Demonstration of Dental Chair and its Functionality	Dr. Shriram K
3	28/2/23	Demonstration on Diagnostic Instrument	Dr Karibasappa GN
4	1/3/23	Discussion on Diagnostic Instruments	Dr. Prakash Gaikwad
5	2/3/23	Case History discussion	Dr. Shriram K
6	5/3/23	Treatment Plan	Dr Karibasappa GN
7	6/3/23	Introduction to Indices	Dr. Prakash Gaikwad
8	8/3/23	Post End Exam	Dr. Shriram K
		Batch E	
1	9/3/23	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	10/3/23	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	11/3/23	Demonstration on Diagnostic Instrument	Dr. Shriram K
4	12/3/23	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	13/3/23	Case History discussion	Dr. Prakash Gaikwad
6	15/3/23	Treatment Plan	Dr. Shriram K
7	18/3/23	Introduction to Indices	Dr Karibasappa GN
8	20/3/23	Post End Exam	Dr. Prakash Gaikwad

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Charoli (Bk), Via Lohegaon, Pune - 412105

6	30/7/23	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	1/8/23	Interpretation of Criteria's of Indices	Dr.Shriram K
8	3/8/23	Post End Exam	Dr Karibasappa GN
		Batch D	
1	4/8/23	Case History discussion and Revision	Dr Karibasappa GN
2	5/8/23	Art of collecting Patient information	Dr. Prakash Gaikwad
3	10/8/23	Case History recording	Dr.Shriram K
4	14/8/23	Differential Diagnosis	Dr Karibasappa GN
5	17/8/23	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	19/8/23	Discussion on OHI-S and DMFT Indices	Dr.Shriram K
7	22/8/23	Interpretation of Criteria's of Indices	Dr Karibasappa GN
8	25/8/23	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	26/8/23	Case History discussion and Revision	Dr Karibasappa GN
2	28/8/23	Art of collecting Patient information	Dr. Prakash Gaikwad
3	30/8/23	Case History recording	Dr.Shriram K
4	1/9/23	Differential Diagnosis	Dr Karibasappa GN
5	6/9/23	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	9/9/23	Discussion on OHI-S and DMFT Indices	Dr.Shriram K
7	12/9/23	Interpretation of Criteria's of Indices	Dr Karibasappa GN
8	16/9/23	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	17/9/23	Case History discussion and Revision	Dr Karibasappa GN
2	19/9/23	Art of collecting Patient information	Dr. Prakash Gaikwad
3	24/9/23	Case History recording	Dr.Shriram K
4	27/9/23	Differential Diagnosis	Dr Karibasappa GN
5	30/9/23	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	1/10/23	Discussion on OHI-S and DMFT Indices	Dr.Shriram K
7	5/10/23	Interpretation of Criteria's of Indices	Dr Karibasappa GN
8	8/10/23	Post End Exam	Dr. Prakash Gaikwad
		Batch A	
1	9/10/23	Case History discussion and Revision	Dr Karibasappa GN
2	11/10/23	Art of collecting Patient information	Dr. Prakash Gaikwad
3	15/10/23	Case History recording	Dr.Shriram K
4	18/10/23	Differential Diagnosis	Dr Karibasappa GN
5	23/10/23	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	27/10/23	Discussion on OHI-S and DMFT Indices	Dr.Shriram K
7	29/10/23	Interpretation of Criteria's of Indices	Dr Karibasappa GN
8	31/10/23	Post End Exam	Dr. Prakash Gaikwad

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D.Y. Patil Knowledge City
Charholi (Bk), Via Lohegaon, Pune- 412105

AY -2022-23

IV BDS 1st term

Sl no	Date	Discussion Topic	Staff
Batch H			
1	19/9/2022	Case History discussion and Revision	Dr Karibasappa GN
2	20/9/2022	Indices Discussion	Dr. Prakash Gaikwad
3	22/9/2022	Indices Recording	Dr. Shriram K

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4	25/9/2022	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	29/9/2022	CPITN	
6	1/10/2022	Pit and Fissure Sealant Demonstration	Dr Karibasappa GN
7	4/10/2022	Application of P & F sealant on extracted tooth	Dr. Prakash Gaikwad
8	6/10/2022	Post End Exam	Dr. Shriram K
		Batch G	
1	7/10/2022	Case History discussion and Revision	Dr Karibasappa GN
2	8/10/2022	Indices Discussion	Dr. Prakash Gaikwad
3	10/10/2022	Indices Recording	Dr. Shriram K
4	13/10/2022	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	16/10/2022	CPITN	Dr. Prakash Gaikwad
6	19/10/2022	Pit and Fissure Sealant Demonstration	Dr. Shriram K
7	22/10/2022	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	25/10/2022	Post End Exam	Dr. Prakash Gaikwad
		Batch F	
1	26/10/2022	Case History discussion and Revision	Dr Karibasappa GN
2	27/10/2022	Indices Discussion	Dr. Prakash Gaikwad
3	29/10/2022	Indices Recording	Dr. Shriram K
4	1/11/2022	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	4/11/2022	CPITN	Dr. Prakash Gaikwad
6	8/11/2022	Pit and Fissure Sealant Demonstration	Dr. Shriram K
7	11/11/2022	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	13/11/2022	Post End Exam	Dr. Prakash Gaikwad
		Batch E	
1	14/11/2022	Case History discussion and Revision	Dr Karibasappa GN
2	15/11/2022	Indices Discussion	Dr. Prakash Gaikwad
3	18/11/2022	Indices Recording	Dr. Shriram K
4	21/11/2022	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	24/11/2022	CPITN	Dr. Prakash Gaikwad
6	29/11/2022	Pit and Fissure Sealant Demonstration	Dr. Shriram K
7	31/11/2022	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	1/12/2022	Post End Exam	Dr. Prakash Gaikwad
		Batch D	
1	2/12/2022	Case History discussion and Revision	Dr Karibasappa GN
2	3/12/2022	Indices Discussion	Dr. Prakash Gaikwad
3	6/12/2022	Indices Recording	Dr. Shriram K
4	8/12/2022	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	11/12/2022	CPITN	Dr. Prakash Gaikwad
6	14/12/2022	Pit and Fissure Sealant Demonstration	Dr. Shriram K
7	16/12/2022	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	19/12/2022	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	21/12/2022	Case History discussion and Revision	Dr. Prakash Gaikwad

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4	25/9/2022	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	29/9/2022	CPITN	
6	1/10/2022	Pit and Fissure Sealant Demonstration	Dr Karibasappa GN
7	4/10/2022	Application of P & F sealant on extracted tooth	Dr. Prakash Gaikwad
8	6/10/2022	Post End Exam	Dr. Shriram K
		Batch G	
1	7/10/2022	Case History discussion and Revision	Dr Karibasappa GN
2	8/10/2022	Indices Discussion	Dr. Prakash Gaikwad
3	10/10/2022	Indices Recording	Dr. Shriram K
4	13/10/2022	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	16/10/2022	CPITN	Dr. Prakash Gaikwad
6	19/10/2022	Pit and Fissure Sealant Demonstration	Dr. Shriram K
7	22/10/2022	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	25/10/2022	Post End Exam	Dr. Prakash Gaikwad
		Batch F	
1	26/10/2022	Case History discussion and Revision	Dr Karibasappa GN
2	27/10/2022	Indices Discussion	Dr. Prakash Gaikwad
3	29/10/2022	Indices Recording	Dr. Shriram K
4	1/11/2022	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	4/11/2022	CPITN	Dr. Prakash Gaikwad
6	8/11/2022	Pit and Fissure Sealant Demonstration	Dr. Shriram K
7	11/11/2022	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	13/11/2022	Post End Exam	Dr. Prakash Gaikwad
		Batch E	
1	14/11/2022	Case History discussion and Revision	Dr Karibasappa GN
2	15/11/2022	Indices Discussion	Dr. Prakash Gaikwad
3	18/11/2022	Indices Recording	Dr. Shriram K
4	21/11/2022	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	24/11/2022	CPITN	Dr. Prakash Gaikwad
6	29/11/2022	Pit and Fissure Sealant Demonstration	Dr. Shriram K
7	31/11/2022	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	1/12/2022	Post End Exam	Dr. Prakash Gaikwad
		Batch D	
1	2/12/2022	Case History discussion and Revision	Dr Karibasappa GN
2	3/12/2022	Indices Discussion	Dr. Prakash Gaikwad
3	6/12/2022	Indices Recording	Dr. Shriram K
4	8/12/2022	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	11/12/2022	CPITN	Dr. Prakash Gaikwad
6	14/12/2022	Pit and Fissure Sealant Demonstration	Dr. Shriram K
7	16/12/2022	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	19/12/2022	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	21/12/2022	Case History discussion and Revision	Dr. Prakash Gaikwad

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2	23/12/2022	Indices Discussion	Dr Karibasappa GN
3	28/12/2022	Indices Recording	Dr. Prakash Gaikwad
4	31/12/2022	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Shriram K
5	1/1/2023	CPITN	Dr Karibasappa GN
6	3/1/2023	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	4/1/2023	Application of P & F sealant on extracted tooth	Dr. Shriram K
8	6/1/23	Post End Exam	Dr Karibasappa GN
		Batch B	
1	7/1/23	Case History discussion and Revision	Dr Karibasappa GN
2	8/1/23	Indices Discussion	Dr. Prakash Gaikwad
3	10/1/23	Indices Recording	Dr. Shriram K
4	13/1/23	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	15/1/23	CPITN	Dr. Prakash Gaikwad
6	19/1/23	Pit and Fissure Sealant Demonstration	Dr. Shriram K
7	20/1/23	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	24/1/23	Post End Exam	Dr. Prakash Gaikwad
		Batch A	
1	25/1/23	Case History discussion and Revision	Dr Karibasappa GN
2	28/1/23	Indices Discussion	Dr. Prakash Gaikwad
3	1/2/23	Indices Recording	Dr. Shriram K
4	5/2/23	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	7/2/23	CPITN	Dr. Prakash Gaikwad
6	9/2/23	Pit and Fissure Sealant Demonstration	Dr. Shriram K
7	9/2/23	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	11/2/23	Post End Exam	Dr. Prakash Gaikwad

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IV BDS 2nd term

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	12/2/23	Indices Recording	Dr Karibasappa GN
2	13/2/23	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	15/2/23	Visit to PHC Center	Dr.Shriram K

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4	17/2/23	Visit to water Purification center	Dr Karibasappa GN
5	19/2/23	Dental Camp	Dr. Prakash Gaikwad
6	21/2/23	Health Education	Dr.Shriram K
7	23/2/23	Preparation of Study charts	Dr Karibasappa GN
8	25/2/23	Post End Exam	Dr. Prakash Gaikwad
		Batch G	
1	26/2/23	Indices Recording	Dr Karibasappa GN
2	28/2/23	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	1/3/23	Visit to PHC Center	Dr.Shriram K
4	3/3/23	Visit to water Purification center	Dr Karibasappa GN
5	5/3/23	Dental Camp	Dr. Prakash Gaikwad
6	7/3/23	Health Education	Dr.Shriram K
7	9/3/23	Preparation of Study charts	Dr Karibasappa GN
8	11/3/23	Post End Exam	Dr. Prakash Gaikwad
		Batch F	
1	12/3/23	Indices Recording	Dr Karibasappa GN
2	13/3/23	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	15/3/23	Visit to PHC Center	Dr.Shriram K
4	17/3/23	Visit to water Purification center	Dr Karibasappa GN
5	19/3/23	Dental Camp	Dr. Prakash Gaikwad
6	21/3/23	Health Education	Dr.Shriram K
7	23/3/23	Preparation of Study charts	Dr Karibasappa GN
8	25/3/23	Post End Exam	Dr. Prakash Gaikwad
		Batch E	
1	26/3/23	Indices Recording	Dr Karibasappa GN
2	28/3/23	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	31/3/23	Visit to PHC Center	Dr.Shriram K
4	1/4/23	Visit to water Purification center	Dr Karibasappa GN
5	3/4/23	Dental Camp	Dr. Prakash Gaikwad
6	7/4/23	Health Education	Dr.Shriram K
7	7/4/23	Preparation of Study charts	Dr Karibasappa GN
8	8/4/23	Post End Exam	Dr. Prakash Gaikwad
		Batch D	
1	9/4/23	Indices Recording	Dr Karibasappa GN
2	10/4/23	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	11/4/23	Visit to PHC Center	Dr.Shriram K
4	13/4/23	Visit to water Purification center	Dr Karibasappa GN
5	15/4/23	Dental Camp	Dr. Prakash Gaikwad
6	17/4/23	Health Education	Dr.Shriram K
7	19/4/23	Preparation of Study charts	Dr Karibasappa GN
8	22/4/23	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	23/4/23	Indices Recording	Dr. Prakash Gaikwad

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2	23/4/23	Application of Pit and Fissure Sealant	Dr Karibasappa GN
3	25/4/23	Visit to PHC Center	Dr. Prakash Gaikwad
4	28/4/23	Visit to water Purification center	Dr.Shriram K
5	30/4/23	Dental Camp	Dr Karibasappa GN
6	2/5/23	Health Education	Dr. Prakash Gaikwad
7	4/5/23	Preparation of Study charts	Dr.Shriram K
8	6/5/23	Post End Exam	Dr Karibasappa GN
		Batch B	
1	7/5/23	Indices Recording	Dr Karibasappa GN
2	8/5/23	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	10/5/23	Visit to PHC Center	Dr.Shriram K
4	12/5/23	Visit to water Purification center	Dr Karibasappa GN
5	14/5/23	Dental Camp	Dr. Prakash Gaikwad
6	16/5/23	Health Education	Dr.Shriram K
7	17/5/23	Preparation of Study charts	Dr Karibasappa GN
8	20/5/23	Post End Exam	Dr. Prakash Gaikwad
		Batch A	
1	21/5/23	Indices Recording	Dr Karibasappa GN
2	23/5/23	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	25/5/23	Visit to PHC Center	Dr.Shriram K
4	27/5/23	Visit to water Purification center	Dr Karibasappa GN
5	31/5/23	Dental Camp	Dr. Prakash Gaikwad
6	10/6/23	Health Education	Dr.Shriram K
7	21/6/23	Preparation of Study charts	Dr Karibasappa GN
8	30/6/23	Post End Exam	Dr. Prakash Gaikwad

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AY-2021-2022

2021-22

Sl no	Date	Topic	Staff
1	3/1/22	Introduction to Public Health Dentistry	Dr. Chirayu Jain
2	4/1/22	Introduction to Indices	Dr. Chirayu Jain
3	5/1/22	Case history recording	Dr. Chirayu Jain
4	6/1/22	Diet history recording	Dr. Chirayu Jain
5	7/1/22	Interpretation of clinical findings	Dr Karibasappa
6	8/1/22	Levels of prevention	Dr.Prakash Gaikwad
7	10/1/22	OHI-S	Dr Karibasappa
8	11/1/22	DMFT/DMFS	Dr.Prakash Gaikwad
9	12/1/22	CPITN	Dr Karibasappa
10	13/1/22	CPI	Dr. Chirayu Jain
11	14/1/22	Loss of Attachment	Dr Karibasappa
12	15/1/22	Introduction to Public Health Dentistry	Dr.Prakash Gaikwad
13	17/1/22	Introduction to Indices	Dr Karibasappa

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AY 2021-22
III BDS 1st Term

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	8/11/21	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	9/11/21	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	10/11/21	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	11/11/21	Discussion on Diagnostic Instruments	Dr. Chirayu
5	1211/21	Case History discussion	Dr. Chirayu
6	14/11/21	Treatment Plan	Dr. Chirayu
7	16/11/21	Introduction to Indices	Dr. Prakash Gaikwad
8	18/11/21	Post End Exam	Dr Karibasappa GN
		Batch G	
1	19/11/21	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	20/11/21	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	21/11/21	Demonstration on Diagnostic Instrument	Dr. Madhuri
4	22/11/21	Discussion on Diagnostic Instruments	Dr. Prakash Gaikwad
5	23/11/21	Case History discussion	Dr Karibasappa GN
6	24/11/21	Treatment Plan	Dr Karibasappa GN
7	27/11/21	Introduction to Indices	Dr. Chirayu
8	30/11/21	Post End Exam	Dr. Chirayu
		Batch F	
1	1/12/21	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	4/12/21	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	6/12/21	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	7/12/21	Discussion on Diagnostic Instruments	Dr. Prakash Gaikwad
5	8/12/21	Case History discussion	Dr. Madhuri
6	8/12/21	Treatment Plan	Dr. Madhuri
7	9/12/21	Introduction to Indices	Dr. Prakash Gaikwad
8	10/12/21	Post End Exam	Dr Karibasappa GN
		Batch E	
1	11/12/21	Introduction to Public Health Dentsitry	Dr. Prakash Gaikwad
2	12/12/21	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	13/12/21	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	14/12/21	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	15/12/21	Case History discussion	Dr. Chirayu
6	16/12/21	Treatment Plan	Dr. Chirayu
7	17/12/21	Introduction to Indices	Dr. Chirayu

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8	20/12/21	Post End Exam	Dr. Madhuri
		Batch D	
1	21/12/21	Introduction to Public Health Dentsitry	Dr. Prakash Gaikwad
2	21/12/21	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3		Demonstration on Diagnostic Instrument	Dr Karibasappa GN
4	22/12/21	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	23/12/21	Case History discussion	Dr. Chirayu
6	24/12/21	Treatment Plan	Dr. Chirayu
7	26/12/21	Introduction to Indices	Dr. Chirayu
8	31/12/21	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	1/1/22	Introduction to Public Health Dentsitry	Dr. Chirayu
2	2/1/22	Demonstration of Dental Chair and its Functionality	Dr. Chirayu
3	3/1/22	Demonstration on Diagnostic Instrument	Dr. Chirayu
4	4/1/22	Discussion on Diagnostic Instruments	Dr. Chirayu
5	5/1/22	Case History discussion	Dr. Chirayu
6	6/1/22	Treatment Plan	Dr. Madhuri
7	7/1/22	Introduction to Indices	Dr. Prakash Gaikwad
8	10/1/22	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	11/1/22	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	11/1/22	Demonstration of Dental Chair and its Functionality	Dr Karibasappa GN
3	13/1/22	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	14/1/22	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	15/1/22	Case History discussion	Dr. Madhuri
6	16/1/22	Treatment Plan	Dr. Madhuri
7	17/1/22	Introduction to Indices	Dr. Prakash Gaikwad
8	19/1/22	Post End Exam	Dr. Prakash Gaikwad
		Batch A	
1	21/1/22	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	22/1/22	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	23/1/22	Demonstration on Diagnostic Instrument	Dr Karibasappa GN
4	24/1/22	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	25/1/22	Case History discussion	Dr. Chirayu
6	26/1/22	Treatment Plan	Dr. Chirayu
7	28/1/22	Introduction to Indices	Dr. Chirayu
8	31/1/22	Post End Exam	Dr Karibasappa GN

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Third BDS (2nd Term)

AY 2020-21

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	28/12/20	Case History discussion and Revision	Dr Karibasappa GN
2	29/12/20	Art of collecting Patient information	Dr. Prakash Gaikwad
3	31/12/20	Case History recording	Dr. Madhuri
4	1/1/21	Differential Diagnosis	Dr. Prakash Gaikwad
5	2/1/21	Relevant investigations and Discussions	
6	3/1/21	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	5/1/21	Interpretation of Criteria's of Indices	Dr. Prakash Gaikwad
8	7/1/21	Post End Exam	Dr Karibasappa GN
		Batch G	
1	8/1/21	Case History discussion and Revision	Dr Karibasappa GN
2	9/1/21	Art of collecting Patient information	Dr. Prakash Gaikwad
3	11/1/21	Case History recording	Dr. Prakash Gaikwad
4	12/1/21	Differential Diagnosis	Dr. Prakash Gaikwad
5	14/1/21	Relevant investigations and Discussions	Dr. Madhuri
6	16/1/21	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	17/1/21	Interpretation of Criteria's of Indices	
8	18/1/21	Post End Exam	Dr. Prakash Gaikwad
		Batch F	

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1	19/1/21	Case History discussion and Revision	Dr Karibasappa GN
2	20/1/21	Art of collecting Patient information	Dr. Prakash Gaikwad
3	21/1/21	Case History recording	Dr. Prakash Gaikwad
4	22/1/21	Differential Diagnosis	Dr. Prakash Gaikwad
5	24/1/21	Relevant investigations and Discussions	Dr. Madhuri
6	26/1/21	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	27/1/21	Interpretation of Criteria's of Indices	
8	29/1/21	Post End Exam	Dr. Prakash Gaikwad
		Batch E	
1	30/1/21	Case History discussion and Revision	Dr. Prakash Gaikwad
2	1/1/21	Art of collecting Patient information	Dr. Prakash Gaikwad
3	2/1/21	Case History recording	Dr. Prakash Gaikwad
4	3/1/21	Differential Diagnosis	Dr. Madhuri
5	4/1/21	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	6/1/21	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	8/1/21	Interpretation of Criteria's of Indices	Dr Karibasappa GN
8	9/2/21	Post End Exam	Dr Karibasappa GN
		Batch D	
1	10/2/21	Case History discussion and Revision	Dr. Prakash Gaikwad
2	11/2/21	Art of collecting Patient information	Dr. Prakash Gaikwad
3	13/2/21	Case History recording	Dr Karibasappa GN
4	15/2/21	Differential Diagnosis	Dr Karibasappa GN
5	17/2/21	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	18/2/21	Discussion on OHI-S and DMFT Indices	Dr. Madhuri
7	19/2/21	Interpretation of Criteria's of Indices	Dr. Prakash Gaikwad
8	20/2/21	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	21/2/21	Case History discussion and Revision	Dr. Prakash Gaikwad
2	22/2/21	Art of collecting Patient information	Dr Karibasappa GN
3	24/2/21	Case History recording	Dr Karibasappa GN
4	26/2/21	Differential Diagnosis	Dr. Prakash Gaikwad
5	28/2/21	Relevant investigations and Discussions	Dr. Madhuri
6	28/2/21	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	1/3/21	Interpretation of Criteria's of Indices	Dr. Prakash Gaikwad
8	3/3/21	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	4/3/21	Case History discussion and Revision	Dr Karibasappa GN
2	5/3/21	Art of collecting Patient information	Dr Karibasappa GN
3	7/3/21	Case History recording	Dr. Prakash Gaikwad
4	9/3/21	Differential Diagnosis	Dr. Madhuri
5	11/3/21	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	13/3/21	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	13/3/21	Interpretation of Criteria's of Indices	Dr. Madhuri
8	14/3/21	Post End Exam	Dr. Prakash Gaikwad
		Batch A	Dr. Prakash Gaikwad

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1	15/3/21	Case History discussion and Revision	Dr. Madhuri
2	16/3/21	Art of collecting Patient information	Dr. Prakash Gaikwad
3	17/3/21	Case History recording	Dr. Prakash Gaikwad
4	21/3/21	Differential Diagnosis	Dr. Madhuri
5	22/3/21	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	23/3/21	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	24/3/21	Interpretation of Criteria's of Indices	Dr. Madhuri
8	25/3/21	Post End Exam	Dr. Prakash Gaikwad

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IV BDS 1st term

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	5/9/2021	Case History discussion and Revision	Dr Karibasappa GN
2	5/9/2021	Indices Discussion	Dr. Prakash Gaikwad
3	6/9/2021	Indices Recording	Dr Karibasappa GN
4	7/9/2021	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	11/9/2021	CPITN	Dr Karibasappa GN
6	15/9/2021	Pit and Fissure Sealant Demonstration	Dr Karibasappa GN
7	20/9/2021	Application of P & F sealant on extracted tooth	Dr. Prakash Gaikwad
8	25/9/2021	Post End Exam	
		Batch G	
1	8/11/21	Case History discussion and Revision	Dr Karibasappa GN
2	9/11/21	Indices Discussion	Dr. Prakash Gaikwad
3	14/11/21	Indices Recording	Dr Karibasappa GN
4	15/11/21	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	18/11/21	CPITN	Dr Karibasappa GN
6	19/11/21	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	21/11/21	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	23/11/21	Post End Exam	Dr. Prakash Gaikwad
		Batch F	
1	24/11/21	Case History discussion and Revision	Dr Karibasappa GN
2	25/11/21	Indices Discussion	Dr. Prakash Gaikwad
3	26/11/21	Indices Recording	Dr Karibasappa GN
4	29/11/21	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	30/11/21	CPITN	Dr Karibasappa GN
6	1/12/21	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	4/12/21	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	9/12/21	Post End Exam	Dr. Prakash Gaikwad
		Batch E	
1	10/12/21	Case History discussion and Revision	Dr Karibasappa GN
2	11/12/21	Indices Discussion	Dr. Prakash Gaikwad
3	14/12/21	Indices Recording	Dr Karibasappa GN
4	18/12/21	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	20/12/21	CPITN	Dr Karibasappa GN
6	23/12/21	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	24/12/21	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	26/12/21	Post End Exam	Dr. Prakash Gaikwad
		Batch D	
1	27/12/21	Case History discussion and Revision	Dr. Prakash Gaikwad

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Charoli (BK), Via Lohegaon, Pune - 412105

2	28/12/21	Indices Discussion	Dr Karibasappa GN
3	31/12/21	Indices Recording	Dr. Prakash Gaikwad
4	1/1/22	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	3/1/22	CPITN	Dr. Prakash Gaikwad
6	6/1/22	Pit and Fissure Sealant Demonstration	Dr Karibasappa GN
7	9/1/22	Application of P & F sealant on extracted tooth	Dr. Prakash Gaikwad
8	11/1/22	Post End Exam	Dr Karibasappa GN
		Batch C	
1	12/1/22	Case History discussion and Revision	Dr Karibasappa GN
2	13/1/22	Indices Discussion	Dr. Prakash Gaikwad
3	15/1/22	Indices Recording	Dr Karibasappa GN
4	18/1/22	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	19/1/22	CPITN	Dr Karibasappa GN
6	22/1/22	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	25/1/22	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	27/1/22	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	28/1/22	Case History discussion and Revision	Dr Karibasappa GN
2	29/1/22	Indices Discussion	Dr. Prakash Gaikwad
3	31/1/22	Indices Recording	Dr Karibasappa GN
4	1/2/22	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	5/2/22	CPITN	Dr Karibasappa GN
6	8/2/22	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	10/2/22	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	12/2/22	Post End Exam	Dr. Prakash Gaikwad
		Batch A	
1	13/2/22	Case History discussion and Revision	Dr Karibasappa GN
2	14/2/22	Indices Discussion	Dr. Prakash Gaikwad
3	17/2/22	Indices Recording	Dr Karibasappa GN
4	19/2/22	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	22/2/22	CPITN	Dr Karibasappa GN
6	25/2/22	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	27/2/22	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	28/2/22	Post End Exam	Dr. Prakash Gaikwad

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IV BDS 1st term

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	19/9/2022	Case History discussion and Revision	Dr Karibasappa GN
2	20/9/2022	Indices Discussion	Dr. Prakash Gaikwad
3	22/9/2022	Indices Recording	Dr. Shriram K

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IV BDS 2nd term

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	1/3/22	Indices Recording	Dr Karibasappa GN
2	2/3/22	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	3/3/22	Visit to PHC Center	Dr Karibasappa GN
4	4/3/22	Visit to water Purification center	Dr. Prakash Gaikwad
5	6/3/22	Dental Camp	Dr Karibasappa GN
6	8/3/22	Health Education	Dr. Prakash Gaikwad
7	11/3/22	Preparation of Study charts	Dr Karibasappa GN
8	12/3/22	Post End Exam	Dr. Prakash Gaikwad
		Batch G	
1	13/3/22	Indices Recording	Dr Karibasappa GN
2	14/3/22	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	16/3/22	Visit to PHC Center	Dr Karibasappa GN
4	19/3/22	Visit to water Purification center	Dr. Prakash Gaikwad
5	20/3/22	Dental Camp	Dr Karibasappa GN
6	21/3/22	Health Education	Dr. Prakash Gaikwad
7	22/3/22	Preparation of Study charts	Dr Karibasappa GN
8	24/3/22	Post End Exam	Dr. Prakash Gaikwad
		Batch F	
1	25/3/22	Indices Recording	Dr Karibasappa GN
2	26/3/22	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	28/3/22	Visit to PHC Center	Dr Karibasappa GN
4	31/3/22	Visit to water Purification center	Dr. Prakash Gaikwad
5	1/4/22	Dental Camp	Dr Karibasappa GN
6	3/4/22	Health Education	Dr. Prakash Gaikwad
7	4/4/22	Preparation of Study charts	Dr Karibasappa GN
8	5/4/22	Post End Exam	Dr. Prakash Gaikwad
		Batch E	
1	6/4/22	Indices Recording	Dr Karibasappa GN
2	7/4/22	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	9/4/22	Visit to PHC Center	Dr Karibasappa GN
4	11/4/22	Visit to water Purification center	Dr. Prakash Gaikwad
5	13/4/22	Dental Camp	Dr Karibasappa GN
6	14/4/22	Health Education	Dr. Prakash Gaikwad
7	15/4/22	Preparation of Study charts	Dr Karibasappa GN
8	17/4/22	Post End Exam	Dr. Prakash Gaikwad
		Batch D	
1	18/4/22	Indices Recording	Dr. Prakash Gaikwad

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2	19/4/22	Application of Pit and Fissure Sealant	Dr Karibasappa GN
3	21/4/22	Visit to PHC Center	Dr. Prakash Gaikwad
4	23/4/22	Visit to water Purification center	Dr Karibasappa GN
5	25/4/22	Dental Camp	Dr. Prakash Gaikwad
6	27/4/22	Health Education	Dr Karibasappa GN
7	28/4/22	Preparation of Study charts	Dr. Prakash Gaikwad
8	29/4/22	Post End Exam	Dr Karibasappa GN
		Batch C	
1	30/4/22	Indices Recording	Dr Karibasappa GN
2	1/5/22	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	3/5/22	Visit to PHC Center	Dr Karibasappa GN
4	7/5/22	Visit to water Purification center	Dr. Prakash Gaikwad
5	9/5/22	Dental Camp	Dr Karibasappa GN
6	11/5/22	Health Education	Dr. Prakash Gaikwad
7	13/5/22	Preparation of Study charts	Dr Karibasappa GN
8	13/5/22	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	14/5/22	Indices Recording	Dr Karibasappa GN
2	15/5/22	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	17/5/22	Visit to PHC Center	Dr Karibasappa GN
4	19/5/22	Visit to water Purification center	Dr. Prakash Gaikwad
5	24/5/22	Dental Camp	Dr Karibasappa GN
6	28/5/22	Health Education	Dr. Prakash Gaikwad
7	31/5/22	Preparation of Study charts	Dr Karibasappa GN
8	3/6/22	Post End Exam	Dr. Prakash Gaikwad
		Batch A	
1	4/6/22	Indices Recording	Dr Karibasappa GN
2	5/6/22	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	7/6/22	Visit to PHC Center	Dr Karibasappa GN
4	9/6/22	Visit to water Purification center	Dr. Prakash Gaikwad
5	11/6/22	Dental Camp	Dr Karibasappa GN
6	14/6/22	Health Education	Dr. Prakash Gaikwad
7	14/6/22	Preparation of Study charts	Dr Karibasappa GN
8	15/6/22	Post End Exam	Dr. Prakash Gaikwad

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2020-21

Sl no	Date	Topic	Staff
1	1/1/21	Introduction to Public Health Dentistry	Dr Karibasappa
2	2/1/21	Introduction to Indices	Dr.Prakash Gaikwad
3	4/1/21	Case history recording	Dr Karibasappa
4	5/1/21	Diet history recording	Dr.Prakash Gaikwad
5	6/1/21	Interpretation of clinical findings	Dr Karibasappa
6	7/1/21	Levels of prevention	Dr.Prakash Gaikwad
7	8/1/21	OHI-S	Dr Karibasappa
8	9/1/21	DMFT/DMFS	Dr.Prakash Gaikwad
9	11/1/21	CPITN	Dr Karibasappa
10	12/1/21	CPI	Dr.Prakash Gaikwad
11	13/1/21	Loss of Attachment	Dr Karibasappa
12	14/1/21	Introduction to Public Health Dentistry	Dr.Prakash Gaikwad
13	15/1/21	Introduction to Indices	Dr Karibasappa
12	16/1/21	Case history recording	Dr.Prakash Gaikwad
14	18/1/21	Diet history recording	Dr Karibasappa
15	19/1/21	Interpretation of clinical findings	Dr.Prakash Gaikwad
16	20/1/21	Levels of prevention	Dr Karibasappa
17	21/1/21	OHI-S	Dr.Prakash Gaikwad
18	22/1/21	DMFT/DMFS	Dr Karibasappa
19	23/1/21	CPITN	Dr.Prakash Gaikwad
20	24/1/21	CPI	Dr Karibasappa

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III BDS 1st Term

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	1/5/21	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	2/5/21	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	2/5/21	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	3/5/21	Discussion on Diagnostic Instruments	Dr. Madhuri
5	4/5/21	Case History discussion	Dr. Madhuri
6	5/5/21	Treatment Plan	Dr. Madhuri
7	7/5/21	Introduction to Indices	Dr. Prakash Gaikwad
8	8/5/21	Post End Exam	Dr Karibasappa GN
		Batch G	
1	9/5/21	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	10/5/21	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	11/5/21	Demonstration on Diagnostic Instrument	Dr. Madhuri
4	12/5/21	Discussion on Diagnostic Instruments	Dr. Prakash Gaikwad
5	13/5/21	Case History discussion	Dr Karibasappa GN
6	13/5/21	Treatment Plan	Dr Karibasappa GN
7	14/5/21	Introduction to Indices	Dr. Madhuri
8	16/5/21	Post End Exam	Dr. Madhuri
		Batch F	
1	17/5/21	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	17/5/21	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	18/5/21	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	19/5/21	Discussion on Diagnostic Instruments	Dr. Prakash Gaikwad
5	20/5/21	Case History discussion	Dr. Madhuri
6	21/5/21	Treatment Plan	Dr. Madhuri
7	22/5/21	Introduction to Indices	Dr. Prakash Gaikwad
8	24/5/21	Post End Exam	Dr Karibasappa GN
		Batch E	
1	25/5/21	Introduction to Public Health Dentsitry	Dr. Prakash Gaikwad
2	26/5/21	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	26/5/21	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	27/5/21	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	28/5/21	Case History discussion	Dr Karibasappa GN
6	29/5/21	Treatment Plan	Dr. Madhuri
7	30/5/21	Introduction to Indices	Dr. Madhuri

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8	31/5/21	Post End Exam	Dr. Madhuri
		Batch D	
1	1/6/21	Introduction to Public Health Dentsitry	Dr. Prakash Gaikwad
2	1/6/21	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	2/6/21	Demonstration on Diagnostic Instrument	Dr Karibasappa GN
4	3/6/21	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	4/6/21	Case History discussion	Dr. Madhuri
6	5/6/21	Treatment Plan	Dr. Madhuri
7	6/6/21	Introduction to Indices	Dr. Madhuri
8	8/6/21	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	9/6/21	Introduction to Public Health Dentsitry	Dr. Prakash Gaikwad
2	9/6/21	Demonstration of Dental Chair and its Functionality	Dr Karibasappa GN
3	10/6/21	Demonstration on Diagnostic Instrument	Dr Karibasappa GN
4	11/6/21	Discussion on Diagnostic Instruments	Dr. Prakash Gaikwad
5	12/6/21	Case History discussion	Dr. Madhuri
6	13/6/21	Treatment Plan	Dr. Madhuri
7	14/6/21	Introduction to Indices	Dr. Prakash Gaikwad
8	15/6/21	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	16/6/21	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	16/6/21	Demonstration of Dental Chair and its Functionality	Dr Karibasappa GN
3	17/6/21	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	18/6/21	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	19/6/21	Case History discussion	Dr. Madhuri
6	20/6/21	Treatment Plan	Dr. Madhuri
7	21/6/21	Introduction to Indices	Dr. Prakash Gaikwad
8	23/6/21	Post End Exam	Dr. Prakash Gaikwad
		Batch A	
1	24/6/21	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	25/6/21	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	25/6/21	Demonstration on Diagnostic Instrument	Dr Karibasappa GN
4	26/6/21	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	27/6/21	Case History discussion	Dr. Prakash Gaikwad
6	28/6/21	Treatment Plan	Dr. Madhuri
7	29/6/21	Introduction to Indices	Dr. Madhuri
8	30/6/21	Post End Exam	Dr Karibasappa GN

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Third BDS (2nd Term)

AY 2020-21

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	28/12/20	Case History discussion and Revision	Dr Karibasappa GN
2	29/12/20	Art of collecting Patient information	Dr. Prakash Gaikwad
3	31/12/20	Case History recording	Dr. Madhuri
4	1/1/21	Differential Diagnosis	Dr. Prakash Gaikwad
5	2/1/21	Relevant investigations and Discussions	
6	3/1/21	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	5/1/21	Interpretation of Criteria's of Indices	Dr. Prakash Gaikwad
8	7/1/21	Post End Exam	Dr Karibasappa GN
		Batch G	
1	8/1/21	Case History discussion and Revision	Dr Karibasappa GN
2	9/1/21	Art of collecting Patient information	Dr. Prakash Gaikwad
3	11/1/21	Case History recording	Dr. Prakash Gaikwad
4	12/1/21	Differential Diagnosis	Dr. Prakash Gaikwad
5	14/1/21	Relevant investigations and Discussions	Dr. Madhuri
6	16/1/21	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	17/1/21	Interpretation of Criteria's of Indices	
8	18/1/21	Post End Exam	Dr. Prakash Gaikwad
		Batch F	

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1	19/1/21	Case History discussion and Revision	Dr Karibasappa GN
2	20/1/21	Art of collecting Patient information	Dr. Prakash Gaikwad
3	21/1/21	Case History recording	Dr. Prakash Gaikwad
4	22/1/21	Differential Diagnosis	Dr. Prakash Gaikwad
5	24/1/21	Relevant investigations and Discussions	Dr. Madhuri
6	26/1/21	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	27/1/21	Interpretation of Criteria's of Indices	
8	29/1/21	Post End Exam	Dr. Prakash Gaikwad
		Batch E	
1	30/1/21	Case History discussion and Revision	Dr. Prakash Gaikwad
2	1/1/21	Art of collecting Patient information	Dr. Prakash Gaikwad
3	2/1/21	Case History recording	Dr. Prakash Gaikwad
4	3/1/21	Differential Diagnosis	Dr. Madhuri
5	4/1/21	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	6/1/21	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	8/1/21	Interpretation of Criteria's of Indices	Dr Karibasappa GN
8	9/2/21	Post End Exam	Dr Karibasappa GN
		Batch D	
1	10/2/21	Case History discussion and Revision	Dr. Prakash Gaikwad
2	11/2/21	Art of collecting Patient information	Dr. Prakash Gaikwad
3	13/2/21	Case History recording	Dr Karibasappa GN
4	15/2/21	Differential Diagnosis	Dr Karibasappa GN
5	17/2/21	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	18/2/21	Discussion on OHI-S and DMFT Indices	Dr. Madhuri
7	19/2/21	Interpretation of Criteria's of Indices	Dr. Prakash Gaikwad
8	20/2/21	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	21/2/21	Case History discussion and Revision	Dr. Prakash Gaikwad
2	22/2/21	Art of collecting Patient information	Dr Karibasappa GN
3	24/2/21	Case History recording	Dr Karibasappa GN
4	26/2/21	Differential Diagnosis	Dr. Prakash Gaikwad
5	28/2/21	Relevant investigations and Discussions	Dr. Madhuri
6	28/2/21	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	1/3/21	Interpretation of Criteria's of Indices	Dr. Prakash Gaikwad
8	3/3/21	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	4/3/21	Case History discussion and Revision	Dr Karibasappa GN
2	5/3/21	Art of collecting Patient information	Dr Karibasappa GN
3	7/3/21	Case History recording	Dr. Prakash Gaikwad
4	9/3/21	Differential Diagnosis	Dr. Madhuri
5	11/3/21	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	13/3/21	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	13/3/21	Interpretation of Criteria's of Indices	Dr. Madhuri
8	14/3/21	Post End Exam	Dr. Prakash Gaikwad
		Batch A	Dr. Prakash Gaikwad

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1	15/3/21	Case History discussion and Revision	Dr. Madhuri
2	16/3/21	Art of collecting Patient information	Dr. Prakash Gaikwad
3	17/3/21	Case History recording	Dr. Prakash Gaikwad
4	21/3/21	Differential Diagnosis	Dr. Madhuri
5	22/3/21	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	23/3/21	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	24/3/21	Interpretation of Criteria's of Indices	Dr. Madhuri
8	25/3/21	Post End Exam	Dr. Prakash Gaikwad

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IV BDS 1st term

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	28/12/20	Case History discussion and Revision	Dr Karibasappa GN
2	29/12/20	Indices Discussion	Dr. Prakash Gaikwad
3	31/12/20	Indices Recording	Dr.Chirayu
4	1/1/2021	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	1/1/2021	CPITN	Dr Karibasappa GN
6	2/1/2021	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	2/1/2021	Application of P & F sealant on extracted tooth	Dr.Chirayu
8	3/1/2021	Post End Exam	Dr Karibasappa GN
		Batch G	
1	4/1/2021	Case History discussion and Revision	Dr Karibasappa GN
2	4/1/2021	Indices Discussion	Dr. Prakash Gaikwad
3	5/1/2021	Indices Recording	Dr.Chirayu
4	6/1/2021	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	7/1/2021	CPITN	Dr. Prakash Gaikwad
6	8/1/2021	Pit and Fissure Sealant Demonstration	Dr.Chirayu
7	9/1/2021	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	10/1/2021	Post End Exam	Dr. Prakash Gaikwad
		Batch F	
1	11/1/2021	Case History discussion and Revision	Dr Karibasappa GN
2	11/1/2021	Indices Discussion	Dr. Prakash Gaikwad
3	12/1/2021	Indices Recording	Dr.Chirayu
4	13/1/2021	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	14/1/2021	CPITN	Dr. Prakash Gaikwad
6	15/1/2021	Pit and Fissure Sealant Demonstration	Dr.Chirayu
7	16/1/2021	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	17/1/2021	Post End Exam	Dr. Prakash Gaikwad

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		Batch E	
1	18/1/2021	Case History discussion and Revision	Dr Karibasappa GN
2	18/1/2021	Indices Discussion	Dr. Prakash Gaikwad
3	19/1/2021	Indices Recording	Dr.Chirayu
4	20/1/2021	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	21/1/2021	CPITN	Dr. Prakash Gaikwad
6	22/1/2021	Pit and Fissure Sealant Demonstration	Dr.Chirayu
7	23/1/2021	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	24/1/2021	Post End Exam	Dr. Prakash Gaikwad
		Batch D	
1	25/1/2021	Case History discussion and Revision	Dr Karibasappa GN
2	25/1/2021	Indices Discussion	Dr. Prakash Gaikwad
3	26/1/2021	Indices Recording	Dr.Chirayu
4	28/1/2021	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	28/1/2021	CPITN	Dr. Prakash Gaikwad
6	29/1/2021	Pit and Fissure Sealant Demonstration	Dr.Chirayu
7	30/1/2021	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	31/1/2021	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	1/2/2021	Case History discussion and Revision	Dr Karibasappa GN
2	1/2/2021	Indices Discussion	Dr. Prakash Gaikwad
3	2/2/2021	Indices Recording	Dr.Chirayu
4	3/2/2021	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	4/2/2021	CPITN	Dr. Prakash Gaikwad
6	5/2/2021	Pit and Fissure Sealant Demonstration	Dr.Chirayu
7	6/2/2021	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	7/2/2021	Post End Exam	Dr. Prakash Gaikwad
		Batch B	Dr.Chirayu
1	8/2/2021	Case History discussion and Revision	Dr Karibasappa GN
2	8/2/2021	Indices Discussion	Dr. Prakash Gaikwad
3	9/2/2021	Indices Recording	Dr.Chirayu
4	10/2/2021	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	11/2/2021	CPITN	Dr. Prakash Gaikwad
6	12/2/2021	Pit and Fissure Sealant Demonstration	Dr.Chirayu
7	13/2/2021	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	14/2/2021	Post End Exam	Dr. Prakash Gaikwad
		Batch A	
1	15/2/2021	Case History discussion and Revision	Dr Karibasappa GN
2	15/2/2021	Indices Discussion	Dr. Prakash Gaikwad
3	16/2/2021	Indices Recording	Dr.Chirayu
4	17/2/2021	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	18/2/2021	CPITN	Dr. Prakash Gaikwad
6	19/2/2021	Pit and Fissure Sealant Demonstration	Dr.Chirayu
7	20/2/2021	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	21/02/2021	Post End Exam	Dr. Prakash Gaikwad

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IV BDS 2nd term

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	28/12/20	Indices Recording	Dr Karibasappa GN
2	29/12/20	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	31/12/20	Visit to PHC Center	Dr. Madhuri
4	1/1/21	Visit to water Purification center	Dr. Prakash Gaikwad
5	2/1/21	Dental Camp	
6	3/1/21	Health Education	Dr. Prakash Gaikwad
7	5/1/21	Preparation of Study charts	Dr. Prakash Gaikwad
8	7/1/21	Post End Exam	Dr Karibasappa GN
		Batch G	
1	8/1/21	Indices Recording	Dr Karibasappa GN
2	9/1/21	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	11/1/21	Visit to PHC Center	Dr. Prakash Gaikwad
4	12/1/21	Visit to water Purification center	Dr. Prakash Gaikwad
5	14/1/21	Dental Camp	Dr. Madhuri
6	16/1/21	Health Education	Dr. Prakash Gaikwad
7	17/1/21	Preparation of Study charts	Dr Karibasappa GN
8	18/1/21	Post End Exam	Dr. Prakash Gaikwad
		Batch F	
1	19/1/21	Indices Recording	Dr Karibasappa GN
2	20/1/21	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	21/1/21	Visit to PHC Center	Dr. Prakash Gaikwad
4	22/1/21	Visit to water Purification center	Dr. Prakash Gaikwad
5	24/1/21	Dental Camp	Dr. Madhuri
6	26/1/21	Health Education	Dr. Prakash Gaikwad
7	27/1/21	Preparation of Study charts	Dr Karibasappa GN
8	29/1/21	Post End Exam	Dr. Prakash Gaikwad

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		Batch E	
1	30/1/21	Indices Recording	Dr. Prakash Gaikwad
2	1/1/21	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	2/1/21	Visit to PHC Center	Dr. Prakash Gaikwad
4	3/1/21	Visit to water Purification center	Dr. Madhuri
5	4/1/21	Dental Camp	Dr. Prakash Gaikwad
6	6/1/21	Health Education	Dr. Prakash Gaikwad
7	8/1/21	Preparation of Study charts	Dr Karibasappa GN
8	9/2/21	Post End Exam	Dr Karibasappa GN
		Batch D	
1	10/2/21	Indices Recording	Dr. Prakash Gaikwad
2	11/2/21	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	13/2/21	Visit to PHC Center	Dr Karibasappa GN
4	15/2/21	Visit to water Purification center	Dr Karibasappa GN
5	17/2/21	Dental Camp	Dr. Prakash Gaikwad
6	18/2/21	Health Education	Dr. Madhuri
7	19/2/21	Preparation of Study charts	Dr. Prakash Gaikwad
8	20/2/21	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	21/2/21	Indices Recording	Dr. Prakash Gaikwad
2	22/2/21	Application of Pit and Fissure Sealant	Dr Karibasappa GN
3	24/2/21	Visit to PHC Center	Dr Karibasappa GN
4	26/2/21	Visit to water Purification center	Dr. Prakash Gaikwad
5	28/2/21	Dental Camp	Dr. Madhuri
6	28/2/21	Health Education	Dr. Prakash Gaikwad
7	1/3/21	Preparation of Study charts	Dr. Prakash Gaikwad
8	3/3/21	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	4/3/21	Indices Recording	Dr Karibasappa GN
2	5/3/21	Application of Pit and Fissure Sealant	Dr Karibasappa GN
3	7/3/21	Visit to PHC Center	Dr. Prakash Gaikwad
4	9/3/21	Visit to water Purification center	Dr. Madhuri
5	11/3/21	Dental Camp	Dr. Prakash Gaikwad
6	13/3/21	Health Education	Dr. Prakash Gaikwad
7	13/3/21	Preparation of Study charts	Dr. Madhuri
8	14/3/21	Post End Exam	Dr. Prakash Gaikwad
		Batch A	Dr. Prakash Gaikwad
1	15/3/21	Indices Recording	Dr. Madhuri
2	16/3/21	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	17/3/21	Visit to PHC Center	Dr. Prakash Gaikwad
4	21/3/21	Visit to water Purification center	Dr. Madhuri
5	22/3/21	Dental Camp	Dr. Prakash Gaikwad
6	23/3/21	Health Education	Dr. Prakash Gaikwad
7	24/3/21	Preparation of Study charts	Dr. Madhuri
8	25/3/21	Post End Exam	Dr. Prakash Gaikwad

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Sl no	Date	Topic	Staff
1	1/1/20	Introduction to Public Health Dentistry	Dr Karibasappa
2	2/1/20	Introduction to Indices	Dr.Prakash Gaikwad
3	3/1/20	Case history recording	Dr Karibasappa
4	4/1/20	Diet history recording	Dr.Prakash Gaikwad
5	6/1/20	Interpretation of clinical findings	Dr Karibasappa
6	7/1/20	Levels of prevention	Dr.Prakash Gaikwad
7	8/1/20	OHI-S	Dr Karibasappa
8	9/1/20	DMFT/DMFS	Dr.Prakash Gaikwad
9	10/1//20	CPITN	Dr Karibasappa
10	11/1/20	CPI	Dr.Prakash Gaikwad
11	13/1/20	Loss of Attachment	Dr Karibasappa
12	14/1/20	Introduction to Public Health Dentistry	Dr.Prakash Gaikwad
13	15/1/20	Introduction to Indices	Dr Karibasappa
12	16/1/20	Case history recording	Dr.Prakash Gaikwad
14	17/1/20	Diet history recording	Dr Karibasappa
15	18/1/20	Interpretation of clinical findings	Dr.Prakash Gaikwad
16	20/1/20	Levels of prevention	Dr Karibasappa
17	21/1/20	OHI-S	Dr.Prakash Gaikwad
18	22/1/20	DMFT/DMFS	Dr Karibasappa
19	23/1/20	CPITN	Dr.Prakash Gaikwad
20	24/1/20	CPI	Dr Karibasappa

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III BDS I[st] Term

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	28/12/2020	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	29/12/2020	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	30/12/2020	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	31/12/2020	Discussion on Diagnostic Instruments	Dr. Madhuri
5	1/1/2021	Case History discussion	Dr. Madhuri
6	2/1/2021	Treatment Plan	Dr. Madhuri
7	2/1/2021	Introduction to Indices	Dr. Prakash Gaikwad
8	3/1/2021	Post End Exam	Dr Karibasappa GN
		Batch G	
1	4/1/2021	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	5/1/2021	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	6/1/2021	Demonstration on Diagnostic Instrument	Dr. Madhuri
4	6/1/2021	Discussion on Diagnostic Instruments	Dr. Prakash Gaikwad
5	7/1/2021	Case History discussion	Dr Karibasappa GN
6	8/1/2021	Treatment Plan	Dr Karibasappa GN
7	9/1/2021	Introduction to Indices	Dr. Madhuri
8	10/1/2021	Post End Exam	Dr. Madhuri
		Batch F	
1	11/1/2021	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	12/1/2021	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	12/1/2021	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	13/1/2021	Discussion on Diagnostic Instruments	Dr. Prakash Gaikwad
5	14/1/2021	Case History discussion	Dr. Madhuri
6	15/1/2021	Treatment Plan	Dr. Madhuri
7	16/1/2021	Introduction to Indices	Dr. Prakash Gaikwad
8	17/01/2021	Post End Exam	Dr Karibasappa GN
		Batch E	
1	18/01/2021	Introduction to Public Health Dentsitry	Dr. Prakash Gaikwad
2	19/01/2021	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	20/01/2021	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	21/01/2021	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	22/01/2021	Case History discussion	Dr Karibasappa GN
6	23/01/2021	Treatment Plan	Dr. Madhuri
7	23/01/2021	Introduction to Indices	Dr. Madhuri

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8	24/01/2021	Post End Exam	Dr. Madhuri
		Batch D	
1	25/1/2021	Introduction to Public Health Dentsitry	Dr. Prakash Gaikwad
2	27/1/2021	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	27/1/2021	Demonstration on Diagnostic Instrument	Dr Karibasappa GN
4	28/1/2021	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	28/1/2021	Case History discussion	Dr. Madhuri
6	29/1/2021	Treatment Plan	Dr. Madhuri
7	30/1/2021	Introduction to Indices	Dr. Madhuri
8	31/01/2021	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	1/2/2021	Introduction to Public Health Dentsitry	Dr. Prakash Gaikwad
2	2/2/2021	Demonstration of Dental Chair and its Functionality	Dr Karibasappa GN
3	2/2/2021	Demonstration on Diagnostic Instrument	Dr Karibasappa GN
4	3/2/2021	Discussion on Diagnostic Instruments	Dr. Prakash Gaikwad
5	4/2/2021	Case History discussion	Dr. Madhuri
6	5/2/2021	Treatment Plan	Dr. Madhuri
7	6/2/2021	Introduction to Indices	Dr. Prakash Gaikwad
8	7/2/2021	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	8/2/2021	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	9/2/2021	Demonstration of Dental Chair and its Functionality	Dr Karibasappa GN
3	9/2/2021	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	10/2/2021	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	11/2/2021	Case History discussion	Dr. Madhuri
6	12/2/2021	Treatment Plan	Dr. Madhuri
7	13/2/2021	Introduction to Indices	Dr. Prakash Gaikwad
8	14/2/2021	Post End Exam	Dr. Prakash Gaikwad
		Batch A	
1	15/2/2021	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	16/2/2021	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	17/2/2021	Demonstration on Diagnostic Instrument	Dr Karibasappa GN
4	17/2/2021	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	18/2/2021	Case History discussion	Dr. Prakash Gaikwad
6	19/2/2021	Treatment Plan	Dr. Madhuri
7	20/2/2021	Introduction to Indices	Dr. Madhuri
8	21/2/2021	Post End Exam	Dr Karibasappa GN

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Third BDS (2nd Term)

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Sl no	Date	Discussion Topic	Staff
		Batch H	
1	25/05/2019	Case History discussion and Revision	Dr Karibasappa GN
2	27/05/2019	Art of collecting Patient information	Dr. Prakash Gaikwad
3	28/05/2019	Case History recording	Dr. Madhuri
4	30/05/2019	Differential Diagnosis	Dr. Prakash Gaikwad
5	31/05/2019	Relevant investigations and Discussions	
6	3/06/2019	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	10/06/2019	Interpretation of Criteria's of Indices	Dr. Prakash Gaikwad
8	13/6/2019	Post End Exam	Dr Karibasappa GN
		Batch G	
1	14/6/2019	Case History discussion and Revision	Dr Karibasappa GN
2	15/6/2019	Art of collecting Patient information	Dr. Prakash Gaikwad
3	16/6/2019	Case History recording	Dr. Prakash Gaikwad

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4	17/6/2019	Differential Diagnosis	Dr. Prakash Gaikwad
5	19/6/2019	Relevant investigations and Discussions	Dr. Madhuri
6	24/6/2019	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	28/6/2019	Interpretation of Criteria's of Indices	
8	3/7/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch F	
1	4/7/2019	Case History discussion and Revision	Dr Karibasappa GN
2	5/7/2019	Art of collecting Patient information	Dr. Prakash Gaikwad
3	7/7/2019	Case History recording	Dr. Prakash Gaikwad
4	9/7/2019	Differential Diagnosis	Dr. Prakash Gaikwad
5	11/7/2019	Relevant investigations and Discussions	Dr. Madhuri
6	14/7/2019	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	18/7/2019	Interpretation of Criteria's of Indices	
8	23/07/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch E	
1	24/07/2019	Case History discussion and Revision	Dr. Prakash Gaikwad
2	25/07/2019	Art of collecting Patient information	Dr. Prakash Gaikwad
3	28/07/2019	Case History recording	Dr. Prakash Gaikwad
4	30/07/2019	Differential Diagnosis	Dr. Madhuri
5	1/08/2019	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	4/08/2019	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	9/08/2019	Interpretation of Criteria's of Indices	Dr Karibasappa GN
8	12/08/2019	Post End Exam	Dr Karibasappa GN
		Batch D	
1	13/8/2019	Case History discussion and Revision	Dr. Prakash Gaikwad
2	14/8/2019	Art of collecting Patient information	Dr. Prakash Gaikwad
3	16/8/2019	Case History recording	Dr Karibasappa GN
4	19/8/2019	Differential Diagnosis	Dr Karibasappa GN
5	21/8/2019	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	25/8/2019	Discussion on OHI-S and DMFT Indices	Dr. Madhuri
7	28/8/2019	Interpretation of Criteria's of Indices	Dr. Prakash Gaikwad
8	1/9/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	2/9/2019	Case History discussion and Revision	Dr. Prakash Gaikwad
2	3/9/2019	Art of collecting Patient information	Dr Karibasappa GN
3	5/9/2019	Case History recording	Dr Karibasappa GN
4	9/9/2019	Differential Diagnosis	Dr. Prakash Gaikwad
5	13/9/2019	Relevant investigations and Discussions	Dr. Madhuri
6	14/9/2019	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	17/9/2019	Interpretation of Criteria's of Indices	Dr. Prakash Gaikwad
8	22/9/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	23/9/2019	Case History discussion and Revision	Dr Karibasappa GN
2	25/9/2019	Art of collecting Patient information	Dr Karibasappa GN

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3	26/9/2019	Case History recording	Dr. Prakash Gaikwad
4	28/9/2019	Differential Diagnosis	Dr. Madhuri
5	29/9/2019	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	30/9/2019	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7		Interpretation of Criteria's of Indices	Dr. Madhuri
8	1/10/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch A	Dr. Prakash Gaikwad
1	2/10/2019	Case History discussion and Revision	Dr. Madhuri
2	24/10/2019	Art of collecting Patient information	Dr. Prakash Gaikwad
3	26/10/2019	Case History recording	Dr. Prakash Gaikwad
4	27/10/2019	Differential Diagnosis	Dr. Madhuri
5	30/10/2019	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	3/11/2019	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	7/11/2019	Interpretation of Criteria's of Indices	Dr. Madhuri
8	9/11/2019	Post End Exam	Dr. Prakash Gaikwad

Third BDS (2nd Term)

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IV BDS 1st term

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	1/8/2019	Case History discussion and Revision	Dr Karibasappa GN
2	3/8/2019	Indices Discussion	Dr. Prakash Gaikwad
3	7/8/2019	Indices Recording	Dr. Madhuri
4	11/8/2019	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	12/8/2019	CPITN	
6	14/8/2019	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	15/8/2019	Application of P & F sealant on extracted tooth	Dr. Prakash Gaikwad
8	17/8/19	Post End Exam	Dr Karibasappa GN
		Batch G	
1	18/8/19	Case History discussion and Revision	Dr Karibasappa GN
2	19/8/19	Indices Discussion	Dr. Prakash Gaikwad
3	21/8/19	Indices Recording	Dr. Prakash Gaikwad
4	23/8/19	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	28/8/19	CPITN	Dr. Madhuri
6	1/9/19	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	3/9/19	Application of P & F sealant on extracted tooth	
8	4/9/19	Post End Exam	Dr. Prakash Gaikwad

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		Batch F	
1	5/9/19	Case History discussion and Revision	Dr Karibasappa GN
2	7/9/19	Indices Discussion	Dr. Prakash Gaikwad
3	11/9/19	Indices Recording	Dr. Prakash Gaikwad
4	18/9/19	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	19/9/19	CPITN	Dr. Madhuri
6	20/9/19	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	20/9/19	Application of P & F sealant on extracted tooth	
8	21/9/19	Post End Exam	Dr. Prakash Gaikwad
		Batch E	
1	22/9/19	Case History discussion and Revision	Dr. Prakash Gaikwad
2	23/9/19	Indices Discussion	Dr. Prakash Gaikwad
3	27/9/19	Indices Recording	Dr. Prakash Gaikwad
4	29/9/19	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Madhuri
5	1/10/19	CPITN	Dr. Prakash Gaikwad
6	4/10/19	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	6/10/19	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	8/10/19	Post End Exam	Dr Karibasappa GN
		Batch D	
1	9/10/19	Case History discussion and Revision	Dr. Prakash Gaikwad
2	10/10/19	Indices Discussion	Dr. Prakash Gaikwad
3	13/10/19	Indices Recording	Dr Karibasappa GN
4	17/10/19	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	19/10/19	CPITN	Dr. Prakash Gaikwad
6	20/10/19	Pit and Fissure Sealant Demonstration	Dr. Madhuri
7	23/10/19	Application of P & F sealant on extracted tooth	Dr. Prakash Gaikwad
8	26/10/19	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	27/10/19	Case History discussion and Revision	Dr. Prakash Gaikwad
2	28/10/19	Indices Discussion	Dr Karibasappa GN
3	30/10/19	Indices Recording	Dr Karibasappa GN
4	1/11/19	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	4/11/19	CPITN	Dr. Madhuri
6	6/11/19	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	10/11/19	Application of P & F sealant on extracted tooth	Dr. Prakash Gaikwad
8	15/11/19	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	16/11/19	Case History discussion and Revision	Dr Karibasappa GN
2	17/11/19	Indices Discussion	Dr Karibasappa GN
3	22/11/19	Indices Recording	Dr. Prakash Gaikwad
4	27/11/19	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Madhuri
5	29/11/19	CPITN	Dr. Prakash Gaikwad
6	31/11/19	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	11/12/19	Application of P & F sealant on extracted tooth	Dr. Madhuri
8	2/12/19	Post End Exam	Dr. Prakash Gaikwad

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		Batch A	Dr. Prakash Gaikwad
1	3/12/19	Case History discussion and Revision	Dr. Madhuri
2	4/12/19	Indices Discussion	Dr. Prakash Gaikwad
3	7/12/19	Indices Recording	Dr. Prakash Gaikwad
4	11/12/19	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Madhuri
5	13/12/19	CPITN	Dr. Prakash Gaikwad
6	16/12/19	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	17/12/19	Application of P & F sealant on extracted tooth	Dr. Madhuri
8	19/12/19	Post End Exam	Dr. Prakash Gaikwad

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IV BDS 2nd term

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	20/12/2019	Indices Recording	Dr Karibasappa GN
2	22/12/2019	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	24/12/2019	Visit to PHC Center	Dr. Madhuri
4	27/12/2019	Visit to water Purification center	Dr. Prakash Gaikwad
5	30/12/2019	Dental Camp	
6	1/1/2020	Health Education	Dr. Prakash Gaikwad
7	4/1/2020	Preparation of Study charts	Dr. Prakash Gaikwad
8	6/1/2020	Post End Exam	Dr Karibasappa GN
		Batch G	
1	7/1/2020	Indices Recording	Dr Karibasappa GN
2	9/1/2020	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	11/1/2020	Visit to PHC Center	Dr. Prakash Gaikwad
4	14/1/2020	Visit to water Purification center	Dr. Prakash Gaikwad
5	17/1/2020	Dental Camp	Dr. Madhuri
6	21/1/2020	Health Education	Dr. Prakash Gaikwad
7	22/1/2020	Preparation of Study charts	
8	23/1/2020	Post End Exam	Dr. Prakash Gaikwad

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		Batch F	
1	24/1/20	Indices Recording	Dr Karibasappa GN
2	25/1/20	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	27/1/20	Visit to PHC Center	Dr. Prakash Gaikwad
4	31/1/20	Visit to water Purification center	Dr. Prakash Gaikwad
5	1/2/20	Dental Camp	Dr. Madhuri
6	4/2/20	Health Education	Dr. Prakash Gaikwad
7	7/2/20	Preparation of Study charts	
8	10/2/20	Post End Exam	Dr. Prakash Gaikwad
		Batch E	
1	11/2/20	Indices Recording	Dr. Prakash Gaikwad
2	12/2/20	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	14/2/20	Visit to PHC Center	Dr. Prakash Gaikwad
4	17/2/20	Visit to water Purification center	Dr. Madhuri
5	19/2/20	Dental Camp	Dr. Prakash Gaikwad
6	22/2/20	Health Education	Dr. Prakash Gaikwad
7	25/2/20	Preparation of Study charts	Dr Karibasappa GN
8	27/2/20	Post End Exam	Dr Karibasappa GN
		Batch D	
1	28/2/20	Indices Recording	Dr. Prakash Gaikwad
2	1/3/20	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	3/3/20	Visit to PHC Center	Dr Karibasappa GN
4	5/3/20	Visit to water Purification center	Dr Karibasappa GN
5	7/3/20	Dental Camp	Dr. Prakash Gaikwad
6	9/3/20	Health Education	Dr. Madhuri
7	12/3/20	Preparation of Study charts	Dr. Prakash Gaikwad
8	16/3/20	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	17/3/20	Indices Recording	Dr. Prakash Gaikwad
2	18/3/20	Application of Pit and Fissure Sealant	Dr Karibasappa GN
3	20/3/20	Visit to PHC Center	Dr Karibasappa GN
4	24/3/20	Visit to water Purification center	Dr. Prakash Gaikwad
5	29/3/20	Dental Camp	Dr. Madhuri
6	1/4/20	Health Education	Dr. Prakash Gaikwad
7	1/4/20	Preparation of Study charts	Dr. Prakash Gaikwad
8	2/4/20	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	3/4/20	Indices Recording	Dr Karibasappa GN
2	4/4/20	Application of Pit and Fissure Sealant	Dr Karibasappa GN
3	7/4/20	Visit to PHC Center	Dr. Prakash Gaikwad
4	9/4/20	Visit to water Purification center	Dr. Madhuri
5	11/4/20	Dental Camp	Dr. Prakash Gaikwad
6	16/4/20	Health Education	Dr. Prakash Gaikwad
7	19/4/20	Preparation of Study charts	Dr. Madhuri
8	28/4/20	Post End Exam	Dr. Prakash Gaikwad

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		Batch A	Dr. Prakash Gaikwad
1	29/4/20	Indices Recording	Dr. Madhuri
2	1/5/20	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	5/5/20	Visit to PHC Center	Dr. Prakash Gaikwad
4	15/5/20	Visit to water Purification center	Dr. Madhuri
5	20/5/20	Dental Camp	Dr. Prakash Gaikwad
6	22/5/20	Health Education	Dr. Prakash Gaikwad
7	28/5/20	Preparation of Study charts	Dr. Madhuri
8	31/5/20	Post End Exam	Dr. Prakash Gaikwad

AY-2018-2019

D Y Patil Dental School

Department of Public Health Dentistry

List of Clinical Discussion of UG students during Clinical Postings

Year 2018-19

Sl no	Date	Topic	Staff
1	7/10/19	Introduction to Public Health Dentistry	Dr Karibasappa
2	8/10/19	Introduction to Indices	Dr.Prakash Gaikwad
3	9/10/19	Case history recording	Dr Karibasappa
4	10/10/19	Diet history recording	Dr.Prakash Gaikwad
5	11/10/19	Interpretation of clinical findings	Dr Karibasappa
6	12/10/19	Levels of prevention	Dr.Prakash Gaikwad
7	14/10/19	OHI-S	Dr Karibasappa
8	15/10/19	DMFT/DMFS	Dr.Prakash Gaikwad
9	16/10/19	CPITN	Dr Karibasappa
10	17/10/19	CPI	Dr.Prakash Gaikwad
11	18/10/19	Loss of Attachment	Dr Karibasappa
12	19/10/19	Introduction to Public Health Dentistry	Dr.Prakash Gaikwad
13	21/10/19	Introduction to Indices	Dr Karibasappa
12	22/10/19	Case history recording	Dr.Prakash Gaikwad
14	23/10/19	Diet history recording	Dr Karibasappa
15	24/10/19	Interpretation of clinical findings	Dr.Prakash Gaikwad
16	25/10/19	Levels of prevention	Dr Karibasappa
17	26/10/19	OHI-S	Dr.Prakash Gaikwad
18	28/10/19	DMFT/DMFS	Dr Karibasappa
19	29/10/19	CPITN	Dr.Prakash Gaikwad
20	30/10/19	CPI	Dr Karibasappa

Head of Department

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Department of Public Health Dentistry
List of Demonstration and Discussion
AY 2018-19
III BDS Ist Term

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	1/8/2019	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	3/8/2019	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	5/8/2019	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	6/8/2019	Discussion on Diagnostic Instruments	Dr. Madhuri
5	7/8/2019	Case History discussion	Dr. Madhuri
6	10/8/2019	Treatment Plan	Dr. Madhuri
7	13/8/2019	Introduction to Indices	Dr. Prakash Gaikwad
8	15/8/2019	Post End Exam	Dr Karibasappa GN
		Batch G	
1	16/8/2019	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	17/8/2019	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	19/8/2019	Demonstration on Diagnostic Instrument	Dr. Madhuri
4	21/8/2019	Discussion on Diagnostic Instruments	Dr. Prakash Gaikwad
5	23/8/2019	Case History discussion	Dr Karibasappa GN
6	26/8/2019	Treatment Plan	Dr Karibasappa GN
7	28/8/2019	Introduction to Indices	Dr. Madhuri
8	30/8/2019	Post End Exam	Dr. Madhuri
		Batch F	
1	31/8/2019	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	2//9/2019	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	3//9/2019	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	4//9/2019	Discussion on Diagnostic Instruments	Dr. Prakash Gaikwad
5	6//9/2019	Case History discussion	Dr. Madhuri
6	9//9/2019	Treatment Plan	Dr. Madhuri
7	10//9/2019	Introduction to Indices	Dr. Prakash Gaikwad
8	14/09/2019	Post End Exam	Dr Karibasappa GN
		Batch E	
1	16/09/2019	Introduction to Public Health Dentsitry	Dr. Prakash Gaikwad
2	17/09/2019	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	18/09/2019	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	19/09/2019	Discussion on Diagnostic Instruments	Dr Karibasappa GN

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5	21/09/2019	Case History discussion	Dr Karibasappa GN
6	23/09/2019	Treatment Plan	Dr. Madhuri
7	26/09/2019	Introduction to Indices	Dr. Madhuri
8	29/09/2019	Post End Exam	Dr. Madhuri
		Batch D	
1	30/9/2019	Introduction to Public Health Dentsitry	Dr. Prakash Gaikwad
2	1/10/2019	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	2/10/2019	Demonstration on Diagnostic Instrument	Dr Karibasappa GN
4	4/10/2019	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	5/10/2019	Case History discussion	Dr. Madhuri
6	7/10/2019	Treatment Plan	Dr. Madhuri
7	9/10/2019	Introduction to Indices	Dr. Madhuri
8	14/10/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	15/10/2019	Introduction to Public Health Dentsitry	Dr. Prakash Gaikwad
2	16/10/2019	Demonstration of Dental Chair and its Functionality	Dr Karibasappa GN
3	17/10/2019	Demonstration on Diagnostic Instrument	Dr Karibasappa GN
4	19/10/2019	Discussion on Diagnostic Instruments	Dr. Prakash Gaikwad
5	21/10/2019	Case History discussion	Dr. Madhuri
6	25/10/2019	Treatment Plan	Dr. Madhuri
7	28/10/2019	Introduction to Indices	Dr. Prakash Gaikwad
8	2/11/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	4/11/2019	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	5/11/2019	Demonstration of Dental Chair and its Functionality	Dr Karibasappa GN
3	6/11/2019	Demonstration on Diagnostic Instrument	Dr. Prakash Gaikwad
4	7/11/2019	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	11/11/2019	Case History discussion	Dr. Madhuri
6	14/11/2019	Treatment Plan	Dr. Madhuri
7	15/11/2019	Introduction to Indices	Dr. Prakash Gaikwad
8	17/11/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch A	
1	18/11/2019	Introduction to Public Health Dentsitry	Dr Karibasappa GN
2	19/11/2019	Demonstration of Dental Chair and its Functionality	Dr. Prakash Gaikwad
3	20/11/2019	Demonstration on Diagnostic Instrument	Dr Karibasappa GN
4	22/11/2019	Discussion on Diagnostic Instruments	Dr Karibasappa GN
5	23/11/2019	Case History discussion	Dr. Prakash Gaikwad
6	26/11/2019	Treatment Plan	Dr. Madhuri
7	28/11/2019	Introduction to Indices	Dr. Madhuri
8	1/12/2019	Post End Exam	Dr Karibasappa GN

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Time table

Third BDS (2nd Term)

AY 2018-19

Sl no	Date	Discussion Topic	Staff
		Batch H	
1	11/05/2019	Case History discussion and Revision	Dr Karibasappa GN
2	1/05/2019	Art of collecting Patient information	Dr. Prakash Gaikwad
3	2/05/2019	Case History recording	Dr. Madhuri
4	2/05/2019	Differential Diagnosis	Dr. Prakash Gaikwad
5	2/05/2019	Relevant investigations and Discussions	
6	3/05/2019	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	3/05/2019	Interpretation of Criteria's of Indices	Dr. Prakash Gaikwad
8	4/5/2019	Post End Exam	Dr Karibasappa GN

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		Batch G	
1	5/5/2019	Case History discussion and Revision	Dr Karibasappa GN
2	5/5/2019	Art of collecting Patient information	Dr. Prakash Gaikwad
3	5/5/2019	Case History recording	Dr. Prakash Gaikwad
4	6/5/2019	Differential Diagnosis	Dr. Prakash Gaikwad
5	6/5/2019	Relevant investigations and Discussions	Dr. Madhuri
6	7/5/2019	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	7/5/2019	Interpretation of Criteria's of Indices	
8	8/5/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch F	
1	9/5/2019	Case History discussion and Revision	Dr Karibasappa GN
2	9/5/2019	Art of collecting Patient information	Dr. Prakash Gaikwad
3	9/5/2019	Case History recording	Dr. Prakash Gaikwad
4	10/5/2019	Differential Diagnosis	Dr. Prakash Gaikwad
5	10/5/2019	Relevant investigations and Discussions	Dr. Madhuri
6	11/5/2019	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	11/5/2019	Interpretation of Criteria's of Indices	
8	12/5/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch E	
1	13/5/2019	Case History discussion and Revision	Dr. Prakash Gaikwad
2	13/5/2019	Art of collecting Patient information	Dr. Prakash Gaikwad
3	14/5/2019	Case History recording	Dr. Prakash Gaikwad
4	14/5/2019	Differential Diagnosis	Dr. Madhuri
5	15/5/2019	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	15/5/2019	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	15/5/2019	Interpretation of Criteria's of Indices	Dr Karibasappa GN
8	16/5/2019	Post End Exam	Dr Karibasappa GN
		Batch D	
1	17/5/2019	Case History discussion and Revision	Dr. Prakash Gaikwad
2	17/5/2019	Art of collecting Patient information	Dr. Prakash Gaikwad
3	18/5/2019	Case History recording	Dr Karibasappa GN
4	18/5/2019	Differential Diagnosis	Dr Karibasappa GN
5	18/5/2019	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	19/5/2019	Discussion on OHI-S and DMFT Indices	Dr. Madhuri
7	19/5/2019	Interpretation of Criteria's of Indices	Dr. Prakash Gaikwad
8	20/5/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	21/5/2019	Case History discussion and Revision	Dr. Prakash Gaikwad
2	21/5/2019	Art of collecting Patient information	Dr Karibasappa GN
3	22/5/2019	Case History recording	Dr Karibasappa GN
4	22/5/2019	Differential Diagnosis	Dr. Prakash Gaikwad
5	23/5/2019	Relevant investigations and Discussions	Dr. Madhuri
6	23/5/2019	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	23/5/2019	Interpretation of Criteria's of Indices	Dr. Prakash Gaikwad

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8	24/5/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	25/5/2019	Case History discussion and Revision	Dr Karibasappa GN
2	25/5/2019	Art of collecting Patient information	Dr Karibasappa GN
3	25/5/2019	Case History recording	Dr. Prakash Gaikwad
4	26/5/2019	Differential Diagnosis	Dr. Madhuri
5	26/5/2019	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	26/5/2019	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	27/5/2019	Interpretation of Criteria's of Indices	Dr. Madhuri
8	28/5/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch A	Dr. Prakash Gaikwad
1	29/5/2019	Case History discussion and Revision	Dr. Madhuri
2	29/5/2019	Art of collecting Patient information	Dr. Prakash Gaikwad
3	29/5/2019	Case History recording	Dr. Prakash Gaikwad
4	30/5/2019	Differential Diagnosis	Dr. Madhuri
5	30/5/2019	Relevant investigations and Discussions	Dr. Prakash Gaikwad
6	30/5/2019	Discussion on OHI-S and DMFT Indices	Dr. Prakash Gaikwad
7	30/5/2019	Interpretation of Criteria's of Indices	Dr. Madhuri
8	31/5/2019	Post End Exam	Dr. Prakash Gaikwad

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Sl no	Date	Discussion Topic	Staff
		Batch H	
1	1/1/2019	Indices Recording	Dr Karibasappa GN
2	3/1/2019	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	,7/1/2019	Visit to PHC Center	Dr. Madhuri
4	11/1/2019	Visit to water Purification center	Dr. Prakash Gaikwad
5	13/1/2019	Dental Camp	
6	13/1/2019	Health Education	Dr. Prakash Gaikwad
7	14/1/2019	Preparation of Study charts	Dr. Prakash Gaikwad
8	15/1/2019	Post End Exam	Dr Karibasappa GN
		Batch G	
1	16/1/2019	Indices Recording	Dr Karibasappa GN
2	16/1/2019	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad

3	31/8/2018	Indices Recording	Dr. Prakash Gaikwad
4	1/9/2018	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	2/9/2018	CPITN	Dr. Madhuri
6	2/9/2018	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	3/9/2018	Application of P & F sealant on extracted tooth	
8	4/9/2018	Post End Exam	Dr. Prakash Gaikwad
		Batch F	
1	5/9/2018	Case History discussion and Revision	Dr Karibasappa GN
2	6/9/2018	Indices Discussion	Dr. Prakash Gaikwad
3	8/9/2018	Indices Recording	Dr. Prakash Gaikwad
4	11/9/2018	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	14/9/2018	CPITN	Dr. Madhuri
6	18/9/2018	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	20/9/2018	Application of P & F sealant on extracted tooth	
8	22/9/2018	Post End Exam	Dr. Prakash Gaikwad
		Batch E	
1	23/9/2018	Case History discussion and Revision	Dr. Prakash Gaikwad
2	25/9/2018	Indices Discussion	Dr. Prakash Gaikwad
3	28/9/2018	Indices Recording	Dr. Prakash Gaikwad
4	1/10/2018	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Madhuri
5	3/10/2018	CPITN	Dr. Prakash Gaikwad
6	6/10/2018	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	8/10/2018	Application of P & F sealant on extracted tooth	Dr Karibasappa GN
8	10/10/2018	Post End Exam	Dr Karibasappa GN
		Batch D	
1	11/10/2018	Case History discussion and Revision	Dr. Prakash Gaikwad
2	12/10/2018	Indices Discussion	Dr. Prakash Gaikwad
3	16/10/2018	Indices Recording	Dr Karibasappa GN
4	20/10/2018	DMFT,DMFS,dmft,dmfs,CPITN	Dr Karibasappa GN
5	24/10/2018	CPITN	Dr. Prakash Gaikwad
6	26/10/2018	Pit and Fissure Sealant Demonstration	Dr. Madhuri
7	27/10/2018	Application of P & F sealant on extracted tooth	Dr. Prakash Gaikwad
8	28/10/2018	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	29/10/2018	Case History discussion and Revision	Dr. Prakash Gaikwad
2	30/10/2018	Indices Discussion	Dr Karibasappa GN
3	1/11/2018	Indices Recording	Dr Karibasappa GN
4	5/11/2018	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Prakash Gaikwad
5	9/11/2018	CPITN	Dr. Madhuri
6	15/11/2018	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	20/11/2018	Application of P & F sealant on extracted tooth	Dr. Prakash Gaikwad
8	22/11/2018	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	23/11/2018	Case History discussion and Revision	Dr Karibasappa GN

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2	25/11/2018	Indices Discussion	Dr Karibasappa GN
3	29/11/2018	Indices Recording	Dr. Prakash Gaikwad
4	1/12/2018	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Madhuri
5	5/12/2018	CPITN	Dr. Prakash Gaikwad
6	9/12/2018	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	9/12/2018	Application of P & F sealant on extracted tooth	Dr. Madhuri
8	10/12/2018	Post End Exam	Dr. Prakash Gaikwad
		Batch A	Dr. Prakash Gaikwad
1	11/12/2018	Case History discussion and Revision	Dr. Madhuri
2	13/12/2018	Indices Discussion	Dr. Prakash Gaikwad
3	17/12/2018	Indices Recording	Dr. Prakash Gaikwad
4	19/12/2018	DMFT,DMFS,dmft,dmfs,CPITN	Dr. Madhuri
5	24/12/2018	CPITN	Dr. Prakash Gaikwad
6	28/12/2018	Pit and Fissure Sealant Demonstration	Dr. Prakash Gaikwad
7	29/12/2018	Application of P & F sealant on extracted tooth	Dr. Madhuri
8	31/12/2018	Post End Exam	Dr. Prakash Gaikwad

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Sl no	Date	Discussion Topic	Staff
		Batch H	
1	1/1/2019	Indices Recording	Dr Karibasappa GN
2	3/1/2019	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	7/1/2019	Visit to PHC Center	Dr. Madhuri
4	11/1/2019	Visit to water Purification center	Dr. Prakash Gaikwad
5	13/1/2019	Dental Camp	
6	13/1/2019	Health Education	Dr. Prakash Gaikwad
7	14/1/2019	Preparation of Study charts	Dr. Prakash Gaikwad
8	15/1/2019	Post End Exam	Dr Karibasappa GN
		Batch G	
1	16/1/2019	Indices Recording	Dr Karibasappa GN
2	16/1/2019	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad

3	19/1/2019	Visit to PHC Center	Dr. Prakash Gaikwad
4	21/1/2019	Visit to water Purification center	Dr. Prakash Gaikwad
5	23/1/2019	Dental Camp	Dr. Madhuri
6	27/1/2019	Health Education	Dr. Prakash Gaikwad
7	29/1/2019	Preparation of Study charts	
8	30/1/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch F	
1	31/1/2019	Indices Recording	Dr Karibasappa GN
2	1/2/2019	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	4/2/2019	Visit to PHC Center	Dr. Prakash Gaikwad
4	7/2/2019	Visit to water Purification center	Dr. Prakash Gaikwad
5	11/2/2019	Dental Camp	Dr. Madhuri
6	12/2/2019	Health Education	Dr. Prakash Gaikwad
7	13/2/2019	Preparation of Study charts	
8	14/2/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch E	
1	15/2/2019	Indices Recording	Dr. Prakash Gaikwad
2	16/2/2019	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	18/2/2019	Visit to PHC Center	Dr. Prakash Gaikwad
4	20/2/2019	Visit to water Purification center	Dr. Madhuri
5	25/2/2019	Dental Camp	Dr. Prakash Gaikwad
6	28/2/2019	Health Education	Dr. Prakash Gaikwad
7	28/2/2019	Preparation of Study charts	Dr Karibasappa GN
8	1/3/2019	Post End Exam	Dr Karibasappa GN
		Batch D	
1	2/3/2019	Indices Recording	Dr. Prakash Gaikwad
2	4/3/2019	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	7/3/2019	Visit to PHC Center	Dr Karibasappa GN
4	9/3/2019	Visit to water Purification center	Dr Karibasappa GN
5	12/3/2019	Dental Camp	Dr. Prakash Gaikwad
6	14/3/2019	Health Education	Dr. Madhuri
7	15/3/2019	Preparation of Study charts	Dr. Prakash Gaikwad
8	16/3/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch C	
1	17/3/2019	Indices Recording	Dr. Prakash Gaikwad
2	18/3/2019	Application of Pit and Fissure Sealant	Dr Karibasappa GN
3	20/3/2019	Visit to PHC Center	Dr Karibasappa GN
4	24/3/2019	Visit to water Purification center	Dr. Prakash Gaikwad
5	28/3/2019	Dental Camp	Dr. Madhuri
6	29/3/2019	Health Education	Dr. Prakash Gaikwad
7	29/3/2019	Preparation of Study charts	Dr. Prakash Gaikwad
8	31/3/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch B	
1	1/4/2019	Indices Recording	Dr Karibasappa GN

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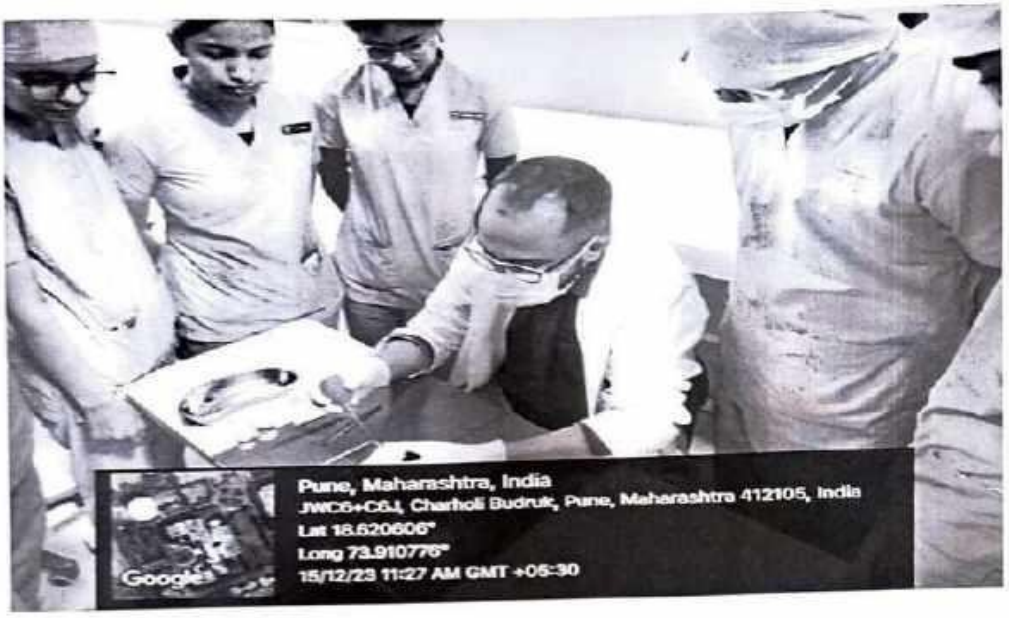
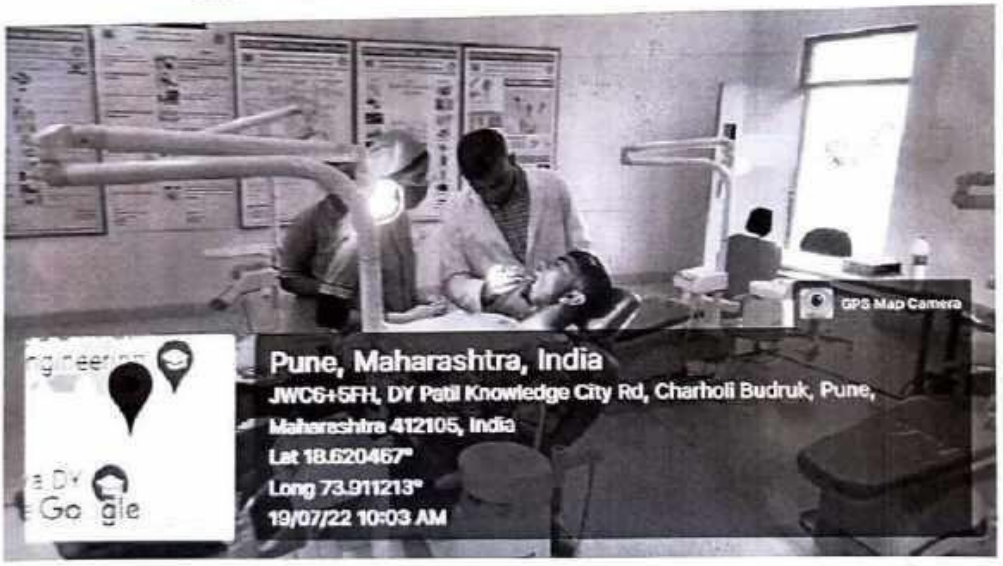
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

2	4/4/2019	Application of Pit and Fissure Sealant	Dr Karibasappa GN
3	7/4/2019	Visit to PHC Center	Dr. Prakash Gaikwad
4	11/4/2019	Visit to water Purification center	Dr. Madhuri
5	14/4/2019	Dental Camp	Dr. Prakash Gaikwad
6	18/4/2019	Health Education	Dr. Prakash Gaikwad
7	19/4/2019	Preparation of Study charts	Dr. Madhuri
8	25/4/2019	Post End Exam	Dr. Prakash Gaikwad
		Batch A	Dr. Prakash Gaikwad
1	26/4/2019	Indices Recording	Dr. Madhuri
2	28/4/2019	Application of Pit and Fissure Sealant	Dr. Prakash Gaikwad
3	30/4/2019	Visit to PHC Center	Dr. Prakash Gaikwad
4	1/5/2019	Visit to water Purification center	Dr. Madhuri
5	4/5/2019	Dental Camp	Dr. Prakash Gaikwad
6	7/5/2019	Health Education	Dr. Prakash Gaikwad
7	9/5/2019	Preparation of Study charts	Dr. Madhuri
8	10/5/2019	Post End Exam	Dr. Prakash Gaikwad

ATRAUMATIC RESTORATIVE TREATMENT



DEMONSTRATION OF RECORDING DENTAL INDICES



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D.Y. Patil Knowledge City
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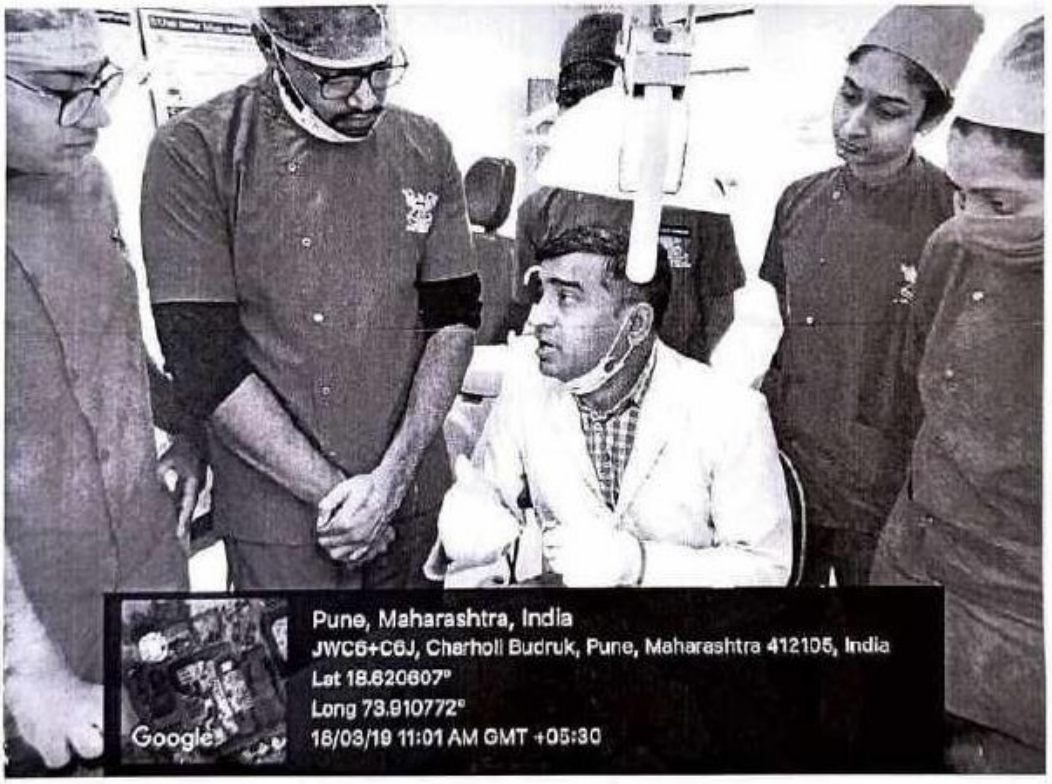
CASE HISTORY DISCUSSION





PIT AND FISSURE SEALANT DEMONSTRATION.



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D.Y. Patil Knowledge City
Charholi (Bk), Via Lohegaon, Pune - 412105

DISCUSSION AND DEMONSTRATION

PERIODONTOLOGY

ACADEMIC YEAR 2022-23

THIRD YEAR 1ST TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	1/2/2023	Intro to instruments	Dr Sachin
2	2/2/2023	Instruments discussion	Dr Sachin
3	7/2/2023	Principles of instrumentation	Dr Anuja
4	8/2/2023	Mechanical plaque control	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	14/2/2023	Intro to instruments	Dr Sachin
2	15/2/2023	Instruments discussion	Dr Sachin
3	16/2/2023	Principles of instrumentation	Dr Anuja
4	17/2/2023	Mechanical plaque control	Dr Rakesh
5	22/2/2023	Chemical plaque control	Dr Parag

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	03/3/2023	Intro to instruments	Dr Sachin
2	06/3/2023	Instruments discussion	Dr Sachin
3	08/3/2023	Principles of instrumentation	Dr Anuja

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	09/3/2023	Intro to instruments	Dr Sachin
2	10/3/2023	Instruments discussion	Dr Sachin
3	13/3/2023	Principles of instrumentation	Dr Anuja
4	14/3/2023	Mechanical plaque control	Dr Rakesh
5	20/3/2023	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	21/2/2023	Intro to instruments	Dr Sachin
2	23/2/2023	Instruments discussion	Dr Parag
3	24/2/2023	Principles of instrumentation	Dr Anuja
4	27/2/2023	Mechanical plaque control	Dr Rakesh
5	31/2/2023	Post end exam	

HOD Periodontics

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	03/4/2023	Intro to instruments	Dr Sachin
2	06/4/2023	Instruments discussion	Dr Rakesh
3	12/4/2023	Principles of instrumentation	Dr Anuja

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	18/4/2023	Intro to instruments	Dr Sachin
2	20/4/2023	Instruments discussion	Dr Sachin
3	21/4/2023	Principles of instrumentation	Dr Anuja
4	24/4/2023	Mechanical plaque control	Dr Rakesh
5	25/4/2023	Chemical plaque control	Dr Parag

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	26/4/2023	Intro to instruments	Dr Sachin
2	27/4/2023	Instruments discussion	Dr Sachin
3	2/5/2023	Principles of instrumentation	Dr Anuja
4	3/5/2023	Mechanical plaque control	Dr Rakesh
5	4/5/2023	Chemical plaque control	Dr Parag

ACADEMIC YEAR 2022-23

THIRD YEAR 2ND TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	07/5/2023	Intro to instruments	Dr Sachin
2	09/5/2023	Instruments discussion	Dr Sachin
3	11/5/2023	Principles of instrumentation	Dr Anuja
4	23/5/2023	Mechanical plaque control	Dr Rakesh
5	24/5/2023	Chemical plaque control	Dr Parag
6	29/5/2023	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	30/5/2023	Intro to instruments	Dr Sachin
2	31/5/2023	Instruments discussion	Dr Sachin
3	07/6/2023	Principles of instrumentation	Dr Anuja
4	08/6/2023	Mechanical plaque control	Dr Rakesh

HOD Periodontics

5	16/6/2023	Chemical plaque control	Dr Parag
6	19/6/2023	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	21/5/2023	Intro to instruments	Dr Sachin
2	22/5/2023	Instruments discussion	Dr Sachin
3	23/6/2023	Principles of instrumentation	Dr Anuja
4	24/6/2023	Mechanical plaque control	Dr Rakesh
5	25/6/2023	Chemical plaque control	Dr Parag
6	11/7/2023	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	18/7/2023	Intro to instruments	Dr Sachin
2	19/7/2023	Instruments discussion	Dr Sachin
3	26/7/2023	Principles of instrumentation	Dr Anuja
4	31/7/2023	Mechanical plaque control	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	08/8/2023	Intro to instruments	Dr Sachin
2	09/8/2023	Instruments discussion	Dr Parag
3	25/8/2023	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	28/8/2023	Intro to instruments	Dr Sachin
2	04/8/2023	Instruments discussion	Dr Rakesh
3	08/9/2023	Principles of instrumentation	Dr Anuja
4	19/9/2023	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	25/9/2023	Intro to instruments	Dr Sachin
2	26/9/2023	Instruments discussion	Dr Sachin
3	10/10/2023	Principles of instrumentation	Dr Anuja
4	11/10/2023	Mechanical plaque control	Dr Rakesh
5	13/10/2023	Chemical plaque control	Dr Parag
6	18/10/2023	Post end exam	

HOD Periodontics

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	30/10/2023	Intro to instruments	Dr Sachin
2	01/11/2023	Instruments discussion	Dr Parag
3	07/11/2023	Principles of instrumentation	Dr Anuja
4	24/11/2023	Mechanical plaque control	Dr Rakesh
5	25/11/2023	Post end exam	

ACADEMIC YEAR 2022-2023

FINAL YEAR 1ST TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	19/9/2022	Page 1,2 case history discussion	Dr Sachin
2	20/9/2022	Page 3 case history discussion	Dr Parag
3	21/9/2022	Page 4 case history discussion	Dr Parag
4	22/9/2022	Treatment Plan case history discussion	Dr Rakesh
5	23/9/2022	Principles of instruments	Dr Anuja
6	27/9/2022	Mechanical plaque control	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	7/10/2022	Page 2 case history discussion	Dr Sachin
2	8/10/2022	General case history discussion	Dr Sachin
3	10/10/2022	Page 3 case history discussion	Dr Parag
4	11/10/2022	Diagnosis, prognosis case history discussion	Dr Parag

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	31/10/2022	Page 3 case history discussion	Dr Parag
2	1/11/2022	Page 1 case history discussion	Dr Anuja
3	4/11/2022	Brushing techniques	Dr Anuja
4	7/11/2022	Interdental cleaning aids	Dr Anuja
5	9/11/2022	Principles of instrumentation	Dr Anuja
6	10/11/2022	Post end exam	

For, Ruchika

HOD Periodontics

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	15/11/2022	Principles of instrumentation	Dr Anuja
2	18/11/2022	Page 3,4 case history discussion	Dr Parag
3	21/11/2022	Diagnosis and prognosis case history discussion	Dr Parag
4	22/11/2022	Treatment plan case history discussion	Dr Rakesh
5	28/11/2022	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	5/12/2022	Page 1,2 case history discussion	Dr Parag
2	6/12/2022	Page 3 case history discussion	Dr Parag
3	8/12/2022	Page 4,5,6 case history discussion	Dr Parag
4	14/12/2022	Treatment plan case history discussion	Dr Sachin

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	20/12/2022	Page 3,4 case history discussion	Dr Parag
2	22/12/2022	Page 5,6 case history discussion	Dr Parag
3	30/12/2022	Treatment plan case history discussion	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	9/1/2023	Page 1,2 case history discussion	Dr Anuja
2	10/1/2023	Page 3 case history discussion	Dr Parag
3	11/1/2023	Diagnosis and prognosis case history discussion	Dr Parag
4	12/1/2023	Treatment plan case history discussion	Dr Sachin

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	25/1/2023	Treatment plan discussion	Dr Sachin
2	27/1/2023	Page 1 case history discussion	Dr Anuja
3	28/1/2023	Page 2 case history discussion	Dr Sachin
4	3/2/2023	Page 3 case history discussion	Dr Parag
5	8/2/2023	Periodontal instruments	Dr Parag

HOD Periodontics

ACADEMIC YEAR 2022-2023

FINAL YEAR 2ND TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	23/4/2023	Page 1,2 case history discussion	Dr Anuja
2	24/4/2023	Page 3,4 case history discussion	Dr Rakesh
3	25/4/2023	Revision instruments	Dr Rakesh
4	26/4/2023	Principles of instrumentation	Dr Anuja
5	27/4/2023	Treatment plan revision	Dr Rakesh
6	28/4/2023	Mechanical plaque control	Dr Anuja

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	13/2/2023	Page 1,2 case history discussion	Dr Sachin
2	15/2/2023	Page 3 case history discussion	Dr Parag
3	16/2/2023	Page 4 case history discussion	Dr Parag
4	23/2/2023	Treatment Plan case history discussion	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	28/2/2023	Page 2 case history discussion	Dr Sachin
2	1/3/2023	General case history discussion	Dr Sachin
3	2/3/2023	Page 3 case history discussion	Dr Parag
4	6/3/2023	Diagnosis, prognosis case history discussion	Dr Parag

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	16/3/2023	Page 3 case history discussion	Dr Parag
2	17/3/2023	Page 1 case history discussion	Dr Anuja
3	21/3/2023	Treatment plan	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	27/3/2023	Principles of instrumentation	Dr Anuja
2	28/3/2023	Page 3,4 case history discussion	Dr Parag
3	29/3/2023	Diagnosis and prognosis case history discussion	Dr Parag
4	1/4/2023	Treatment plan case history discussion	Dr Rakesh
5	3/4/2023	Post end exam	

HOD Periodontics

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	10/4/2023	Page 1,2 case history discussion	Dr Parag
2	11/4/2023	Page 3 case history discussion	Dr Parag
3	13/4/2023	Page 4,5,6 case history discussion	Dr Parag
4	15/4/2023	Treatment plan case history discussion	Dr Sachin

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	8/5/2023	Principles of instrumentation	Dr Anuja
2	9/5/2023	Page 1,2,3 case history discussion	Dr Parag
3	11/5/2023	Diagnosis and prognosis case history discussion	Dr Parag
4	13/1/2023	Treatment plan case history discussion	Dr Sachin

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	22/5/2023	Treatment plan discussion	Dr Sachin
2	23/5/2023	Page 1 case history discussion	Dr Anuja
3	24/5/2023	Page 2 case history discussion	Dr Sachin
4	25/5/2023	Page 3 case history discussion	Dr Parag

For

HOD Periodontics

ACADEMIC YEAR 2021-22

THIRD YEAR 1ST TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	12/11/2021	Intro to instruments	Dr Sachin
2	16/11/2021	Instruments discussion	Dr Sachin
3	17/11/2021	Principles of instrumentation	Dr Anuja
4	18/11/2021	Mechanical plaque control	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	23/11/2021	Intro to instruments	Dr Sachin
2	24/11/2021	Instruments discussion	Dr Sachin
3	25/11/2021	Principles of instrumentation	Dr Anuja
4	26/11/2021	Mechanical plaque control	Dr Rakesh
5	29/11/2021	Chemical plaque control	Dr Parag
6	30/11/2021	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	2/12/2021	Intro to instruments	Dr Sachin
2	3/12/2021	Instruments discussion	Dr Sachin
3	6/12/2021	Principles of instrumentation	Dr Anuja
4	7/12/2021	Mechanical plaque control	Dr Rakesh
5	8/12/2021	Chemical plaque control	Dr Parag
6	9/12/2022	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	13/12/2021	Intro to instruments	Dr Sachin
2	14/12/2021	Instruments discussion	Dr Sachin
3	15/12/2021	Principles of instrumentation	Dr Anuja
4	16/12/2021	Mechanical plaque control	Dr Rakesh
5	17/12/2021	Chemical plaque control	Dr Parag

For Ruia

HOD Periodontics

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	21/12/2021	Intro to instruments	Dr Sachin
2	22/12/2021	Instruments discussion	Dr Sachin
3	23/12/2021	Principles of instrumentation	Dr Anuja
4	24/12/2021	Mechanical plaque control	Dr Rakesh
5	28/12/2021	Chemical plaque control	Dr Parag
6	30/12/2021	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	3/1/2022	Intro to instruments	Dr Sachin
2	4/1/2022	Instruments discussion	Dr Sachin
3	5/1/2022	Principles of instrumentation	Dr Anuja
4	10/1/2022	Mechanical plaque control	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	21/12/2021	Intro to instruments	Dr Sachin
2	22/12/2021	Instruments discussion	Dr Sachin
3	23/12/2021	Principles of instrumentation	Dr Anuja
4	24/12/2021	Mechanical plaque control	Dr Rakesh
5	28/12/2021	Chemical plaque control	Dr Parag
6	30/12/2021	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	11/1/2022	Intro to instruments	Dr Sachin
2	13/1/2022	Instruments discussion	Dr Sachin
3	14/1/2022	Principles of instrumentation	Dr Anuja
4	17/1/2022	Mechanical plaque control	Dr Rakesh
5	18/1/2022	Chemical plaque control	Dr Parag
6	20/1/2022	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	

ACADEMIC YEAR 2021-22

THIRD YEAR 2ND TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	23/2/2022	Intro to instruments	Dr Sachin
2	23/2/2022	Instruments discussion	Dr Sachin
3	3/3/2022	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	7/3/2022	Intro to instruments	Dr Sachin
2	10/3/2022	Instruments discussion	Dr Sachin
3	11/3/2022	Principles of instrumentation	Dr Anuja
4	17/3/2022	Mechanical plaque control	Dr Rakesh
5	18/3/2022	Chemical plaque control	Dr Parag
6	21/3/2022	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	22/3/2022	Intro to instruments	Dr Sachin
2	23/3/2022	Instruments discussion	Dr Sachin
3	24/3/2022	Principles of instrumentation	Dr Anuja
4	28/3/2022	Mechanical plaque control	Dr Rakesh
5	29/3/2022	Chemical plaque control	Dr Parag
6	04/4/2022	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	05/4/2022	Intro to instruments	Dr Sachin
2	06/4/2022	Instruments discussion	Dr Sachin
3	07/4/2022	Principles of instrumentation	Dr Anuja
4	08/4/2022	Mechanical plaque control	Dr Rakesh
5	12/4/2022	Chemical plaque control	Dr Parag
6	13/4/2022	Post end exam	

ACADEMIC YEAR 2021-2022

FINAL YEAR 2nd TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	2/3/2022	Instrument revision	Dr Sachin
2	3/3/2022	Treatment plan case history discussion	Dr Rakesh
3	5/3/2022	Page 2,3 case history discussion	Dr Sachin
4	7/3/2022	Page 4,5 case history discussion	Dr Parag
5	8/3/2022	Page 6 case history discussion	Dr Parag
6	10/3/2022	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	14/3/2022	Instruments revision	Dr Sachin
2	15/3/2022	Page 2,3 case history discussion	Dr Sachin
3	17/3/2022	Page 4,5 case history discussion	Dr Parag
4	19/3/2022	Page 6 case history discussion	Dr Parag
5	22/3/2022	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	25/3/2022	Instruments revision	Dr Sachin
2	28/3/2022	Page 2,3 case history discussion	Dr Sachin
3	29/3/2022	Page 4,5 case history discussion	Dr Parag
4	30/3/2022	Page 6 case history discussion	Dr Parag
4	31/3/2022	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	6/4/2022	Principles of instruments	Dr Anuja
2	7/4/2022	Instruments revision	Dr Sachin
3	9/4/2022	Page 2,3 case history discussion	Dr Sachin
4	11/4/2022	Page 4,5 case history discussion	Dr Parag
5	12/4/2022	Page 6 case history discussion	Dr Parag

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SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	13/1/2021	Page 1 case history discussion	Dr Anuja
2	14/1/2021	Page 2 case history discussion	Dr Parag
3	15/1/2021	Diagnosis prognosis	Dr Parag
4	17/1/2021	Treatment plan discussion	D Parag
5	18/1/2021	Medical conditions in perio	Dr Parag
6	20/1/2022	Periodontal chart	Dr Sachin

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	28/1/2021	Instruments revision	Dr Sachin
2	29/1/2021	Principlesof instrumentation	Dr Sachin
3	31/1/2021	Mechanical plaque control	Dr Parag
4	08/2/2021	Chemical plaque control	Dr Parag
5	9/2/2021	Page 3,4 case history discussion	Dr Rakesh
6	10/2/2022	Treatment plan	Dr Rakesh
7	11/02/2022	postend	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	14/2/2021	Page 1 case history discussion	Dr Anuja
2	15/2/2021	Page 2,3 case history discussion	Dr Sachin
3	16/2/2021	Page 4 case history discussion	Dr Parag
4	17/2/2021	Page 5,6 case history discussion	Dr Parag
5	18/2/2021	Instruments revision	Dr Sachin
6	21/2/2021	Mechanical plaque control	Dr Rakesh
7	23/2/2021	Postendchemical plaque control	Dr Parag

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HOD Periodontics

5	15/9/2021	Case history discussion Treatment Diagnosis And prognosis	Dr Parag
6	20/9/2021	Instruments revision	Dr Sachin

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	11/11/2021	Page 1 case history discussion	Dr Anuja
2	12/11/2021	Page 2 case history discussion	Dr Anuja
3	13/11/2021	Page 3 case history discussion	Dr Rakesh
4	18/11/2021	Page 4 case history discussion	Dr Rakesh
5	22/11/2021	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	25/11/2021	Scaling demo	Dr Sachin
2	26/11/2021	Mechanical plaque control	Dr Rakesh
3	27/11/2021	Page 4,5 case history discussion	Dr Parag
4	29/11/2021	Case history discussion Treatment Diagnosis And prognosis	Dr Rakesh
5	30/11/2021	Instrument discussion	Dr Sachin
6	2/12/2021	Mechanical plaque control	Dr Rakesh
7	6/12/2021	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	10/12/2021	Instruments revision	Dr Sachin
2	11/12/2021	Page 2 case history discussion	Dr Sachin
3	13/12/2021	Page 4,5 case history discussion	Dr Parag
4	15/12/2021	Treatment plan case history discussion	Dr Rakesh
5	17/12/2021	Chemical plaque control	Dr Parag
6	20/12/2021	Brushing technique	Dr Rakesh
7	23/12/2021	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	27/12/2021	Chemical plaque control	Dr Parag
2	28/12/2021	Page 1 case history discussion	Dr Anuja
3	29/12/2021	Page 2,3 case history discussion	Dr Sachin
4	30/12/2021	Page 4,5,6 Case history discussion	D Parag
5	31/12/2021	Treatment Diagnosis And prognosis	Dr Rakesh
6	04/01/2022	Mechanical plaque control	Dr Rakesh
7	07/01/2022	Principles of instruments	DrAnuja
8	08/01/2022	Instrument revision	Dr Sachin

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	25/4/2022	Intro to instruments	Dr Sachin
2	26/4/2022	Instruments discussion	Dr Sachin
3	27/4/2022	Principles of instrumentation	Dr Anuja
4	30/4/2022	Mechanical plaque control	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	05/5/2022	Intro to instruments	Dr Sachin
2	06/5/2022	Instruments discussion	Dr Sachin
3	09/5/2022	Principles of instrumentation	Dr Anuja
4	10/5/2022	Mechanical plaque control	Dr Rakesh
5	11/5/2022	Chemical plaque control	Dr Parag
6	13/5/2022	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	20/5/2022	Intro to instruments	Dr Sachin
2	24/5/2022	Instruments discussion	Dr Sachin
3	27/5/2022	Principles of instrumentation	Dr Anuja
4	30/5/2022	Mechanical plaque control	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	02/6/2022	Intro to instruments	Dr Sachin
2	06/6/2022	Instruments discussion	Dr Sachin
3	09/6/2022	Principles of instrumentation	Dr Anuja
4	13/6/2022	Mechanical plaque control	Dr Rakesh
5	14/6/2022	Chemical plaque control	Dr Parag
6	15/6/2022	Post end exam	

ACADEMIC YEAR 2021-2022

FINAL YEAR 1ST TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	6/9/2021	Chemical plaque control	Dr Parag
2	7/9/2021	Page 1,2,3 case history discussion	Dr Sachin
3	8/9/2021	Scaling demo	Dr Sachin
4	9/9/2021	Page 4,5 case history discussion	Dr Parag

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	18/4/2022	Revision instruments	Dr Sachin
2	20/4/2022	Page 4,5 case history discussion	Dr Parag
3	21/42022	Page 6 case history discussion	Dr Parag
4	22/4/2022	Treatment Diagnosis And prognosis	Dr Rakesh
5	25/4/2022	Principles of instrumentaton	Dr Anuja
6	27/4/2022	Chemical plaque control	Dr Parag

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	30/4/2022	Page 1 case history discussion	Dr Rakesh
2	2/5/2022	Page 2 case history discussion	Dr Rakesh
3	5/5/2022	Treatment plan discussion	Dr Rakesh
4	6/5/2022	Principle of Instruments	Dr Anuja
5	10/5/2022	Periodontal instruments	Dr Girish
6	11/5/2022	Mechanical plaque control	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	17/5/2022	Page 1 case history discussion	Dr Anuja
2	18/5/2022	Page 2,3 case history discussion	Dr Sachin
3	19/5/2022	Revision instruments	Dr Sachin
4	20/5/2022	Page 4,5 case history discussion	Dr Parag
5	21/5/2022	Page 6 case history discussion	Dr Parag
6	26/5/2022	Chemical plaque control	Dr Parag

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	4/6/2022	Page 2,3 case history discussion	Dr Sachin
2	6/6/2022	Page 4,5,6 case history discussion	Dr Parag
3	11/6/2022	Page 1 case history discussion	Dr Anuja

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HOD Periodontics

ACADEMIC YEAR 2020-21

THIRD YEAR 1ST TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	30/12/2020	Intro to instruments	Dr Sachin
2	15/12/2020	Instruments discussion	Dr Sachin
3	4/1/2021	Principles of instrumentation	Dr Anuja
4	5/1/2021	Mechanical plaque control	Dr Rakesh
5	6/1/2021	Chemical plaque control	Dr Parag
6	7/1/2021	Postend exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	8/1/2021	Intro to instruments	Dr Sachin
2	11/1/2021	Instruments discussion	Dr Sachin
3	13/1/2021	Principles of instrumentation	Dr Anuja
4	14/1/2021	Mechanical plaque control	Dr Rakesh
5	15/1/2021	Chemical plaque control	Dr Parag
6	18/1/2021	Postend exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	19/1/2021	Intro to instruments	Dr Sachin
2	20/1/2021	Instruments discussion	Dr Rakesh
3	28/1/2021	Principles of instrumentation	Dr Anuja
6	29/1/2021	Postend exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	2/2/2021	Intro to instruments	Dr Sachin
2	3/2/2021	Instruments discussion	Dr Parag
3	4/2/2021	Principles of instrumentation	Dr Anuja
6	9/2/2021	Postend exam	

HOD Periodontics

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	10/2/2021	Intro to instruments	Dr Sachin
2	11/2/2021	Instruments discussion	Dr Sachin
3	12/2/2021	Principles of instrumentation	Dr Anuja
4	15/2/2021	Mechanical plaque control	Dr Rakesh
5	16/2/2021	Chemical plaque control	Dr Parag
6	18/2/2021	Postend exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	3/5/2021	Intro to instruments	Dr Sachin
2	4/5/2021	Instruments discussion	Dr Sachin
3	6/5/2021	Principles of instrumentation	Dr Anuja
4	7/5/2021	Mechanical plaque control	Dr Rakesh
5	9/5/2021	Chemical plaque control	Dr Parag

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	11/5/2021	Intro to instruments	Dr Sachin
2	12/5/2021	Instruments discussion	Dr Sachin
3	13/5/2021	Principles of instrumentation	Dr Anuja
4	14/5/2021	Mechanical plaque control	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	17/5/2021	Intro to instruments	Dr Sachin
2	18/5/2021	Instruments discussion	Dr Sachin
3	19/5/2021	Principles of instrumentation	Dr Anuja
4	20/5/2021	Mechanical plaque control	Dr Rakesh
5	21/5/2021	Chemical plaque control	Dr Parag
6	28/5/2021	Postend exam	

HOD Periodontic

ACADEMIC YEAR 2020-21

THIRD YEAR 2ND TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	26/5/2021	Intro to instruments	Dr Sachin
2	28/5/2021	Instruments discussion	Dr Sachin
3	29/5/2021	Principles of instrumentation	Dr Anuja
4	31/5/2021	Mechanical plaque control	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	1/6/2021	Intro to instruments	Dr Sachin
2	2/6/2021	Instruments discussion	Dr Sachin
3	3/6/2021	Principles of instrumentation	Dr Anuja
4	4/6/2021	Mechanical plaque control	Dr Rakesh
5	7/6/2021	Chemical plaque control	Dr Parag

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	9/6/2021	Intro to instruments	Dr Sachin
2	14/6/2021	Instruments discussion	Dr Sachin
3	15/6/2021	Principles of instrumentation	Dr Anuja

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	17/6/2021	Intro to instruments	Dr Sachin
2	21/6/2021	Instruments discussion	Dr Sachin
3	29/6/2021	Principles of instrumentation	Dr Anuja
4	30/6/2021	Mechanical plaque control	Dr Rakesh
5	31/6/2021	Chemical plaque control	Dr Parag
6	2/07/2022	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	9/8/2021	Intro to instruments	Dr Sachin
2	13/8/2021	Instruments discussion	Dr Sachin
3	17/8/2021	Principles of instrumentation	Dr Anuja

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	9/7/2021	Intro to instruments	Dr Sachin
2	12/7/2021	Instruments discussion	Dr Sachin
3	13/7/2021	Principles of instrumentation	Dr Anuja
4	14/7/2021	Mechanical plaque control	Dr Rakesh

ACADEMIC YEAR 2020-2021

FINAL YEAR 1ST TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	1/1/2021	Revision instruments and principles	Dr Sachin
2	2/1/2021	Page 2 case history discussion	Dr Parag
3	4/1/2021	Page 3 case history discussion	Dr Parag
4	5/1/2021	Page 4 case history discussion	Dr Parag
5	6/1/2021	Case history discussion Treatment Diagnosis And prognosis	Dr Parag
6	7/1/2021	Case history discussion treatment plan	Dr Sachin

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	8/1/2021	Page 1 case history discussion	Dr Anuja
2	11/1/2021	Page 3 case history discussion	Dr Parag
3	12/1/2021	Page 4 case history discussion	Dr Parag
4	14/1/2021	Page 5 case history discussion	Dr Parag
5	16/1/2021	Case history discussion Treatment Diagnosis And prognosis	Dr Sachin
6	18/1/2021	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	19/1/2021	Page 1,2 case history discussion	Dr Rakesh
2	21/1/2021	Page 3,4 case history discussion	Dr Parag
3	22/1/2021	Page 5 case history discussion	Dr Parag
4	23/1/2021	Case history discussion Treatment Diagnosis And prognosis	Dr Sachin
5	28/1/2021	Post end exam	

HOD Periodontics

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	1/2/2021	Page 1 case history discussion	Dr Parag
2	2/2/2021	Page 2 case history discussion	Dr Parag
3	4/2/2021	Page 3 case history discussion	Dr More
4	5/2/2021	Page 4 case history discussion	Dr More
5	8/2/2021	Case history discussion Treatment Diagnosis And prognosis	Dr Rakesh
7	9/2/2021	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	10/2/2021	Page 1, case history discussion	Dr Anuja
2	11/2/2021	Page 2,3case history discussion	Dr Parag
3	12/2/2021	Page 4 case history discussion	Dr Parag
4	13/2/2021	Case history discussion Treatment Diagnosis And prognosis	Dr Sachin
5	18/2/2021	Post end exam	

Academic year 2020-21

Final year 2nd term

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	5/5/2021	Page 1 case history discussion	Dr Anuja
2	6/5/2021	Page 2,3 case history discussion	Dr Sachin
3	7/5/2021	Page 4,5,6 case history discussion	Dr Parag
4	8/5/2021	Page 7 case history discussion	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	11/5/2021	Revision of instruments	Dr Sachin
2	12/5/2021	Principle of instruments	Dr Anuja
3	13/5/2021	Page 2,3 case history discussion	Dr Sachin
4	14/5/2021	Page 4,5,6 case history discussion	Dr Parag
5	15/5/2021	Case history discussion Treatment Diagnosis And prognosis	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	17/5/2021	Revision of instruments	Dr Sachin
2	18/5/2021	Principle of instruments	Dr Anuja
3	19/5/2021	Page 2, 3 case history discussion	Dr Sachin

4	20/5/2021	Page 4,5 case history discussion	Dr Parag
5	21/5/2021	Page 6 case history discussion	Dr Parag
6	22/5/2021	Page 7 case history discussion	Dr Sachin

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	25/5/2021	Revision of instruments	Dr Sachin
2	28/5/2021	Principle of instruments	Dr Anuja
3	29/5/2021	Page 2,3 case history discussion	Dr Sachin
4	31/5/2021	Treatment Plan case history discussion	Dr Parag

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	1/6/2021	Revision of instruments	Dr Sachin
2	2/6/2021	Principle of instruments	Dr Anuja
3	3/6/2021	Page 1 case history discussion	Dr Anuja
4	4/6/2021	Page 2,3case history discussion	Dr Sachin
5	5/6/2021	Plaque control	Dr Rakesh
6	6/6/2021	Page 7 case history discussion	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	9/6/2021	Revision of instruments	Dr Sachin
2	12/6/2021	Page 2,3 case history discussion	Dr Sachin
3	14/6/2021	Page 4,5,6 case history discussion	Dr Parag
4	15/6/2021	Page 7 case history discussion	Dr Rakesh

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	16/6/2021	Revision of instruments	Dr Sachin
2	17/6/2021	Chemical plaque control	Dr Parag
3	21/6/2021	Periodontal flap	Dr Parag
4	22/6/2021	Suturing technique	Dr Parag
5	25/6/2021	Post end exam	

HOD Periodontics

ACADEMIC YEAR 2019-20

THIRD YEAR 1ST TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	03/09/2019	Intro to instruments	Dr Sachin
2	04/09/2019	Instrument discussion	Dr Sachin
3	09/09/2019	Principles of instrumentation	Dr Sachin
4	11/09/2019	Mechanical plaque control	Dr More
5	13/09/2019	Chemical plaque control	Dr Parag

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	16/09/2019	Intro to instruments	Dr Sachin
2	17/09/2019	Instruments discussion	Dr Sachin
3	18/09/2019	Principles of instrumentation	Dr Sachin
4	20/09/2019	Polishing demo	Dr Anuja
5	23/09/2019	Mechanical plaque control	Dr More
6	24/09/2019	Chemical plaque control	Dr Parag
7	25/09/2019	Interdental aids discussion	Dr More
8	26/09/2019	Postend exam	
9	27/09/2019	Postend exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	30/09/2019	Intro to instruments	Dr Sachin
2	01/10/2019	Principles of instrumentation	Dr Sachin
3	03/10/2019	Scaling demo	Dr Parag
4	07/10/2019	Chemical plaque control	Dr Parag
5	11/10/2019	Postend exam	
6	14/10/2019	Postend exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	15/10/2019	Intro to instruments	Dr Sachin
2	16/10/2019	Mechanical plaque control	Dr More
3	17/10/2019	Instruments discussion	Dr Sachin
4	22/10/2019	Principles of instrumentation	Dr Sachin
5	23/10/2019	Scaling emo	Dr Sachin
6	30/10/2019	Mechanical plaque control	Dr Rakesh
7	31/10/2019	Postend exam	
8	01/11/2019	Postend exam	

HOD Periodontics

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	04/11/2019	Intro to instruments	Dr Sachin
2	05/11/2019	Instruments	Dr More
3	07/11/2019	Principles of instrumentation	Dr Anuja
4	08/11/2019	Chemical plaque control	Dr Parag
5	13/11/2019	Mechanical plaque control	Dr Parag
6	14/11/2019	Postend exam	
7	15/11/2019	Postend exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	18/11/2019	Intro to instruments	Dr Sachin
2	19/11/2019	Instruments discussion	Dr Sachin
3	20/11/2019	Principles of instrumentation	Dr Anuja
4	21/11/2019	Mechanical plaque control	Dr More
5	22/11/2019	Chemical plaque control	Dr Parag
6	28/11/2019	Postend exam	
7	29/11/2019	Postend exam	

ACADEMIC YEAR 2019-20

THIRD YEAR 2ND TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	03/12/2019	Page 1 case history discussion	Dr Sachin
2	04/12/2019	Page 2 case history discussion	Dr Parag
3	05/12/2019	Page3 case history discussion	Dr More
4	10/12/2019	Polishing demo	Dr Sachin
5	12/12/2019	Subgingival curettes	Dr Sachin
6	19/12/2019	Postend exam	
7	20/12/2019	Postend exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	26/12/2019	Page 1 case history discussion	Dr Sachin
2	2/1/2020	Page 2 case history discussion	Dr Parag
3	07/1/2020	Page3 case history discussion	Dr Rakesh
4	08/1/2020	Polishing demo	Dr Parag
5	09/1/2020	Subgingival curettes	Dr Sachin

HOD Periodontics

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	13/1/2020	Intro to instruments	Dr Sachin
2	15/1/2020	Instruments discussion	Dr Sachin
3	1611/2020	Principles of instrumentation	Dr Anuja
4	17/1/2020	Mechanical plaque control	Dr Rakesh
5	21/1/2020	Chemical plaque control	Dr Parag
6	28/1/2020	Postend exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	3/2/2020	Intro to instruments	Dr Sachin
2	4/2/2020	Instruments discussion	Dr Sachin
3	5/2/2020	Principles of instrumentation	Dr Anuja
4	6/2/2020	Mechanical plaque control	Dr Rakesh
5	11/2/2020	Chemical plaque control	Dr Parag
6	20/2/2020	Postend exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	2/3/2020	Intro to instruments	Dr Sachin
2	3/3/2020	Instruments discussion	Dr Sachin
3	5/3/2020	Principles of instrumentation	Dr Anuja
4	6/3/2020	Mechanical plaque control	Dr Rakesh
5	11/3/2020	Chemical plaque control	Dr Parag
6	12/3/2020	Postend exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
1	2/08/2019	Page 1 case history discussion	Dr Rakesh
2	3/08/2019	Page 2 case history discussion	Dr Parag
3	7/08/2019	Page 3 case history discussion	Dr More
4	9/08/2019	Page 3 case history discussion	Dr More
5	13/08/2019	Case history discussion Treatment Diagnosis And prognosis	Dr Parag
6	14/08/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	19/08/2019	Page 1 case history discussion	Dr Rakesh
2	20/08/2019	Page 2 case history discussion	Dr Parag
3	21/08/2019	Page 3 case history discussion	Dr More
4	22/08/2019	Case history discussion Treatment Diagnosis And prognosis	Dr Parag
5	23/08/2019	Post end exam	
6	27/08/2019	Indices	Dr More
7	03/09/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	7/09/2019	Page 1 case history discussion	Dr Rakesh
2	8/09/2019	Page 2 case history discussion	Dr Parag
3	9/09/2019	Page 3 case history discussion	Dr More
4	11/09/2019	Recession,mobility,furcation discussion	Dr More
5	12/09/2019	Pathological Migration, Fremitus Test Discussion	Dr More
6	13/09/2019	Case history discussion Treatment Diagnosis And prognosis	Dr Parag
7	20/09/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	23/09/2019	Page 1 case history discussion	Dr Rakesh
2	24/09/2019	Page 2 case history discussion	Dr Parag
3	25/09/2019	Page 3 case history discussion	Dr More
4	27/09/2019	Recession,mobility,furcation discussion	Dr More
5	30/09/2019	Page 3 case history discussion	Dr More
6	1/10/2019	Case history discussion Treatment Diagnosis And prognosis	Dr Parag
7	7/09/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	10/10/2019	Page 1 case history discussion	Dr Rakesh
2	11/10/2019	Page 2 case history discussion	Dr Parag
3	15/10/2019	Page 3 case history discussion	Dr More
4	16/10/2019	Page 4 case history discussion	Dr More
5	17/10/2019	Page 5 case history discussion	Dr More
6	18/10/2019	Case history discussion Treatment Diagnosis	Dr Parag

HOD Periodontics

		And prognosis	
7	25/10/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	31/10/2019	Page 1 case history discussion	Dr Rakesh
2	1/11/2019	Page 2 case history discussion	Dr Sachin
3	2/11/2019	Page 3 case history discussion	Dr Sachin
4	8/11/2019	Page 4 case history discussion	Dr Sachin
5	9/11/2019	Case history discussion Treatment Diagnosis And prognosis	Dr Rakesh
6	11/11/2019	Case history discussion recession and root coverage procedures	Dr Parag
7	14/11/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	16/11/2019	Page 1 case history discussion	Dr Rakesh
2	19/11/2019	Page 2 case history discussion	Dr Parag
3	20/11/2019	Page 3 case history discussion	Dr More
4	21/11/2019	Page 4 case history discussion	Dr More
5	22/11/2019	Case history discussion Treatment Diagnosis And prognosis	Dr More
6	23/11/2019	Case history discussion recession and root coverage procedures	Dr Parag
7	30/11/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	4/12/2019	Page 1 case history discussion	Dr Parag
2	5/12/2019	Page 2 case history discussion	Dr Parag
3	6/12/2019	Page 3 case history discussion	Dr More
4	09/12/2019	Page 4 case history discussion	Dr More
5	10/12/2019	Case history discussion Treatment Diagnosis And prognosis	Dr Rakesh
6	12/12/2019	Case history discussion recession and root coverage procedures	Dr More
7	19/12/2019	Post end exam	

HOD Periodontics

DEPARTMENT OF PERIODONTICS
D Y PATIL DENTAL COLLEGE,PUNE

LIST OF DEMONSTRATION AND DISCUSSION

ACADEMIC YEAR – 2019-20
FINAL YEAR 1ST TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
1	2/08/2019	Page 1 case history discussion	Dr Rakesh
2	3/08/2019	Page 2 case history discussion	Dr Parag
3	7/08/2019	Page 3 case history discussion	Dr More
4	9/08/2019	Page 3 case history discussion	Dr More
5	13/08/2019	Case history discussion Treatment Diagnosis And prognosis	Dr Parag
6	14/08/2019	Post end exam	
SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	19/08/2019	Page 1 case history discussion	Dr Rakesh
2	20/08/2019	Page 2 case history discussion	Dr Parag
3	21/08/2019	Page 3 case history discussion	Dr More
4	22/08/2019	Case history discussion Treatment Diagnosis And prognosis	Dr Parag
5	23/08/2019	Post end exam	
6	27/08/2019	Indices	Dr More
7	03/09/2019	Post end exam	
SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	7/09/2019	Page 1 case history discussion	Dr Rakesh
2	8/09/2019	Page 2 case history discussion	Dr Parag
3	9/09/2019	Page 3 case history discussion	Dr More
4	11/09/2019	Recession,mobility,furcation discussion	Dr More
5	12/09/2019	Pathological Migration, Fremitus Test Discussion	Dr More
6	13/09/2019	Case history discussion Treatment Diagnosis And prognosis	Dr Parag
7	20/09/2019	Post end exam	

HOD Periodontics

SR NO

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	23/09/2019	Page 1 case history discussion	Dr Rakesh
2	24/09/2019	Page 2 case history discussion	Dr Parag
3	25/09/2019	Page 3 case history discussion	Dr More
4	27/09/2019	Recession,mobility,furcation discussion	Dr More
5	30/09/2019	Page 3 case history discussion	Dr More
6	1/10/2019	Case history discussion Treatment Diagnosis And prognosis	Dr Parag
7	7/09/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	10/10/2019	Page 1 case history discussion	Dr Rakesh
2	11/10/2019	Page 2 case history discussion	Dr Parag
3	15/10/2019	Page 3 case history discussion	Dr More
4	16/10/2019	Page 4 case history discussion	Dr More
5	17/10/2019	Page 5 case history discussion	Dr More
6	18/10/2019	Case history discussion Treatment Diagnosis And prognosis	Dr Parag
7	25/10/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	31/10/2019	Page 1 case history discussion	Dr Rakesh
2	1/11/2019	Page 2 case history discussion	Dr Sachin
3	2/11/2019	Page 3 case history discussion	Dr Sachin
4	8/11/2019	Page 4 case history discussion	Dr Sachin
5	9/11/2019	Case history discussion Treatment Diagnosis And prognosis	Dr Rakesh
6	11/11/2019	Case history discussion recession and root coverage procedures	Dr Parag
7	14/11/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	16/11/2019	Page 1 case history discussion	Dr Rakesh
2	19/11/2019	Page 2 case history discussion	Dr Parag
3	20/11/2019	Page 3 case history discussion	Dr More
4	21/11/2019	Page 4 case history discussion	Dr More
5	22/11/2019	Case history discussion Treatment Diagnosis And prognosis	Dr More
6	23/11/2019	Case history discussion recession and root coverage procedures	Dr Parag
7	30/11/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	4/12/2019	Page 1 case history discussion	Dr Parag
2	5/12/2019	Page 2 case history discussion	Dr Parag
3	6/12/2019	Page 3 case history discussion	Dr More
4	09/12/2019	Page 4 case history discussion	Dr More
5	10/12/2019	Case history discussion Treatment Diagnosis And prognosis	Dr Rakesh
6	12/12/2019	Case history discussion recession and root coverage procedures	Dr More
7	19/12/2019	Post end exam	

ACADEMIC YEAR – 2019-20
FINAL YEAR 2ND TERM

BATCH E

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
1	8/01/2020	Recession discussion	Dr Parag
2	9/01/2020	Regenration discussion	Dr Parag
3	15/01/2020	Revision on instruments and principles of isolation	Dr Sachin
4	18/01/2020	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	24/01/2020	Subgingival scaling demo	Dr Sachin
2	08/02/2020	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	14/02/2020	Instruments Revision	Dr Sachin
2	15/02/2020	Curettes discussion	Dr Sachin
3	26/02/2020	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	3/03/2020	Page 1 case history discussion	Dr Rakesh
2	4/03/2020	Page 2 case history discussion	Dr Sachin
3	4/03/2020	Page 3 case history discussion	Dr More
4	11/03/2020	Page 3 and 4 case history discussion	Dr More

HOD Periodontics

DEPARTMENT OF PERIODONTICS

D Y PATIL DENTAL COLLEGE, PUNE.

LIST OF DEMONSTRATION AND DISCUSSION.

ACADEMIC YEAR 2018-19

THIRD YEAR 1ST TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	02/08/2018	Intro to instruments	Dr Sachin
2	03/08/2018	Discussion instruments	Dr Sachin
3	06/08/2018	Intro to perio	Dr More
4	07/08/2018	Mechanical plaque control	Dr More
5	08/08/2018	Mechanical plaque control	Dr More
6	14/08/2018	Chemical plaque control	Dr Parag

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	20/08/2018	Intro to perio	Dr More
2	21/08/2018	Discussion of instruments	Dr Sachin
3	23/08/2018	Principles of instrumentation	Dr Sachin
4	24/08/2018	Mechanical plaque control	Dr More
5	29/08/2018	Chemical plaque control	Dr Parag
6	30/08/2018	Polishing demo	Dr Sachin
7	03/09/2018	Post end exam	
8	04/09/2018	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	05/09/2018	Intro to instruments	Dr Sachin
2	06/08/2018	Instrument discussion	Dr Sachin
3	07/09/2018	Intro to perio	Dr More
4	10/09/2018	Discussion on principles and demonstration	Dr Parag
5	12/09/2018	Mechanical plaque control	Dr More
6	17/09/2018	Mechanical plaque control	Dr More
7	18/09/2018	Chemical plaque control	Dr Parag
8	19/09/2018	Post end exam	
9	21/09/2018	Post end exam	

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HOD Periodontics

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	24/09/2018	Intro to instruments	Dr Sachin
2	25/09/2018	Instruments	Dr Sacin
3	26/09/2018	Principles of instrumentation	Dr sachin
4	28/09/2018	Dental camp	
5	03/10/2018	Mechanical plaque control	Dr Parag
6	05/10/2018	Chemical plaque control	Dr Parag

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	11/10/2018	Intro to instruments	Dr Sachin
2	12/10/2018	Instruments	Dr Sachin
3	15/10/2018	Principles of instrumentation	Dr Parag
4	17/10/2018	Demo scaling	Dr Parag
5	19/10/2018	Mechanical plaque control	Dr Parag
6	22/10/2018	Mechanical plaque control	Dr Parag
7	23/10/2018	Chemical plaque control	Dr Parag
8	25/10/2018	Post end exam	
9	26/10/2018	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	29/10/2018	Intro to instrumentation	Dr Sachin
2	31/10/2018	Instrument discussion	Dr Sachin
3	01/11/2018	Principles of instrumentation	Dr Rakesh
4	02/11/2018	Scaling demo	Dr Rakesh
5	13/11/2018	Polishing demo	Dr Rakesh
6	16/11/2018	Mechanical plaque control	Dr More
7	19/11/2018	Mechanical plaque control	Dr More
8	20/11/2018	Post end exam	
9	22/11/2018	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	26/11/2018	Introduction	Dr Shobha
2	27/11/2018	Discussion of instruments	Dr Sachin
3	28/11/2018	Principles of instrumentation	Dr Sachin
4	29/11/2018	Mechanical plaque control	Dr More
5	30/11/2018	Chemical plaque control	Dr Parag
6	07/12/2018	Post end exam	
7	10/12/2018	Post end exam	

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SR NO	DATE	DISCUSSION TOPIC
		BATCH E
1	11/12/2018	Introduction
2	12/12/2018	Discussion of instruments
3	13/12/2018	Principles of instrumentation
4	14/12/2018	Mechanical plaque control
5	18/12/2018	Mechanical plaque control
6	19/12/2018	Chemical plaque control

ACADEMIC YEAR 2018-19

THIRD YEAR 2ND TERM

SR NO	DATE	DISCUSSION TOPIC
		BATCH D
1	01/01/2019	Page 1 case history discussion
2	04/01/2019	Page 2 case history discussion
3	08/01/2019	Page3 case history discussion
4	09/01/2019	Page 4 case discussion
5	14/01/2019	Post end exam
6	15/01/2019	Post end exam

SR NO	DATE	DISCUSSION TOPIC
		BATCH C
1	16/01/2019	Page 1 case history discussion
2	17/01/2019	Page2 case history discussion
3	30/01/2019	Post end exam

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	15/02/2019	Page1 case history discussion	Dr Rakesh
2	17/02/2019	Discussion of subgingival instruments	Dr Sachin
3	21/02/2019	Page3 case history discussion	Dr More
4	22/02/2019	Treatment plan	Dr Mor

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	06/03/2019	Page 1 case history discussion	Dr Rakesh
2	07/03/2019	Page 2 case history discussion	Dr Parag
3	12/03/2019	Periodontal status case history discussion	Dr More
4	14/03/2019	Treatment plan	Dr More

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	18/03/2019	Page 1 case history discussion	Dr Rakesh
2	19/03/2019	Aoge2 case history discussion	Dr Parag
3	20/03/2019	Page 3 case history discussion	Dr More
4	22/03/2019	Diagnosis and treatment plan	Dr More
5	27/03/2019	Subgingival instruments	Dr Sachin
6	28/03/2019	Mechanical plaque control	Dr More
7	29/03/2019	Postend exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	11/04/2019	Page 1 case history discussion	Dr Rakesh
2	12/04/2019	Page 2 case history discussion	Dr Parag

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	22/04/2019	Page 1 case history discussion	Dr More
2	24/04/2019	Diagnosis, prognosis, treatment plan	Dr More
3	25/04/2019	Postend exam	
4	30/04/2019	Postend exam	

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ACADEMIC YEAR – 2018-19

FINAL YEAR 1ST TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	01/08/2018	Treatment plan discussion	Dr Sachin
2	10/08/2018	Page 1 case history discussion	Dr Anuja
3	11/08/2018	Page 2 case history discussion	Dr Sachin
4	12/08/2018	Page 3 case history discussion	Dr Parag
5	13/08/2018	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	20/08/2018	Treatment plan discussion	Dr Sachin
2	21/08/2018	Page 1 case history discussion	Dr Anuja
3	23/08/2018	Page 2 case history discussion	Dr Sachin
5	03/09/2018	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	05/09/2018	Treatment plan discussion	Dr Sachin
2	06/09/2018	Page 1 case history discussion	Dr Anuja
3	10/09/2018	Page 2 case history discussion	Dr Sachin
4	11/09/2018	Page 3 case history discussion	Dr Parag
5	21/09/2018	Post end exam	
SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	24/09/2018	Treatment plan discussion	Dr Sachin
2	25/09/2018	Page 1 case history discussion	Dr Anuja
3	26/09/2018	Page 2 case history discussion	Dr Sachin
4	03/10/2018	Page 3 case history discussion	Dr Parag
5	04/10/2018	Diagnosis and prognosis	Dr Parag
6	05/10/2018	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	15/10/2018	Treatment plan discussion	Dr Sachin
2	16/10/2018	Page 1 case history discussion	Dr Anuja
3	17/10/2018	Page 2 case history discussion	Dr Sachin
4	19/10/2018	Page 3 case history discussion	Dr Parag
5	24/10/2018	Diagnosis and prognosis	Dr Parag
6	27/10/2018	Post end exam	

HOD Periodontics

SR NO

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	29/10/2018	Treatment plan discussion	Dr Sachin
2	30/10/2018	Page 1 case history discussion	Dr Anuja
3	31/10/2018	Page 2 case history discussion	Dr Sachin
4	13/11/2018	Page 3 case history discussion	Dr Parag
5	14/11/2018	Diagnosis and prognosis	Dr Parag
6	19/11/2018	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	26/11/2018	Treatment plan discussion	Dr Sachin
2	27/11/2018	Page 1 case history discussion	Dr Anuja
3	28/11/2018	Page 2 case history discussion	Dr Sachin
4	29/12/2018	Page 3 case history discussion	Dr Parag
5	03/12/2018	Diagnosis and prognosis	Dr Parag
6	08/12/2018	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH E	
1	11/12/2018	Treatment plan discussion	Dr Sachin
2	14/12/2018	Page 1 case history discussion	Dr Anuja
3	15/12/2018	Page 2 case history discussion	Dr Sachin
4	18/12/2018	Page 3 case history discussion	Dr Parag
5	31/12/2018	Post end exam	

FINAL YEAR 2ND TERM

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH D	
1	01/1/2019	Treatment plan discussion	Dr Sachin
2	03/1/2019	Page 1 case history discussion	Dr Anuja
3	07/1/2019	Page 2 case history discussion	Dr Sachin
4	10/1/2019	Page 3 case history discussion	Dr Parag
5	11/1/2019	Diagnosis and prognosis	Dr Parag
6	14/1/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH C	
1	17/1/2019	Treatment plan discussion	Dr Sachin
2	18/1/2019	Page 1 case history discussion	Dr Anuja
3	22/1/2019	Page 2 case history discussion	Dr Sachin
4	23/1/2019	Page 3 case history discussion	Dr Parag
5	28/1/2019	Post end exam	

HOD Periodon

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH B	
1	01/2/2019	Treatment plan discussion	Dr Sachin
2	03/2/2019	Page 1 case history discussion	Dr Anuja
3	07/2/2019	Page 2 case history discussion	Dr Sachin
4	10/2/2019	Page 3 case history discussion	Dr Parag
5	11/2/2019	Diagnosis and prognosis	Dr Parag
6	13/2/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH A	
1	16/2/2019	Treatment plan discussion	Dr Sachin
2	18/2/2019	Page 1 case history discussion	Dr Anuja
3	21/2/2019	Page 2 case history discussion	Dr Rakesh
6	28/2/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH H	
1	05/3/2019	Treatment plan discussion	Dr Sachin
2	06/3/2019	Page 1 case history discussion	Dr Anuja
3	07/1/2019	Page 2 case history discussion	Dr Sachin
4	15/3/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH G	
1	18/3/2019	Treatment plan discussion	Dr Sachin
2	20/3/2019	Page 1 case history discussion	Dr Anuja
3	22/3/2019	Page 2 case history discussion	Dr Sachin
4	28/3/2019	Page 3 case history discussion	Dr Parag
6	29/3/2019	Post end exam	

SR NO	DATE	DISCUSSION TOPIC	STAFF NAME
		BATCH F	
1	01/4/2019	Treatment plan discussion	Dr Sachin
2	03/4/2019	Page 1 case history discussion	Dr Anuja
3	07/4/2019	Page 2 case history discussion	Dr Sachin
4	10/4/2019	Page 3 case history discussion	Dr Parag
5	11/4/2019	Diagnosis and prognosis	Dr Parag
6	15/4/2019	Post end exam	

HOD Periodontics

DISCUSSION AND DEMONSTRATION -ORTHODONTICS

D Y Patil Dental School

Dept of orthodontics and Dentofacial Orthopaedics

List of Discussions

Sr no	Topic	Conducted by
1.	Principles of wire bending	Dr Suyog
2.	Impression material	Dr Suyog
3.	Study model preparation	Dr Varsha
4.	Principles of photography	Dr Shailesh
5.	Case history and clinical examination	Dr Arun
6.	Model analysis	Dr Jayashree
7.	Cephalometric	Dr Sandeep
8.	Diagnosis and treatment planning	Dr Sandeep
9.	Removable appliances	Dr Varsha
10.	Spotters	Dr Suyog

For HOD

Dr. Sandeep Jethe

H.O.D.

Dept. of Orthodontics

PROFESSOR & HEAD
Dept. of Orthodontics
D Y Patil Dental School
D Y Patil Knowledge City
Pune - 411018

DY Patil Dental School

Department of Orthodontics and Dentofacial Orthopedics

List of Demonstration

Sr no.	Wire Bending Exercise	Conducted by
1	Straight Wire	Dr. Suyog
2	Triangle	Dr. Suyog
3	Circle	Dr. Suyog
4	Square	Dr. Jayashree
5	Rectangle	Dr. Jayashree
6	U Series	Dr. Suyog
7	V Series	Dr. Jayashree
8	C clasp	Dr. Arun
9	U clasp	Dr. Arun
10	Adams Clasp	Dr. Shailesh
11	Labial Bow	Dr. Shailesh
12	Canine Retractor-3 type	Dr. Arun
13	Spring-Z spring, Finger Spring	Dr. Shailesh
14	Coffin Spring	Dr. Sandeep
15	Alginate Impression	Dr. Suyog
16	Study Model Preparation	Dr. Shailesh
17	Model Analysis	Dr. Jayashree
18	Cephalometric	Dr. Arun
19	Appliance Fabrication	Dr. Varsha

Dr. Sandeep Jethe

H.O.D.

Dept. of Orthodontics

PROFESSOR & HEAD
Dept. of Orthodontics
D.Y Patil Dental School
D.Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

DISCUSSION AND DEMONSTRATION ORAL SURGERY

Aug 2022 - July 2023

Discussions and Demonstrations for 3rd BDS (1st Term Clinical Posting)

Sr No.	Topic
1.	Case History I – Discussion
2.	Anatomy of Mandible – Demonstration
3.	Anatomy of Maxilla – Demonstration
4.	Trigeminal Nerve – Discussion
5.	Anti-inflammatory agents used in Oral Surgery - Discussion
6.	Antibiotics used in Oral Surgery – Discussion
7.	Post end viva
8.	Post end Viva

Discussions and Demonstrations for 3rd BDS (2nd Term Clinical Posting)

Sr No.	Topic
1.	Discussion – Post operative instructions
2.	Demonstration – Chair position
3.	Demonstration – Dental Forceps
4.	Demonstration – Dental Elevators
5.	Demonstration – Infraorbital Nerve Block
6.	Demonstration – PSA Nerve Block
7.	Post end Viva
8.	Post end Viva

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
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D Y Patil Knowledge City
Charoli (BK) Via Lohegaon, Pune-412105

Aug 2021 - July 2022

Discussions and Demonstrations for 3rd BDS (1st Term Clinical Posting)

Sr No.	Topic
1.	Case History I – Discussion
2.	Anatomy of Mandible – Demonstration
3.	Anatomy of Maxilla – Demonstration
4.	Trigeminal Nerve – Discussion
5.	Anti-inflammatory agents used in Oral Surgery - Discussion
6.	Antibiotics used in Oral Surgery – Discussion
7.	Post end viva
8.	Post end Viva

Discussions and Demonstrations for 3rd BDS (2nd Term Clinical Posting)

Sr No.	Topic
1.	Discussion – Post operative instructions
2.	Demonstration – Chair position
3.	Demonstration – Dental Forceps
4.	Demonstration – Dental Elevators
5.	Demonstration – Infraorbital Nerve Block
6.	Demonstration – PSA Nerve Block
7.	Post end Viva
8.	Post end Viva

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D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune-412105

Aug 2020 - July 2021

Discussions and Demonstrations for 3rd BDS (1st Term Clinical Posting)

Sr No.	Topic
1.	Case History I – Discussion
2.	Anatomy of Mandible – Demonstration
3.	Anatomy of Maxilla – Demonstration
4.	Trigeminal Nerve – Discussion
5.	Anti-inflammatory agents used in Oral Surgery - Discussion
6.	Antibiotics used in Oral Surgery – Discussion
7.	Post end viva
8.	Post end Viva

Discussions and Demonstrations for 3rd BDS (2nd Term Clinical Posting)

Sr No.	Topic
1.	Discussion – Post operative instructions
2.	Demonstration – Chair position
3.	Demonstration – Dental Forceps
4.	Demonstration – Dental Elevators
5.	Demonstration – Infraorbital Nerve Block
6.	Demonstration – PSA Nerve Block
7.	Post end Viva
8.	Post end Viva

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D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

Aug 2019 - July 2020

Discussions and Demonstrations for 3rd BDS (1st Term Clinical Posting)

Sr No.	Topic
1.	Case History I – Discussion
2.	Anatomy of Mandible – Demonstration
3.	Anatomy of Maxilla – Demonstration
4.	Trigeminal Nerve – Discussion
5.	Anti-inflammatory agents used in Oral Surgery - Discussion
6.	Antibiotics used in Oral Surgery – Discussion
7.	Post end viva
8.	Post end Viva

Discussions and Demonstrations for 3rd BDS (2nd Term Clinical Posting)

Sr No.	Topic
1.	Discussion – Post operative instructions
2.	Demonstration – Chair position
3.	Demonstration – Dental Forceps
4.	Demonstration – Dental Elevators
5.	Demonstration – Infraorbital Nerve Block
6.	Demonstration – PSA Nerve Block
7.	Post end Viva
8.	Post end Viva

PROFESSOR & HEAD
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D Y Patil Dental School, Lohegaon

Department of Oral and Maxillofacial Surgery

Aug 2018 - July 19

Discussions and Demonstrations for 3rd BDS (1st Term Clinical Posting)

Sr No.	Topic
1.	Case History I – Discussion
2.	Anatomy of Mandible – Demonstration
3.	Anatomy of Maxilla – Demonstration
4.	Trigeminal Nerve – Discussion
5.	Anti-inflammatory agents used in Oral Surgery - Discussion
6.	Antibiotics used in Oral Surgery – Discussion
7.	Post end viva
8.	Post end Viva

Discussions and Demonstrations for 3rd BDS (2nd Term Clinical Posting)

Sr No.	Topic
1.	Discussion – Post operative instructions
2.	Demonstration – Chair position
3.	Demonstration – Dental Forceps
4.	Demonstration – Dental Elevators
5.	Demonstration – Infraorbital Nerve Block
6.	Demonstration – PSA Nerve Block
7.	Post end Viva
8.	Post end Viva

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surg.
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune

Aug 2019 - July 2020

Discussions and Demonstrations for 4th BDS (1st Term Clinical Posting)

Sr No.	Topic
1.	Revision of Trigeminal Nerve - Discussion
2.	Revision of Dental Forceps -Demonstration
3.	Revision of Dental Elevators - Demonstration
4.	Inferior Alveolar Nerve Block – Demonstration
5.	Local Anesthesia – Physiology - Discussion
6.	Local Anesthesia – Pharmacology - Discussion
7.	Post end Viva
8.	Post end Viva

Discussions and Demonstrations for 4th BDS (2nd Term Clinical Posting)

Sr No.	Topic
1.	Instruments in Oral and Surgery - Demonstration
2.	Suture Materials - Discussion
3.	Suturing Techniques - Demonstration
4.	Medical Emergencies - Discussion
5.	Emergency Drugs - Discussion
6.	Radiographs of Oral and Maxillofacial Pathologies and Defects - Discussion
7.	Post end Viva
8.	Post end Viva

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D.Y. Patil Dental College
D.Y. Patil Vidyapeeth

Aug 2020 - July 21

Discussions and Demonstrations for 4th BDS (1st Term Clinical Posting)

Sr No.	Topic
1.	Revision of Trigeminal Nerve - Discussion
2.	Revision of Dental Forceps -Demonstration
3.	Revision of Dental Elevators - Demonstration
4.	Inferior Alveolar Nerve Block – Demonstration
5.	Local Anesthesia – Physiology - Discussion
6.	Local Anesthesia – Pharmacology - Discussion
7.	Post end Viva
8.	Post end Viva

Discussions and Demonstrations for 4th BDS (2nd Term Clinical Posting)

Sr No.	Topic
1.	Instruments in Oral and Surgery - Demonstration
2.	Suture Materials - Discussion
3.	Suturing Techniques - Demonstration
4.	Medical Emergencies - Discussion
5.	Emergency Drugs - Discussion
6.	Radiographs of Oral and Maxillofacial Pathologies and Defects - Discussion
7.	Post end Viva
8.	Post end Viva

PROFESSOR & HEAD
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D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

Aug 2019 - July 2020

Discussions and Demonstrations for 4th BDS (1st Term Clinical Posting)

Sr No.	Topic
1.	Revision of Trigeminal Nerve - Discussion
2.	Revision of Dental Forceps -Demonstration
3.	Revision of Dental Elevators - Demonstration
4.	Inferior Alveolar Nerve Block – Demonstration
5.	Local Anesthesia – Physiology - Discussion
6.	Local Anesthesia – Pharmacology - Discussion
7.	Post end Viva
8.	Post end Viva

Discussions and Demonstrations for 4th BDS (2nd Term Clinical Posting)

Sr No.	Topic
1.	Instruments in Oral and Surgery - Demonstration
2.	Suture Materials - Discussion
3.	Suturing Techniques - Demonstration
4.	Medical Emergencies - Discussion
5.	Emergency Drugs - Discussion
6.	Radiographs of Oral and Maxillofacial Pathologies and Defects - Discussion
7.	Post end Viva
8.	Post end Viva

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Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil [illegible]

Aug 2018 - July 2019

Discussions and Demonstrations for 4th BDS (1st Term Clinical Posting)

Sr No.	Topic
1.	Revision of Trigeminal Nerve - Discussion
2.	Revision of Dental Forceps -Demonstration
3.	Revision of Dental Elevators - Demonstration
4.	Inferior Alveolar Nerve Block – Demonstration
5.	Local Anesthesia – Physiology - Discussion
6.	Local Anesthesia – Pharmacology - Discussion
7.	Post end Viva
8.	Post end Viva

Discussions and Demonstrations for 4th BDS (2nd Term Clinical Posting)

Sr No.	Topic
1.	Instruments in Oral and Surgery - Demonstration
2.	Suture Materials - Discussion
3.	Suturing Techniques - Demonstration
4.	Medical Emergencies - Discussion
5.	Emergency Drugs - Discussion
6.	Radiographs of Oral and Maxillofacial Pathologies and Defects - Discussion
7.	Post end Viva
8.	Post end Viva

PROFESSOR & HEAD
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D Y Patil Dental School
D Y Patil Knowledge City

DISCUSSION AND DEMONSTRATION - OMDR

DY Patil Dental School , Loegaon , Pune.(2023)

Department of oral medicine and radiology

THIRD YEAR B.D.S

(1ST TERM)

Sr.No.	DAY	TOPIC
1.	1ST	Discussion -Case History I
2.	2ND	Discussion -Case History II
3.	3RD	Discussion -Case History III
4.	4TH	Discussion -IOPA Technique
5.	5TH	Discussion-Darkroom &Processing Methods
6.	6TH	Demonstration – Case History Taking
7.	7TH	Demonstration- IOPA Technique & Processing
8.	8TH	Discussion of Demo 1(Case History & IOPA techniques) Questionnaire
9.	9TH	Discussion of Demo 2(Case History & IOPA techniques) Questionnaire
10.	10TH -12/13TH-15TH	Post-End Exam & checking of Allotted Assignments

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D Y Patil Knowledge City
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DY Patil Dental School , Loegaon , Pune.(2023)

Department of oral medicine and radiology

THIRD YEAR B.D.S

(2nd TERM)

Sr.No.	DAY	TOPIC
1.	1ST	Discussion -Radiographic Interpretation I
2.	2ND	Discussion -Radiographic Interpretation II
3.	3RD	Discussion -Radiographic Interpretation III
4.	4TH	Demonstration – Radiographic Interpretation
5.	5TH	Discussion of Demo 3(Radiographic Interpretation) Questionnaire
6.	6TH	Practice of Radiographic Interpretation from OPD
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8.	8TH	Practice of Radiographic Interpretation of IOPA from OPD
9.	9TH	Checking of Demo 3 (Radiographic Interpretation)Assignment
10.	10TH -12/13TH-15TH	Post-End Exam

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Department of oral medicine and radiology

FINAL YEAR B.D.S

(1ST TERM)

Sr.No.	DAY	TOPIC
1.	1ST	Revision of Discussion & Demo of Case History - I
2.	2ND	Revision of Discussion & Demo of Case History - II
3.	3RD	Revision of IOPA Technique & Processing – I
4.	4TH	Revision of IOPA Technique & Processing - II
5.	5TH	Radiographic Interpretation - I
6.	6TH	Radiographic Interpretation - II
7.	7TH	Discussion & Viva of Case History & Interpretation from OPD
8.	8TH	Discussion & Viva of Case History & Interpretation from OPD
9.	9TH	Discussion & Viva of Case History & Interpretation from OPD
10.	10TH -12/13TH-15TH	Post-End Exam

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FINAL YEAR B.D.S

(2ND TERM)

Sr.No	DAY	TOPIC
1.	1ST	Discussion of Premalignant lesion & conditions
2.	2ND	Discussion of Pulpal diseases
3.	3RD	Discussion of Periodontal diseases
4.	4TH	Discussion of Gingival diseases
5.	5TH	Discussion of Space infections
6.	6TH	Discussion & Viva of Case History & Interpretation
7.	7TH	Discussion & Viva of Case History & Interpretation
8.	8TH	Discussion & Viva of Case History & Interpretation
9.	9TH	Discussion & Viva of Case History & Interpretation
10.	10TH -12/13TH-15TH	Post-End Exam

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THIRD YEAR B.D.S

(1ST TERM)

Sr.No.	DAY	TOPIC
1.	1ST	Discussion -Case History I
2.	2ND	Discussion -Case History II
3.	3RD	Discussion -Case History III
4.	4TH	Discussion -IOPA Technique
5.	5TH	Discussion-Darkroom &Processing Methods
6.	6TH	Demonstration – Case History Taking
7.	7TH	Demonstration- IOPA Technique & Processing
8.	8TH	Discussion of Demo 1(Case History & IOPA techniques) Questionnaire
9.	9TH	Discussion of Demo 2(Case History & IOPA techniques) Questionnaire
10.	10TH -12/13TH-15TH	Post-End Exam & checking of Allotted Assignments

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THIRD YEAR B.D.S

(2nd TERM)

Sr.No.	DAY	TOPIC
1.	1ST	Discussion -Radiographic Interpretation I
2.	2ND	Discussion -Radiographic Interpretation II
3.	3RD	Discussion -Radiographic Interpretation III
4.	4TH	Demonstration – Radiographic Interpretation
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FINAL YEAR B.D.S

(1ST TERM)

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1.	1ST	Revision of Discussion & Demo of Case History - I
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10.	10TH -12/13TH-15TH	Post-End Exam

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Department of oral medicine and radiology

FINAL YEAR B.D.S

(2ND TERM)

Sr.No.	DAY	TOPIC
1.	1ST	Discussion of Premalignant lesion & conditions
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8.	8TH	Discussion & Viva of Case History & Interpretation
9.	9TH	Discussion & Viva of Case History & Interpretation
10.	10TH -12/13TH-15TH	Post-End Exam

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Department of oral medicine and radiology

THIRD YEAR B.D.S

(1ST TERM)

Sr.No.	DAY	TOPIC
1.	1ST	Discussion -Case History I
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10.	10TH -12/13TH-15TH	Post-End Exam & checking of Allotted Assignments

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THIRD YEAR B.D.S

(2nd TERM)

Sr.No.	DAY	TOPIC
1.	1ST	Discussion -Radiographic Interpretation I
2.	2ND	Discussion -Radiographic Interpretation II
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(2ND TERM)

Sr.No.	DAY	TOPIC
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(2nd TERM)

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(1ST TERM)

Sr.No.	DAY	TOPIC
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10.	10TH -12/13TH-15TH	Post-End Exam & checking of Allotted Assignments

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THIRD YEAR B.D.S

(2nd TERM)

Sr.No.	DAY	TOPIC
1.	1ST	Discussion -Radiographic Interpretation I
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FINAL YEAR B.D.S

(1ST TERM)

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1.	1ST	Revision of Discussion & Demo of Case History - I
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6.	6TH	Radiographic Interpretation - II
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8.	8TH	Discussion & Viva of Case History & Interpretation from OPD
9.	9TH	Discussion & Viva of Case History & Interpretation from OPD
10.	10TH -12/13TH-15TH	Post-End Exam

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(2ND TERM)

Sr.No.	DAY	TOPIC
1.	1ST	Discussion of Premalignant lesion & conditions
2.	2ND	Discussion of Pulpal diseases
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7.	7TH	Discussion & Viva of Case History & Interpretation
8.	8TH	Discussion & Viva of Case History & Interpretation
9.	9TH	Discussion & Viva of Case History & Interpretation
10.	10TH -12/13TH-15TH	Post-End Exam

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THIRD YEAR B.D.S

(1ST TERM)

Sr.No.	DAY	TOPIC
1.	1ST	Discussion -Case History I
2.	2ND	Discussion -Case History II
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10.	10TH -12/13TH-15TH	Post-End Exam & checking of Allotted Assignments

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Department of oral medicine and radiology

THIRD YEAR B.D.S

(2nd TERM)

Sr.No.	DAY	TOPIC
1.	1ST	Discussion -Radiographic Interpretation I
2.	2ND	Discussion -Radiographic Interpretation II
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FINAL YEAR B.D.S

(1ST TERM)

Sr.No.	DAY	TOPIC
1.	1ST	Revision of Discussion & Demo of Case History - I
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10.	10TH -12/13TH-15TH	Post-End Exam

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FINAL YEAR B.D.S

(2ND TERM)

Sr.No.	DAY	TOPIC
1.	1ST	Discussion of Premalignant lesion & conditions
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10.	10TH -12/13TH-15TH	Post-End Exam

PROFESSOR & HEAD
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DISCUSSION AND DEMONSTRATION

DENTAL MATERIAL SCIENCES

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105

Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

Dental Material Sciences - Prosthodontics

Second Year 2022-23

S. No.	Topic	Date Batch A	Date Batch B	Staff
1.	Introduction to Dental Materials & Instruction to Students	07-01-23	07-01-23	Dr. Kamal
2.	Armamentarium for Dental Material Manipulation	14-01-23	14-01-23	Dr. Paulami
3.	Manipulation of Dental Plaster	21-01-23	21-01-23	Dr. Kamal
4.	Making of Plaster Block	04-02-23	04-02-23	Dr. Kamal
5.	Manipulation of Dental Stone	18-02-23	18-02-23	Dr. Paulami
	Manipulation of Impression Compound	25-02-23	25-02-23	Dr. Bipin
6.	Manipulation of Irreversible Hydrocolloid (Alginate)	18-03-23	18-03-23	Dr. Mansi
7.	Manipulation of Zinc Oxide Eugenol Impression Paste	01-04-23	01-04-23	Dr. Bipin
8.	Spotters Discussion – Gypsum Products	22-04-23	22-04-23	Dr. Ashish
9.	Spotter Discussion – Dental Polymers	20-05-23	20-05-23	Dr. Jitendra
10.	Spotter Discussion – Impression Materials	03-06-23	03-06-23	Dr. Jitendra
11.	Spotter Discussion – Investment Material	17-06-23	17-06-23	Dr. Bipin
12.	Spotter Discussion – Dental Waxes	01-07-23	01-07-23	Dr. Kamal
13.	Spotter Discussion – Metallurgy	15-07-23	15-07-23	Dr. Paulami
14.	Spotter Discussion – Auxillary Materials	29-07-23	29-07-23	Dr. Bipin

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Dept of Prosthodontics

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

Dental Material Sciences - Prosthodontics

Second Year 2021-22

S. No.	Topic	Date Batch A	Date Batch B	Staff
1.	Introduction to Dental Materials & Instruction to Students	02-04-22	02-04-22	Dr Kamal
2.	Armamentarium for Dental Material Manipulation	09-04-22	09-04-22	Dr. Paulami
3.	Manipulation of Dental Plaster	16-04-22	16-04-22	Dr. Mansi
4.	Making of Plaster Block	23-04-22	23-04-22	Dr. Bipin
5.	Manipulation of Dental Stone	21-05-22	21-05-22	Dr. Ashish
	Manipulation of Impression Compound	28-05-22	28-06-22	Dr. Jitendra
6.	Manipulation of Irreversible Hydrocolloid (Alginate)	11-06-22	11-06-22	Dr. Paulami
7.	Manipulation of Zinc Oxide Eugenol Impression Paste	18-06-22	18-06-22	Dr. Paulami
8.	Spotters Discussion – Gypsum Products	09-07-22	09-07-22	Dr. Bipin
9.	Spotter Discussion – Dental Polymers	16-07-22	16-07-22	Dr. Kamal
10.	Spotter Discussion – Impression Materials	13-08-22	13-08-22	Dr. Mansi
11.	Spotter Discussion – Investment Material	20-08-22	20-08-22	Dr. Paulami
12.	Spotter Discussion – Dental Waxes	20-08-22	20-08-22	Dr. Bipin
13.	Spotter Discussion – Metallurgy	27-08-22	27-08-22	Dr. Ashish
14.	Spotter Discussion – Auxillary Materials	03-09-22	03-09--22	Dr.Jitendra

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Dept of Prosthodontics

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

Dental Material Sciences - Prosthodontics

Second Year 2020-21

S. No.	Topic	Date Batch A	Date Batch B	Staff
1.	Introduction to Dental Materials & Instruction to Students	05-12-20	05-12-20	Dr Kamal (online)
2.	Armamentarium for Dental Material Manipulation	19-12-20	19-12-20	Dr. Paulami (online)
3.	Manipulation of Dental Plaster	13-02-21	13-02-21	Dr. Mansi (online)
4.	Making of Plaster Block	06-03-21	06-03-21	Dr. Bipin (online)
5.	Manipulation of Dental Stone	03-04-21	03-04-21	Dr. Ashish (online)
	Manipulation of Impression Compound	10-04-21	10-04-21	Dr. Jitendra (online)
6.	Manipulation of Irreversible Hydrocolloid (Alginate)	17-04-21	17-04-21	Dr. Paulami (online)
7.	Manipulation of Zinc Oxide Eugenol Impression Paste	22-05-21	22-05-21	Dr. Paulami (online)
8.	Spotters Discussion – Gypsum Products	05-06-21	05-06-21	Dr. Bipin (online)
9.	Spotter Discussion – Dental Polymers	19-06-21	19-06-21	Dr. Kamal (online)
10.	Spotter Discussion – Impression Materials	03-07-21	03-07-21	Dr. Mansi
11.	Spotter Discussion – Investment Material	17-07-21	17-07-21	Dr. Paulami
12.	Spotter Discussion – Dental Waxes	31-07-21	31-07-21	Dr. Bipin
13.	Spotter Discussion – Metallurgy	14-07-21	14-07-21	Dr. Ashish
14.	Spotter Discussion – Auxillary Materials	28-07-21	28-07-21	Dr.Jitendra

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

Dental Material Sciences - Prosthodontics

Second Year 2019-20

S. No.	Topic	Date Batch A	Date Batch B	Staff
1.	Introduction to Dental Materials & Instruction to Students	07-09-19	07-09-19	Dr Kamal
2.	Armamentarium for Dental Material Manipulation	21-09-19	21-09-19	Dr. Paulami
3.	Manipulation of Dental Plaster	09-11-19	09-11-19	Dr. Mansi
4.	Making of Plaster Block	28-12-19	28-12-19	Dr. Bipin
5.	Manipulation of Dental Stone	04-01-20	04-01-20	Dr. Ashish
	Manipulation of Impression Compound	08-02-20	08-02-20	Dr. Jitendra
6.	Manipulation of Irreversible Hydrocolloid (Alginate)	15-02-20	15-02-20	Dr. Paulami
7.	Manipulation of Zinc Oxide Eugenol Impression Paste	22-02-20	22-02-20	Dr. Paulami
8.	Spotters Discussion – Gypsum Products	07-03-20	07-03-20	Dr. Bipin
9.	Spotter Discussion – Dental Polymers	04-07-20	04-07-20	Dr. Kamal (online)
10.	Spotter Discussion – Impression Materials	11-07-20	11-07-20	Dr. Mansi (online)
11.	Spotter Discussion – Investment Material	25-07-20	25-07-20	Dr. Paulami (online)
12.	Spotter Discussion – Dental Waxes	01-08-20	01-08-20	Dr. Bipin (Online)
13.	Spotter Discussion – Metallurgy	22-08-20	22-08-20	Dr. Ashish (Online)
14.	Spotter Discussion – Auxillary Materials	29-08-20	29-08-20	Dr.Jitendra (Online

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

Dental Material Sciences - Prosthodontics

Second Year 2018-19

S. No.	Topic	Date Batch A	Date Batch B	Staff
1.	Introduction to Dental Materials & Instruction to Students	11-08-18	11-08-18	Dr. Paulami
2.	Armamentarium for Dental Material Manipulation	18-08-18	18-08-18	Dr. Sonal
3.	Manipulation of Dental Plaster	13-10-18	13-10-18	Dr. Mansi
4.	Making of Plaster Block	24-11-18	24-11-18	Dr. Bipin
5.	Manipulation of Dental Stone	08-12-18	08-12-18	Dr. Ashish
	Manipulation of Impression Compound	22-12-18	22-12-18	Dr. Jitendra
6.	Manipulation of Irreversible Hydrocolloid (Alginate)	05-01-19	05-01-19	Dr. Paulami
7.	Manipulation of Zinc Oxide Eugenol Impression Paste	19-01-19	19-01-19	Dr. Kamal
8.	Spotters Discussion – Gypsum Products	02-02-19	02-02-19	Dr. Sonal
9.	Spotter Discussion – Dental Polymers	01-06-19	01-06-19	Dr. Kamal
10.	Spotter Discussion – Impression Materials	08-06-19	08-06-19	Dr. Mansi
11.	Spotter Discussion – Investment Material	15-06-19	15-06-19	Dr. Paulami
12.	Spotter Discussion – Dental Waxes	22-06-19	22-06-19	Dr. Bipin
13.	Spotter Discussion – Metallurgy	29-06-19	29-06-19	Dr.Paulami
14.	Spotter Discussion – Auxillary Materials	06-07-19	06-07-19	Dr.Mansi

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Dental Materials
Second year (2022-2023)

Group discussion and demonstration time table

Sr No.	Topic	Date	Staff
1.	Instructions to the students	07/01/2023	Dr. Ruchika
2.	Guidelines for the use of Dental materials pre-clinical Lab	21/01/2023	Dr. Ruchika
3.	Armamentarium	04/02/2023	Dr. Nandita
4.	Composite Resins	18/02/2023	Dr. Divya D
5	Silver Amalgam	11/03/2023	Dr. Divya D
6.	Silicate Cement	15/04/2023	Dr. Vinod
7.	Glass Ionomer Cement	13/05/2023	Dr. Vinod
8.	Zinc Oxide Eugenol Cement	27/05/2023	Dr. Divya G
9.	Zinc Phosphate Cement	17/06/2023	Dr. Divya G
10.	Zinc Polycarboxylate Cement	08/07/2023	Dr. Prachi

C/c: 1. Dean, DYPDS

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Dental Materials
Second year (2021-2022)

Group discussion and demonstration time table

Sr No.	Topic	Date	Staff
1.	Instructions to the students	18/12/2021	Dr. Ruchika
2.	Guidelines for the use of Dental materials pre-clinical Lab	08/01/2022	Dr. Ruchika
3.	Armamentarium	22/01/2022	Dr. Nandita
4.	Composite Resins	12/02/2022	Dr. Divya D
5	Silver Amalgam	26/02/2022	Dr. Divya D
6.	Silicate Cement	12/03/2022	Dr. Vinod
7.	Glass Ionomer Cement	16/04/2022	Dr. Vinod
8.	Zinc Oxide Eugenol Cement	21/05/2022	Dr. Divya G
9.	Zinc Phosphate Cement	18/06/2022	Dr. Divya G
10.	Zinc Polycarboxylate Cement	16/07/2022	Dr. Kiran

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Dental Materials
Second year (2020-2021)

Group discussion and demonstration time table

Sr No.	Topic	Date	Staff
1.	Instructions to the students	19/12/2020	Dr. Ruchika
2.	Guidelines for the use of Dental materials pre-clinical Lab	09/01/2021	Dr. Ruchika
3.	Armamentarium	23/01/2021	Dr. Nandita
4.	Composite Resins	13/02/2021	Dr. Divya D
5	Silver Amalgam	27/02/2021	Dr. Divya D
6.	Silicate Cement	13/03/2021	Dr. Vinod
7.	Glass Ionomer Cement	17/04/2021	Dr. Vinod
8.	Zinc Oxide Eugenol Cement	22/05/2021	Dr. Divya G
9.	Zinc Phosphate Cement	19/06/2021	Dr. Divya G
10.	Zinc Polycarboxylate Cement	03/07/2021	Dr. Kiran

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Dental Materials
Second year (2019-2020)

Group discussion and demonstration time table

Sr No.	Topic	Date	Staff
1.	Instructions to the students	26/10/2019	Dr. Ruchika
2.	Guidelines for the use of Dental materials pre-clinical Lab	02/11/2019	Dr. Ruchika
3.	Armamentarium	16/11/2019	Dr. Nandita
4.	Composite Resins	14/12/2019	Dr. Divya D
5	Silver Amalgam	18/01/2020	Dr. Divya D
6.	Silicate Cement	22/02/2020	Dr. Vinod
7.	Glass Ionomer Cement	28/03/2020	Dr. Vinod
8.	Zinc Oxide Eugenol Cement	25/04/2020	Dr. Vinod
9.	Zinc Phosphate Cement	23/05/2020	Dr. Vinod
10.	Zinc Polycarboxylate Cement	20/06/2020	Dr. Kiran

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Dental Materials
Second year (2018-2019)

Group discussion and demonstration time table

Sr No.	Topic	Date	Staff
1.	Instructions to the students	20/10/2018	Dr. Ruchika
2.	Guidelines for the use of Dental materials pre-clinical Lab	27/10/2018	Dr. Ruchika
3.	Armamentarium	03/11/2018	Dr. Nandita
4.	Composite Resins	17/11/2018	Dr. Divya D
5	Silver Amalgam	8/12/2018	Dr. Divya D
6.	Silicate Cement	19/01/2019	Dr. Vinod
7.	Glass Ionomer Cement	23/02/2019	Dr. Vinod
8.	Zinc Oxide Eugenol Cement	30/03/2019	Dr. Vinod
9.	Zinc Phosphate Cement	27/04/2019	Dr. Vinod
10.	Zinc Polycarboxylate Cement	25/05/2019	Dr. Kiran

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Dental Materials
Second year (2018-2019)

Group discussion and demonstration time table

Sr No.	Topic	Date	Staff
1.	Instructions to the students	20/10/2018	Dr. Ruchika
2.	Guidelines for the use of Dental materials pre-clinical Lab	27/10/2018	Dr. Ruchika
3.	Armamentarium	03/11/2018	Dr. Nandita
4.	Composite Resins	17/11/2018	Dr. Divya D
5	Silver Amalgam	8/12/2018	Dr. Divya D
6.	Silicate Cement	19/01/2019	Dr. Vinod
7.	Glass Ionomer Cement	23/02/2019	Dr. Vinod
8.	Zinc Oxide Eugenol Cement	30/03/2019	Dr. Vinod
9.	Zinc Phosphate Cement	27/04/2019	Dr. Vinod
10.	Zinc Polycarboxylate Cement	25/05/2019	Dr. Kiran

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DISCUSSION AND DEMONSTRATION

PRE-CLINICAL CONSERVATIVE DENTISTRY

Pre-clinical Conservative Dentistry

Second year (2022-2023)

Group discussion and demonstration time table

Sr No.	Topic	Date Batch A	Date Batch B	Staff
1.	Instructions to the students	19/12/2022	20/12/2022	Dr. Ruchika
2.	Guidelines for the use of Conservative pre-clinical stimulator library	09/01/2023	10/01/2023	Dr. Ruchika
3.	Armamentarium	30/01/2023	31/01/2023	Dr. Nandita
4.	Guidelines for tooth preparation on ivorine teeth for dental amalgam restoration	13/02/2023	14/02/2023	Dr. Divya D
5	Guidelines and demonstration for Mandibular first molar	27/02/2023	28/02/2023	Dr. Divya D
6.	Guidelines and demonstration for Mandibular first molar	06/03/2023	07/03/2023	Dr. Vinod
7.	Guidelines and demonstration for Mandibular second molar	13/03/2023	14/03/2023	Dr. Vinod
8.	Guidelines and demonstration for Maxillary first molar	27/03/2023	28/03/2023	Dr. Divya G
9.	Guidelines and demonstration for Maxillary second molar	10/04/2023	11/04/2023	Dr. Divya G
10.	Guidelines for tooth preparation on ivorine teeth for Cast Gold class-I inlay restoration	24/04/2023	25/04/2023	Dr. Kiran

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11.	Guidelines and demonstration for Mandibular first molar	15/05/2023	16/05/2023	Dr. Kiran
12.	Guidelines and demonstration for Mandibular second molar	05/06/2023	06/06/2023	Dr. Kiran
13.	Guidelines and demonstration for Maxillary first molar	19/06/2023	20/06/2023	Dr. Prachi
14.	Guidelines and demonstration for Maxillary second molar	10/07/2023	11/07/2023	Dr. Prachi
15.	Exercise on Plaster Tooth models employing Principles of tooth for amalgam restoration	24/07/2023	25/07/2023	Dr. Ruchika
16.	Exercise on ivorine teeth for tooth preparation and restoration with Dental Amalgam	07/08/2023	08/08/2023	Dr. Ruchika
17.	Exercice on Ivorine teeth for tooth preparation for class I inlay cast gold restoration	21/08/2023	23/08/2023	Dr. Divya D
18.	Biomechanical Principles, Armamentarium and Procedures employed in the treatment of teeth affected with dental caries	11/09/2023	12/09/2023	Dr. Divya D
19.	Illustrations of Anatomical outlines of various teeth for diagrammatic representation of various tooth preparation	09/10/2023	10/10/2023	Dr. Divya G

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Pre-clinical Conservative Dentistry

Second year (2021-2022)

Group discussion and demonstration time table

Sr No.	Topic	Date Batch A	Date Batch B	Staff
1.	Instructions to the students	13/12/2021	14/12/2021	Dr. Ruchika
2.	Guidelines for the use of Conservative pre-clinical stimulator library	27/12/2021	28/12/2021	Dr. Ruchika
3.	Armamentarium	03/01/2022	04/01/2022	Dr. Nandita
4.	Guidelines for tooth preparation on ivorine teeth for dental amalgam restoration	17/01/2022	18/01/2022	Dr. Divya D
5	Guidelines and demonstration for Mandibular first molar	07/02/2022	08/02/2022	Dr. Divya D
6.	Guidelines and demonstration for Mandibular first molar	21/02/2022	22/02/2022	Dr. Vinod
7.	Guidelines and demonstration for Mandibular second molar	07/03/2022	08/03/2022	Dr. Vinod
8.	Guidelines and demonstration for Maxillary first molar	21/03/2022	22/03/2022	Dr. Divya G
9.	Guidelines and demonstration for Maxillary second molar	11/04/2022	12/04/2022	Dr. Divya G
10.	Guidelines for tooth preparation on ivorine teeth for Cast Gold class-1 inlay restoration	09/05/2022	10/05/2022	Dr. Kiran

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11.	Guidelines and demonstration for Mandibular first molar	23/05/2022	24/05/2022	Dr. Kiran
12.	Guidelines and demonstration for Mandibular second molar	13/06/2022	14/06/2022	Dr. Kiran
13.	Guidelines and demonstration for Maxillary first molar	27/06/2022	28/06/2022	Dr. Prachi
14.	Guidelines and demonstration for Maxillary second molar	11/07/2022	12/07/2022	Dr. Prachi
15.	Exercise on Plaster Tooth models employing Principles of tooth for amalgam restoration	25/07/2022	26/07/2022	Dr. Ruchika
16.	Exercise on ivorine teeth for tooth preparation and restoration with Dental Amalgam	08/08/2022	09/08/2022	Dr. Ruchika
17.	Exercice on Ivorine teeth for tooth preparation for class 1 inlay cast gold restoration	22/08/2022	23/08/2022	Dr. Divya D
18.	Biomechanical Principles, Armamentarium and Procedures employed in the treatment of teeth affected with dental caries	12/09/2022	13/09/2022	Dr. Divya D
19.	Illustrations of Anatomical outlines of various teeth for diagrammatic representation of various tooth preparation	10/10/2022	11/10/2022	Dr. Divya G

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Pre-clinical Conservative Dentistry

Second year (2020-2021)

Group discussion and demonstration time table

Sr No.	Topic	Date Batch A	Date Batch B	Staff
1.	Instructions to the students	14/12/2020	15/12/2020	Dr. Ruchika
2.	Guidelines for the use of Conservative pre-clinical stimulator library	21/12/2020	22/12/2020	Dr. Ruchika
3.	Armamentarium	04/01/2021	05/01/2021	Dr. Nandita
4.	Guidelines for tooth preparation on ivorine teeth for dental amalgam restoration	18/01/2021	19/01/2021	Dr. Divya D
5	Guidelines and demonstration for Mandibular first molar	08/02/2021	09/02/2021	Dr. Divya D
6.	Guidelines and demonstration for Mandibular first molar	22/02/2021	23/02/2021	Dr. Vinod
7.	Guidelines and demonstration for Mandibular second molar	08/03/2021	09/03/2021	Dr. Vinod
8.	Guidelines and demonstration for Maxillary first molar	22/03/2021	23/03/2021	Dr. Vinod
9.	Guidelines and demonstration for Maxillary second molar	12/04/2021	13/04/2021	Dr. Vinod
10.	Guidelines for tooth preparation on ivorine teeth for Cast Gold class-1 inlay restoration	03/05/2021	04/05/2021	Dr. Kiran

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11.	Guidelines and demonstration for Mandibular first molar	17/05/2021	18/05/2021	Dr. Kiran
12.	Guidelines and demonstration for Mandibular second molar	07/06/2021	08/06/2021	Dr. Kiran
13.	Guidelines and demonstration for Maxillary first molar	21/06/2021	22/06/2021	Dr. Nandita
14.	Guidelines and demonstration for Maxillary second molar	12/07/2021	13/07/2021	Dr. Nandita
15.	Exercise on Plaster Tooth models employing Principles of tooth for amalgam restoration	26/07/2021	27/07/2021	Dr. Ruchika
16.	Exercise on ivorine teeth for tooth preparation and restoration with Dental Amalgam	09/08/2021	10/08/2020	Dr. Ruchika
17.	Exercice on Ivorine teeth for tooth preparation for class 1 inlay cast gold restoration	23/08/2021	24/08/2021	Dr. Divya D
18.	Biomechanical Principles, Armamentarium and Procedures employed in the treatment of teeth affected with dental caries	20/09/2021	21/09/2021	Dr. Divya D
19.	Illustrations of Anatomical outlines of various teeth for diagrammatic representation of various tooth preparation	11/10/2021	12/10/2021	Dr. Kiran

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Pre-clinical Conservative Dentistry

Second year (2019-2020)

Group discussion and demonstration time table

Sr No.	Topic	Date Batch A	Date Batch B	Staff
1.	Instructions to the students	14/10/2019	15/10/2019	Dr. Ruchika
2.	Guidelines for the use of Conservative pre-clinical stimulator library	21/10/2019	22/10/2019	Dr. Ruchika
3.	Armamentarium	28/10/19	29/10/2019	Dr. Nandita
4.	Guidelines for tooth preparation on ivorine teeth for dental amalgam restoration	4/11/2019	5/11/2019	Dr. Divya D
5	Guidelines and demonstration for Mandibular first molar	11/11/2019	12/11/2019	Dr. Divya D
6.	Guidelines and demonstration for Mandibular first molar	18/11/2019	19/11/2019	Dr. Vinod
7.	Guidelines and demonstration for Mandibular second molar	9/12/2019	10/12/2019	Dr. Vinod
8.	Guidelines and demonstration for Maxillary first molar	6/01/2020	7/01/2020	Dr. Vinod
9.	Guidelines and demonstration for Maxillary second molar	20/01/2020	21/01/2020	Dr. Vinod
10.	Guidelines for tooth preparation on ivorine teeth for Cast Gold class-1 inlay restoration	03/02/2020	04/02/2020	Dr. Kiran

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11.	Guidelines and demonstration for Mandibular first molar	17/02/2020	18/02/2020	Dr. Kiran
12.	Guidelines and demonstration for Mandibular second molar	09/03/2020	10/03/2020	Dr. Kiran
13.	Guidelines and demonstration for Maxillary first molar	13/04/2020	14/04/2020	Dr. Nandita
14.	Guidelines and demonstration for Maxillary second molar	27/04/2020	28/04/2020	Dr. Nandita
15.	Exercise on Plaster Tooth models employing Principles of tooth for amalgam restoration	04/05/2020	05/05/2020	Dr. Ruchika
16.	Exercise on ivorine teeth for tooth preparation and restoration with Dental Amalgam	18/05/2020	19/05/2020	Dr. Ruchika
17.	Exercice on Ivorine teeth for tooth preparation for class 1 inlay cast gold restoration	08/06/2020	09/06/2020	Dr. Divya D
18.	Biomechanical Principles, Armamentarium and Procedures employed in the treatment of teeth affected with dental caries	13/07/2020	14/07/2020	Dr. Divya D
19.	Illustrations of Anatomical outlines of various teeth for diagrammatic representation of various tooth preparation	10/08/2020	11/08/2020	Dr. Kiran

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Pre-clinical Conservative Dentistry

Second year (2018-2019)

Group discussion and demonstration time table

Sr No.	Topic	Date Batch A	Date Batch B	Staff
1.	Instructions to the students	16/10/2018	17/10/2018	Dr. Ruchika
2.	Guidelines for the use of Conservative pre-clinical stimulator library	16/10/2018	17/10/2018	Dr. Ruchika
3.	Armamentarium	23/10/18	24/10/2018	Dr. Nandita
4.	Guidelines for tooth preparation on ivorine teeth for dental amalgam restoration	30/10/2018	31/10/2018	Dr. Divya D
5	Guidelines and demonstration for Mandibular first molar	6/11/2018	7/11/2018	Dr. Divya D
6.	Guidelines and demonstration for Mandibular first molar	11/12/2018	12/12/2018	Dr. Vinod
7.	Guidelines and demonstration for Mandibular second molar	8/1/2019	9/1/2019	Dr. Vinod
8.	Guidelines and demonstration for Maxillary first molar	15/1/2019	16/10/2019	Dr. Vinod
9.	Guidelines and demonstration for Maxillary second molar	5/2/2019	6/2/2019	Dr. Vinod
10.	Guidelines for tooth preparation on ivorine teeth for Cast Gold class-I inlay restoration	12/2/2019	13/2/2019	Dr. Kiran

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11.	Guidelines and demonstration for Mandibular first molar	5/3/2019	6/3/2019	Dr. Kiran
12.	Guidelines and demonstration for Mandibular second molar	12/3/2019	13/3/2019	Dr. Kiran
13.	Guidelines and demonstration for Maxillary first molar	2/4/2019	3/4/2019	Dr. Nandita
14.	Guidelines and demonstration for Maxillary second molar	9/4/2019	10/4/2019	Dr. Nandita
15.	Exercise on Plaster Tooth models employing Principles of tooth for amalgam restoration	7/5/2019	8/5/2019	Dr. Ruchika
16.	Exercise on ivorine teeth for tooth preparation and restoration with Dental Amalgam	14/5/2019	15/5/2019	Dr. Ruchika
17.	Exercice on Ivorine teeth for tooth preparation for class I inlay cast gold restoration	4/6/2019	5/6/2019	Dr. Divya D
18.	Biomechanical Principles, Armamentarium and Procedures employed in the treatment of teeth affected with dental caries	9/7/2019	10/7/2019	Dr. Divya D
19.	Illustrations of Anatomical outlines of various teeth for diagrammatic representation of various tooth preparation	6/8/2019	7/8/2019	Dr. Kiran

C/c: 1. Dean, DYPDS

HOD, Department of Conservative Dentistry & Endodontics,

DISCUSSION AND DEMONSTRATION

PRE-CLINICAL PROSTHDONTICS

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Dr. D Y Patil Knowledge City, Charholi Bk. Via Lohegaon, Pune – 412105

Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

Pre-clinical Prosthodontics- Practicals -First Year 2022-23

S. No.	Topic	Date Batch A	Date Batch B	Staff
1.	Introduction to Prosthodontics	09-01-23	10-01-23	Dr. Kamal
2.	Armanentarium for Pre-Clinical Exercise	16-01-23	17-01-23	Dr. Paulami
3.	Clinical and Laboratory Steps in fabrication of Complete Denture	23-01-23	24-01-23	Dr. Kamal
4.	Identification and Marking of Maxillary Anatomical Landmarks	30-01-23	31-01-23	Dr. Kamal
5.	Identification and Marking of Mandibular Anatomical Landmarks	20-02-23	21-02-23	Dr. Paulami
6.	Primary Impression of Maxillary Edentulous Cast	27-02-23	28-02-23	Dr. Bipin
7.	Primary Impression of Maxillary Edentulous Cast	20-03-23	21-03-23	Dr. Mansi
8.	Beading & Boxing of Primary Impression	27-03-23	28-03-23	Dr. Bipin
9.	Cast Pouring and Preparation of Primary Cast	03-04-23	04-04-23	Dr. Ashish
10.	Special Tray & Fabrication of Maxillary Special tray	17-04-23	18-04-23	Dr. Jitendra
11.	Fabrication of Mandibular Special Tray	24-04-23	25-04-23	Dr. Jitendra
12.	Preparation of Final Cast	29-05-23	30-05-23	Dr. Bipin
13.	Fabrication of Maxillary Temporary Record base	05-06-23	06-06-23	Dr. Mansi
14.	Fabrication of Mandibular Temporary Record base	19-06-23	20-06-23	Dr. Ashish
15.	Fabrication of Maxillary Occlusal rim	03-07-23	04-07-23	Dr. Paulami
16.	Fabrication of Mandibular Occlusal rim	17-07-23	18-07-23	Dr. Paulami
17.	Introduction to Articulators	07-08-23	08-08-23	Dr. Kamal
18.	Sealing of Occlusal rims and Articulation	14-08-23	15-08-23	Dr. Paulami

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

Pre-clinical Prosthodontics- Practicals -First Year 2021-22

S. No.	Topic	Date Batch A	Date Batch B	Staff
1.	Introduction to Prosthodontics	04-04-22	05-04-22	Dr. Kamal
2.	Armanentarium for Pre-Clinical Exercise	11-04-22	12-04-22	Dr. Paulami
3.	Clinical and Laboratory Steps in fabrication of Complete Denture	18-04-22	19-04-22	Dr. Kamal
4.	Identification and Marking of Maxillary Anatomical Landmarks	25-04-22	26-04-22	Dr. Kamal
5.	Identification and Marking of Mandibular Anatomical Landmarks	23-05-22	24-05-22	Dr. Paulami
6.	Primary Impression of Maxillary Edentulous Cast	30-05-22	31-05-22	Dr. Bipin
7.	Primary Impression of Maxillary Edentulous Cast	20-06-22	21-06-22	Dr. Mansi
8.	Beading & Boxing of Primary Impression	17-06-22	18-06-22	Dr. Bipin
9.	Cast Pouring and Preparation of Primary Cast	04-07-22	05-07-22	Dr. Ashish
10.	Special Tray & Fabrication of Maxillary Special tray	18-07-22	19-07-22	Dr. Jitendra
11.	Fabrication of Mandibular Special Tray	08-08-22	09-08-22	Dr. Jitendra
12.	Preparation of Final Cast	22-08-22	23-08-22	Dr. Bipin
13.	Fabrication of Maxillary Temporary Record base	05-09-22	06-09-22	Dr. Mansi
14.	Fabrication of Mandibular Temporary Record base	19-09-22	20-09-22	Dr. Ashish
15.	Fabrication of Maxillary Occlusal rim	03-10-22	04-10-22	Dr. Paulami
16.	Fabrication of Mandibular Occlusal rim	17-10-22	18-10-22	Dr. Paulami
17.	Introduction to Articulators	07-11-22	08-11-22	Dr. Kamal
18.	Sealing of Occlusal rims and Articulation	14-11-22	15-11-22	Dr. Paulami

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

Pre-clinical Prosthodontics- Practicals -First Year 2020-21

S. No.	Topic-Group discussion and Demonstartion	Date Batch A	Date Batch B	Staff
1.	Introduction to Prosthodontics	08-02-21	09-02-21	Dr. Kamal
2.	Armanentarium for Pre-Clinical Exercise	15-02-21	16-02-21	Dr. Paulami
3.	Clinical and Laboratory Steps in fabrication of Complete Denture	22-02-21	23-02-21	Dr. Kamal
4.	Identification and Marking of Maxillary Anatomical Landmarks	08-03-21	09-03-21	Dr. Kamal
5.	Identification and Marking of Mandibular Anatomical Landmarks	15-03-21	16-03-21	Dr. Paulami
6.	Primary Impression of Maxillary Edentulous Cast	19-04-21	20-04-21	Dr. Bipin
7.	Primary Impression of Maxillary Edentulous Cast	26-04-21	27-04-21	Dr. Mansi
8.	Beading & Boxing of Primary Impression	17-05-21	18-05-21	Dr. Bipin
9.	Cast Pouring and Preparation of Primary Cast	31-05-21	01-06-21	Dr. Ashish
10.	Special Tray & Fabrication of Maxillary Special tray	14-06-21	15-06-21	Dr. Jitendra
11.	Fabrication of Mandibular Special Tray	21-06-21	22-06-21	Dr. Jitendra
12.	Preparation of Final Cast	05-07-21	06-07-21	Dr. Bipin
13.	Fabrication of Maxillary Temporary Record base	12-07-21	13-07-21	Dr. Mansi
14.	Fabrication of Mandibular Temporary Record base	19-07-21	20-07-21	Dr. Ashish
15.	Fabrication of Maxillary Occlusal rim	02-08-21	03-08-21	Dr. Paulami
16.	Fabrication of Mandibular Occlusal rim	09-08-21	10-08-21	Dr. Paulami
17.	Introduction to Articulators	06-09-21	07-09-21	Dr. Kamal
18.	Sealing of Occlusal rims and Articulation	13-09-21	14-09-21	Dr. Paulami

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

Pre-clinical Prosthodontics- Practicals -First Year 2019-20

S. No.	Topic-Group discussion and Demonstartion	Date Batch A	Date Batch B	Staff
1.	Introduction to Prosthodontics	02-09-19	03-09-19	Dr. Kamal
2.	Armanentarium for Pre-Clinical Exercise	09-09-19	10-09-19	Dr. Paulami
3.	Clinical and Laboratory Steps in fabrication of Complete Denture	16-09-19	18-09-19	Dr. Kamal
4.	Identification and Marking of Maxillary Anatomical Landmarks	07-10-19	08-10-19	Dr. Kamal
5.	Identification and Marking of Mandibular Anatomical Landmarks	14-10-19	15-10-19	Dr. Paulami
6.	Primary Impression of Maxillary Edentulous Cast	18-11-19	19-11-19	Dr. Bipin
7.	Primary Impression of Maxillary Edentulous Cast	25-11-19	26-11-19	Dr. Mansi
8.	Beading & Boxing of Primary Impression	16-12-19	17-12-19	Dr. Bipin
9.	Cast Pouring and Preparation of Primary Cast	31-12-19	01-01-20	Dr. Ashish
10.	Special Tray & Fabrication of Maxillary Special tray	13-01-20	14-01-20	Dr. Jitendra
11.	Fabrication of Mandibular Special Tray	20-01-20	21-01-20	Dr. Jitendra
12.	Preparation of Final Cast	03-02-20	04-02-20	Dr. Bipin
13.	Fabrication of Maxillary Temporary Record base	10-02-20	11-02-20	Dr. Mansi
14.	Fabrication of Mandibular Temporary Record base	17-02-20	18-02-20	Dr. Ashish
15.	Fabrication of Maxillary Occlusal rim	03-03-20	04-03-20	Dr. Paulami
16.	Fabrication of Mandibular Occlusal rim	10-03-20	11-03-20	Dr. Paulami
17.	Introduction to Articulators	21-04-20	22-04-20	Dr. Kamal (online)
18.	Sealing of Occlusal rims and Articulation	28-04-20	29-04-20	Dr. Ashish (online)

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Pre-clinical Prosthodontics- Practicals -First Year 2018-19

S. No.	Topic-Group discussion and Demonstartion	Date Batch A	Date Batch B	Staff
1.	Introduction to Prosthodontics	03-09-18	04-09-18	Dr. Kamal
2.	Armanentarium for Pre-Clinical Exercise	10-09-18	11-09-18	Dr. Paulami
3.	Clinical and Laboratory Steps in fabrication of Complete Denture	17-09-18	18-09-18	Dr. Sonal
4.	Identification and Marking of Maxillary Anatomical Landmarks	08-10-18	09-10-18	Dr. Kamal
5.	Identification and Marking of Mandibular Anatomical Landmarks	15-10-18	16-10-18	Dr. Paulami
6.	Primary Impression of Maxillary Edentulous Cast	19-11-18	20-11-18	Dr. Sonal
7.	Primary Impression of Mandibular Edentulous Cast	26-11-18	27-11-18	Dr. Mansi
8.	Beading & Boxing of Primary Impression	17-12-18	18-12-18	Dr. Bipin
9.	Cast Pouring and Preparation of Primary Cast	31-12-18	01-01-19	Dr. Ashish
10.	Special Tray & Fabrication of Maxillary Special tray	14-01-19	15-01-19	Dr. Jitendra
11.	Fabrication of Mandibular Special Tray	21-01-19	22-01-19	Dr. Jitendra
12.	Preparation of Final Cast	04-02-19	05-02-19	Dr. Bipin
13.	Fabrication of Maxillary Temporary Record base	11-02-19	12-02-19	Dr. Mansi
14.	Fabrication of Mandibular Temporary Record base	18-02-19	19-02-19	Dr. Sonal
15.	Fabrication of Maxillary Occlusal rim	04-03-19	05-03-19	Dr. Paulami
16.	Fabrication of Mandibular Occlusal rim	11-03-19	12-03-19	Dr. Paulami
17.	Introduction to Articulators	22-04-19	23-04-19	Dr. Kamal
18.	Sealing of Occlusal rims and Articulation	29-04-19	30-04-19	Dr. Ashish

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Pre-clinical Prosthodontics

Second Year 2023-23

Group Discussions and demonstration timetable

S. No.	Topic	Date Batch A	Date Batch B	Staff
1.	Anterior Teeth Arrangement	09-01-23	11-01-23	Dr. Kamal
2.	Posterior Teeth Arrangement	16-01-23	18-01-23	Dr. Paulami
3.	Waxing, Carving and Polishing	23-01-23	25-01-23	Dr. Kamal
4.	Sealing and Flasking of Waxed up Dentures	30-01-23	01-02-23	Dr. Kamal
5.	Dewaxing of Denture Moulds	20-02-23	22-02-23	Dr. Paulami
6.	Packing of Heat Cure acrylic resin	27-02-23	01-03-23	Dr. Bipin
7.	Curing of Dentures	20-03-23	22-03-23	Dr. Mansi
8.	Deflasking	27-03-23	29-03-23	Dr. Bipin
9.	Finishing and Polishing of Final Dentures	03-04-23	05-04-23	Dr. Ashish
10.	Kennedy Classification	17-04-23	19-04-23	Dr. Jitendra
11.	Parts of Cast Partial Denture	24-04-23	26-04-23	Dr. Jitendra
12.	Parts of Fixed Partial Denture	29-05-23	31-05-23	Dr. Bipin

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

Pre-clinical Prosthodontics

Second Year 2021-22

Group Discussions and demonstration timetable

S. No.	Topic	Date Batch A	Date Batch B	Staff
1.	Anterior Teeth Arrangement	04-04-22	06-04-22	Dr. Paulami
2.	Posterior Teeth Arrangement	11-04-22	13-04-22	Dr. Bipin
3.	Waxing, Carving and Polishing	18-04-22	20-04-22	Dr. Vivek
4.	Sealing and Flasking of Waxed up Dentures	25-04-22	27-04-22	Dr. Bipin
5.	Dewaxing of Denture Moulds	23-05-22	25-05-22	Dr. Ashish
6.	Packing of Heat Cure acrylic resin	30-05-22	01-06-22	Dr. Jitendra
7.	Curing of Dentures	20-06-22	22-06-22	Dr. Paulami
8.	Deflasking	17-06-22	19-06-22	
9.	Finishing and Polishing of Final Dentures	04-07-22	06-07-22	Dr. Piyush
10.	Kennedy Classification	18-07-22	20-07-22	Dr. Kamal
11.	Parts of Cast Partial Denture	08-08-22	10-08-22	Dr. Bipin
12.	Parts of Fixed Partial Denture	22-08-22	24-08-22	Dr. Paulami

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

Pre-clinical Prosthodontics

Second Year 2020-21

Group Discussions and demonstration timetable

S. No.	Topic	Date Batch A	Date Batch B	Staff
1.	Anterior Teeth Arrangement	07-12-20	09-12-20	Dr. Paulami
2.	Posterior Teeth Arrangement	21-12-20	23-12-20	Dr. Bipin
3.	Waxing, Carving and Polishing	15-02-21	17-02-21	Dr. Mansi
4.	Sealing and Flasking of Waxed up Dentures	29-03-21	31-03-21	Dr. Bipin
5.	Dewaxing of Denture Moulds	05-04-21	07-04-21	Dr. Ashish
6.	Packing of Heat Cure acrylic resin	12-04-21	14-04-21	Dr. Jitendra
7.	Curing of Dentures	19-04-21	21-04-21	Dr. Paulami
8.	Deflasking	26-04-21	29-04-21	
9.	Finishing and Polishing of Final Dentures	07-06-21	09-06-21	Dr. Sonal
10.	Kennedy Classification	06-09-21	09-09-21	Dr. Kamal
11.	Parts of Cast Partial Denture	13-09-21	15-09-21	Dr. Mansi
12.	Parts of Fixed Partial Denture	27-09-21	30-09-21	Dr. Paulami

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

Pre-clinical Prosthodontics

Second Year 2019-20

Group Discussions and demonstration timetable

S. No.	Topic	Date Batch A	Date Batch B	Staff
1.	Anterior Teeth Arrangement	02-09-19	04-09-19	Dr. Paulami
2.	Posterior Teeth Arrangement	23-09-19	25-09-19	Dr. Bipin
3.	Waxing, Carving and Polishing	11-11-19	13-11-19	Dr. Mansi
4.	Sealing and Flasking of Waxed up Dentures	30-12-19	01-01-20	Dr. Bipin
5.	Dewaxing of Denture Moulds	06-01-20	08-01-20	Dr. Ashish
6.	Packing of Heat Cure acrylic resin	10-02-20	12-02-20	Dr. Jitendra
7.	Curing of Dentures	17-02-20	19-02-20	Dr. Paulami
8.	Deflasking	24-02-20	26-02-20	
9.	Finishing and Polishing of Final Dentures	06-03-20	08-03-20	Dr. Bipin
10.	Kennedy Classification	06-07-20	08-07-20	Dr. Kamal (online)
11.	Parts of Cast Partial Denture	13-07-20	15-07-20	Dr. Mansi (online)
12.	Parts of Fixed Partial Denture	27-07-20	29-07-20	Dr. Paulami (online)

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Prosthodontics & Implantology

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Pre-clinical Prosthodontics

Second Year 2018-19

Group Discussions and demonstration timetable

S. No.	Topic	Date Batch A	Date Batch B	Staff
1.	Anterior Teeth Arrangement	06-08-18	08-08-18	Dr. Paulami
2.	Posterior Teeth Arrangement	20-08-18	22-08-18	Dr. Sonal
3.	Waxing, Carving and Polishing	15-10-18	17-10-18	Dr. Mansi
4.	Sealing and Flasking of Waxed up Dentures	26-11-18	28-11-18	Dr. Bipin
5.	Dewaxing of Denture Moulds	10-12-18	12-12-18	Dr. Ashish
6.	Packing of Heat Cure acrylic resin	24-12-18	26-12-18	Dr. Jitendra
7.	Curing of Dentures	07-01-19	09-01-19	Dr. Paulami
8.	Deflasking	21-01-19	23-01-19	
9.	Finishing and Polishing of Final Dentures	04-02-19	06-02-19	Dr. Sonal
10.	Kennedy Classification	03-06-19	05-06-19	Dr. Kamal
11.	Parts of Cast Partial Denture	10-06-19	12-06-19	Dr. Mansi
12.	Parts of Fixed Partial Denture	17-06-19	19-06-19	Dr. Paulami

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DISCUSSION AND DEMONSTRATION

PROSTHODONTICS

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

III BDS-Regular 2022-23
Clinical Discussions & Demonstrations during Clinical Postings

1st Term 01.02.23-06.05.23 (Batches A-H)

S. No.	Day	Topic	Name of Staff
1.	1	Discussion - Instruments used in Clinical Steps, Uses and their Maintenance	Dr. Kamal
2.	2	Discussion – Infection Control & Sterilization	Dr Paulami
3.	3-4	Discussion - Introduction and case history taking in Removable Dental Prostheses	Dr Sonal
4.	5	Discussion - Classification of partially edentulous arches. Kennedys Classification in detail	Dr Bipin
5.	6	Demo - Irreversible Hydrocolloid Impression Making for Fabrication of Conventional RPD, Cast Pouring and Base making	Dr Ashish
6.	7	Discussion – Parts of Removable Partial Denture	Dr Bipin
7.	8	Demo – Modification of Cast to receive Conventional Acrylic Partial Denture	Dr Paulami
8.	9	Demo & Discussion - Surveyor & Surveying	Dr Bipin
9.	10	Demo – Laboratory Steps in Fabrication of Conventional Acrylic Partial Denture	Dr Bipin
10.	11-12	Term End Viva on RPD	Dr. Kamal

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

III BDS-Regular 2022-23
Clinical Discussions & Demonstrations during Clinical Postings

2nd Term 07.05.23-31.10.23 (Batches A-H)

S No	Day	Topic	Name of Staff
1.	1	Discussion - Principles of removable dental prosthesis design	Dr Paulami
2.	2-4	Discussion – Impressions, Jaw Relation in RPD	Dr Bipin
3.	5	Discussion – Combination Syndromes	Dr Ashish
4.	6-7	Demo – Border moulding and Final Impression Making in CD	Dr Mansi
5.	7	Demo – Jaw relation Registration in CD	Dr. Sonal
6.	10	Demo – Wax trial & Denture Insertion in CD	Dr. Jitendra
7.	Last Day	Term End Viva for CD & RPD	Dr. Kamal

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III BDS-Regular 2021-22
Clinical Discussions & Demonstrations during Clinical Postings

1st Term 06.11.21-31.01.22 (Batches A-H)

S. No.	Day	Topic	Name of Staff
1.	1	Discussion - Instruments used in Clinical Steps, Uses and their Maintenance	Dr. Kamal
2.	2	Discussion – Infection Control & Sterilization	Dr Paulami
3.	3-4	Discussion - Introduction and case history taking in Removable Dental Prostheses	Dr Sonal
4.	5	Discussion - Classification of partially edentulous arches. Kennedys Classification in detail	Dr Bipin
5.	6	Demo - Irreversible Hydrocolloid Impression Making for Fabrication of Conventional RPD, Cast Pouring and Base making	Dr Ashish
6.	7	Discussion – Parts of Removable Partial Denture	Dr Bipin
7.	8	Demo – Modification of Cast to receive Conventional Acrylic Partial Denture	Dr Paulami
8.	9	Demo & Discussion - Surveyor & Surveying	Dr Bipin
9.	10	Demo – Laboratory Steps in Fabrication of Conventional Acrylic Partial Denture	Dr Bipin
10.	11-12	Term End Viva on RPD	Dr. Kamal

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III BDS-Regular 2021-22
Clinical Discussions & Demonstrations during Clinical Postings

2nd Term 01.02.22-19.07.22 (Batches A-H)

S No	Day	Topic	Name of Staff
1.	1	Discussion - Principles of removable dental prosthesis design	Dr Paulami
2.	2-4	Discussion – Impressions, Jaw Relation in RPD	Dr Bipin
3.	5	Discussion – Combination Syndromes	Dr Ashish
4.	6-7	Demo – Border moulding and Final Impression Making in CD	Dr Mansi
5.	7	Demo – Jaw relation Registration in CD	Dr. Sonal
6.	10	Demo – Wax trial & Denture Insertion in CD	Dr. Jitendra
7.	Last Day	Term End Viva for CD & RPD	Dr. Kamal

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

III BDS-Regular 2020-21
Clinical Discussions & Demonstrations during Clinical Postings
1st Term 28.12.20-25.03.21 (Batches A-H)

S. No.	Day	Topic	Name of Staff
1.	1	Discussion - Instruments used in Clinical Steps, Uses and their Maintenance	Dr. Kamal
2.	2	Discussion – Infection Control & Sterilization	Dr Paulami
3.	3-4	Discussion - Introduction and case history taking in Removable Dental Prostheses	Dr. Bipin
4.	5	Discussion - Classification of partially edentulous arches. Kennedys Classification in detail	Dr Bipin
5.	6	Demo - Irreversible Hydrocolloid Impression Making for Fabrication of Conventional RPD, Cast Pouring and Base making	Dr Ashish
6.	7	Discussion – Parts of Removable Partial Denture	Dr Bipin
7.	8	Demo – Modification of Cast to receive Conventional Acrylic Partial Denture	Dr Paulami
8.	9	Demo & Discussion - Surveyor & Surveying	Dr Piyush
9.	10	Demo – Laboratory Steps in Fabrication of Conventional Acrylic Partial Denture	Dr Vivek
10.	Last day	Term End Viva on RPD	Dr. Kamal

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Prosthodontics & Implantology

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III BDS-Regular 2020-21
Clinical Discussions & Demonstrations during Clinical Postings

2nd Term 01.05.21onwards (Batches A-H)

S No	Day	Topic	Name of Staff
1.	1	Discussion - Principles of removable dental prosthesis design	Dr Paulami
2.	2-4	Discussion – Impressions, Jaw Relation in RPD	Dr Bipin
3.	5	Discussion – Combination Syndromes	Dr Ashish
4.	6-7	Demo – Border moulding and Final Impression Making in CD	Dr Mansi
5.	7	Demo – Jaw relation Registration in CD	Dr. Ashish
6.	10	Demo – Wax trial & Denture Insertion in CD	Dr. Jitendra
7.	Last Day	Term End Viva for CD & RPD	Dr. Kamal

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Prosthodontics & Implantology

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III BDS-Regular 2019-20
Clinical Discussions & Demonstrations during Clinical Postings
1st Term 01.08.18-31.12.18 (Batches A-H)

S. No.	Day	Topic	Name of Staff
1.	1	Discussion - Instruments used in Clinical Steps, Uses and their Maintenance	Dr. Kamal
2.	2	Discussion – Infection Control & Sterilization	Dr Paulami
3.	3-4	Discussion - Introduction and case history taking in Removable Dental Prostheses	Dr Sonal
4.	5	Discussion - Classification of partially edentulous arches. Kennedys Classification in detail	Dr Bipin
5.	6	Demo - Irreversible Hydrocolloid Impression Making for Fabrication of Conventional RPD, Cast Pouring and Base making	Dr Ashish
6.	7	Discussion – Parts of Removable Partial Denture	Dr Bipin
7.	8	Demo – Modification of Cast to receive Conventional Acrylic Partial Denture	Dr Paulami
8.	9	Demo & Discussion - Surveyor & Surveying	Dr Bipin
9.	10	Demo – Laboratory Steps in Fabrication of Conventional Acrylic Partial Denture	Dr Dhiman
10.	11-12	Term End Viva on RPD	Dr. Kamal

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Prosthodontics & Implantology

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III BDS-Regular 2019-20
Clinical Discussions & Demonstrations during Clinical Postings

2nd Term 01.01.20- onwards (Batches A-H)

S No	Day	Topic	Name of Staff
1.	1	Discussion - Principles of removable dental prosthesis design	Dr Paulami
2.	2-4	Discussion – Impressions, Jaw Relation in RPD	Dr Bipin
3.	5	Discussion – Combination Syndromes	Dr Ashish
4.	6-7	Demo – Border moulding and Final Impression Making in CD	Dr Mansi
5.	7	Demo – Jaw relation Registration in CD	Dr. Sonal
6.	10	Demo – Wax trial & Denture Insertion in CD	Dr. Jitendra
7.	Last Day	Term End Viva for CD & RPD	Dr. Kamal

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

III BDS-Regular 2018-19
Clinical Discussions & Demonstrations during Clinical Postings
1st Term 01.08.18-31.12.18 (Batches A-H)

S. No.	Day	Topic	Name of Staff
1.	1	Discussion - Instruments used in Clinical Steps, Uses and their Maintenance	Dr. Kamal
2.	2	Discussion – Infection Control & Sterilization	Dr Paulami
3.	3-4	Discussion - Introduction and case history taking in Removable Dental Prostheses	Dr Sonal
4.	5	Discussion - Classification of partially edentulous arches. Kennedys Classification in detail	Dr Bipin
5.	6	Demo - Irreversible Hydrocolloid Impression Making for Fabrication of Conventional RPD, Cast Pouring and Base making	Dr Ashish
6.	7	Discussion – Parts of Removable Partial Denture	Dr Bipin
7.	8	Demo – Modification of Cast to receive Conventional Acrylic Partial Denture	Dr Paulami
8.	9	Demo & Discussion - Surveyor & Surveying	Dr Bipin
9.	10	Demo – Laboratory Steps in Fabrication of Conventional Acrylic Partial Denture	Dr Bipin
10.	11-12	Term End Viva on RPD	Dr. Kamal

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

III BDS-Regular 2018-19
Clinical Discussions & Demonstrations during Clinical Postings

2nd Term 01.01.19-20.04.19 (Batches A-H)

S No	Day	Topic	Name of Staff
1.	1	Discussion - Principles of removable dental prosthesis design	Dr Paulami
2.	2-4	Discussion – Impressions, Jaw Relation in RPD	Dr Bipin
3.	5	Discussion – Combination Syndromes	Dr Ashish
4.	6-7	Demo – Border molding and Final Impression Making in CD	Dr Mansi
5.	7	Demo – Jaw relation Registration in CD	Dr. Sonal
6.	10	Demo – Wax trial & Denture Insertion in CD	Dr. Jitendra
7.	Last Day	Term End Viva for CD & RPD	Dr. Kamal

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IV BDS-Regular 2022-23
Clinical Discussions & Demonstrations during Clinical Postings

1st Term (19.09.11-11.02.23-Batches A-H)

S. No.	Day	Topic	Name of Staff
1.	1	Discussion - Instruments used in Clinical Steps, Uses and their Maintenance	Dr Jitendra
2.	2	Discussion – Infection Control & Sterilization	Dr. Kamal Shigli
3.	3	Discussion - Introduction and case history taking in Fixed Dental Prostheses	Dr Mansi
4.	4-6	Discussion – Principles in Tooth Preparation	Dr Sonal
5.	7	Demo – Facebow Transfer	Dr Piyush
6.	8	Discussion – Parts of Fixed Partial Denture	Dr Vivek
7.	11	Discussion – Fixed Partial Denture Impressions	Dr Dhiman
8	16-17	Term End Viva on CD	Dr. Kamal
9.	18-19	Term End Practical Exam – Primary Impression in CD & respective Case History	Dr. Kamal, Dr. Mansi

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IV BDS-Regular 2022-23
Clinical Discussions & Demonstrations during Clinical Posting

2nd Term 12.02.23-03.06.23 (Batches A-H)

S No	Day	Topic	Name of Staff
1.	1	Discussion – Introduction to Implants	Dr. Jitendra
2.	3	Discussion – Osseintegration	Dr Piyush
3.	5	Discussion – Implant Impression	Dr Mansi
4.	7	Demo – Closed Tray Impression for Implants	Dr Sonal
5.	9	Demo – Open Tray Impression for Implant	Dr. Kamal
6.	11	Demo – Implant Impression in multiple Implants	Dr. Jitendra
7.	13	Discussion – Occlusion in Implants	Dr. Dhiman
8.	17-19	Term End Viva for CD & RPD	Dr. Kamal Dr. Sonal

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IV BDS-Regular 2021-22
Clinical Discussions & Demonstrations during Clinical Postings

1st Term (05.0921-28.02.22 Batches A-H)

S. No.	Day	Topic	Name of Staff
1.	1	Discussion - Instruments used in Clinical Steps, Uses and their Maintenance	Dr Jitendra
2.	2	Discussion – Infection Control & Sterilization	Dr. Kamal Shigli
3.	3	Discussion - Introduction and case history taking in Fixed Dental Prostheses	Dr Mansi
4.	4-6	Discussion – Principles in Tooth Preparation	Dr Sonal
5.	7	Demo – Facebow Transfer	Dr Piyush
6.	8	Discussion – Parts of Fixed Partial Denture	Dr Vivek
7.	11	Discussion – Fixed Partial Denture Impressions	Dr Dhiman
8	16-17	Term End Viva on CD	Dr. Kamal
9.	18-19	Term End Practical Exam – Primary Impression in CD & respective Case History	Dr. Kamal, Dr. Mansi

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IV BDS-Regular 2021-22
Clinical Discussions & Demonstrations during Clinical Posting

2nd Term (01.03.22-15.06.22. Batches A-H)

S No	Day	Topic	Name of Staff
1.	1	Discussion – Introduction to Implants	Dr. Jitendra
2.	3	Discussion – Osseintegration	Dr Piyush
3.	5	Discussion – Implant Impression	Dr Mansi
4.	7	Demo – Closed Tray Impression for Implants	Dr Sonal
5.	9	Demo – Open Tray Impression for Implant	Dr. Kamal
6.	11	Demo – Implant Impression in multiple Implants	Dr. Jitendra
7.	13	Discussion – Occlusion in Implants	Dr. Dhiman
8.	17-19	Term End Viva for CD & RPD	Dr. Kamal Dr. Sonal

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Department of Prosthodontics, Crown & Bridge
IV BDS-Regular 2020-21
Clinical Discussions & Demonstrations during Clinical Postings

1st Term 28.12.20-25.03.21 (Batches A-H)

S. No.	Day	Topic	Name of Staff
1.	1	Discussion - Instruments used in Clinical Steps, Uses and their Maintenance	Dr Jitendra
2.	2	Discussion – Infection Control & Sterilization	Dr. Kamal Shigli
3.	3	Discussion - Introduction and case history taking in Fixed Dental Prostheses	Dr Mansi
4.	4-6	Discussion – Principles in Tooth Preparation	Dr Sonal
5.	7	Demo – Facebow Transfer	Dr Piyush
6.	8	Discussion – Parts of Fixed Partial Denture	Dr Vivek
7.	11	Discussion – Fixed Partial Denture Impressions	Dr Dhiman
8	16-17	Term End Viva on CD	Dr. Kamal
9.	18-19	Term End Practical Exam – Primary Impression in CD & respective Case History	Dr. Kamal, Dr. Mansi

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Prosthodontics & Implantology

(Departments of Prosthodontics, including Crown, Bridge & Implantology)

Department of Prosthodontics, Crown & Bridge
IV BDS-Regular 2020-21
Clinical Discussions & Demonstrations during Clinical Postings

2nd Term 26.03.21 – 31-05-21 (Batch A-H)

S No	Day	Topic	Name of Staff
1.	1	Discussion – Introduction to Implants	Dr. Jitendra
2.	3	Discussion – Osseintegration	Dr Piyush
3.	5	Discussion – Implant Impression	Dr Mansi
4.	7	Demo – Closed Tray Impression for Implants	Dr Sonal
5.	9	Demo – Open Tray Impression for Implant	Dr. Kamal
6.	11	Demo – Implant Impression in multiple Implants	Dr. Jitendra
7.	13	Discussion – Occlusion in Implants	Dr. Dhiman
8.	17-19	Term End Viva for CD & RPD	Dr. Kamal Dr. Sonal

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Department of Prosthodontics, Crown & Bridge
IV BDS-Regular 2019-20
Clinical Discussions & Demonstrations during Clinical Postings

1st Term 01.08.19-19.12.19 (Batches A-H)

S. No.	Day	Topic	Name of Staff
1.	1	Discussion - Instruments used in Clinical Steps, Uses and their Maintenance	Dr Paulami
2.	2	Discussion – Infection Control & Sterilization	Dr. Kamal Shigli
3.	3	Discussion - Introduction and case history taking in Fixed Dental Prostheses	Dr Mansi
4.	4-6	Discussion – Principles in Tooth Preparation	Dr Sonal
5.	7	Demo – Facebow Transfer	Dr Piyush
6.	8	Discussion – Parts of Fixed Partial Denture	Dr Vivek
7.	11	Discussion – Fixed Partial Denture Impressions	Dr Dhiman
8	16-17	Term End Viva on CD	Dr. Kamal
9.	18-19	Term End Practical Exam – Primary Impression in CD & respective Case History	Dr. Kamal, Dr. Mansi

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Department of Prosthodontics, Crown & Bridge
IV BDS-Regular 2019-20
Clinical Discussions & Demonstrations during Clinical Postings

2nd Term -20.12.19-16.05.20 (Batches A-H)

S No	Day	Topic	Name of Staff
1.	1	Discussion – Introduction to Implants	Dr. Jitendra
2.	3	Discussion – Osseintegration	Dr Piyush
3.	5	Discussion – Implant Impression	Dr Mansi
4.	7	Demo – Closed Tray Impression for Implants	Dr Sonal
5.	9	Demo – Open Tray Impression for Implant	Dr. Kamal
6.	11	Demo – Implant Impression in multiple Implants	Dr. Jitendra
7.	13	Discussion – Occlusion in Implants	Dr. Dhiman
8.	17-19	Term End Viva for CD & RPD	Dr. Kamal Dr. Sonal

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Department of Prosthodontics, Crown & Bridge
IV BDS-Regular 2018-19
Clinical Discussions & Demonstrations during Clinical Postings

1st Term 01.08.18-31.12.18 (Batches A-H)

S. No.	Day	Topic	Name of Staff
1.	1	Discussion - Instruments used in Clinical Steps, Uses and their Maintenance	Dr Jitendra
2.	2	Discussion – Infection Control & Sterilization	Dr. Kamal Shigli
3.	3	Discussion - Introduction and case history taking in Fixed Dental Prostheses	Dr Mansi
4.	4-6	Discussion – Principles in Tooth Preparation	Dr Sonal
5.	7	Demo – Facebow Transfer	Dr Piyush
6.	8	Discussion – Parts of Fixed Partial Denture	Dr Vivek
7.	11	Discussion – Fixed Partial Denture Impressions	Dr Dhiman
8	16-17	Term End Viva on CD	Dr. Kamal
9.	18-19	Term End Practical Exam – Primary Impression In CD & respective Case History	Dr. Kamal, Dr. Mansi

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Department of Prosthodontics, Crown & Bridge
IV BDS-Regular 2018-19
Clinical Discussions & Demonstrations during Clinical Postings

2nd Term -01.01.19-16.05.19 (Batches A-H)

S No	Day	Topic	Name of Staff
1.	1	Discussion – Introduction to Implants	Dr. Jitendra
2.	3	Discussion – Osseintegration	Dr Piyush
3.	5	Discussion – Implant Impression	Dr Mansi
4.	7	Demo – Closed Tray Impression for Implants	Dr Sonal
5.	9	Demo – Open Tray Impression for Implant	Dr. Kamal
6.	11	Demo – Implant Impression in multiple Implants	Dr. Jitendra
7.	13	Discussion – Occlusion in Implants	Dr. Dhiman
8.	17-19	Term End Viva for CD & RPD	Dr. Kamal, Dr. Sonal

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DISCUSSION AND DEMONSTRATION

ORAL PATHOLOGY

D Y PATIL DENTAL SCHOOL, LOHEGAON PUNE

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

Group Discussion Time table - 2018-2019

Group discussions will be held on following topics and following dates :

Date	Name of topic	Name of the staff
06/09/18	Terminologies in oral pathology	Dr Mrinal Shete
28/09/18	OSMF	Dr Mrinal Shete
17/10/18	Oral Lichen Planus	Dr Rucha Gore
13/11/18	Leukoplakia	Dr Prasad Karande
19/12/18	Pathogenesis of Salivary Gland Tumors	Dr Prasad Karande
16/01/19	Carcinogenesis	Dr Rucha Gore
22/02/19	Developmental disturbances Of tooth	Dr Mrinal Shete

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Head of the department

Dr. D Y Patil Dental School ★ Department of Oral Pathology ★ PUNE

D Y PATIL DENTAL SCHOOL, LOHEGAON PUNE

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

Slide Discussion Time table- 2018-2019

SLIDE DISCUSSION

Date	Slides	Name Of The Staff
28/09/18	Odontogenic Cyst Of Orofacial Region	Dr Mrinal Shete
10/10/18	Odontogenic Tumors Of Orofacial Region	Dr Prasad Karande
08/11/18	Tumors Of Salivary Gland	Dr Prasad Karande
27/11/18	Dental Caries	Dr Rucha Gore
17/11/18	Pulp And Periapical Lesions	Dr Prasad Karande
1/01/19	Bone and Joints Diseases	Dr Mrinal Shete
13/01/19	Skin Diseases	Dr Rucha Gore
20/02/19	Diseases of nerves and muscles	Dr Mrinal Shete
19/03/19	Regressive Changes Of teeth	Dr Rucha Gore
02/03/19	Premalignant Lesions and Conditions	Dr Prasad Karande
16/03/19	Benign Epithelial Tumors	Dr Mrinal Shete
06/05/19	Malignant Epithelial Tumors	Dr Rucha Gore
29/05/19	Benign Connective Tissue Tumors	Dr Mrinal Shete
10/06/19	Malignant Connective Tissue Tumors	Dr Prasad Karande

SPECIMEN/ CASTS/ MODEL DISCUSSION

Date	Model Topic	Name Of the staff
23/11/18	Developemental Disturbances	Dr Prasad Karande
26/12/18	Hard Tissue Models	Dr Mrinal shete
6/02/19	Soft tissue Models	Dr Rucha Gore
23/03/19	Forensic Odontology models	Dr Mrinal shete

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DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

Group Discussion Time table - 2019-2020

Group discussions will be held on following topics and following dates :

Date	Name of topic	Name of the staff
10/09/19	Terminologies in oral pathology	Dr Mrinal Shete
25/09/19	OSMF	Dr Mrinal Shete
12/11/19	Oral Lichen Planus	Dr Rucha Gore
25/12/19	Leukoplakia	Dr Prasad Karande
14/01/20	Pathogenesis of salivary Gland Tumors	Dr Prasad Karande
18/02/20	Carcinogenesis	Dr Rucha Gore
24/03/20	Developmental disturbances Of tooth	Dr Mrinal Shete

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DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

Slide Discussion Time table- 2019-2020

SLIDE DISCUSSION

Date	Slides	Name Of The Staff
18/09/19	Odontogenic Cyst Of Orofacial Region	Dr Mrinal Shete
30/10/19	Odontogenic Tumors Of Orofacial Region	Dr Prasad Karande
10/12/19	Tumors Of Salivary Gland	Dr Prasad Karande
07/01/20	Dental Caries	Dr Rucha Gore
30/01/20	Pulp And Periapical Lesions	Dr Prasad Karande
18/02/20	Bone and Joints Diseases	Dr Mrinal Shete
10/03/20	Skin Diseases	Dr Rucha Gore
01/04/20	Diseases of nerves and muscles	Dr Mrinal shete
28/04/20	Regressive Changes Of teeth	Dr Rucha Gore
04/05/20	Premalignant Lesions and Conditions	Dr Rucha Gore
22/05/20	Benign Epithelial Tumors	Dr Prasad Karande
08/06/20	Malignant Epithelial Tumors	Dr Mrinal Shete
17/06/20	Benign Connective Tissue Tumors	Dr Rucha Gore
01/07/20	Malignant Connective Tissue Tumors	Dr Mrinal shete

SPECIMEN/ CASTS/ MODEL DISCUSSION

Date	Model Topic	Name Of the staff
05/11/19	Developmental Disturbances	Dr Prasad Karamde
24/12/19	Hard Tissue Models	Dr Mrinal shete
15/01/20	Soft tissue Models	Dr Rucha Gore
10/03/20	Forensic Odontology models	Dr Mrinal shete

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DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

Group Discussion Time table - 2020-2021

Group discussions will be held on following topics and following dates :

Date	Name of topic	Name of the staff
21/12/20	Terminologies in oral pathology	Dr Mrinal Shete
04/01/21	OSMF	Dr Mrinal Shete
18/01/21	Oral Lichen Planus	Dr Rucha Gore
10/02/21	Leukoplakia	Dr Prasad Karande
02/03/21	Pathogenesis of salivary Gland Tumors	Dr Prasad Karande
24/03/21	Carcinogenesis	Dr Rucha Gore
20/04/21	Developmental disturbances Of tooth	Dr Mrinal Shete

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DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

Slide Discussion Time table- 2020-2021

SLIDE DISCUSSION

Date	Slides	Name Of The Staff
12/01/21	Odontogenic Cyst Of Orofacial Region	Dr Mrinal Shete
29/01/21	Odontogenic Tumors Of Orofacial Region	Dr Prasad Karande
12/02/21	Tumors Of Salivary Gland	Dr Prasad Karande
26/02/21	Dental Caries	Dr Rucha Gore
12/03/21	Pulp And Periapical Lesions	Dr Prasad Karande
26/03/21	Bone and Joints Diseases	Dr Mrinal Shete
01/04/21	Skin Diseases	Dr Rucha Gore
23/04/21	Diseases of nerves and muscles	Dr Mrinal shete
21/05/21	Regressive Changes Of teeth	Dr Rucha Gore
16/06/21	Premalignant Lesions and Conditions	Dr Rucha Gore
30/06/21	Benign Epithelial Tumors	Dr Prasad Karande
07/07/21	Malignant Epithelial Tumors	Dr Mrinal Shete
23/07/21	Benign Connective Tissue Tumors	Dr Rucha Gore
09/08/21	Malignant Connective Tissue Tumors	Dr Mrinal shete

SPECIMEN/ CASTS/ MODEL DISCUSSION

Date	Model Topic	Name Of the staff
08/01/21	Developmental Disturbances	Dr Prasad Karamde
11/02/21	Hard Tissue Models	Dr Mrinal shete
22/02/21	Soft tissue Models	Dr Rucha Gore
13/04/21	Forensic Odontology models	Dr Mrinal shete

Signature of

Head of the department

Dr D Y Patil Dental School ★ PUNE ★ Department of Oral Pathology

DY PATIL DENTAL SCHOOL, LOHEGAON PUNE

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

Slide Discussion Time table- 2020-2021

SLIDE DISCUSSION

Date	Slides	Name Of The Staff
12/01/21	Odontogenic Cyst Of Orofacial Region	Dr Mrinal Shete
29/01/21	Odontogenic Tumors Of Orofacial Region	Dr Prasad Karande
12/02/21	Tumors Of Salivary Gland	Dr Prasad Karande
26/02/21	Dental Caries	Dr Rucha Gore
12/03/21	Pulp And Periapical Lesions	Dr Prasad Karande
26/03/21	Bone and Joints Diseases	Dr Mrinal Shete
01/04/21	Skin Diseases	Dr Rucha Gore
23/04/21	Diseases of nerves and muscles	Dr Mrinal shete
21/05/21	Regressive Changes Of teeth	Dr Rucha Gore
16/06/21	Premalignant Lesions and Conditions	Dr Rucha Gore
30/06/21	Benign Epithelial Tumors	Dr Prasad Karande
07/07/21	Malignant Epithelial Tumors	Dr Mrinal Shete
23/07/21	Benign Connective Tissue Tumors	Dr Rucha Gore
09/08/21	Malignant Connective Tissue Tumors	Dr Mrinal shete

SPECIMEN/ CASTS/ MODEL DISCUSSION

Date	Model Topic	Name Of the staff
08/01/21	Developmental Disturbances	Dr Prasad Karamde
11/02/21	Hard Tissue Models	Dr Mrinal shete
22/02/21	Soft tissue Models	Dr Rucha Gore
13/04/21	Forensic Odontology models	Dr Mrinal shete

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Head of the department

Dr D Y Patil Dental School ★ PUNE ★ Department of Oral Pathology

DY PATIL DENTAL SCHOOL, LOHEGAON PUNE

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

Group Discussion Time table - 2021-2022

Group discussions will be held on following topics and following dates :

Date	Name of topic	Name of the staff
08/12/21	Terminologies in oral pathology	Dr Mrinal Shete
22/12/21	OSMF	Dr Mrinal Shete
19/01/22	Oral Lichen Planus	Dr Rucha Gore
08/02/22	Leukoplakia	Dr Prasad Karande
15/03/22	Pathogenesis of salivary Gland Tumors	Dr Prasad Karande
12/04/22	Carcinogenesis	Dr Rucha Gore
17/05/22	Developmental disturbances Of tooth	Dr Mrinal Shete

Signature of

Head of the department

Dr D Y Patil Dental School ★ PUNE ★ Department of Oral Pathology

DY PATIL DENTAL SCHOOL, LOHEGAON PUNE

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

Slide Discussion Time table- 2021-2022

SLIDE DISCUSSION

Date	Slides	Name Of The Staff
15/12/21	Odontogenic Cyst Of Orofacial Region	Dr Mrinal Shete
11/01/22	Odontogenic Tumors Of Orofacial Region	Dr Prasad Karande
28/02/22	Tumors Of Salivary Gland	Dr Prasad Karande
14/02/22	Dental Caries	Dr Rucha Gore
15/03/22	Pulp And Periapical Lesions	Dr Prasad Karande
18/04/22	Bone and Joints Diseases	Dr Mrinal Shete
2/05/22	Skin Diseases	Dr Rucha Gore
20/05/22	Diseases of nerves and muscles	Dr Mrinal shete
06/06/22	Regressive Changes Of teeth	Dr Rucha Gore
17/06/22	Premalignant Lesions and Conditions	Dr Rucha Gore
30/06/22	Benign Epithelial Tumors	Dr Prasad Karande
12/07/22	Malignant Epithelial Tumors	Dr Mrinal Shete
27/07/22	Benign Connective Tissue Tumors	Dr Rucha Gore
12/08/22	Malignant Connective Tissue Tumors	Dr Mrinal shete

SPECIMEN/ CASTS/ MODEL DISCUSSION

Date	Model Topic	Name Of the staff
13/01/22	Developemental Disturbances	Dr Prasad Karamde
17/02/22	Hard Tissue Models	Dr Mrinal shete
21/03/22	Soft tissue Models	Dr Rucha Gore
27/04/22	Forensic Odontology models	Dr Mrinal shete

Signature of

Head of the department

Dr D Y Patil Dental School ★ PUNE ★ Department of Oral Pathology

D Y PATIL DENTAL SCHOOL, LOHEGAON PUNE

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

Group Discussion Time table - 2022-2023

Group discussions will be held on following topics and following dates :

Date	Name of topic	Name of the staff
13/12/22	Terminologies in oral pathology	Dr Mrinal Shete
04/01/23	OSMF	Dr Mrinal Shete
31/01/23	Oral Lichen Planus	Dr Prasad Karande
22/02/23	Leukoplakia	Dr Prasad Karande
20/03/23	Pathogenesis of salivary Gland Tumors	Dr Prasad Karande
25/04/23	Carcinogenesis	Dr Mrinal Shete
22/05/23	Developmental disturbances Of tooth	Dr Mrinal Shete

Signature of

Head of the department

Dr D Y Patil Dental School ★ PUNE ★ Department of Oral Pathology

D Y PATIL DENTAL SCHOOL, LOHEGAON PUNE

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

Slide Discussion Time table- 2022-2023

SLIDE DISCUSSION

Date	Slides	Name Of The Staff
18/01/23	Odontogenic Cyst Of Orofacial Region	Dr Mrinal Shete
08/02/23	Odontogenic Tumors Of Orofacial Region	Dr Prasad Karande
06/03/23	Tumors Of Salivary Gland	Dr Prasad Karande
18/03/23	Dental Caries	Dr Mrinal Shete
17/04/23	Pulp And Periapical Lesions	Dr Prasad Karande
18/05/23	Bone and Joints Diseases	Dr Mrinal Shete
05/06/23	Skin Diseases	Dr Prasad Karande
29/06/23	Diseases of nerves and muscles	Dr Mrinal shete
17/07/23	Regressive Changes Of teeth	Dr Prasad Karande
28/07/23	Premalignant Lesions and Conditions	Dr Prasad Karande
03/08/23	Benign Epithelial Tumors	Dr Mrinal Shete
17/08/23	Malignant Epithelial Tumors	Dr Prasad Karande
31/08/23	Benign Connective Tissue Tumors	Dr Mrinal shete
08/09/23	Malignant Connective Tissue Tumors	Dr Prasad Karande

SPECIMEN/ CASTS/ MODEL DISCUSSION

Date	Model Topic	Name Of the staff
27/12/22	Developemental Disturbances	Dr Prasad Karamde
17/01/23	Hard Tissue Models	Dr Mrinal shete
13/02/23	Soft tissue Models	Dr Prasad Karande
14/03/23	Forensic Odontology models	Dr Mrinal shete

Signature of

Head of the department

Dr. D Y Patil Dental School ★ PUNE ★ Department of Oral Pathology

DISCUSSION AND DEMONSTRATION

DENTAL ANATOMY AND DENTAL HISTOLOGY

D Y PATIL DENTAL SCHOOL , Lohegaon Pune

Department of Dental Anatomy And Dental Histology

Group Discussion Time table - 2018-2019

Group discussions will be held on following topics and following dates :

Date	Name of Topic	Name of the staff
26/09/18	Tooth No system	Dr Prasad Karande
17/10/18	Molecular aspect of odontogenesis	Dr Deepak Nagpal
27/11/18	Tooth Indentification discussion for incisors	Dr Rucha Gore
29/12/18	Tooth indentification discussion For canine	Dr Mrinal shete
8/01/19	Tooth indentification discussion For Premolar	Dr Prasad Karande
24/01/19	Tooth indentification discussion For Molar	Dr Rucha Gore
13/02/19	Tissue Processing	Dr Deepak Nagpal
25/02/19	Amelogenesis	Dr Deepak Nagpal
4/03/19	Applied aspect of pulp	Dr Mrinal Shete

for

Signature of

Head of The Department

HEAD OF DEPT.
ORAL ANAT[illegible] & HISTOLOGY.
D.Y.PATIL [illegible] SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

D Y PATIL DENTAL SCHOOL , Lohegaon Pune

Department of Dental Anatomy And Dental Histology

TOOTH CARVING DEMONSTRATION- 2018- 2019

Date	Tooth	Name of the Staff
12/10/18	Maxillary Incisors	Dr Rucha Gore
4/12/18	Maxillary Canines	Dr Mrinal Shete
14/02/19	Maxillary Premolars	Dr PrasadKarande
16/04/19	MaxillaryMolars	Dr Deepak Nagpal

SLIDE DISCUSSION

Date	Topic	Name of the staff
28/09/18	Tooth Development	Dr Deepak Nagpal
12/10/18	Enamel	Dr Mrinal shete
2/11/18	Dentin	Dr Prasad Karande
23/11/18	Pulp	Dr Prasad Karande
7/12/18	Cementum	Dr Prasad Karande
4/01/19	Saliavry Glands	Dr Mrinal Shete
25/01/19	Oral Mucous Membrane	Dr Deepak Nagpal
15/01/19	Bone	Dr Rucah Gore
8/03/19	PDL	Dr Mrinal Shete
22/03/19	Special Stains	Dr Prasad Karande

for

Signature of

Head of The Department

HEAD OF DEPT.
ORAL ANATOMY & HISTOLOGY.
D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

D Y PATIL DENTAL SCHOOL , Lohegaon Pune

Department of Dental Anatomy And Dental Histology

Group Discussion Time table - 2019-2020

Group discussions will be held on following topics and following dates :

Date	Name of Topic	Name of the staff
20/09/19	Tooth No system	Dr Prasad Karande
18/10/19	Molecular aspect of odontogenesis	Dr Deepak Nagpal
29/10/19	Tooth Indentification discussion for incisors	Dr Rucha Gore
12/11/19	Tooth indentification discussion For canine	Dr Mrinal shete
02/12/19	Tooth indentification discussion For Premolar	Dr Prasad Karande
26/12/19	Tooth indentification discussion For Molar	Dr Rucha Gore
2/01/20	Tissue Processing	Dr Deepak Nagpal
15/01/20	Amelogenesis	Dr Deepak Nagpal
04/02/20	Applied aspect of pulp	Dr Mrinal Shete

Signature of

Head of The Department

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ORAL ANATOMY & HISTOLOGY.
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D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

D Y PATIL DENTAL SCHOOL , Lohegaon Pune

Department of Dental Anatomy And Dental Histology

TOOTH CARVING DEMONSTRATION 2019- 2020

Date	Tooth	Name of the Staff
14/10/19	Maxillary Incisors	Dr Rucha Gore
2/12/19	Maxillary Canines	Dr Mrinal Shete
18/02/20	Maxillary Premolars	Dr Prasad Karande
25/02/20	MaxillaryMolars	Dr Deepak Nagpal

SLIDE DISCUSSION

Date	Topic	Name of the staff
27/09/19	Tooth Development	Dr Deepak Nagpal
11/10/19	Enamel	Dr Mrinal shete
25/10/19	Dentin	Dr Prasad Karande
29/11/19	Pulp	Dr Prasad Karande
13/11/19	Cementum	Dr Prasad Karande
03/01/20	Saliavry Glands	Dr Mrinal Shete
17/01/20	Oral Mucous Membrane	Dr Deepak Nagpal
7/02/20	Bone	Dr Rucha Gore
21/02/20	PDL	Dr Mrinal Shete
28/02/20	Special Stains	Dr Prasad Karande

for

Signature of

Head of The Department

HEAD OF DEPT.
ORAL ANATOMY & HISTOLOGY.
D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
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PUNE : 411102

D Y PATIL DENTAL SCHOOL , Lohegaon Pune

Department of Dental Anatomy And Dental Histology

Group Discussion Time table - 2020-2021

Group discussions will be held on following topics and following dates :

Date	Name of Topic	Name of the staff
09/12/20	Tooth No system	Dr Prasad Karande
24/12/20	Molecular aspect of odontogenesis	Dr Prasad Karande
04/01/21	Tooth Indentification discussion for incisors	Dr Rucha Gore
21/01/21	Tooth indentification discussion For canine	Dr Mrinal shete
27/01/21	Tooth indentification discussion For Premolar	Dr Prasad Karande
3/02/21	Tooth indentification discussion For Molar	Dr Rucha Gore
2/03/21	Tissue Processing	Dr Rucha Gore
13/04/21	Amelogenesis	Dr Mrinal Shete
11/05/21	Applied aspect of pulp	Dr Mrinal Shete

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PUNE : 411102

D Y PATIL DENTAL SCHOOL , Lohegaon Pune

Department of Dental Anatomy And Dental Histology

Group Discussion Time table - 2020-2021

Group discussions will be held on following topics and following dates :

Date	Name of Topic	Name of the staff
09/12/20	Tooth No system	Dr Prasad Karande
24/12/20	Molecular aspect of odontogenesis	Dr Prasad Karande
04/01/21	Tooth Indentification discussion for incisors	Dr Rucha Gore
21/01/21	Tooth indentification discussion For canine	Dr Mrinal shete
27/01/21	Tooth indentification discussion For Premolar	Dr Prasad Karande
3/02/21	Tooth indentification discussion For Molar	Dr Rucha Gore
2/03/21	Tissue Processing	Dr Rucha Gore
13/04/21	Amelogenesis	Dr Mrinal Shete
11/05/21	Applied aspect of pulp	Dr Mrinal Shete

Signature of

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VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

D Y PATIL DENTAL SCHOOL , Lohegaon Pune

Department of Dental Anatomy And Dental Histology

TOOTH CARVING DEMONSTRATION 2020-2021

Date	Tooth	Name of the Staff
17/12/20	Maxillary Incisors	Dr Rucha Gore
05/05/21	Maxillary Canines	Dr Mrinal Shete
25/06/21	Maxillary Premolars	Dr Prasad Karande
3/08/21	MaxillaryMolars	Dr Prasad Karande

SLIDE DISCUSSION

Date	Topic	Name of the staff
18/12/20	Tooth Development	Dr Prasad Karande
01/01/21	Enamel	Dr Mrinal Shete
22/01/21	Dentin	Dr Prasad Karande
12/02/21	Pulp	Dr Prasad Karande
12/03/21	Cementum	Dr Prasad Karande
26/03/21	Saliavry Glands	Dr Mrinal Shete
16/04/21	Oral Mucous Membrane	Dr Rucha Gore
07/05/21	Bone	Dr Rucha Gore
18/05/21	PDL	Dr Mrinal Shete
25/05/21	Special Stains	Dr Prasad Karande

Signature of

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ORAL ANATOMY & HISTOLOGY.
D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

DY PATIL DENTAL SCHOOL , Lohegaon Pune

Department of Dental Anatomy And Dental Histology

Group Discussion Time table 2021-22

Group discussions will be held on following topics and following dates :

Date	Name of Topic	Name of the staff
20/10/21	Tooth No system	Dr Prasad Karande
3/11/21	Molecular aspect of odontogenesis	Dr Prasad Karande
24/11/21	Tooth Indentification discussion for incisors	Dr Rucha Gore
7/12/21	Tooth indentification discussion For canine	Dr Mrinal shete
22/12/21	Tooth indentification discussion For Premolar	Dr Prasad Karande
4/01/22	Tooth indentification discussion For Molar	Dr Rucha Gore
9/02/22	Tissue Processing	Dr Rucha Gore
23/03/22	Amelogenesis	Dr Mrinal Shete
19/04/22	Applied aspect of pulp	Dr Mrinal Shete

Signature of

Head of The Department

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D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

DY PATIL DENTAL SCHOOL , Lohegaon , Pune

Department of Dental Anatomy And Dental Histology

TOOTH CARVING DEMONSTRATION 2021- 2022

Date	Tooth	Name of the Staff
18/11/21	Maxillary Incisors	Dr Rucha Gore
11/01/22	Maxillary Canines	Dr Mrinal Shete
23/03/22	Maxillary Premolars	Dr PrasadKarande
24/05/22	MaxillaryMolars	Dr Prasad Karande

SLIDE DISCUSSION

Date	Topic	Name of the staff
05/11/21	Tooth Development	Dr Prasad Karande
26/11/21	Enamel	Dr Mrinal shete
10/12/21	Dentin	Dr Prasad Karande
7/01/22	Pulp	Dr Prasad Karande
28/01/22	Cementum	Dr Prasad Karande
18/02/22	Saliavry Glands	Dr Mrinal Shete
11/02/22	Oral Mucous Membrane	Dr Rucha Gore
25/03/22	Bone	Dr Rucha Gore
29/04/22	PDL	Dr Mrinal Shete
6/05/22	Special Stains	Dr Prasad Karande

for

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D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
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PUNE : 411102

D Y PATIL DENTAL SCHOOL , Lohegaon Pune

Department of Dental Anatomy And Dental Histology

Group Discussion Time table - 2022-2023

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Date	Name of Topic	Name of the staff
26/09/22	Tooth No system	Dr Prasad Karande
27/10/22	Molecular aspect of odontogenesis	Dr Prasad Karande
16/11/22	Tooth Indentification discussion for incisors	Dr Rucha Gore
29/11/22	Tooth indentification discussion For canine	Dr Mrinal shete
13/12/22	Tooth indentification discussion For Premolar	Dr Prasad Karande
3/01/23	Tooth indentification discussion For Molar	Dr Rucha Gore
24/01/23	Tissue Processing	Dr Rucha Gore
09/02/23	Amelogenesis	Dr Mrinal Shete
28/03/23	Applied aspect of pulp	Dr Mrinal Shete

Signature of

Head of The Department

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D.Y.PATIL DENTAL SCHOOL
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PUNE : 411102

D Y PATIL DENTAL SCHOOL , Lohegaon Pune

Department of Dental Anatomy And Dental Histology

TOOTH CARVING DEMONSTRATION 2022- 2023

Date	Tooth	Name of the Staff
16/11/22	Maxillary Incisors	Dr Rucha Gore
11/01/23	Maxillary Canines	Dr Mrinal Shete
5/04/23	Maxillary Premolars	Dr Prasad Karande
21/06/23	MaxillaryMolars	Dr Prasad Karande

SLIDE DISCUSSION

Date	Topic	Name of the staff
28/10/22	Tooth Development	Dr Prasad Karande
11/11/22	Enamel	Dr Mrinal shete
09/12/22	Dentin	Dr Prasad Karande
30/12/22	Pulp	Dr Prasad Karande
13/01/23	Cementum	Dr Prasad Karande
03/02/23	Saliavry Glands	Dr Mrinal Shete
17/03/23	Oral Mucous Membrane	Dr Rucha Gore
14/04/23	Bone	Dr Rucha Gore
19/05/23	PDL	Dr Mrinal Shete
16/06/23	Special Stains	Dr Prasad Karande

Signature of

Head of The Department

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ORAL ANATOMY & HISTOLOGY.
D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

8

OBJECTIVE ASSESSMENT SHEET

OBJECTIVE ASSESSMENT SHEET

PUBLIC HEALTH DENTISTRY

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Budruk), Lohegaon, Pune – 412105. Phone: 020 35037848

Department of Public Health Dentistry
Clinical Objective Assessment

Name: Nikita Sakhalia

Year: 2022-23

Date: 5/8/23

Exercise: **Health Talk**

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Clarity and effectiveness of communication			✓		
Engagement with patient				✓	
Knowledge and understanding				✓	
Ability to demonstrate proper ToothBrushing and flossing techniques			✓		
Ability to answer doubts and concerns of the audience				✓	
Overall presentation skills and professionalism.			✓		
Total	21 / 30		Grade B		

Grade: 15-A+, 13-A, 11-B+, 9-B, 7-C+, 6-C, <5-Fail

Assessed by:

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

Signature

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Budruk), Lohegaon, Pune – 412105. Phone: 020 35037848

Department of Public Health Dentistry
Clinical Objective Assessment

Name: Prince Singh

Year: 2020-2021

Date: 17/2/20

Exercise: **Indices**

Attribute	Grade				
	Poor (1)	**Fair (2)**	**Average (3)**	**Good (4)**	**Excellent (5)**
Accuracy in recording dental indices					✓
Thoroughness of examination.					✓
Clarity and effectiveness of communication with the patient.					✓
Knowledge and understanding of dental indices and their significance					✓
Professionalism and empathy demonstrated throughout the encounter.					✓
Total	30 / 30				

Grade: 15-A+, 13-A, 11-B+, 9-B, 7-C+, 6-C, <5-Fail

Assessed by:

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

Signature

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Budruk), Lohegaon, Pune – 412105. Phone: 020 35037848

Department of Public Health Dentistry
Clinical Objective Assessment

Name: Chanchal Mehsani

Year: 2019

Date: 29/12/19

Exercise: **Diet History**

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Communication Skills					✓
Information Gathering					✓
Documentation					✓
Interpretation of sugar scores					✓
Advisory Skills					✓
Ability to answer					✓
Total	30 / 30				

Grade: 15-A+, 13-A, 11-B+, 9-B, 7-C+, 6-C, <5-Fail

Assessed by:

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

Signature

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Budruk), Lohegaon, Pune – 412105. Phone: 020 35037848

Name - Pranali Sachin

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk., Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION A

Sr. No. 9/10/22

IMPORTANT INSTRUCTIONS: Please Read The Instructions Carefully Before Writing.

WRONG: X B C ● RIGHT: A B ● D

SEAT NO. IN WORDS	Five
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Remedial Exam (9/10/22).
SUBJECT	Public Health Dentistry.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

17/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1			●		5	●				21				
2	●				6	●				22				
3		●			7	●				23				
4	●				8	●				24				
5				●	9		●			25				
6	●				10			●		26				
7		●			11				●	27				
8			●		12				●	28				
9				●	13				●	29				
10			●		14		●			30				

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Budruk), Lohegaon, Pune – 412105. Phone: 020 35037848

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Budruk), Lohegaon, Pune – 412105. Phone: 020 35037848

Department of Public Health Dentistry
Clinical Objective Assessment

Name: Ashte Swaraj.

Year: 2020-2021

Date: 15/02/21

Exercise: **Diet History**

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Communication Skills					✓
Information Gathering					✓
Documentation					✓
Interpretation of sugar scores				✓	
Advisory Skills				✓	
Ability to answer			✓		
Total	26 / 30		Grade: A		

Interpretations: A+: 27-30 A: 24-26 B: 18-23 C: 12-17 D: 9-1

Assessed by: Dr Koribasappa

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Dept. of Public Health Dentistry
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OBJECTIVE ASSESSMENT SHEET

PROSTHODONTICS

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Budruk), Lohegaon, Pune – 412105. Phone: 020 35037848

Department of Prosthodontics
Clinical Objective Assessment

Name: shraddha chavan

Year: 2022-2023

Date: 5/3/23

Exercise: **Primary Impression making for Mandibular Arch**

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Preparation and Clinical Assessment of patient • **Armamentarium**			✓		
Impression Material selection and Impression Technique				✓	
Dispensing of material onto tray and tray handling • **Mandibular Arch**					✓
Frenums recorded: Labial, Buccal, Lingual				✓	
Retromolar Pad area is recorded			✓		
Buccal Shelf Area is recorded			✓		
All anatomical landmarks and Border areas are recorded				✓	
Impression is devoid of voids				✓	
Total	30 / 40		Grade A+		

Grade: 30+: A+, 28: A, 24: B+, 20: B, 16: C+, 14: C, <10: Fail

Assessed by: Dr. Paulami Bagchi

Signature

Head of Department of Prosthodonti
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Lohegaon, Pune - 412105

D Y PATIL DENTAL SCHOOL

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Department of Prosthodontics
Clinical Objective Assessment

Name: Prasad Gaikwad.

Year: 2021-22

Date: 7/4/21

Exercise: **Primary Impression making for Maxillary Arch**

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Preparation and Clinical Assessment of patient • Armamentarium		✓			
Impression Material selection and Impression Technique		✓			
Dispensing of material onto tray and tray handling • Maxillary Arch			✓		
Frenums recorded: Labial , Buccal				✓	
Posterior Palatal Seal area is recorded			✓		
All anatomical landmarks are recorded			✓		
All border areas and vestibular depth are recorded				✓	
Impression is devoid of voids				✓	
Total	25 / 40		Grade A		

Grade: 30+: A+, 28: A, 24: B+, 20: B, 16: C+, 14: C, <10: Fail

Assessed by: Dr Bipin Muley

Signature

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Lohegaon,Pune - 412105

D Y PATIL DENTAL SCHOOL

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Department of Prosthodontics
Clinical Objective Assessment

Name: Dipti Gurav

Year: 2020 - 21

Date: 12/8/21

Exercise: Class-1 Teeth Arrangement on a Mean value articulator

Attribute	Grade				
	Poor (2)	Fair (3)	Average (4)	Good (5)	Excellent (6)
Assessment of Diagnostic Cast			✓		
Record Bases and Occlusal rims (Both Arches)				✓	
Wax rims fabrication : Maxillary Arch					✓
Wax rims fabrication : Mandibular Arch					✓
Mounting of Rims on Mean value articulator according to Jaw relation records				✓	
Anterior Teeth Arrangement					✓
Posterior Teeth Arrangement				✓	
Maxillary Glass Plate Relation					✓
Carving and Polishing : Maxillary Arch					✓
Carving and Polishing : Mandibular Arch					✓
Total	55 / 60		Grade A+		

Grade: 50+: A+, 45: A, 40: B+, 35: B, 30: C+, 25: C, <18: Fail

Assessed by: Dr Bipin Muley

Signature

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OBJECTIVE ASSESSMENT SHEET

PERIODONTICS

DY PATIL DENTAL SCHOOL

Department of Periodontics

Final year BDS,sessional Practical exam (OSCE) 2022-23 (Summer/Winter)
Roll No: _____

Station No./	Criteria	Not done (0)	Partially done (2.5)	Completely done (5)	Total Marks
1.Case / Patient Details	1)Case selection. 2)Rapport. 3)Case details and diagnosis.				/15

		Not done (0)	Partially done (2.5)	Completely done (5)	
2. Oral prophylaxis	1)Sterilization. 2)Principles of Instrumentation. 3) Oral Prophylaxis.				/25

		Not done (0)	25% (2)	50% (3)	75% (4)	100% (5)	
3. Patient education and motivation.							
	1) Brushing Technique. 2)Treatment Plan, prognosis and maintenance phase.						/10

		Not done (0)	25% (2)	50% (3)	75% (4)	100% (5)	
4. Clinical log book	1)Quota completion (According to MUHS) a) Case History b) Oral Prophylaxis						/10

Total Marks /60

Examiner's Signature.

Head of the Department Signature.

For, Mutle

HOD Periodontics

OBJECTIVE ASSESSMENT SHEET

PEDODONTICS

D Y PATIL DENTAL SCHOOL

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Department of Paediatric and Preventive Dentistry
Clinical Objective Assessment

Name: Ankita Vitthate
Year: 21 22
Date: 18/1/22
Exercise: Pit and Fissure Sealant

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Case Selection			✓		
Isolation and etching			✓		
Bonding			✓		
Pit and Fissure Sealant Application			✓		
Occlusion Evaluation			✓		
Post Operative			✓		
Total	18 / 30				

Assessed by: Dr Pritesh. Signature:

Department of Paediatric and Preventive Dentistry
Clinical Objective Assessment

Name:
Year:
Date:
Exercise: Case History

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Communication Skill					
Information Gathering					
Interpretation of findings hard tissue					
Interpretation of findings soft tissue					
Advisory Skills					
Ability To Answer					
Total	/ 30				

Assessed by: Signature

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D Y PATIL DENTAL SCHOOL

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Department of Paediatric and Preventive Dentistry
Clinical Objective Assessment

Name: Onkar Shelke.
Year: 2022-23
Date: 24/1/23
Exercise: Topical Fluorides

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Case Selection	✓				
Existing Caries Lesions		✓			
Selection of Tray			✓		
Disperse of Topical Fluorides on Tray		✓			
Time Duration			✓		
Post Operative Instructions		✓			
Total	13 / 30				

Assessed by: Dr. Pritesh.

Signature

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OBJECTIVE ASSESSMENT SHEET

ORTHODONTICS

D Y PATIL DENTAL SCHOOL

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Dept of orthodontics & Dentofacial Orthopedics
Clinical Objective Assessment

Name: Tanvi Tandale.

Year: 2021-2022

Date: 10/1/22

Exercise: Evaluation of cephalometric analysis in diagnosis

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Identification of landmarks				✓	
Construction of reference planes				✓	
Construction of angles				✓	
Measurement and interpretation				✓	
Inference				✓	
Overall presentation					✓
Total	24 / 30				

Grade: 15-A+, 13-A, 11-B+, 9-B, 7-C+, 6-C, <5-Fail

Assessed by: Dr. Varsha Mozad

Signature

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Dept of Orthodontics & Dentofacial Orthopedics

Clinical Objective Assessment

Name: Anisha Oighe

Year: 2019 – 20 .

Date: 4/09/2019.

Exercise : To evaluate efficiency of treatment planning

Attribute	Grade				
	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Identification of malocclusion					✓
Calculation of total tooth material					✓
Performing different analysis					✓
Interpretation of analysis				✓	
Orthodontic treatment planning				✓	
Total	26. / 30		Overall presentation		✓

Grade: 15-A+, 13-A, 11-B+, 9-B, 7-C+, 6-C, <5-Fail

Assessed by: Dr. Arun Mhaske

Signature

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Dept of Orthodontics & Dentofacial Orthopedics

Clinical Objective Assessment

Name: Aman Gandhi

Year: 2018 - 2019.

Date: 10th oct 2018.

Exercise: To develop skills for fabrication of Hawley's plate.

Attribute	Grade				
	Poor (1)	**Fair (2)**	**Average (3)**	**Good (4)**	**Excellent (5)**
Preparation of Negative replica of Maxillary/ Mandibular Arch				✓	
Preparation of study model			✓		
Fabrication of Adams clasp			✓		
Fabrication of Labial bow				✓	
Wax up and acrylization using sprinkle-on method				✓	
Overall presentation skills and professionalism.				✓	
Total	22 / 30				

Grade: 15-A+, 13-A, 11-B+, 9-B, 7-C+, 6-C, <5-Fail

Assessed by: Dr. Shailesh Dongre.

Signature

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OBJECTIVE ASSESSMENT SHEET

ORAL SURGERY

Clinical Objective Assessment in Oral and Maxillofacial Surgery

Name:

Year:

Date:

Exercise: Administration of Nerve Block on patient

S.NO	Criteria	Grading system	Score
1	Positions patient correctly on dental chair. Positions himself/ herself correctly w.r.t. the area to be anesthetized.	0 - inappropriate 1 - either operator or patient position followed 2 – appropriately followed	
2	Ensures proper illumination	0 - not followed 1 - partially followed 2 - completely followed	
3	Palpates the correct landmarks	0 - not appropriate 1 - partially performed 2 - appropriate	
4	Positions the syringe properly in the right position	0 - not appropriate 1 - partially performed 2 - appropriate	
5	Inserts the syringe at the right landmark and depth	0 - not appropriate 1 - partially performed 2 - appropriate	
6	Demonstrates desirable direction of needle upward, inward and backward	0 - not appropriate 1 - partially performed 2 - appropriate	
7	Aspirates in 2 planes and administers the correct amount of local anesthesia	0 - not appropriate 1 - partially performed 2 - appropriate	
8	Assessment and administration of any other nerve block (lingual or palatal) / infiltration	0 - not appropriate 1 - partially performed 2 - appropriate	
9	Points out subjective symptoms correctly	0 - not appropriate 1 - partially performed 2 - appropriate	
10	Makes the needle safe	0 - not appropriate 1 - partially performed 2 - appropriate	
	Total	/20	

Assessed by:

Signature of HOD

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D.Y.Patil Knowledge City
Charholi (Bk), Via Lohegaon, Pune - 412105

Department of Oral and Maxillofacial Surgery

Name:

Year:

Date:

Exercise: Extraction

S.NO	Criteria	Grading system	Score
1	Recording case history	0 - No relevant history recorded (medical, drug, allergy, personal, family 1.5 - Incomplete history recorded 3 - Complete history recorded	
2	Informed consent	0 - not obtained 1.5 - partially explained and obtained 3 - completely explained and obtained	
3	Asepsis and patient draping	0 - not followed 1.5 - partially followed 3 - completely followed	
4	Selection of appropriate instruments	0 - wrong selection 1.5 - partially selected 3 - appropriate instruments selected	
5	Local anaesthetic technique	0 - not followed (landmarks & technique) 1.5 - partially followed 3 - completely followed	
6	Position of operator & patient	0 - inappropriate 1.5 - either operator or patient position followed 3 – appropriately followed	
7	Extraction technique	0 - not appropriate (engaging forceps, tooth movements) 1.5 - partially performed 3 - appropriate	
8	Postoperative care and instructions	0 - inappropriate and not explained 1.5 - partially explained 3 - appropriate and completely explained	
9	Overall communication with the patient	0 - Improper 1.5 - communicated with hesitation 3 - communicated well with confidence	
10	Prescription writing	0 - Inappropriate 1.5 - partially complete 3 - completely written	
	Total	/30	

Assessed by:

Signature of HOD

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Dept. of Oral & Maxillofacial Surgery
D.Y. Patil Dental School
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OBJECTIVE ASSESSMENT SHEET

OMDR

DY Patil Dental School, Lohegaon, Pune

Department of Oral Medicine and Radiology

Objective Structured Clinical Examination (OSCE) Exercises

(4th BDS Programme)

Case History for Case of Chronic Irreversible Pulpitis

STATION NO.:

ROLL NO.:

MARKS: 5 marks

TIME: 30 min

TASK: Case history and Radiology Exercises

(Instructions to the examiners: Allot marks based on right action done)

Sr. No.	Item/Checklist	Marks Allotted	Marks Obtained
1	Recording the basic demographic data	1	
2	Recording the basic intraoral and extraoral findings	1	
3	Recording vital signs	0.5	
4	Provisional Diagnosis	0.5	
5	Exposure and Processing of Radiograph	1	
6	Final Diagnosis and Treatment Plan	1	
	Total Marks Allotted/Score	5	

Dr. Anagha Shete

Head, Dept of OMDR

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Dept. Of Oral Medicine & Radiology
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DY PATIL DENTAL SCHOOL , LOHEGAON ,PUNE

Department Of Oral Medicine & Radiology

IVth BDS (Regular Batch)Students 2022-23(OSCE)

STATION:Case History and Radiology Exercise

Sr.No.	Name	Marks Obtained
1.	AMBATKAR SAKSHI SADANAND	3
2.	BAILE SHIVKRISHNA KRANTIKAR	4
3.	BALGUDE TRUPTI SANJAY	3.5
4.	BARI MRUNALI GOPAL	4.5
5.	BHANSALI PRINCE SUSHIL	3
6.	BHATTI HARDIK RAHUL	2.5
7.	BHISE ROHINI BALU	4.5
8.	BHUTKAR ARYA ANIL	3.5
9.	CHANDORKAR ISHAN ASHISH	3
10.	CHANGMAYUM ESHITA	4
11.	CHAVAN SHRADDHA ASHOKRAO	3.5
12.	CHIDDARWAR JANHAVI ATUL	4
13.	DARADE AMIT SUMANT	4
14.	DESHMANE ADITI ARUN	3
15.	DESHMUKH SAKSHEE SURYAKANT	3.5
16.	DODIA RUCHI BIPIN	4
17.	DUGANI SNEHAL MURGENDRA	4.5
18.	GAIKWAD ABHAY SHAHAJI	3.5
19.	GAIKWAD ANKITA DATTATRAY	5
20.	GARG KASHISH SANJAY	3
21.	GOWAIKAR RUCHA SANJAY	3.5
22.	GUDADHE TRUPTI JAYANT	2.5
23.	HALAGERI PARVATI BASAVRAJ	4
24.	JAMNA SANIYA ILIYAS	3.5
25.	JHAWAR AKSHATA RAMKISHOR	3
26.	KAMBLE MRUNAL VIJAY	3.5
27.	KANPILE SAKSHI CHETAN	3
28.	KEKARE NIRMITI DASHRATH	4
29.	KHAKAR SWAROOP ARUN	3.5
30.	KULKARNI HARSH MILIND	3
31.	LOKHANDE PRATIKSHA NARHARI	3
32.	LOLAGE VAISHANVI	3
33.	LONDHE SIDDHESH ANIL	3
34.	LONDHE VINIT MAHADEO	3.5
35.	LONKAR SAKSHI SANDIP	4

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36.	MAGAR SHREYAS ASHOK	4
37.	MAHAJAN JUI SHASHANK	3.5
38.	MALI PRERNA RAJESH	3.5
39.	MANE ONKAR VINAYAK	3
40.	MANEK SRUSHTI RAJESH	3
41.	MAURYA KHUSABU	3
42.	MISHRA SHUBHAM SANJAY	3
43.	MOHITE AISHWARYA ULHAS	3
44.	MOMIN RUSHNA ISHTIYAQUE AHMED	3
45.	MORE AMRUTA BALDEO	3.5
46.	MULIK SIDDHI SAMBHAJI	4
47.	MUNIFA NAZ MOHAMMAD RAFIQUE	4
48.	NARKHEDE SAKSHI SHRIKANT	3.5
49.	NARSULE DIVYA ARVIND	3
50.	NARWADE SHYAM VIJAY	3.5
51.	PATEL RIDDHI HARESH	4
52.	PATIL DEVYANI NANDKISHOR	4
53.	PATIL HARSHADA ULHASRAO	3.5
54.	PATIL JAGRUTI SATISH	3.5
55.	PATIL PAWAN SATISH	4
56.	PAWAR RUTUJA RAMNATH	4
57.	PHALKE MRUNAL UMESH	3.5
58.	PHARATE SHWETA EKNATH	3
59.	RAUT AISHWARYA SHIVLING	3
60.	SALIYAN SHRUTI SURESH	2.5
61.	SAWANT ROHINI BHARAT	2.5
62.	SHAIKH RUHMA ARIF	4
63.	SHEKAPURE AISHWARYA BALAJI	4
64.	SHELKE OMKAR NANASAHEB	3
65.	SHETE VRUSHALI SANJAY	4
66.	SHINDE PRAJAKTA SADASHIV	4
67.	SHINGADE ADITYA RAGHU	3.5
68.	SONAR BHUVANESHWARI PANKAJ	3.5
69.	SONAWANE KANCHAN RAVINDRA	3.5
70.	SONAWANE SANGRAM SANJAY	4
71.	SPRIHA SINGH	4
72.	SURYAWAD RUTUJA RAOSAHEB	2.5
73.	SURYAWANSHI VIJAYALAXMI MAHENDRA	3
74.	TAMBE SAMRUDDHI SARASRAM	3
75.	UGRAN SHRADDHA VIJAYKUMAR	3
76.	WARAL CHETAN SUNIL	3
77.	WARKAD PRATIKSHA GAJANAN	3.5
78.	PUSHPAK KHADE	3.5

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DY PATIL DENTAL SCHOOL , LOHEGAON ,PUNE

Department Of Oral Medicine & Radiology

IVth BDS (Regular Batch)Students 2021-22 (OSCE)

STATION:Case History and Radiology Exercise

Sr.No.	Name	Marks Obtained
1.	Hrutuja A	3
2.	Sakshi A.	4
3.	Harshal A.	3.5
4.	Sneha B.	4.5
5.	Rutuja B.	3
6.	Shivani B.	2.5
7.	Shraddha B.	4
8.	Harshada B.	3.5
9.	Aman B.	3
10.	Nandini B.	4
11.	Ketan C.	3.5
12.	Anuradha C.	4
13.	Vaishnavi C.	4
14.	Aditi D.	3
15.	Rutika D.	3.5
16.	Ishan D.	4
17.	Pooja D.	4.5
18.	Manali G.	3.5
19.	Akshata G.	5
20.	Prasad G.	3
21.	Shivani G.	3.5
22.	Kirti G.	2.5
23.	Gargi G.	4
24.	Poonam G.	3.5
25.	Isha G.	3
26.	Sharvari I	3.5
27.	Anajali J.	3
28.	Rohini J.	4
29.	Tanmay J.	3.5
30.	Pratik J.	3
31.	Ritika J.	3
32.	Gauri J.	3
33.	Kritika J.	3
34.	Isha J.	3.5
35.	Rutuja K.	4
36.	Aboli K.	4

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DY PATIL DENTAL SCHOOL , LOHEGAON ,PUNE

Department Of Oral Medicine & Radiology

IVth BDS (Regular Batch)Students 2019-20 (OSCE)

STATION:Case History and Radiology Exercise

Sr.No.	Name	Marks Obtained
1.	ACHWAL MADHURA	3
2.	AGRAWAL SOUMYA	4
3.	AISHWARYA KRISHNAN	3.5
4.	ASOLKAR NAMRATA	4.5
5.	BARGAL SNEHAL	3
6.	BARVE POORVA	2.5
7.	BHOGA SHRUTI	4
8.	BHOLE NIKITA	3.5
9.	BHOSALE ANJALI	3
10.	BHOYAR SHIVANI	4
11.	CHAUHAN SHWETA	3.5
12.	DAGADE OMKAR	4
13.	DANI RUTUJA	4
14.	DAS JYOTIRMAYEE	3
15.	DEOCHAKE CHINMAYEE	3.5
16.	DESHMUKH SHIWANI	4
17.	DIGHE ANISHA	4.5
18.	DOIPHODE SIDDHARTH	3.5
19.	GAIKWAD KALYANI	5
20.	GAWALI HARSHADA	3
21.	HISWANKAR SHRUTI	3.5
22.	HIWALE SHIVA	2.5
23.	HUSE SHRADDHA	4
24.	JADHAV ADITYA	3.5
25.	JADHAV MEGHA	3
26.	JANBANDHU SIMRAN	3.5
27.	JOSHI VEDIKA	3
28.	KADAM MAYURI	4
29.	KARALE PALLAVI	3.5
30.	KHOLE MANALI	3
31.	KULKARNI PRAGATI	3
32.	MAHALE PARAG	3
33.	MALI SEJAL	3
34.	MHATRE SNEHAL	3.5
35.	MOMIN SHIMRAH	4
36.	NAGARGOJE KIRAN	4

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37.	NALAWADE SHALAKA	3.5
38.	NANDY KOYENA	3.5
39.	NIKITA GAUTAM	3
40.	PANDEY ANAMIKA	3
41.	PARANKAR SHWETA	3
42.	PARASKAR VAIDEHI	3
43.	PATEL ANKIT	3
44.	PATIL NEHA	3
45.	PATIL SHRADDHA	3.5
46.	PERKE APURVA	4
47.	PERKE RACHANA	4
48.	QURESHI SHOAIB	3.5
49.	ROKADE ABHIJEET	3
50.	SARAG SAMRUDDHI	3.5
51.	SARDAR NEHA	4
52.	SAXENA GAZAL	4
53.	SHAIKH BATUL	3.5
54.	SHAIKH SUFIYAN	3.5
55.	SHAIKH YUMNA	4
56.	SHINDE AISHWARYA	4
57.	SHINDE VAIBHAV	3.5
58.	SOHONI VISHAKHA	3
59.	SONUNE MAYURI	3
60.	SURYAWANSHI MANSI	2.5
61.	THAKUR TITIKSHA	2.5
62.	THOPATE NIKITA	4
63.	WAGHMARE VAIBHAV	4
64.	WANMALI PRACHI	3
65.	NAITAM TOSH KUMAR	4
66.	PUROHIT RAHUL	4
67.	MHASKAR SHIVANI	3.5
68.	DEORA CHITRANGADA	3.5
69.	WAGHMODE RUTUJA	3.5
70.	SUSHMITA LAKHE	4
71.	Deshmukh Samruddhi	4

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DY PATIL DENTAL SCHOOL , LOHEGAON ,PUNE

Department Of Oral Medicine & Radiology

IVth BDS (Regular Batch)Students 2018-19 (OSCE)

STATION:Case History and Radiology Exercise

Sr.No.	Name	Marks Obtained
1.	Abnave Tanishka	3
2.	Baldota Shreya	4
3.	Bhavsar Aayushi	3.5
4.	Bhujbal Sanjana	4.5
5.	Bhivalkar Ruchi	3
6.	Camblay Gauri	2.5
7.	Chaudhari Vaishnavi	4
8.	Choudhary Mehul	3.5
9.	Chavan Akshay	3
10.	Chincholkar Anuja	4
11.	Chordia Mayuri	3.5
12.	Dabade Dhanshree	4
13.	Dabral Utkarsha	4
14.	Dalal Nisha	3
15.	Deshmane Shweta	3.5
16.	Dharmadhikari Shivani	4
17.	Dhole Shrutika	4.5
18.	Durge Sejal	3.5
19.	Gaikwad Anuja	5
20.	Gamare Swapnesha	3
21.	Gandhi Aman	3.5
22.	Garge Apurva	2.5
23.	Garud Jui	4
24.	Gatkal Deepti	3.5
25.	Gawade Pratiksha	3
26.	Ghogare Priyanka	3.5
27.	Ghune Divya	3
28.	Gogawale Rasika	4
29.	Guhdap Gayatri	3.5
30.	Hange Srushti	3
31.	Ingole Swati	3
32.	Jadhav Shivani	3
33.	Jagtap Mayuri	3

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34.	Khandare Shraddha	3.5
35.	Khot Vishal	4
36.	Kothari Shreya	4
37.	Kumari Rashmi	3.5
38.	Lalani Alisha	3.5
39.	Mahajan Nimisha	3
40.	Malave Renuka	3
41.	Marathe Ankita	3
42.	Mehta Saumya	3
43.	Mhaskar Shruti	3
44.	Muley Shubham	3
45.	Muradi Shivani	3.5
46.	Nandkule Rutuja	4
47.	Nenwani Chanchal	4
48.	Padri Rohan Kumar	3.5
49.	Pande Kritharth	3
50.	Panja Suman	3.5
51.	Parakh Himani	4
52.	Patel Mamata	4
53.	Patil Sager	3.5
54.	Patra Lipsa	3.5
55.	Pawar Saroj	4
56.	Pradhan Aneesh	4
57.	Preethi Pillai	3.5
58.	Radhika Pol	3
59.	Raut Namrata	3
60.	Raut Siddhi	2.5
61.	Sailawala Khadija	2.5
62.	Sayed Fehmeen	4
63.	Shan Manthan	4
64.	Shah Tanay	3
65.	Shaikh Anam	4
66.	Shaikh Faheem	4
67.	Shere Shraddha	3.5
68.	Shinde Poonam	3.5
69.	Singh Pooja	3.5
70.	Swami Janhavi	4
71.	Taiwade Aditya	4
72.	Tekwani Sweta	2.5
73.	Thakare Gayatri	3
74.	Thanima Chandran	3
75.	Wadkar Shivani	3
76.	Warate Phalguni	3
77.	Yadav Manoj Kumar	3.5
78.	Yadav Mayuri	3.5

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79.	Zanje Sonali	4
80.	Shirsat Sonal	4

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Department Of Oral Medicine & Radiology

IVth BDS (Regular Batch)Students 2019-20 (OSCE)

STATION:Case History and Radiology Exercise

Sr.No.	Name	Marks Obtained
1.	ACHWAL MADHURA	3
2.	AGRAWAL SOUMYA	4
3.	AISHWARYA KRISHNAN	3.5
4.	ASOLKAR NAMRATA	4.5
5.	BARGAL SNEHAL	3
6.	BARVE POORVA	2.5
7.	BHOGA SHRUTI	4
8.	BHOLE NIKITA	3.5
9.	BHOSALE ANJALI	3
10.	BHOYAR SHIVANI	4
11.	CHAUHAN SHWETA	3.5
12.	DAGADE OMKAR	4
13.	DANI RUTUJA	4
14.	DAS JYOTIRMAYEE	3
15.	DEOCHAKE CHINMAYEE	3.5
16.	DESHMUKH SHIWANI	4
17.	DIGHE ANISHA	4.5
18.	DOIPHODE SIDDHARTH	3.5
19.	GAIKWAD KALYANI	5
20.	GAWALI HARSHADA	3
21.	HISWANKAR SHRUTI	3.5
22.	HIWALE SHIVA	2.5
23.	HUSE SHRADDHA	4
24.	JADHAV ADITYA	3.5
25.	JADHAV MEGHA	3
26.	JANBANDHU SIMRAN	3.5
27.	JOSHI VEDIKA	3
28.	KADAM MAYURI	4
29.	KARALE PALLAVI	3.5
30.	KHOLE MANALI	3
31.	KULKARNI PRAGATI	3
32.	MAHALE PARAG	3
33.	MALI SEJAL	3
34.	MHATRE SNEHAL	3.5
35.	MOMIN SHIMRAH	4
36.	NAGARGOJE KIRAN	4

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37.	NALAWADE SHALAKA	3.5
38.	NANDY KOYENA	3.5
39.	NIKITA GAUTAM	3
40.	PANDEY ANAMIKA	3
41.	PARANKAR SHWETA	3
42.	PARASKAR VAIDEHI	3
43.	PATEL ANKIT	3
44.	PATIL NEHA	3
45.	PATIL SHRADDHA	3.5
46.	PERKE APURVA	4
47.	PERKE RACHANA	4
48.	QURESHI SHOAIB	3.5
49.	ROKADE ABHIJEET	3
50.	SARAG SAMRUDDHI	3.5
51.	SARDAR NEHA	4
52.	SAXENA GAZAL	4
53.	SHAIKH BATUL	3.5
54.	SHAIKH SUFIYAN	3.5
55.	SHAIKH YUMNA	4
56.	SHINDE AISHWARYA	4
57.	SHINDE VAIBHAV	3.5
58.	SOHONI VISHAKHA	3
59.	SONUNE MAYURI	3
60.	SURYAWANSHI MANSI	2.5
61.	THAKUR TITIKSHA	2.5
62.	THOPATE NIKITA	4
63.	WAGHMARE VAIBHAV	4
64.	WANMALI PRACHI	3
65.	NAITAM TOSH KUMAR	4
66.	PUROHIT RAHUL	4
67.	MHASKAR SHIVANI	3.5
68.	DEORA CHITRANGADA	3.5
69.	WAGHMODE RUTUJA	3.5
70.	SUSHMITA LAKHE	4
71.	Deshmukh Samruddhi	4

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82.	Sumant T.	3
83.	Medha V.	3
84.	Ankita V.	3.5
85.	Amol W.	4
86.	Vaibhav C.	4

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AJEENKYA D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE

OBJECTIVE, ASSESSMENT FOR UG STUDENTS

(THIRD AND FINAL YEAR)

Batch- 2023

ASSESSMENT CRITERIA FOR OPD

Sr. No.	Date	Patient Name	Case No,	Age	Gender	Staff Signature
1						
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ASSESSMENT CRITERIA FOR CASE HISTORIES

Sr. No.	Date	Patient Name	Case No,	Age/Gender	Grade	Staff Signature
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ASSESSMENT CRITERIA FOR RADIOGRAPHIC TECHNIQUES

Sr. No.	Date	Patient Name	Case No,	Age/ Gender	X-Ray region	Grade	Staff Signature
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ASSESSMENT CRITERIA FOR RADIOGRAPHIC INTERPRETATIONS

Sr. No.	Date	Patient Name	Case No,	Age/ Gender	X-Ray region	Grade	Staff Signature
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OBJECTIVE, ASSESSMENT FOR UG STUDENTS

(THIRD AND FINAL YEAR)

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OBJECTIVE, ASSESSMENT FOR UG STUDENTS

(THIRD AND FINAL YEAR)

Batch- 2021

ASSESSMENT CRITERIA FOR OPD

Sr. No.	Date	Patient Name	Case No,	Age	Gender	Staff Signature
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OBJECTIVE, ASSESSMENT FOR UG STUDENTS

(THIRD AND FINAL YEAR)

Batch- 2020

ASSESSMENT CRITERIA FOR OPD

Sr. No.	Date	Patient Name	Case No,	Age	Gender	Staff Signature
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Sr. No.	Date	Patient Name	Case No,	Age/Gender	Grade	Staff Signature
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OBJECTIVE, ASSESSMENT FOR UG STUDENTS

(THIRD AND FINAL YEAR)

Batch- 2019

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OBJECTIVE, ASSESSMENT FOR UG STUDENTS

(THIRD AND FINAL YEAR)

Batch- 2018

ASSESSMENT CRITERIA FOR OPD

Sr. No.	Date	Patient Name	Case No,	Age	Gender	Staff Signature
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ASSESSMENT CRITERIA FOR CASE HISTORIES

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ASSESSMENT CRITERIA FOR RADIOGRAPHIC INTERPRETATIONS

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OBJECTIVE ASSESSMENT SHEET

CONSERVATIVE DENTISTRY

DY PATIL DENTAL SCHOOL, LOHEGAON, PUNE

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Grading parameters for each exercise as follows:

1. All listed criteria fulfilled: A
2. One of the listed criteria not fulfilled: B
3. Two or more than two of the listed criteria not fulfilled: C

CLASS II AMALGAM PREPARATION

CRITERIA	GRADE A	GRADE B	GRADE C
Class II amalgam cavity preparation	All features incorporated	Partial Features incorporated	No features incorporated
Proper Application of Matrix and Retainer for class II cavity	Done with wedge application	Done without wedge application	Neither bands nor wedges applied
Base Application for Class II cavity	Complete (Application done on pulpal floor and axial wall)	Partial (Application done only on pulpal floor)	Incomplete (Neither applied on pulpal floor nor on axial wall)
Amalgam Restoration	Proper carving completed following occlusal anatomy with no overhanging margins	Improper carving with overhanging margins	Unrestored occlusal anatomy or fractured margins

Professor and Head of Department

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics
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D Y Patil Knowledge City
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DY PATIL DENTAL SCHOOL, LOHEGAON, PUNE

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Grading parameters for each exercise as follows:

1. All listed criteria fulfilled: A
2. One of the listed criteria not fulfilled: B
3. Two or more than two of the listed criteria not fulfilled: C

CLASS II INLAY PREPARATION

CRITERIA	GRADE A	GRADE B	GRADE C
Class II Inlay cavity preparation	All features incorporated	Partial Features incorporated	No features incorporated
Class II Inlay wax pattern (Complete registration of cavity details)	Achieved	Partially achieved	Not achieved
Casting of wax pattern without distortion and casting errors	Achieved	Partially achieved	Not achieved

for HOD

Professor and Head of Department

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& Endodontics
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D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

D.Y. PATIL DENTAL SCHOOL, LOHEGAON,PUNE

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Grading parameters for each exercise are as per follows:

All listed criteria fulfilled :A

One of the listed criteria not fulfilled : B

Two or more than two of the listed criteria not fulfilled :C

Clinical Procedure-Root Canal Treatment

Criteria	Grade A	Grade B	Grade C
1.Diagnosis of pulpal and periapical condition	Correctly Done	Incomplete Done	Not Done
2.Pre -endodontic buildup and access opening	Fulfilled	Improvement Need/ Partially Done	Not Done
3.Working length determination	Correctly Done	Needs Correction	Incorrectly Done
4.Master cone selection	Correctly Done	Needs Correction	Incorrectly Done
5.Obturation	Correctly Done	Needs Correction	Incorrectly Done

for HOD

PROFESSOR AND HEAD OF DEPARTMENT

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SUBJECT QUOTA COMPLETION

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

DEPARTMENT OF

ORAL ANATOMY, HISTROLOGY,

PHYSIOLOGY & ENBRYOLOGY

NAME : Harshal Chavan

Roll No.: 16

Unit. Examination No.: 128461

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

CERTIFICATE

This is to certify That

Mr. /Ms. : Harshal Anil Chavan

Exam Seat No. 128461

has Attended and completed all the practicals Recorded in this journal

for the academic Year 20.22.....to 20.23.....

HEAD OF DEPT.
ORAL ANATOMY & HISTOLOGY.
D Y PATIL DENTAL SCHOOL
D Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

PROFESSOR & H.O.D.

DEPT. OF DENTAL ANATOTY &

DENTAL HISTOLOGY

Date 1/9/2023

BATCH IN CHARGE

INDEX

Department of oral Anatomy Histology,Physiology& Embryology

SR.NO	DATE	TITLE	PAGE	GRADE	SIGN
1]	16/1/23	To reproduce a block of dimension 2x1x1 cm^3 out of wax block		B^{++}	
2]	18/1/23	To reproduce a cone of dimension 2x1 cm^3 out of wax block		B^{+}	
3]	20/3/23	To reproduce permanent maxillary central incisor out of a wax block	Right → B^{++} Left → B^{+}		
4]	21/3/23	To reproduce permanent maxillary lateral incisor out of a wax block.	Right → B^{+} Left → B^{+}		
5]	24/3/23	To reproduce permanent mandibular central incisor out of a wax block	Right → B^{+} Left → B^{+}		
6]	24/3/23	To reproduce permanent mandibular lateral incisor out of a wax block.	Right → B^{+} Left → B^{+}		

INDEX

Department of oral Anatomy Histology,Physiology& Embryology

SR.NO	DATE	TITLE	PAGE	GRADE	SIGN
7]	29/5/23	Making of permanent maxillary Canine out of a wax block	Right →	B^{++}	
			Left →	B^{++}	
8]	29/5/23	Making of permanent mandibular canine out of a wax block	Right →	B^{+}	
			left →	B^{++}	
9]	7/6/23	Making of permanent maxillary Fist premol out of a wax block	Right →	B^{++}	
			Left →	B	
10]	7/6/23	Making of permanent maxillary second pre-molar out of a block	Right →	B^{+}	
			Left →	B^{+}	
11]	14/6/23	Making of permanent mandibular first premolar out of a wax block	Right →	B^{+}	
			Left →	B^{++}	
12]	14/6/23	Making of permanent mandibular second premolar out of a wax block.	Y →	B^{+}	
			H →	B^{+}	
			U →	B^{+}	
13]	9/8/23	Making of permanent maxillary first molar out of a wax block	Right →	A	
			Left →	A	
14]	1/9/23	Making of permanent maxillary second molar	Right →	B^{++}	
			left →	B^{++}	

INDEX

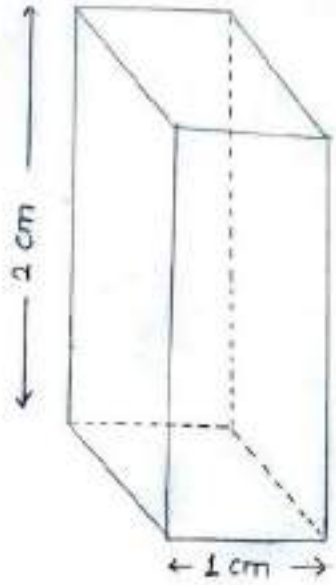
Department of oral Anatomy Histology, Physiology & Embryology

SR.NO	DATE	TITLE	PAGE	GRADE	SIGN
15]	1/9/23	Making of permant mandibular first molar.	Right → Left →	B++ B++	
16]	1/9/23	Making of permanent mandibular second molar	Rt. → Left →	B++ B++	

DENTAL ANATOMY

Scale :-
On Y-axis 1 unit = 1cm
X-axis 1 unit = 1cm

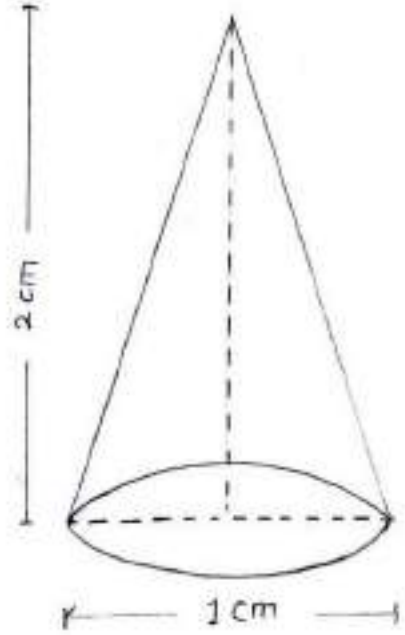
⊙ Cube



To carve a cube of dimension of 2 x 1 x 1 cm out of wax block.

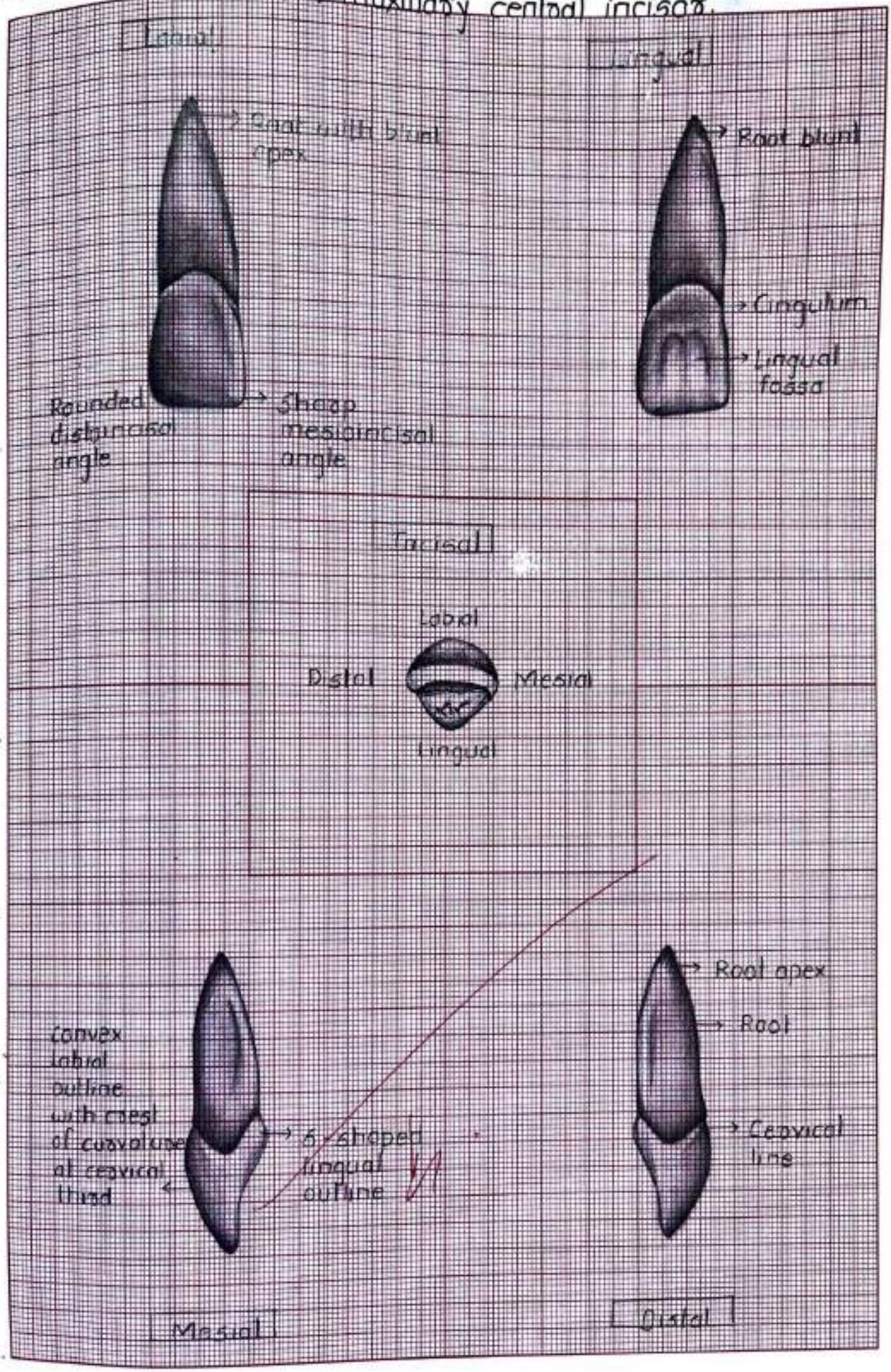
⊙ Cone

Scale
On Y-axis 1 unit = 1cm
X-axis 1 unit = 1cm



To carve a cube of dimension of 2 x 1 x 1 cm out of a wax block.

Permanent maxillary central incisor.



The Permanent Maxillary Central Incisor

Introduction:-

i] It is the widest mesiodistally of any of the anterior teeth.

ii] Labial surface is smooth & convex

iii] Newly erupted or if little wear is evedient, mamelons will be seen on the incisal surface.

iv] Mesioincisal angle is sharp & Disto-incisal angle is sharp.

v] Lingual surface is irregular with the presence of cingulum in cervical third, presence of lingual fossa in center of the incisal ridge making up, the incisal third.

Functions:- Esthetics
Bitting
Speech
labial support

Chronology:-

i] First evedince of calcification → 3-4 months

ii] Enamel completion → 4-5 years

iii] Eruption → 7-8 years

iv] Root completion → 10 years.

Tooth & its different aspects

Labial surface:

Crown:

Crown is smooth with square or rectangular appearance.

- Mesial outline :- Slightly convex incisally
  Crest of curvature is seen mesio-incisally
- Incisal outline :- Regular & straight
- Distal outine :- More convex
  Crest of curvature is higher towards cervical line.
- Cervical outine :- Convexity directed towards root surface

Root:

Cone shaped with relatively blunt apex
Mesial & distal outline is regular.

Lingual aspect:-

Reverse of that found on labial aspect.
Difference are presence of convexcities & concavities

Convexities :-

Cingulum - Smooth convexity immediately below cervical line making bulk of cervical third.

Marginal ridge :- Mesially & distally confluent with cingilum & marginal ridges.

Mesial marginal ridge (MMR)

Distal marginal ridge (DMR)

Concavities :-

Lingual fossa - Shallow depression below cingilum & marginal ridges

Borders - Mesially - MMR

Distally - DMR

Cervically - Cingulum

Incisally - Lingual portion of incical ridge.

The crown & root tapers lingually thus, crown caliberation at the two labial line angle is greater than the two lingual line angles

Mesial aspect :

Crown :

Wedge shaped with base at the cervical & apex at the incisal ridge.

- Labial outline :- convex from the cervical aspect to the incisal ridge with crest out of curvature

- Lingual outline:- It is 'S' shaped with cervical convexity of cingilum then a depressn of lingual fossa followed by a small elevatn by incisal ridge.

Root:- The root of this tooth from mesial aspect is cone shaped.

Distal aspect:

Almost similar to incisal aspect This incisal edge from distal aspect appears thicker due to greater disto-lingual slope of the labial surface.

Curvature of cervical line is about 1mm less on the ~~labial aspect~~ distal aspect than on mesial.

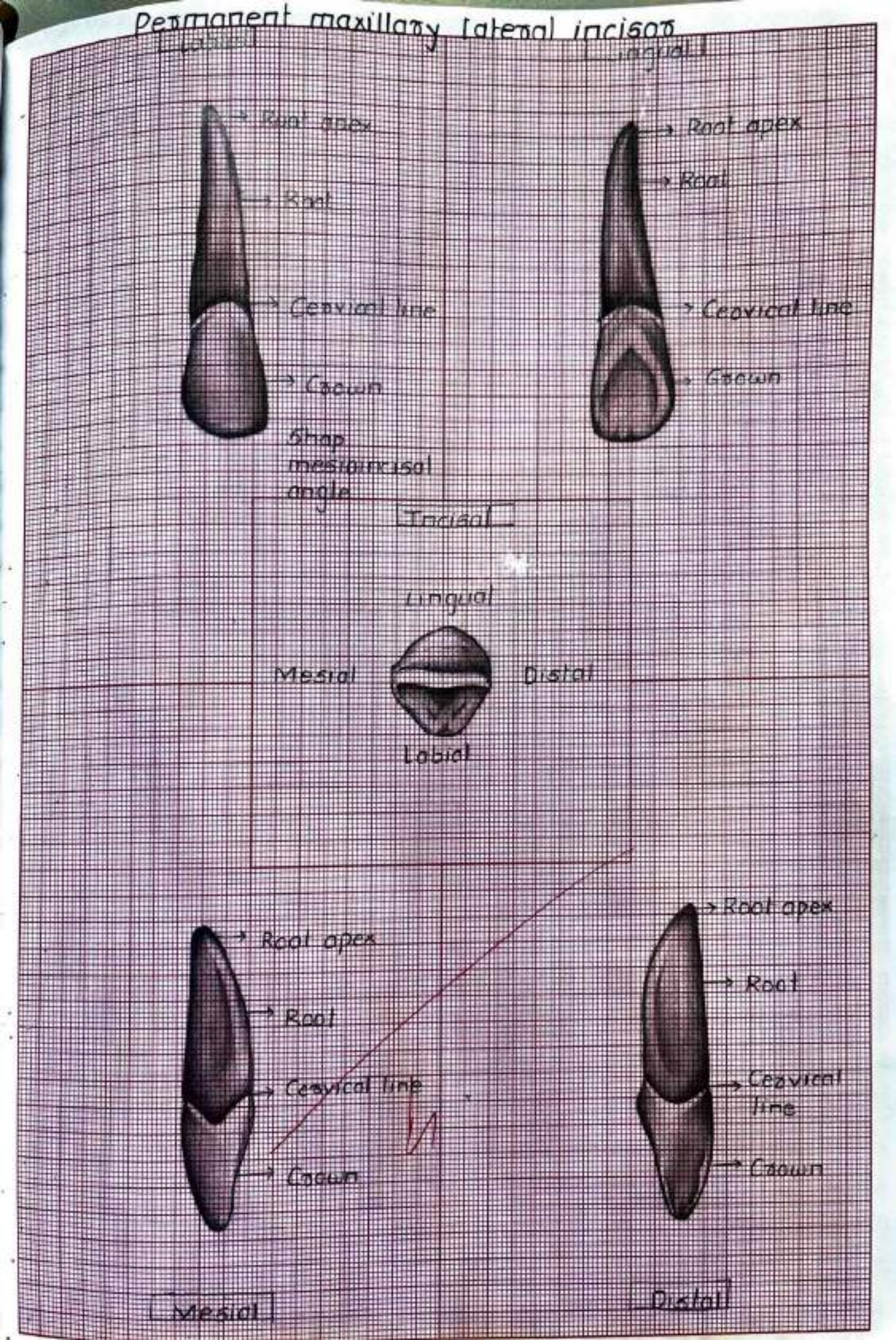
Incisal aspect:

Triangular with the base towards the lingual aspect.

- Labial outline:- Relatively broad & flat with prominent mesiolabial & distolabial line angles.

- Lingual outline: Narrow with apex formed by cingulum which is slightly distal.

Permanent maxillary lateral incisor



The Permanent Maxillary Lateral Incisor.

The lateral incisor is smaller in all dimensions except root length.
Maxillary lateral incisors vary in form more than any other tooth in the mouth except third molar, most common variation is non-descript, pointed form the peg shaped lateral incisors.

Functions :- Supplements the central incisor hence morphology is similar to central incisor.

Difference between maxillary central incisor & maxillary lateral incisor.

Labial view :

• Longer crown wider cervically.	• Smaller crown tip distally at cervix
• More symmetrical	• Less symmetrical
• Mesioincisal angle is 90°	• Rounded & acute angles.
• Mesial contact near incisal	• Mesial contact near middle third.
• Root is wide cervically tapering to blunt apex	• Longer & narrower root
• Root is straight axially	• Root tip is often bent distally.

Lingual view:-

• Large shallow lingual fossa	• Deep but small fossa
• Cingulum distally positioned	• Cingulum is centered
• Incisal edge outline curves less mesiodistally	• Rounded incisal edge slopes up distally
• Shorter distance than mesiolingual marginal ridge	• Mesiolingual ridge is straight with distal curve
• Less frequent lingual pits	• Common lingual pits

Proximal view:

Greater cervical line curve	Slightly less cervical line curve
Evenly tapered root with mesial side	Root outline more convex
Deeper lingual fossa outline	Slightly shallower lingual fossa.

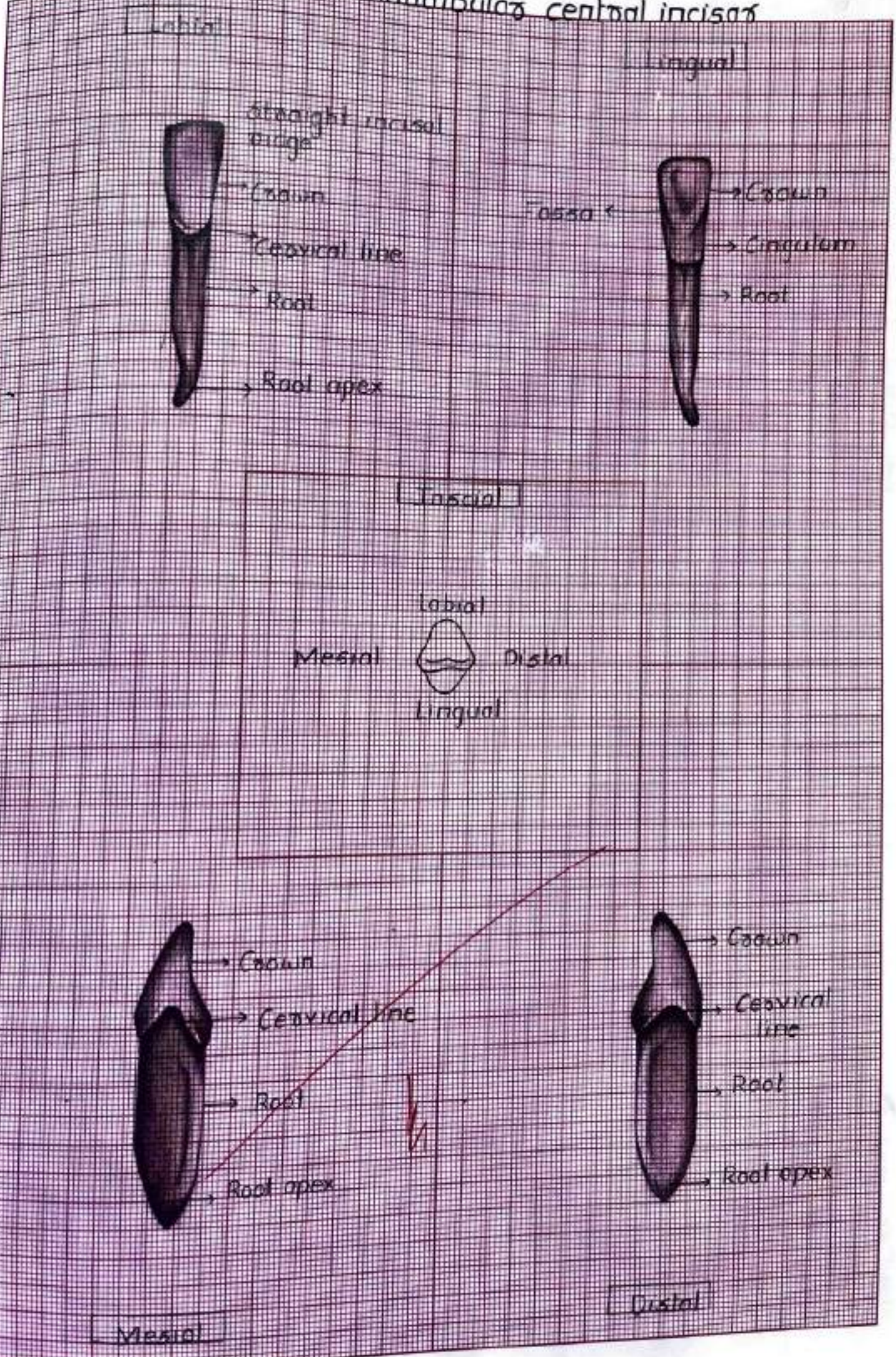
Incisal view :-

Crown noticably wider mesiodistally	Crown size mesio-distally & labiolingually almost the same.
Crown outline roughly triangular	Crown outline round or oval
Incisal ridge curves mesiodistally	Shorter incisal ridge is straight mesiodistally
Cingulum is off centered to disal side.	Cingulum is centered
Labial developmental depression	Sometimes labial depressions.

Chronology:

i] First evidence of calcification → 1 year
ii] Enamel completion → 4-5 years
iii] Eruption → 8-9 years
iv] Root completion → 11 years

Permanent mandibular central incisor



The Permanent Mandibular Central Incisor

The mandibular central incisors are the smallest teeth in the permanent dentition. These teeth are smaller compared to maxillary incisors & mandibular lateral incisors. These teeth are bilaterally symmetrical with similar dimensions both on mesial & distal aspects of the crown.

Chronology :-

First evidence of calcification	→ 3 months
Enamle completion	→ 4-5 years
Eruption	→ 6-7 years
Root completion	→ 9 years

Odontometric data:

Crown length	- 9 mm
Root length	- 12.5 mm
Mesiodistal width of crown	- 5 mm
Mesiodistal width at cervix	- 3.5 mm
Labilingual width of crown	- 6 mm
Labiolingual width at cervix	- 5.3 mm
Depth of curvature at mesial	- 3 mm
Depth of curvature at distal	- 2 mm

Labial aspect:

Crown — Trapezoidal in shape.
Smooth & flat surface at incisal

- Mesial outline:- mesial incisal edge is at right angle to long axis.
- Distal outline:- distal incisal angle is at right angle & more rounded than mesial
- Cervical outline:- semicircular cervical outline & curvature towards root.
- Incisal outline:- straight mesiodistally mamelons present in newly erupted teeth

Root

It is cone shaped & has a blunt apex

Lingual aspect:

Crown — Trapezoidal as in labial
Outlines are similar to those of labial aspect

Lingual surface exibits less prominent cingulum & lingual fossa b than maxillary incisors

Mesial marginal ridge is same as distal marginal ridge

Root:

Lingual taper along the length of root leading to decrease in dimension toward lingual side.

Mesial aspect:

Crown →

Wedge shaped & triangular.

- Labial outline: straight from incisal edge to cervical third & slightly convex at cervical third.
- Lingual outline:- 'S' shaped but curvature are less prominent.
- Cervical outline:- Curvature convex towards incisal edge.
- Incisal outline:- Forms apex of triangular shape of mesial aspect.

Root: Root concavity is present on mesial aspect.

Labial & lingual outline is straight from cervical third to middle third & gradually taper to apical third.

Distal aspect:

Triangular or wedge shaped outlines are similar to mesial aspect except dept of curvature is less prominent.
Contact area is located at the incisal third of crown

Root outlines are similar to mesial aspect

Incisal aspect:

Shape is roughly ovoid.
Crown is bilaterally sym.

- Labial outline: Straight & at a right angle to a line drawn labiolingually
- Lingual outline: It is convex with MMR & DMR converging towards cingulum.

Labial

Crown

Disto lingual twist

Cervical line

Root

Root apex

Lingual

Fossa

Cervical line

Root

Root apex

Incisal

Labial

Mesial

Distal

Lingual

Crown

Cervical line

Root

Root apex

Crown

Cervical line

Root

Root apex

Mesial

Distal

The Permanent Mandibular Lateral Incisor

Introduction:

i] Located in mesial relation to mandibular central incisors & distal relation to canines.
ii] They appear slightly twisted on the root base to accomodate themselves to the curve arch of mandible.
iii] It has two root canals in a single root.
iv] Similar to central incisor but have increased mesiodistal cervicoinci.

Chronology:

i] First evidence of calcification → 3-4 months
ii] Enamle completion → 4-5 yrs
iii] Eruption → 7-8 yrs
iv] Root completion → 10 yrs

Odontometric data:

i] Crown length → 9.5 mm
ii] Root length → 14 mm
iii] Mesiodistal width of crown → 5.5 mm
iv] Mesiodistal width at cervix → 4 mm
v] Labiolingual width of crown → 6.5 mm
vi] Labiolingual width at cervix → 5.8 mm
vii] Curvature of cervical line mesially. → 3 mm
viii] Curvature of cervical line distally → 2 mm

labial aspect:

Crown:

Trapezoid in shape

- Mesial outline :- Straight from incisal to cervical third, contact area is located at incisal third
- Distal outline :- More rounded than mesial & is slightly convex from incisal edge to contact area at incisal third & straight till cervix
- Cervical outline :- Semicircular cervical line with convexity towards root
- Incisal outine : Slightly curved as a result of of prominent distil development lobe.
  Distoincisal angle is rounded.

Surface is more rounded mesiodistally

Root :- cone shaped with blunt apex.
Distal tilt is seen at apex.

Lingual aspect:

Crown → Trapezoid in shape
Crown outline is similar to labial aspect

Lingual surface exhibits a cingulum & lingual fossa bordered by marginal ridges & are more prominent than central incisor.
The MMR is longer the DMR

Root → Similar to the labial aspect but there is lingual taper along the entire length because of lingual convergence.

Mesial aspect:
Crown → Triangular or wedge shaped

- Labial outline :- Straight from incisal edge to cervical third & slightly convex at cervical third.
- Lingual outine :- It is S- shaped.
- Cervical outline :- Curvature is convex toward incisal edge.
- Incisal outline :- Straight from cervical third to middle third & gradually taper to apical third.

Contact area is present at incisal third.

Root → Labial & lingual outlines are straight from cervical third to middle third & gradullally tapers to apical third.

Distal aspect:

Crown → Triangular of wedge shaped
Outlines are similar to mesial aspects.

Contact area is located at incisal third

Root → similar to mesial aspect.

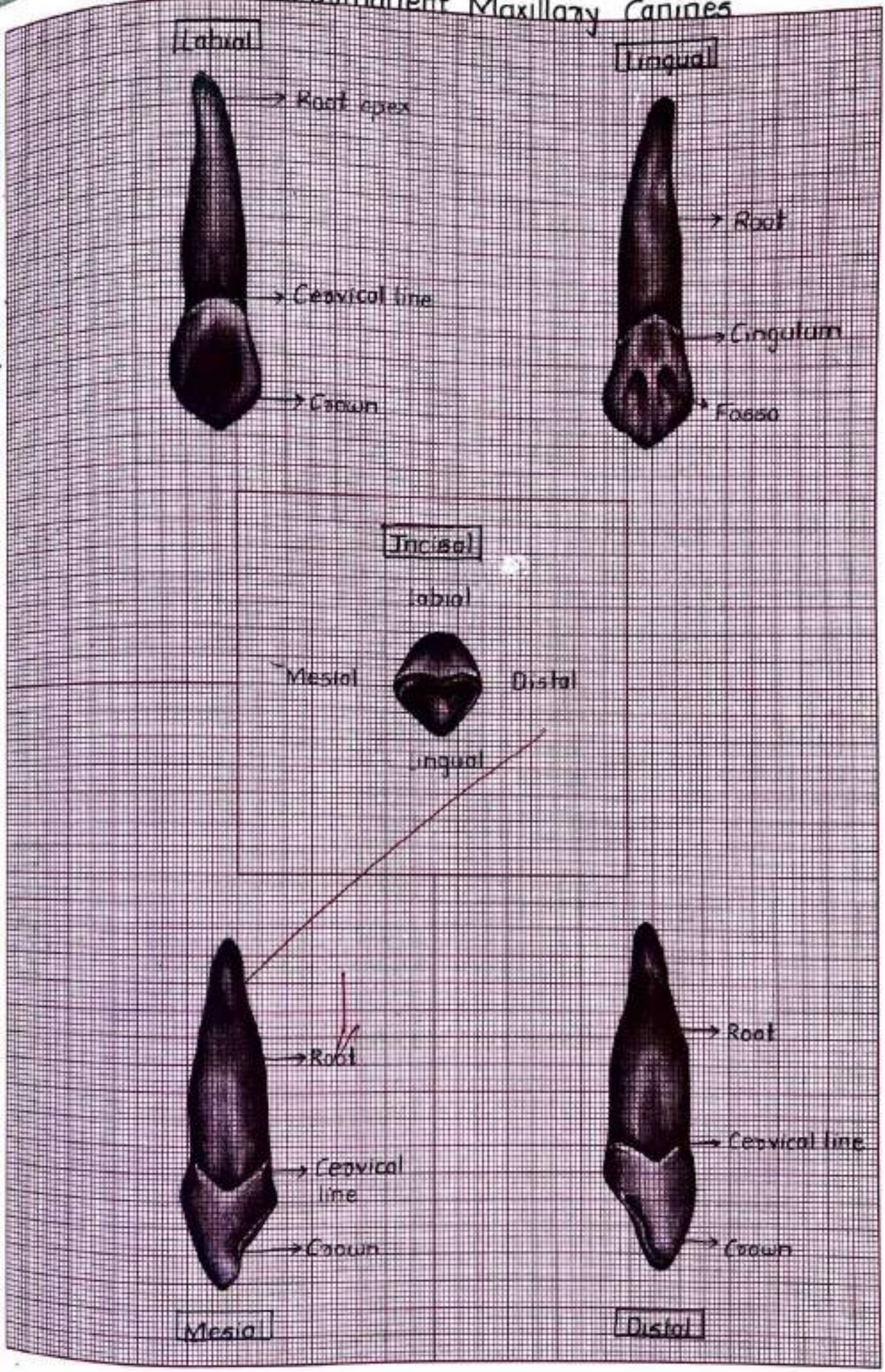
Incisal aspect:

Crown → Roughly ovaid from this aspect
Crown is not bilaterally symm

- Labial outline :- It curves towards distal side because of distal developmental lobe & is not straight as in mandibular central incisor.

- Lingual outline :- convex with MMR & DMR converging towards cingulum
Marginal ridges are more prominent
Lingual fossa is slightly deeper than central incisor.

Permanent Maxillary Canines



The Permanent Maxillary Canines

Introduction:

i) Canines are very long & stable
ii) There are four canines two maxillary & two mandibular.
iii) Placed at corner of mouth & hence called corner stones of dentition
iv) Single pointed cusp present is also called cuspids.

Functions: The role of canine in mastication is mainly tearing which is intermediate bet" incisors & posterior teeth

Chronological data:

First evidence of calcification : 4-5 months
Enamel completion : 6-7 years
Eruption : 11-12 years
Root completion : 13-15 years.

Labial aspect:

The crown of the mxillary canine is narrower mesiodistally than maxillary central incisor.
The mesial cuspal slope is shorter than distal cuspal slope.
Labial surface is smooth & bulky in the middle because of labial ridges.
It has large cusp with prominent cusp tip.
Usually convex & rounded mesio-incisal angles.

Height of countors (mesial margin) at contact area → junction of middle & incisal third.
Height of countour (distal margin) at contact area → middle third

Lingual aspect
Crown & root are narrower lingually
Cingulum is well developed, large & sometimes pointed like a cusp.
Cervical line curves assymetrically towards the apex with slight offset to distal side.
A well developed lingual ridge is seen which divides mesial & distal lingual fossa.
Heavy marginal ridges are associated with well formed cingulum & fossa

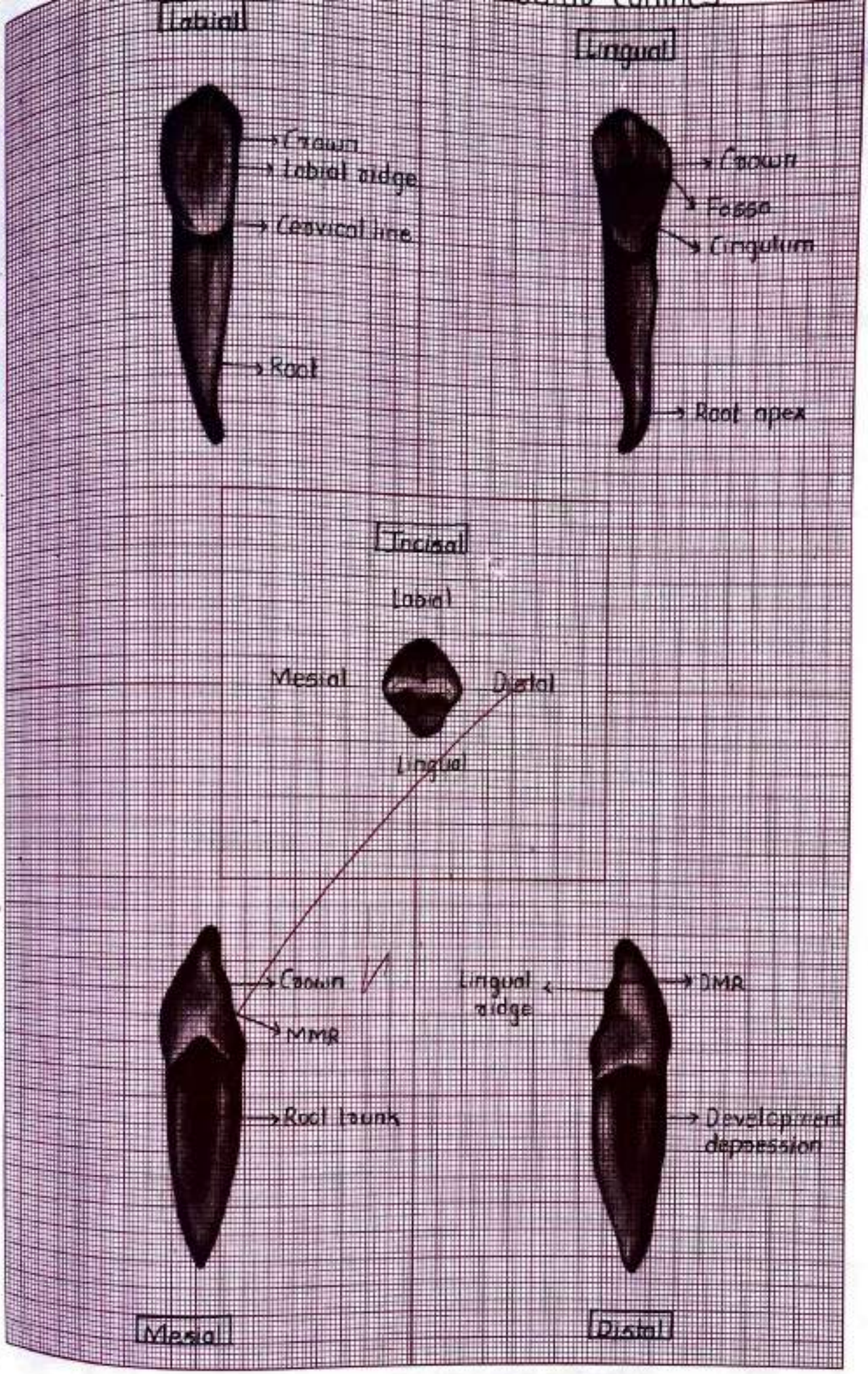
Mesial aspect
From the mesial aspect canine looks similar but bulkier than maxillary central incisor.
Maxillary canine is the widest anterior tooth labiolingually.
The cervical line curvature is towards incisally.
The contact area in near the junction of the incisal & middle third

Distal aspect

Distal surface is similar to mesial surface
The cervical line exhibits less curvature
Distal surface is generally smaller with resultant shorter labial & lingual ridges.
Height of contour ~~line~~ located at more cervical line.
Contact area is near the middle third

Incisal aspect

The labiolingual dimensions are greater than mesiodistal dimensions
Maxillary canine is generally convex in both its labial & lingual outline.
The cusp tip is labial to center of the crown labiolingually & medial to center mesiodistally
Labial ridges & cingulum are very promine


Labial
Crown
Labial ridge
Cervical line
Root
Lingual
Crown
Fossa
Cingulum
Root apex
Incisal
Labial
Mesial
Distal
Lingual
Crown
MMR
Root trunk
Lingual ridge
DMR
Developmental depression
Mesial
Distal

The Permanent Maxidibular Canines

Introduction:

Maxillary & mandibular canines bear close resemblance so, direct comparison is made.

The mandibular canine crown is narrower mesiodistally than maxillary

Root length is somewhat shorter than max.

Cusp less developed than maxillary & more pointed & are curved lingually.

Chronology:

First evidence of calcification - 4-5 months
Enamel completion - 6-7 years
Eruption - 9-10 yrs
Root completion - 12-14 yrs

Labial aspect:

The crown is longer than maxillary canine

The mesial outline is straight with mesial outline of root with contact area near mesioincisal angle.

Mesial cusp ridge is shorter than distal

Cusp angle is in line with center of root

Distal contact area is towards incisal aspect less than mesial.

Cervical line convexity towards apex.

Root bent if present is on distal side.

Lingual aspect:

The lingual surface imitates the mandibular incisors.
Cingulum is smooth & poorly developed
The marginal ridges are less distinct
The lingual portion of the root is relatively narrower than that of the maxillary canine.

Mesial aspect:

The crown has less curvature labially with very little curvature directly above cervical line.
The lingual outline is same as that of maxillary canine.
The cingulum is not prominent
The incisal portion of crown is thinner labiolingually.
The cusp tip is nearly centered over the root with a lingual placement
Cervical line curves towards incisal portion more than maxillary
Root tip is more pointed
Developmental depression is seen more ~~prominent on mesial side~~ proximal

Distal aspect:

Same as mesial aspect expect less curvature of cemento-enamel junct^{n}
Distal root depression is more.

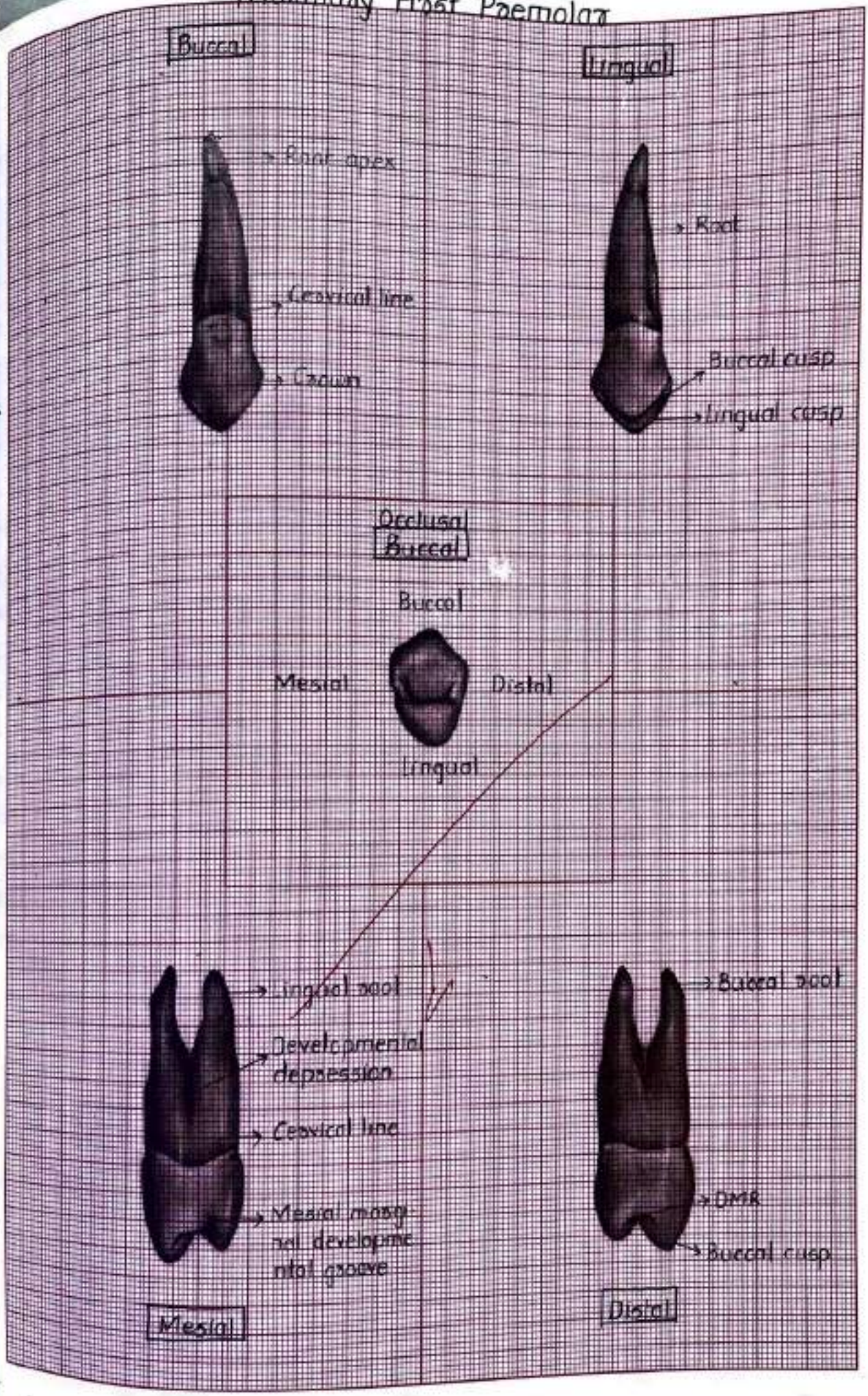
Incisal aspect:

The mesiodistal dimension of mandibular canine is less than labiolingual dimension.

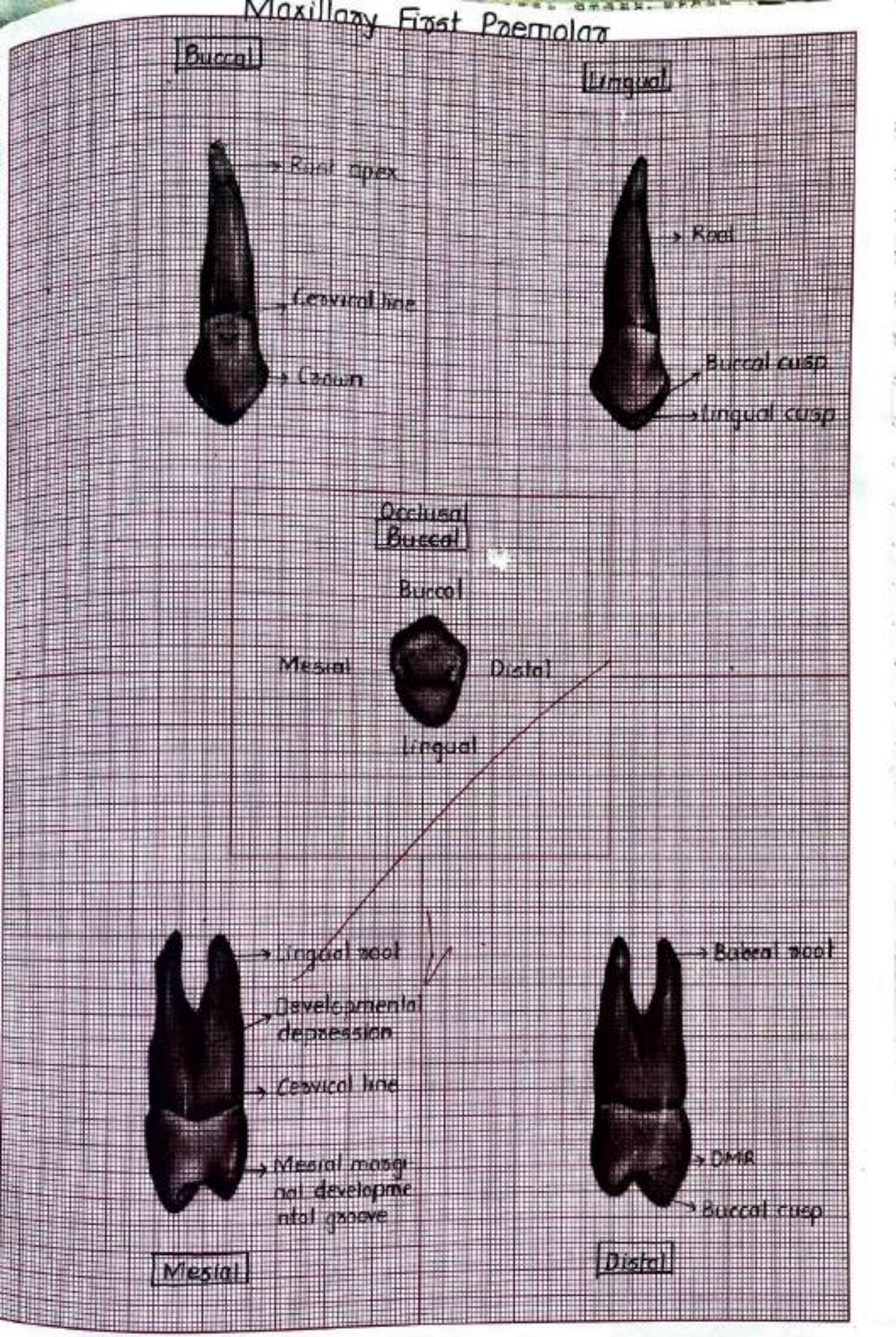
The mesial surface is less curved than distal.

The cusp tip & mesial cusp ridge are inclined lingually.

Maxillary First Premolar



Maxillary First Premolar



The Permanent Maxillary First Premolar

Introduction:

They are so called because they are placed betⁿ the anterior theeth & molars
Succedaneous tooth of decideous molars
Also called bicuspids.
Develope from 4 lobes.
Maxillary premolar have crown shorter than canine.

Function:

Function with molar in mastication
Function with molar in maintaining vertical dimension
The first premolar assit the canine
All premolars supports the corner of teeth mouth & cheeks

Chronological data:

First evidence of calcification - 1·5 - 1·75 yrs
Eruption - 5 - 6 yrs
Enamel completion - 10 - 11 yrs
Root completion - 12 - 15 yrs

Buccal aspect:

Crown outline - Trapezoidal
Cervical outline - convexity towards apex.
Mesial outline - concavity ~~towards apex~~ at cervical line.
Mesial cuspal slope is longer than distal

Lingual aspect:

Crown tapers lingually.
Lingual cusp is narrow than buccal cusp & is smooth & spherical.
Mesial & distal cuspal slope meets at about 90°
There is no clearly defined lingual ridge.
Mesial & distal outline are convex & continue with mesial & distal slope

Mesial aspect:

Crown outline trapezoidal
Cervical line has less curvature.
Buccolingual width at cervix is more than that at occlusal.
Buccal outline curves outward below cervical line.
Crest of curvature is at junct^{n} of cervical & middle third.
Lingual outline is smoothly curved
Lingual cusp shorter than bucal cusp
Crest of curvature is at center of middle third.
Mesial developmental depression is seen immediately cervical to the mesial contact area.
This depression continues with deep developmental depression bet^{n} roots & ends at root bifurcation.
Mesial marginal developmenal groove is seen on enamel at MMR.

The root trunk is long on this tooth, making up about half of the root length.

Distal aspect:

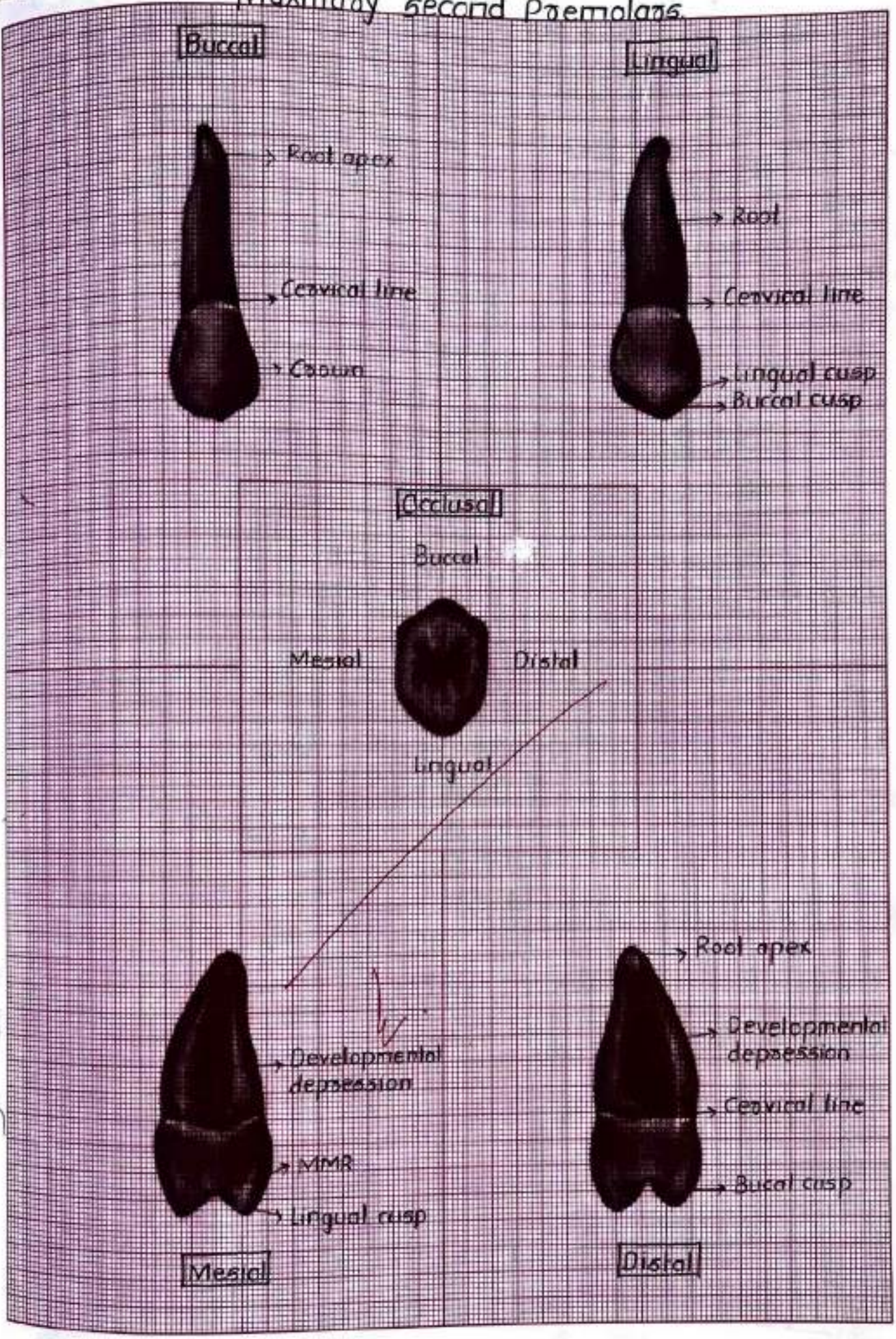
The curvature of cervical line is less on the distal than that on mesial.
No developmental groove present if present is shallow & insignificant.

Occlusal aspect:

Outline - Hexagonal
Six sides - Mesial, distal, mesiobuccal, mesialingual, distobuccal & distolingual
It is not equilateral
Crown is wider buccolingually than mesiod.
No or less supplimentary grooves.
Central groove - just mesial to distal marginal ridge where it joins the mesiodistal groove
Other elevations & depressions present are:

Mesiodistal groove
Pits
Central fossa
Triangular fossa (mesial & distal)
Buccal & lingual triangular ridges

Maxillary second Premolars



The Permanent Maxillary Second Premolars

Introduction

The maxillary second premolar resemble the maxillary first premolar very closely
It supplements the maxillary first premolar in function
The maxillary second premolar is less angular giving a more rounded effect to the crown from all aspect.

Functions

It supplements molars in mastication hence it has a diverging occlusal surface

Chronological data

First evidence of calcification: 2 - 2½ yrs
Enamel completion - 6-7 yrs
Eruption - 10-12 yrs
Root completion - 12-14 yrs

Odontometric data

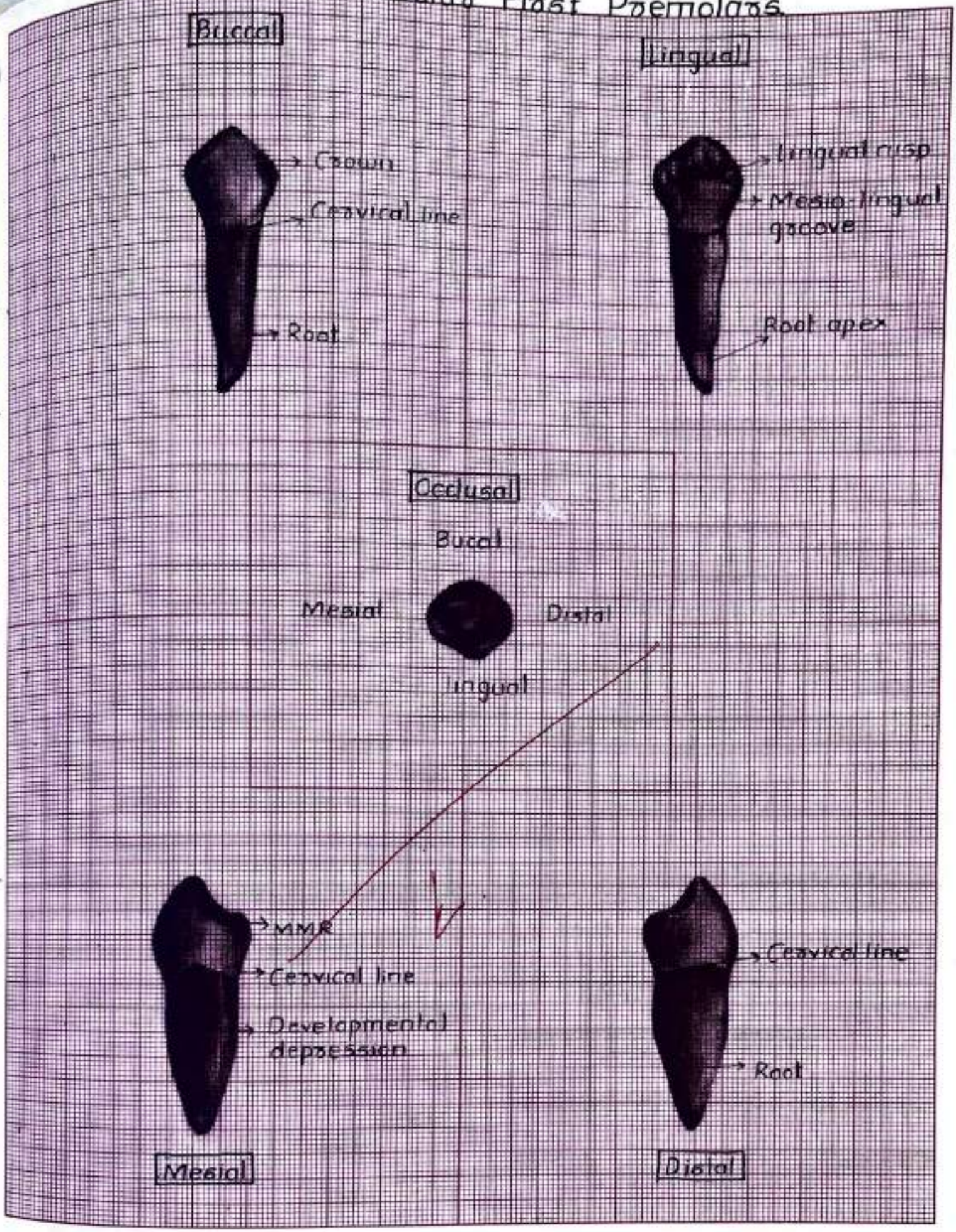
Crown length - 8.5 mm
Root length - 14 mm
Mesiodistal width at cervix - 5 mm
at occlusal - 7 mm
Labiolingual width at occluson - 9 mm
Labiolingual width at cervix - 8 mm

Difference bet^{n} maxillary 1st & 2nd premolar

First	Second
Buccal aspect	
Mesial cusp slope longest	Mesial cusp slope is shortest
Prominent buccal ridge	Smooth buccal ridge
Tapers from contac area to cervis	Less tapes & broad at cervix
Longer sharper cusps	Short & smaller & blunt cusp.
Lingual aspect	
Buccal cusp bigger than lingual	Both cusp are of same size.
Crown is narrowed	Crown is broad
Mesial aspect	
Buccal cusp 1.3 mm longer than lingual	Both cusp are nearly same length & width
Cusp tip seems close together	Cusp tip spred apart
Mesial crown & root depression	No crown depression near cervix.

Bifurcated root	Single root
Prominent MMR	MMR not present.
Distal aspect.	
Shallower distal than mesial root depress^{n}	Deeper mesial distal than mesial root depression.
Occlusal aspect	
Crown is hexagonal assymetrical	Crown otline is oval & symmetrical.
longer central groove	Shorter central groove
Mesial marginal groove prominent	Mesial marginal groove less common.
Prominent buccal ridge	Less buldge for buccal ridge.
Few supplementary groove	Many supplimentary grooves.
Triangular fossa close to marginal ridge.	Triangular fossa shorter & farther from marginal ridge.

Mandibular First Premolars



The Permanent Mandibular First Premolars

Introduction

Fourth tooth from median line & first posterior tooth in mandible.
It develops from 4 lobes.
It has no functional lingual cusps.
Contact area at same level.

Chronology.

First evidence of calcification - 1 3/4 - 2 yrs
Enamel completion - 5-6 yrs
Eruption - 10-12 yrs
Root completion - 12-13 yrs.

Buccal aspect:

Crown is nearly bilaterally symmetrical
Middle buccal lobe is developed, pointed buccal cusp.
Mesial ~~buc~~ cuspal slope is shorter than distal cuspal slope.
Mesial outline - straight / slightly concave join to curvature of mesial contact area.
Distal outline - Slightly concave, join to distal contact area.

Lingual aspect:

Crown of mandibular first premolar tapers towards lingual side.
Lingual cusp is less developed
Major crown portion is formed by medial buccal lobe.
Occlusion surface slopes greatly towards lingual in cervical portion down to short lingual cusp.
Cusp tip is in arrangment with buccal triangular ridge of occlusion surface.
Mesial & distal occlusion between of triangular fossae
Presence of mesio-lingual developmental groove.

Mesial aspect:

Crown shape - rhomboidal
Tip of buccal cusp central over root
Convexity outline of lingual lobe. lingual to outline of root.
Crest of curvature is near middle third buccaly.
Distance from cervical line lingually to tip of lingual cusp about 2/3 that from cervical line bucally to tip of buccal cusp.

Distal aspect:

The distal marginal ridge is higher above the cervix & it does not have the extreme lingual slope at the mesial marginal ridge.

It has no developmental groove on the distal marginal ridge

The distal contant area is broader than mesial, although it is centered in the same relation to crown outline

The surface of the root distally exhibit more convexity than root found mesially.

Occlusal aspect:

Non - symmetrical crown outline

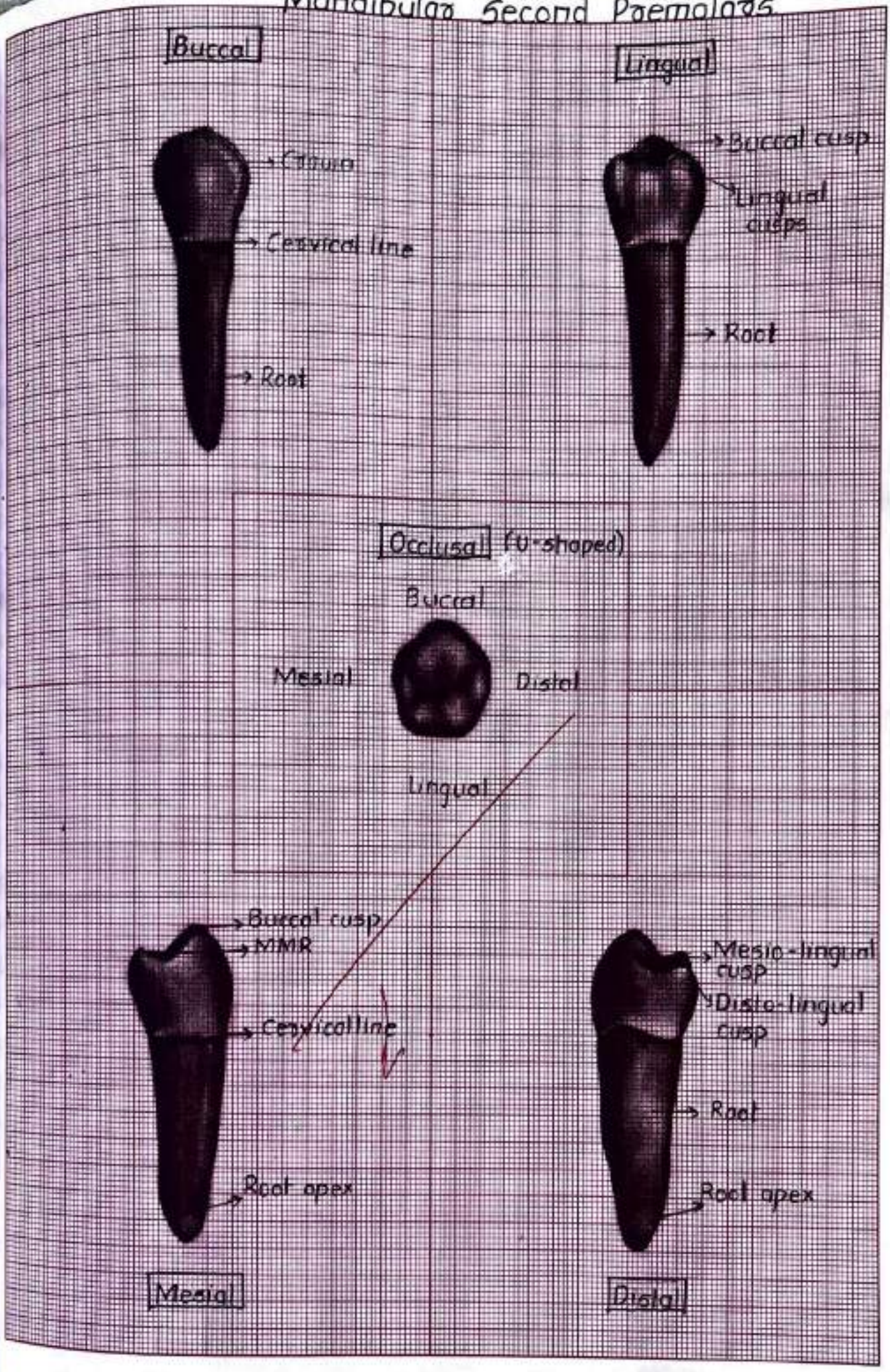
Small occlusal, non functional surface

Convergence towards lingual

Two circular fossa, two grooves (mesial & distal)

Mesiolingual groove prominent

Mandibular Second Premolars



The Permanent Mandibular Second Premolars

Introduction

The permanent mandibular 2nd premolar erupted distal to mandibular 1st premolar.
They are the succadeneous replacement for the primary mandibular 2nd premolar
There are two types of mandibular 2nd premolar according to no. of cusps

i) Three cusps / Tricuspid form
ii) Two cusps / Bicuspid form

Based on these types bicclusal surface have 3 forms

i) H - shaped (2 cusps)
ii) Y - shaped (3 cusps)
iii) U - shaped (2 cusps)

Chronological data

First evidence of calcification - 2 1/2 - 2 1/2 yrs
Enamel compleetion - 6-7 yrs
Eruption - 11-12 yrs
Root completion - 13-14 yrs

Difference betn 1st & 2nd mandibular premolar.

First	Second

Buccal aspect:

Longer crown	Shorter & wider crown
More pointed cusp	less pointed cusp
Lower mesial & than distal cervix	lower distal than mesial contact relations.
More prominent buccal ridge.	less prominent buccal ridge.
Lingual cusp short & less developed	Lingual cusp if more developed

Lingual aspect:

Crown is narrower on lingual side.	Crown is quite wider on lingual side.
Lingual cusp very short	One or two functional lingual cusp present.
Most of the occlusal surface can be seen	Only tip of the buccal slo cusp can be seen

Distal aspect

DMR is straight & MMR is sloping lingually	DMR is on lower level than MMR

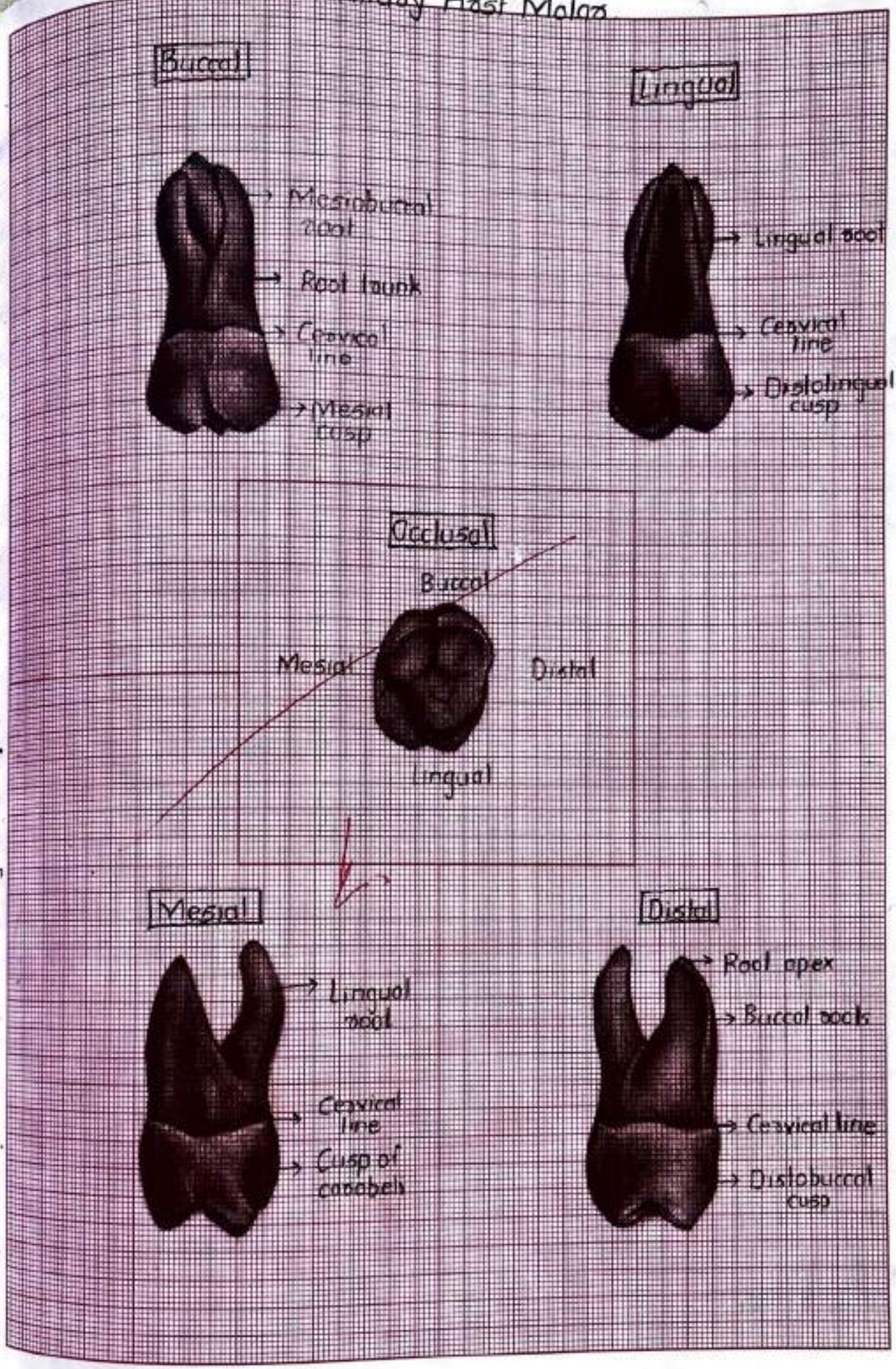
Mesial aspect.

Crown tilted severly to lingual side	Less tiltt of crown to lingual side.
Lingual aspect much shorter than buccal	Lingual aspect slight shorter than buccal
Low marginal ridge	High marginal ridge
Much occlusal surface can be seen	Cannot see much of the occlusal surface
Mesio lingual groove present	No mesio lingual groove present.

Occlusal aspect.

Non-symmetrical crown outline	Squared outline
Non functional occlusal surface	Large functional occlusal surface
Converge towards lingual	Crown may be wider lingually than bucally
Two circular fossa	2 cusp type - 2 circular fossa
Two grooves (mesial & distal)	3 cusp type - 3 circular fossa
	3 grooves (mesial, distal, lingual)

Maxillary First Molar



The Permanent Maxillary First Molar.

Introduction

Largest & strongest maxillary teeth
It has large crown with four well developed cusps mesiobuccal, distobuccal, mesiolingual & distolingual with mesiolingual largest.
The buccolingual dimensions of the tooth are greater than the mesiodistal dimension
Oblique ridge running from the mesiolingual cusp to distobuccal cusp, triangular ridge is largest of tooth.
Cusp of carabelli - supplementary cusp.

Functions

Mastication & Communication
Key's of occlusion.
Along with mandibular molar, it helps to maintain the vertical height of an individual.
Commonly seen in asian population.

Chronological data

First evidence of calcification - At birth
Enamel completion - 3-4 yrs
Eruption - 6 yrs
Root completion - 9-10 yrs.

Buccal aspect :

Outline - trapezoidal with small uneven side present cervically.

- Mesial outline - nearly straight tilt, the contact area at junct^{n} of occlusal & middle third.
- Distal outline - concave till the contact area at middle third.
- Occlusal outline - mesiobuccal cusp is broader shorter & less sharp than distobuccal cusp.
- Cervical outline - Irregular & slightly concave towards the root.

Axis of roots are inclined totally

Lingual aspect:

Lingual convergence

Mesial outline heavily straight & continous with mesial slope of mesiolingual cusp.

Distal outline convex & forms semicircle with distal slope.

Occlusal outline - slightly convex mesiolingual cusp is the longest cusp distolingual cusp is spherical.

Cervical outline - Slightly convex towards the root.

Mesial aspect:

The geometric outline is trapezoidal with small uneven side at occlusally.

Buccal outline - convex at cervical third denoting the presence of cervical ridge.

Convex at middle third denoting the termination for buccal developmental groove.

Convex with cenest of curvature at middle third

Lingual outline dips inward to illustrate the tubercele.

Distal aspect:

Crown tapers distally on buccal surface exposing buccal surface from distal side.

DMR dips sharply in cervical direction, exposing triangual ridges.

Cervical line - Almost straight from buccal to lingual.

Distal surface is smoothly rounded & is generally convex at crown.

Root:

Lingual outline is concave from apex to the bifurcation

DistcBuccal outline - follows a concave path inward from above distobuccal cusp for a short distance then turns outward in buccal direction & ends at rounded apex.

Occlusal aspect:

Geometric outline - Rhomboidal

Anatomical landmarks.

Elevations - 4 cusps with 4 triangular ridges &

Oblique ridge betⁿ mesiolingual & distobuccal cusp.

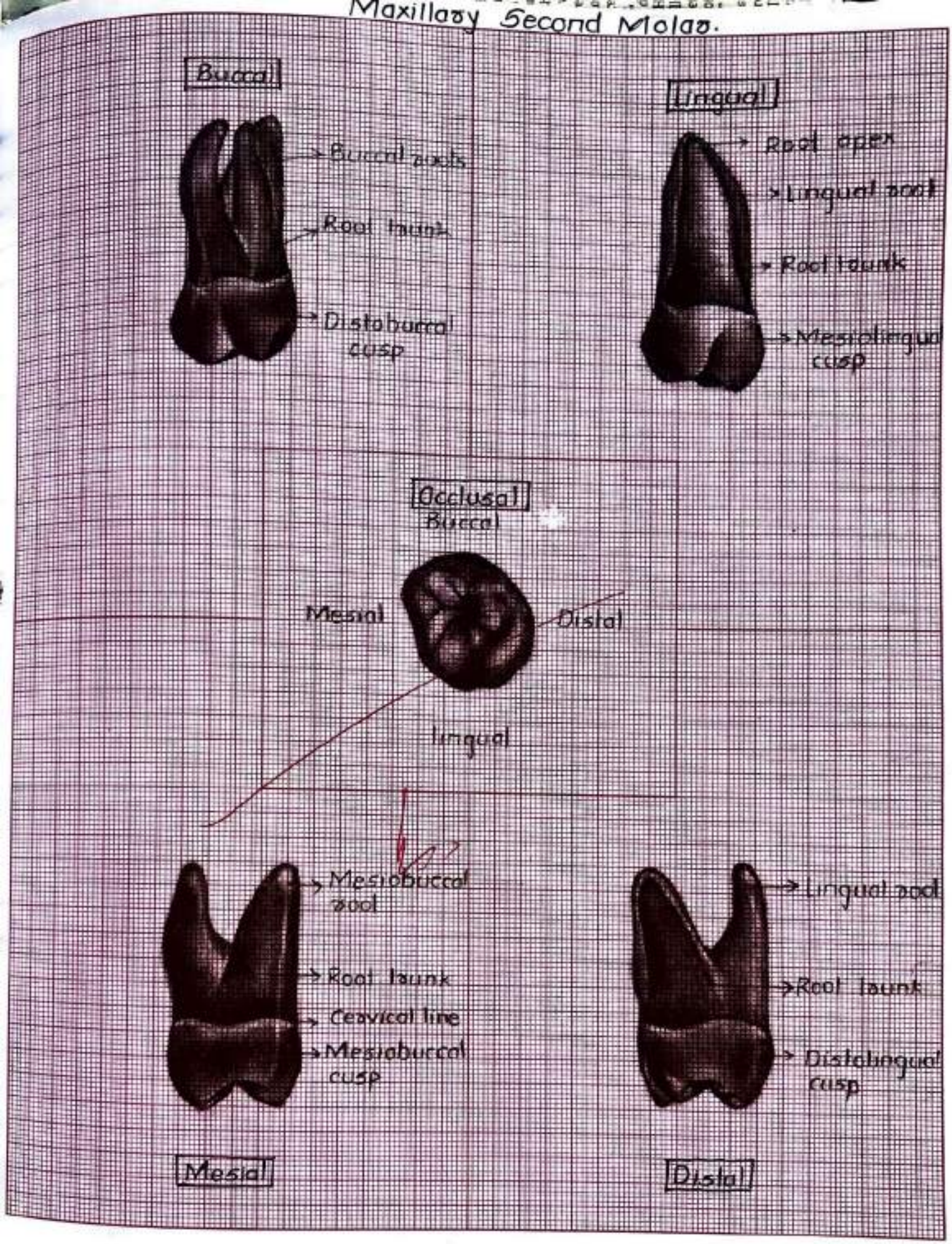
MMR & DMR with triangular fossa occlusally.

Depressions - 2 major fossae (central & distal) & 2 minor fossa (mesial & distal fossa.

Central groove.

Central pit

Maxillary Second Molar.



The Permanent Maxillary Second Molar.

Introduction

Distobuccal cusp is not as large & well developed
No evidence of 5th cusp.
0.5 mm shorter cervico-occlusally than maxillary first molar.
Result in heart shape from occlusal aspect.

Chronological data

Evidence of calcification - 2-3 yrs
Enamel completion - 7-8 yrs
Eruption - 11-13 yrs
Root completion - 18-25 yrs

Odontometric data

Crown length - 7 mm
Root length (buccal) & (lingual) - 11 mm & 12 mm
Mesiodistal diameter of crown - 9 mm
Mesiodistal diameter at cervix - 7 mm
Labiolingual diameter of crown - 11 mm
Labiolingual diameter of crown at cervix - 10 mm
Curvature of cervical ling mesio - 1mm

Buccal aspect

Cervico-occlusally shorter than maxillary first molar & is narrower mesiodistally
Distobuccal cusp smaller than in first molar
Root more inclined distally than in first molar
Apex of mesiobuccal root on line with buccal groove

Lingual aspect

Distolingual cusp of crown is smaller than 1st molar.
Distobuccal cusp may be seen through the sulcus betⁿ the mesioling & distolingual cusps.
No fifth cusp is evident.
The apex of the lingual root is in line with the distolingual cusp tip instead of the lingual groove, as found on the first molar.

Mesial aspect

Dimensions are same as maxillary first molar bucolingually.
Crown length is less than that of first
The roots are confined within buccolingual outline of crown.

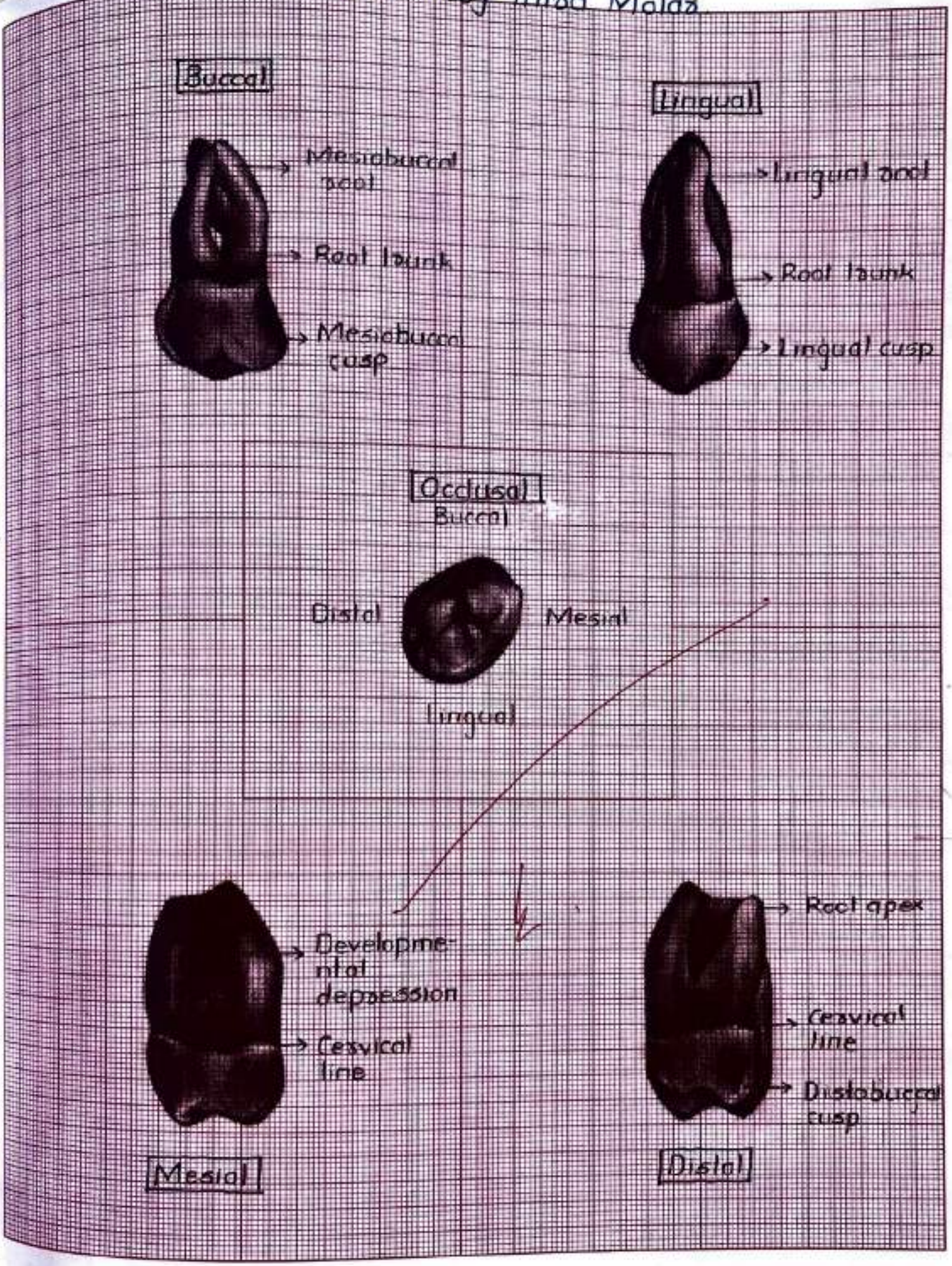
Distal aspect.

Distobuccal cusp is smaller in size.
More mesiobuccal cusp can be seen from this angle.
Mesiolingual cusp cannot be seen.
The apex of lingual root is in line with the distolingual cusp.

Occlusal aspect.

Shape - rhomboidal
Acute angles of rhomboid are ~~greater~~ less than in first molar.
Mesiodistal diameter is less than buccolingular & by 1 mm than first molar.
More convergence distally than that of seen in first molar.

Maxillary Third Molar



The Permanent Maxillary Third Molar.

Introduction

i) The maxillary third molar often appears as a developmental anomaly.
ii) It can vary considerably in size, contour & relative position to the other teeth.
iii) The third molar supplements second molar in function.
iv) It is as well developed as the maxillary second molar.

Chronological data

First evidence of calcification - 2.5 yrs
Enamel completion - 7-8 yrs
Eruption - 12-13 yrs
Root completion - 14-16 yrs

Odontometric data

Cervicooocclusal length of crown - 7 mm
Length of root (Buccal) & (lingual) - 11 & 12 mm
Mesiodistal diameter of crown - 9 mm
Mesiodistal diameter at cervix - 7 mm
Buccolingual diameter of crown - 11 mm
Buccolingual diameter at cervix - 10 mm

Buccal ascept

Crown is shorter cervico-occlusally & narrowes mesiodistally than that of second molar.
Roots are fused functioning as one.
Roots are shorter cervicoapically.
Roots taper at apex.
Roots has distinct slant to the distal.

Lingual aspect

Only one large lingual cusp is present
No lingual groove evident.
Sometimes, the third molar with distolingual cusp & developmental groove may be present.

Mesial aspect

Presence of taper to the fused root with bifurcation ~~in the region of apical third~~. in the region of apical third.
Root proportion smaller than crown length
Crown & root portions poorly developed with irregular outlines.

Distal aspect.

The measurement from cervical line to marginal ridges is short.

Most of the buccal surface of crown can be seen.

More occlusal surface can be seen than that of second molar.

Occlusal aspect

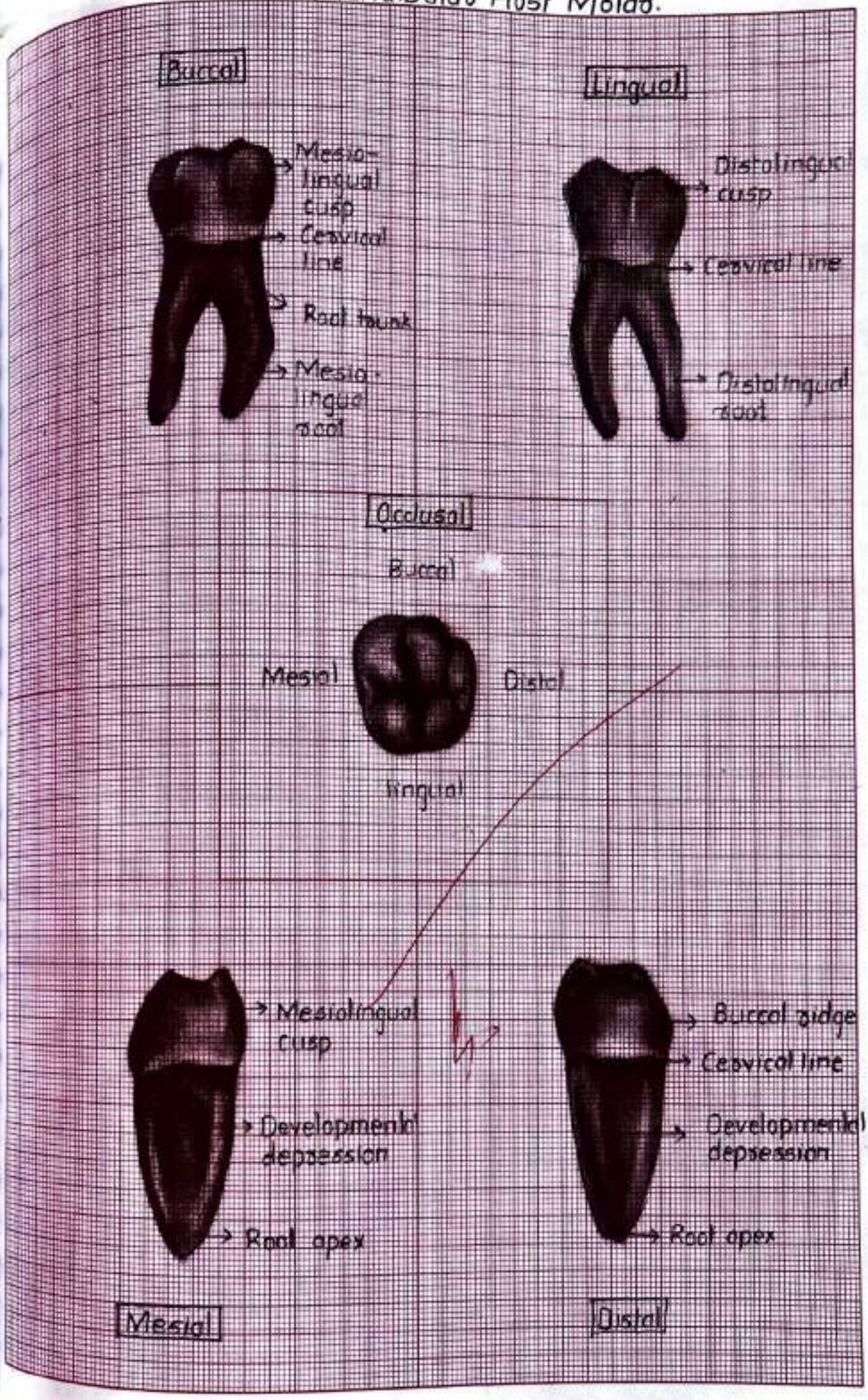
It presents a heart shaped outline

Lingual cusp is large & well developed.

Distinct distolingual cusp, which gives semicircular outline to tooth from one contact area to other

Three functional cusp - 1 lingual
2 buccal

Mandibular First Molar.



The Permanent Mandibular First Molar

Introduction

i) The mandibular first molar erupts 6 months to 1 year before corresponding maxillary molar.

ii) The crown of mandibular molars have four or five cusps of about ~~same width~~ of which two lingual cusps of about same width.

iii) All mandibular molars are wider mesio-distally than buccolingually unlike the anterior teeth.

iv) Each mandibular molar have two well developed roots - mesial & distal
A tooth with two root is reffered as bifurcated.

Chronological data

First evidence of calcification - At birth
Enamel completion - 2.5 - 3 years
Eruption - 6 - 7 yrs
Root completion - 9 - 10 yrs

Buccal aspect

The geometrial shape is trapezoidal with small uneven side present cervically.
Mesial outline - concave till the contact area beneath the distil slope ridge.
Occlusal outline - formed by 3 cusps mesiobuccal, distobuccal & distal
Distal outline - Straight till the contact area beneath the distal cusp ridge.
Cervical outline - Straight with dipping into the root bifurcation.

Lingual aspect

Lingual convergence
Mesial outline - Straight till the contact area of junction of occlusal & middle third.
Distal outline - Convex till the contact area of junction of occlusal & ~~middle third~~ distal cusp ridge.
Occlusal outline - Irregular with dipping into root bifurcation.
The trunk in longer in distal surface.
Cervical outline - concave towards the occlusal surface.

Mesial aspect

The geometric outline is Rhomboidal & divided lingually.
Mesiolingual cusp is more pointed than mesiobuccal cusp
The cervical line slants occlusally from the buccal to lingual side
Contact area entered buccolingually below the crest of marginal ridge.
Deep developmental depression on mesial surface of root.

Distal aspect

Crown is shorter distally.
There is distal convergence
Distal marginal ridge is V shaped, shorter & more cervical the MMR
Distal contact area located below the distal cusp.

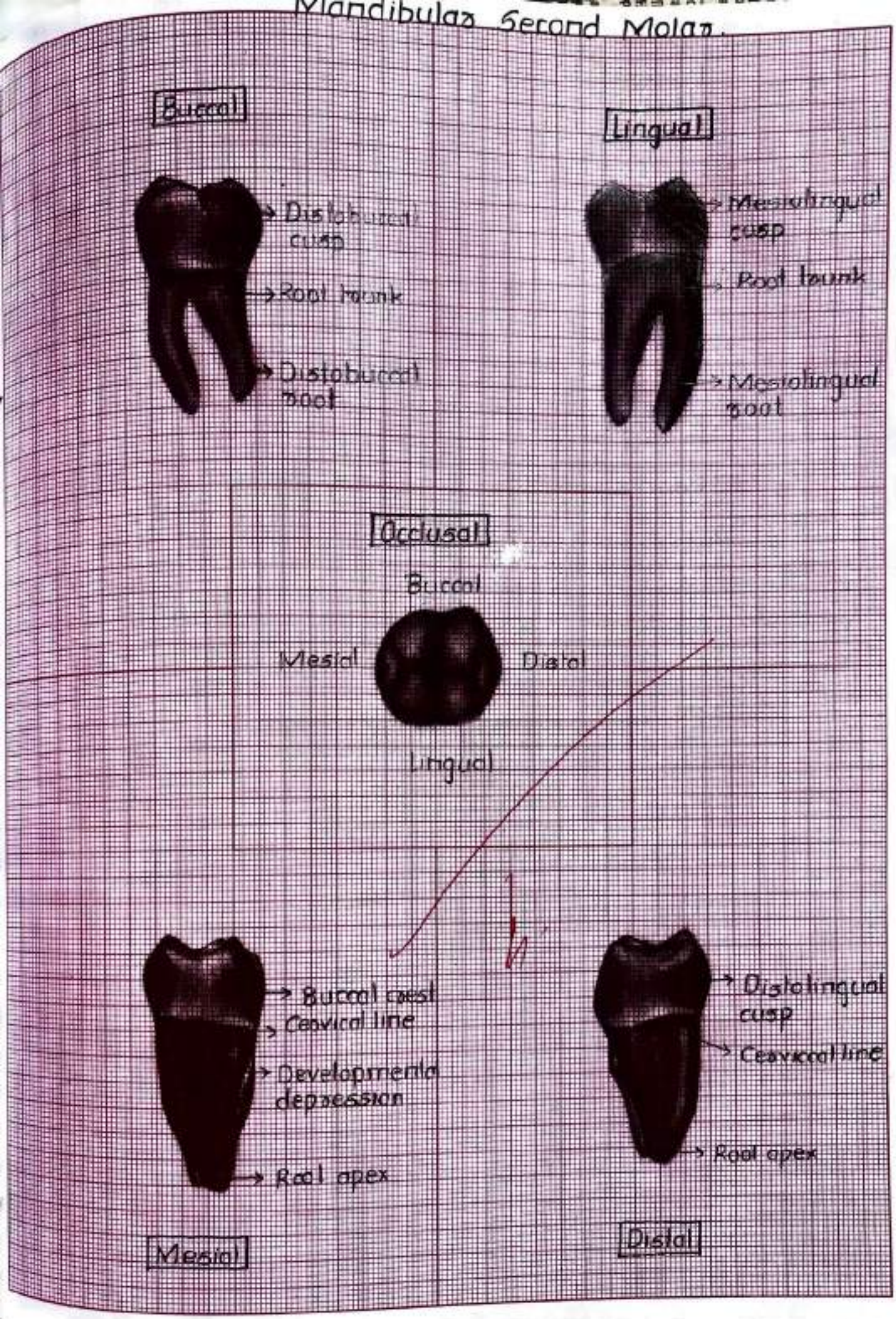
Occlusal aspect

The geometrical outline is hexagonal.
The measurment of crown is longer mesiodistally than buccolingually.
The crown converge lingually & distally

Anatomical landmarks:

5 cusp with triangular ridges.
Mesial & distal marginal ridges
Major central fossa & pit
2 major fossa.
Central groove - limits mesiodistally
Mesiobuccal groove, distobuccal & lingual groove.

Mandibular Second Molar.



The Permanent Mandibular Second Molar.

Introduction

Mandibular molars are wider mesiodistally than buccolingually unlike anterior tooth. Each mandibular molars has 2 roots one in distal & other in mesial.

Chronological data

Evidence of calcification	-	3-5 yrs
Enamel completion	-	7-8 yrs
Eruption	-	11-13 yrs
Root completion	-	14-15 yrs

Odontometric data

Crown length	-	7 mm
Root length	-	13 mm

Mesiodistal diameter of crown - 10.5 mm
Buccolingual diameter of crown - 10 mm
Buccolingual diameter of at cervix - 3 mm
Curvature of cervical line mesial - 1mm

Buccal aspect

Small in size than 1st molar
One developmental groove.
Buccal groove is present
Only 4 cusp almost equal in size
Distal cusp almost & distobuccal cusp is slightly longer than distobuccal cusp

Lingual aspect

Distobuccal cusp is longer & placed more distally.
Equal surfaces
Crown shows convergence
Mesial & distal surface are seen

Mesial & distal aspect

Mesial & distal surface are equal
distal cusp is absent.
No developmental groove or marginal ridge.

Occlusal aspect

Rectangular crown shaped
4 cusp are present
Supplementary grooves more in number

Mandibular Third Molar

Buccal



Lingual



Occlusal





Mesial



Distal

The Permanent Mandibular Third Molar

Introduction

i) The mandibular third molar differs in individuals & present many anomalies both in form & position
ii) It resembleles second molar in function.
iii) It shows irregular development of the crown portion, with undersized roots
iv) It resembles to mandibular second molar in number of cusp & occlusal design more, than to first molar.
v) Unlike maxillary third molar anomalies of mandibular third molar are oversized occupying more space.

Chronological data

First evidence of calcificatn - 8-10 yrs
Enamel completion - 12-16 yrs
Eruption - 17-12 yrs
Root completion - 18-25 yrs

Odontometric data

Length of the crown - 7 mm
Length of the root - 11 mm
Mesiodistal diameter - 10.5 mm
Mesiodistal diameter at cervix - 7.5 mm

Buccolingual diameter of crown - 9.5 mm
Buccolingual diameter at cervix - 9 mm

Buccal aspect

The outline from buccal aspect vary considerably, ~~in amount~~ it generally resembles the outline of second all mandibular molars.
Buccal cusp are short & rounded.
Crest of contours mesially & distally is located at mid of cervical third.
The crown is wider at contact area mesiodistally than at cervix.
Average third molar shows two roots, a mesial & a distal root.
Roots are shorter & poorly developed than that of first & second molars.
The roots may be fused or bifurcated.

Lingual aspect

The lingual aspect add little to those already made from buccal aspect.
When fully developed it resembles to second molar closely in form.
It differs from second molar in size & root development.

Mesial aspect

The mesial aspect of third molar closely resembles second molar in form.
It differs from it in dimensions. & development.
The root are shorter with mesial root tapering more from cervix to apex.
The apex is usually pointed.

Distal aspect

The distal aspect of third molar anatomically appears as that of second molar. expect for size.
The crown portion is more spheroidal above cervical line.
The distil root appes small, both in length & in buccolingual measurment compared to large crown portion.

Occlusal aspect

Occlusal aspect is quite similar to that of second molar.
More rounded outline at occlusal.
Smaller buccolingual measurment distally.

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CERTIFICATE

This is to certify that

Mr./Mrs. PRATIKSHA SAMBHAJI CHAVAN

Exam Seat No. 45373

Has attended and completed all the practicals recorded in this journal

for the academic Year 2020..... to 20 21.....

Dr. D. Y. Patil Dental School • Department of Oral Pathology • PUNE

DATE 2/12/21

BATCH IN-CHARGE

PROFESSOR & H.O.D.

DEPT. OF HUMAN
ORAL ANATOMY & HISTOLOGY

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Department of Human Oral Anatomy & Histology

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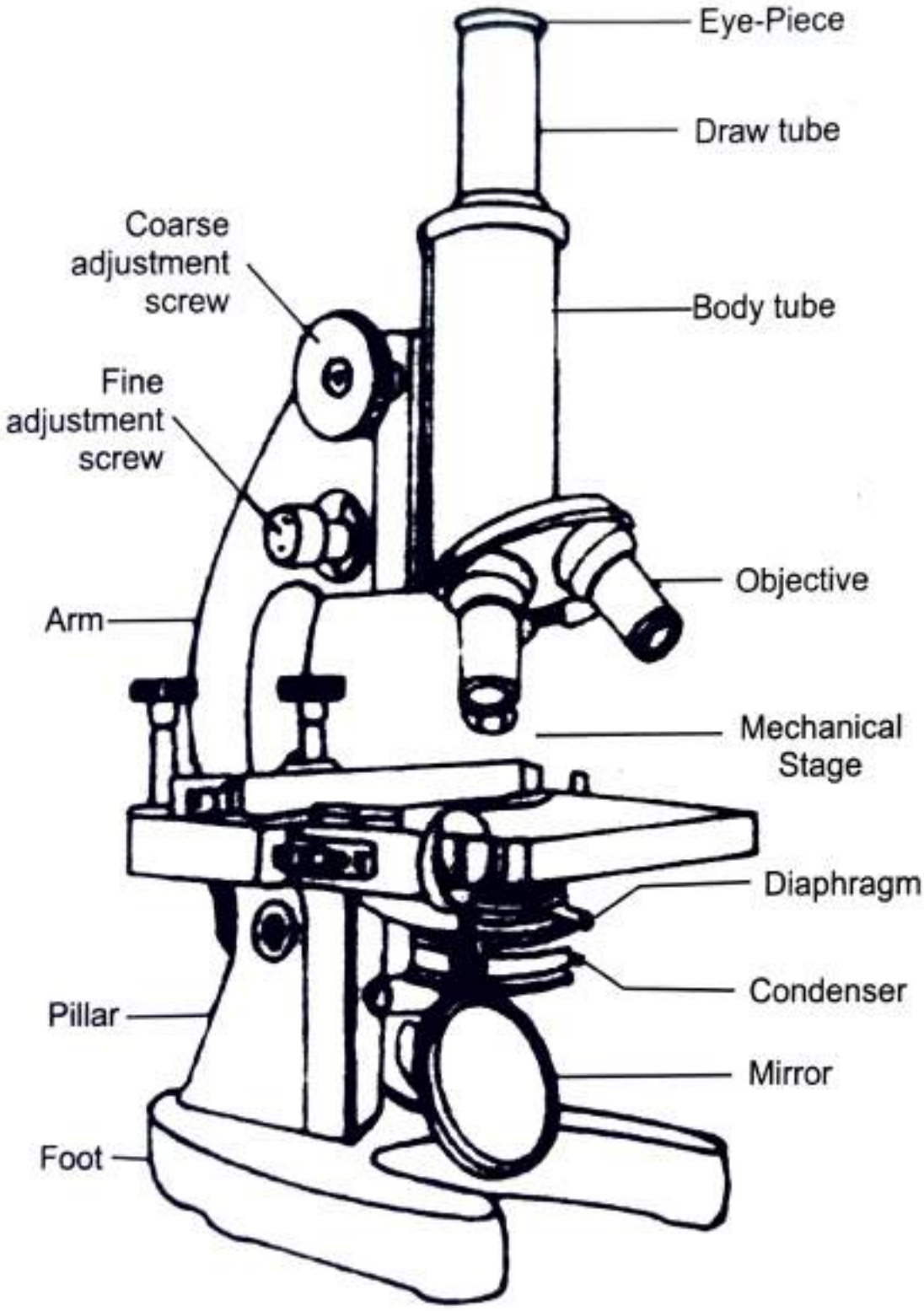
ORAL HISTOLOGY



A compound microscope

Study of Cells

1) Fibroblasts

Fibroblasts are the primary cells of the connective tissue. Fibroblasts are spindle shaped or star shaped cells with multiple cytoplasmic process. The cell has large and round, vasicular or open face nucleus and abundant cytoplasm exhibiting slight basophilia indicating that they are highly active in protein synthesis. Fibroblasts and fibrocytes are arranged parallel to the collagen fibers. Fibroblasts are synthesis cells and also help to degrade these components.

2) Adipocytes

These are the cells which synthesize and store fats. These cells are separated or avoid with flattened nucleus displaced to periphery the cells filled with fat are usually seen as group where they are compressed with each other giving rise to polyhedral shape. In routine H and E stained histologically sectioned fat cells appear as empty cells as fat is dissolved during process. Fat cell also can be stained by special stain called sudan III

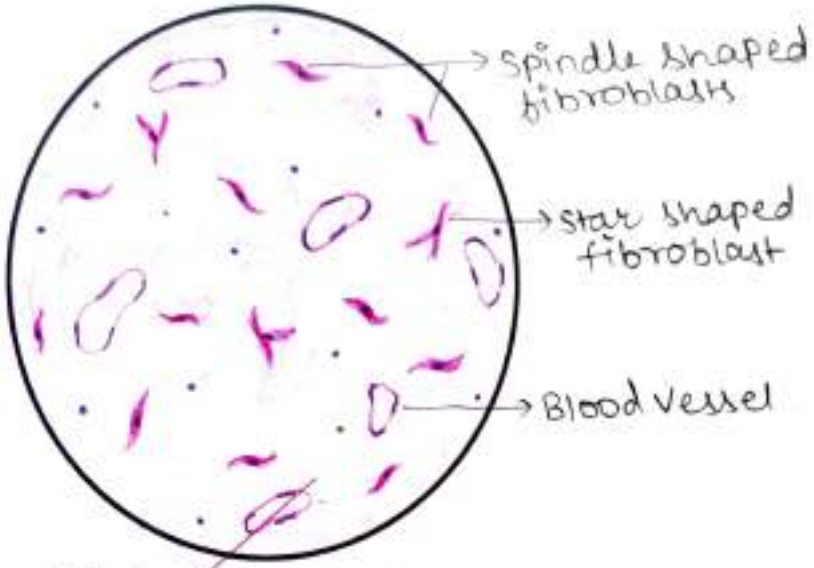


Fig 1. Fibroblasts

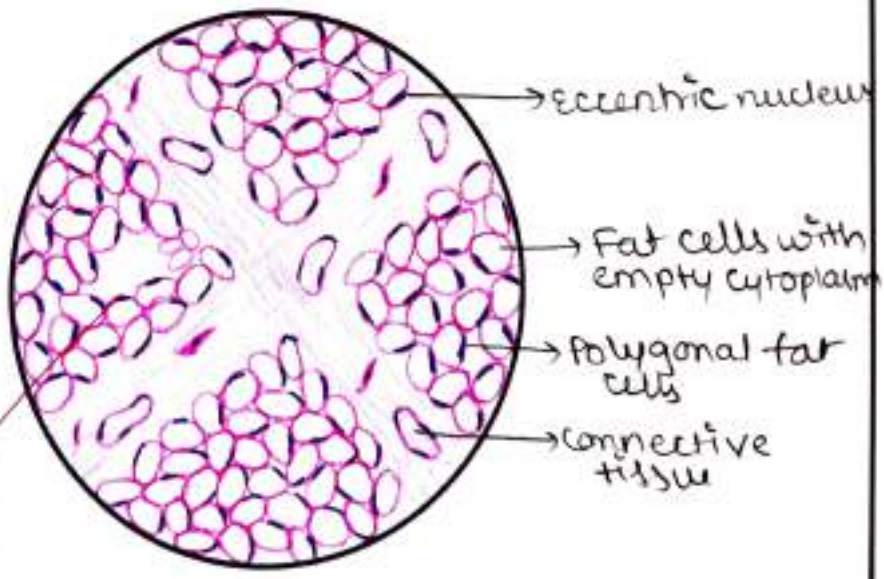


Fig 2. Adipocytes

3) Osteoblasts

- Osteoblasts are synthetic cells of bone that help in formation of bone by matrix deposition and mineralisation.
- They are cuboidal or ovoid cells with centrally placed ovoid face nucleus. osteoblasts are arranged along periphery of bony trabeculae, forming a lining or rimming of trabeculae.

4) Chondroblasts

- chondroblasts are the cartilage forming cells. They appear as flattened or epithelial cells and are located at the periphery of cartilage which is parallel to the surface.

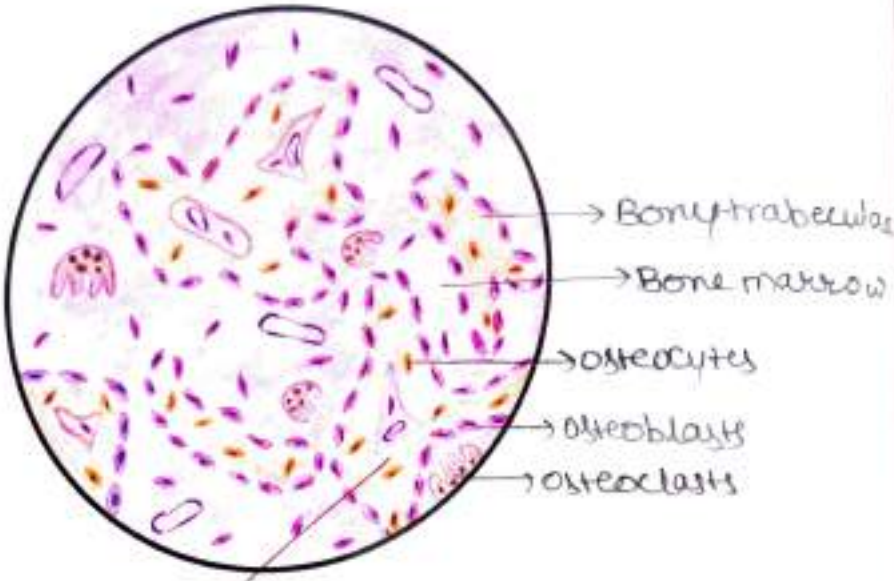


Fig. 3 Osteoblasts

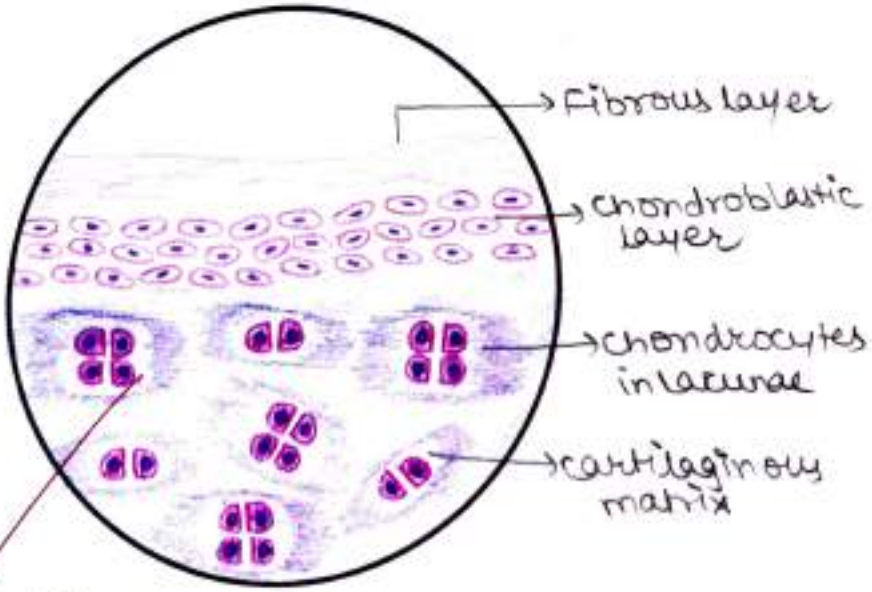


Fig. 4 Chondroblasts

Development and Growth of teeth

1) Bud Stage

- Enamel organ is bud shaped with peripheral cuboidal cells and central polyhedral cells. Peripheral cells of enamel organ are separated from ectomesenchymal component by a basement membrane
- Ectomesenchyme condensation adjacent to enamel organ form dental papilla.
- Marginal condensation of ectomesenchymal cells enclosing dental papilla and enamel organ is called dental follicle/sac.

2) Cap Stage

- Enamel organ increase in size and attain shape of cap by invagination of deep portion of bud cells undergo changes in shape. So these separate cell groups can be identified.
- The cells lining convexity on periphery of cap are cuboidal in shape & are called outer enamel epithelium. The cells lining concavity on invagination change to columnar cells called as inner enamel epithelium.
- The central polyhedral cell transform into network of star shaped cells called as stellate reticulum. Dental papilla gets partially enclosed by invaginated portion from enamel organ cell proliferate further condensation

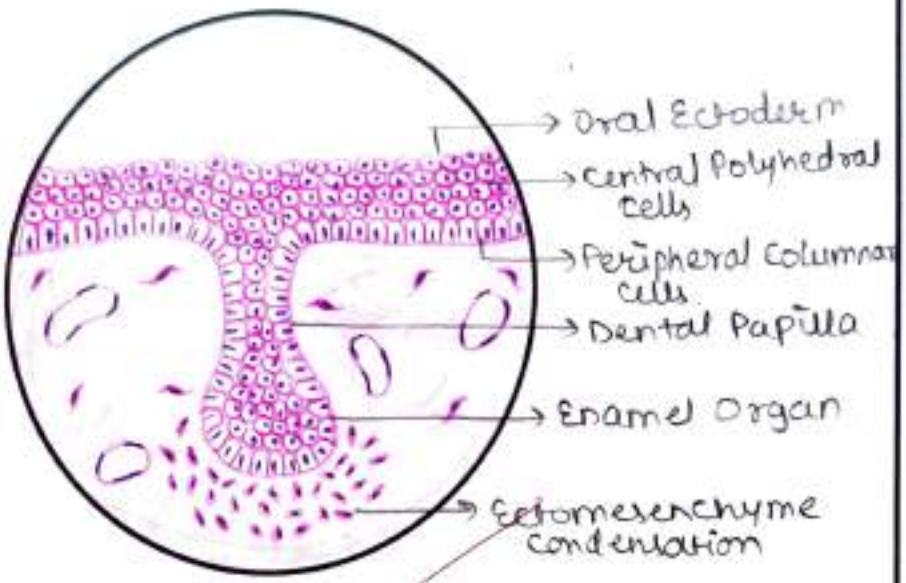


Fig 1. Bud Stage

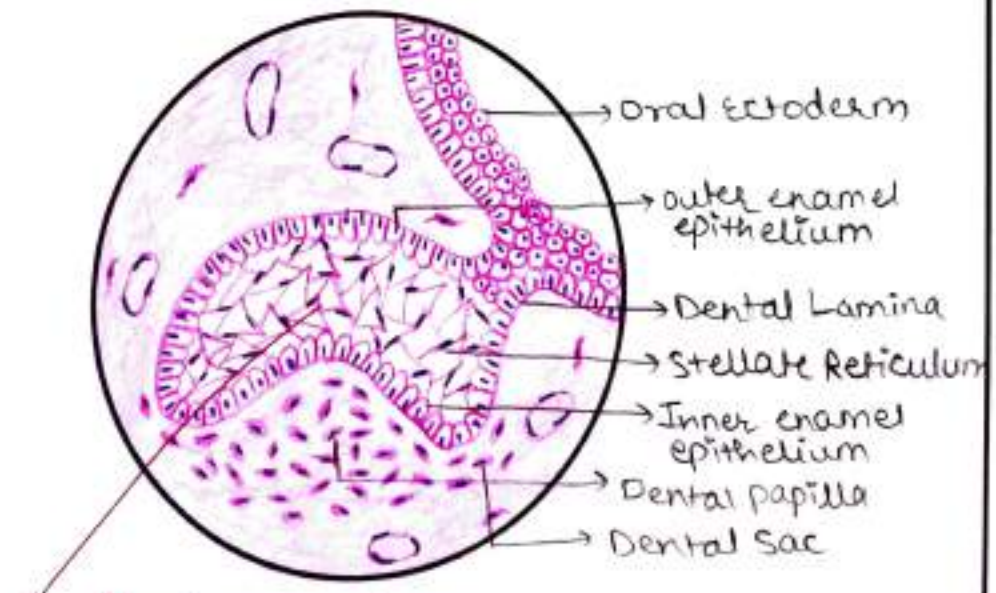


Fig 2. Cap Stage.

3) Early bell stage: Enamel organ enlarges further and invagination deepens changing the shape to that of a bell. Four different layers of cells are seen in enamel organ. Cells lining invaginated portion, the inner enamel epithelium is composed of single tall columnar cells that form enamel. A new layer appears called as stratum intermedium, present between inner enamel epithelium & stellate reticulum. Stellate reticulum expand further. Cells of outer enamel epithelium flatten to low cuboidal cells. At cervical region outer enamel epithelium loop inward to join with inner enamel epithelium, this is called cervical loop. Peripheral cells of dental papilla differentiate into odontoblasts. Dental follicle becomes more fibrous, with 3 layers i.e., inner cellular, outer fibrous & middle loose connective tissue.

4) Advanced bell stage: Differentiating feature between early and advanced bell stage is formation of hard tissue. Enamel organ shows 4 different layers, inner enamel epithelium, stratum intermedium, stellate reticulum & outer enamel epithelium. Hard tissue formation starts, collapsed stellate reticulum & folding of outer enamel epithelium bring capillaries of dental follicle near to ameloblasts. Ameloblasts are brought closer to dental follicle which now becomes their source of nutrition. Dental papilla shows differentiated odontoblast at the periphery. Dental follicle is distinct enclosing enamel organ and dental papilla.

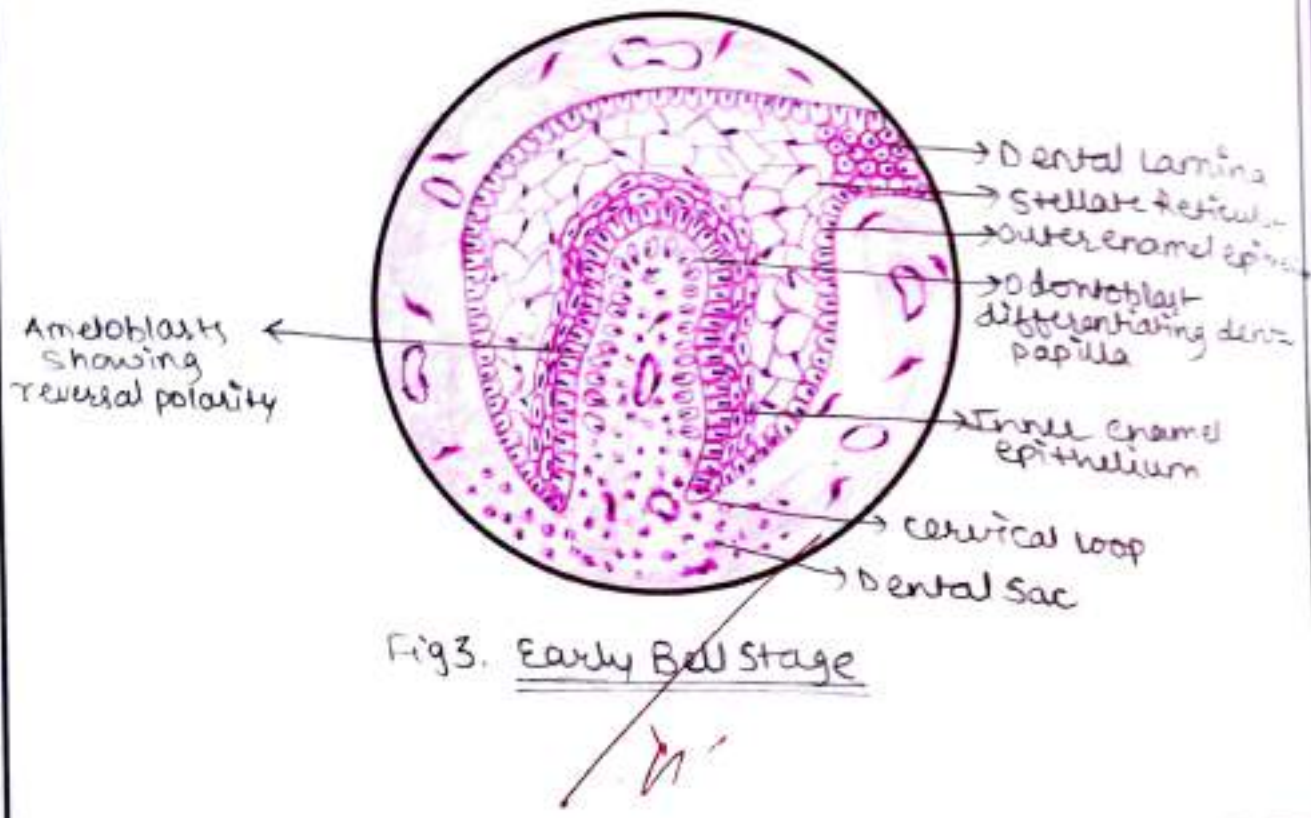


Fig3. Early Bell Stage

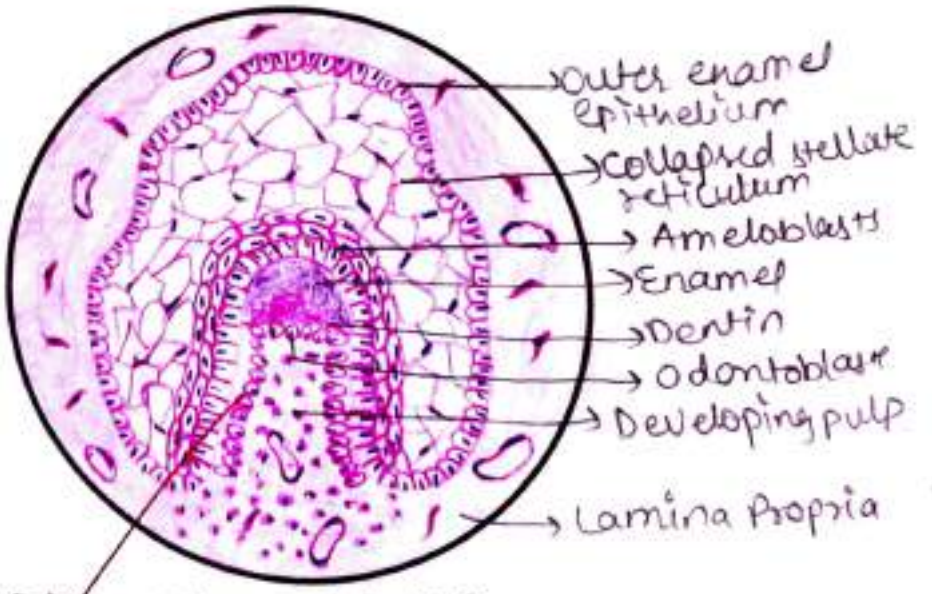


Fig4. Advanced Bell Stage

Enamel

1) **Incremental lines:** Incremental lines of enamel are also known as striae of retzius. They represent successive apposition of enamel. These structural lines appear as brownish bands in ground section. In the region of incisal edge and cusps they surround the dentin while in cervical region they are seen as oblique lines extending from DEJ towards the outer surface deviating in an occlusal direction. In transverse sections of teeth incremental lines are seen as concentric rings. These lines are hypocalcified and reflect the variations in structure & mineralization.

2) **Neonatal line:** It is prominent incremental line that separates the enamel that is formed before birth (prenatal enamel) and after birth (postnatal enamel). The incremental line becomes prominent because of abrupt change in the environment that occurs at the time of birth. The neonatal line is seen in all directions in deciduous teeth and first permanent molars where enamel is formed partly before birth and partly after.

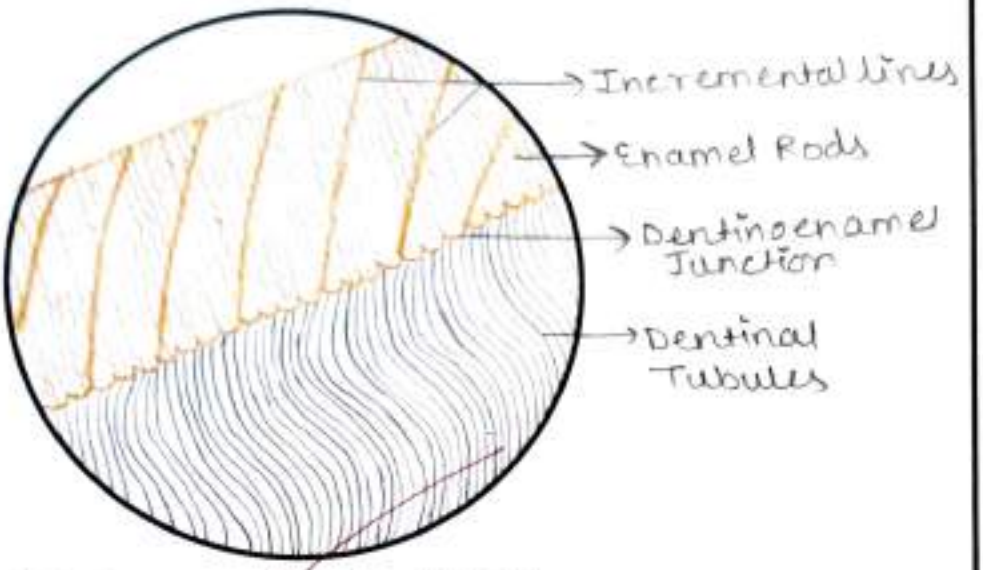


Fig 1. Incremental lines

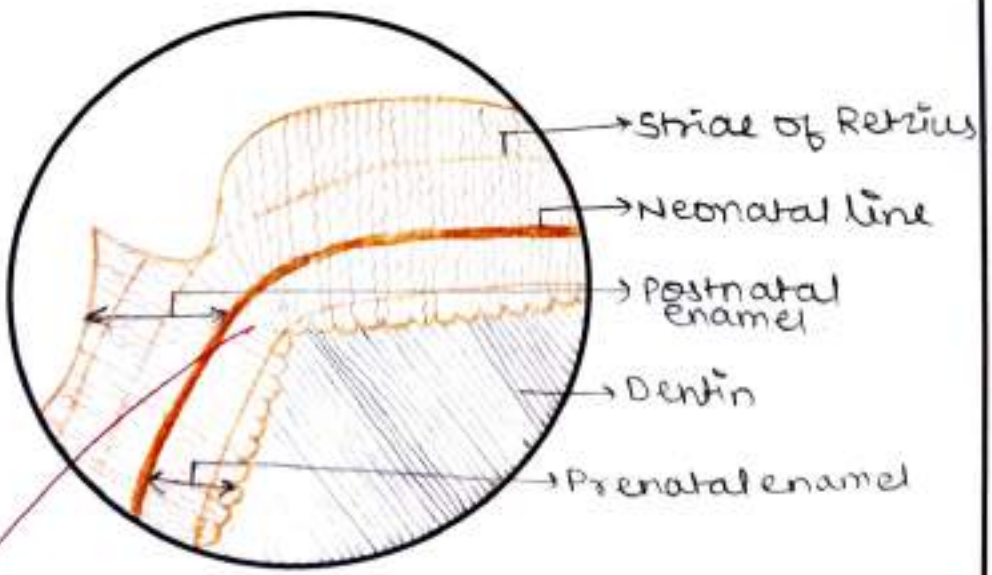


Fig. 2. Neonatal line

3) Enamel lamellae : They are leaf like structures that extend from outer surface of enamel towards the dentin.
- These are hypocalcified structures and formed in planes of tension.
- Three types of lamellae are seen
① Type A → Composed of poorly calcified enamel rods. This type is restricted to enamel.
② Type B → Consists of degenerated cells and may extend into dentin.
③ Type C → Filled with organic matter derived from saliva. This type is formed after eruption of tooth and may be extended into dentin.

4) Enamel tufts : Enamel tufts are ribbon like structures extending from dentinoenamel junction into enamel to a distance of one third to one fifth of enamel thickness. In thick sections these ribbons like structures arising from different planes are projected to one plane giving the appearance of a tuft of grass. These are hypo-calcified structures containg greater concentration of organic components. Enamel tufts are better visualized in transverse sections.

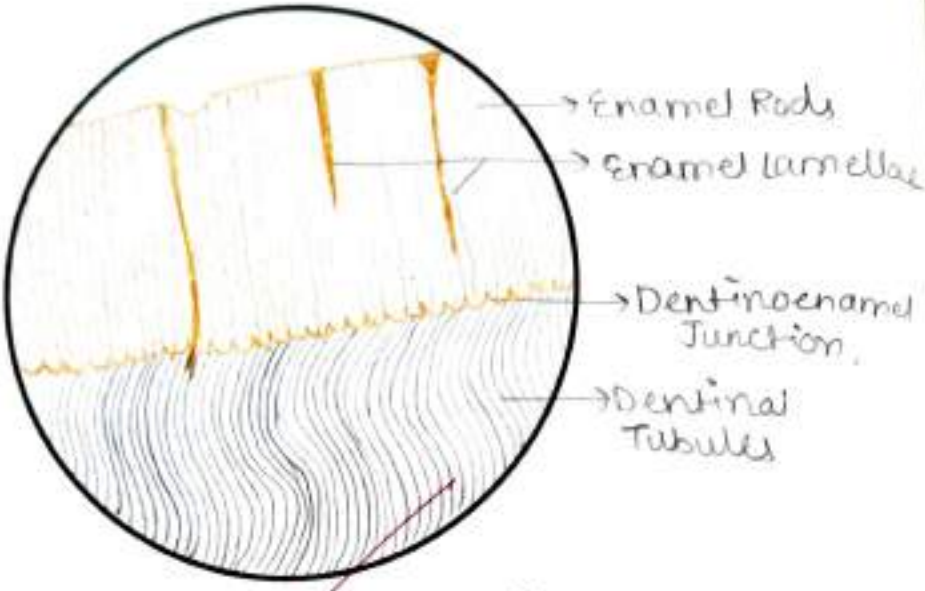


Fig 3. Enamel lamellae

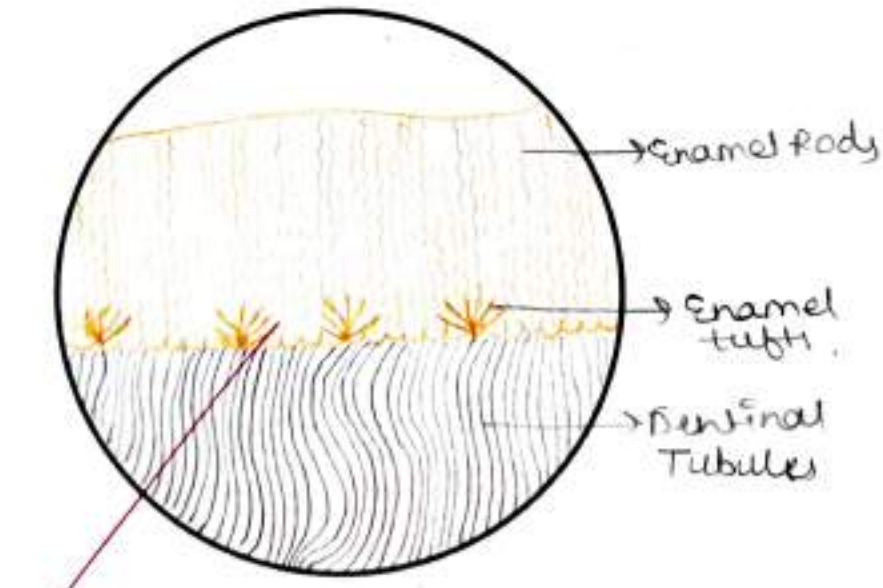


Fig 4. Enamel Tufts

5) Enamel spindles: The enamel spindles are the odontoblastic processes crossing the dentinoenamel junction and extending to the enamel. These are spindle shaped structures extending from DEJ to enamel to a distance of approximately 10 microns. They appear dark in a ground section under transmitted light because the organic content of spindle is lost and is replaced by air. Enamel spindle are seen more in the region of cusp tip.

6) Gnarled Enamel: Enamel rods follow a wavy course as they extend from dentinoenamel junction towards the outer surface. In the region of cusps and incisal edges the arrangement of enamel rods are more complicated. The enamel rods are more wavy and irregular and intertwine with each other in this region especially near DEJ. This arrangement creates an optical appearance referred to as gnarled enamel. This particular arrangement of rods in cuspal and incisal region makes enamel stronger to withstand masticatory forces.

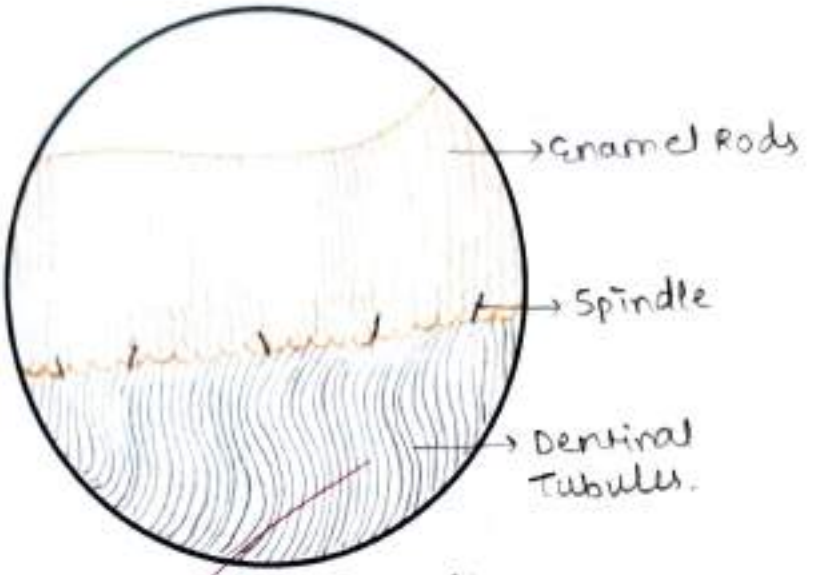


Fig 5. Enamel spindles

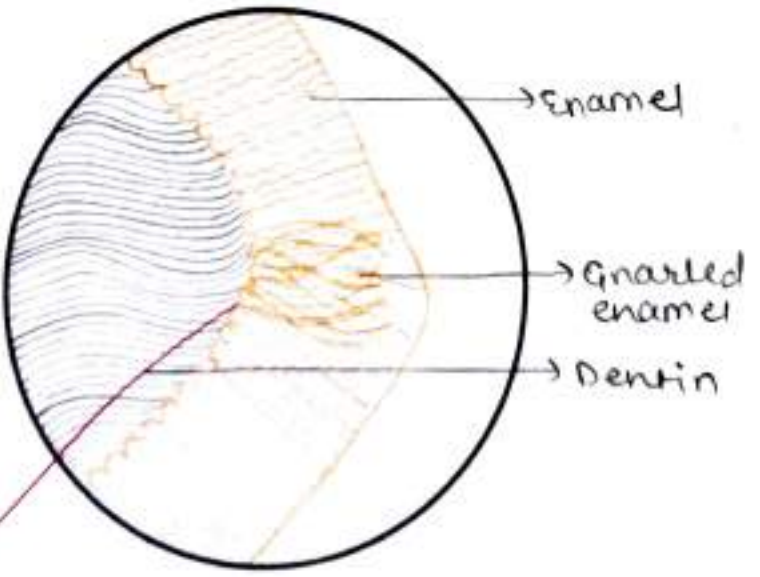


Fig 6. Gnarled Enamel

7) Dentinoenamel junction: It is scalloped with convexity facing dentin. This scalloped shape increases adherence between enamel dentin, also helps to prevent shearing of enamel during function. The dentinal surface of enamel is formed by series of dome shaped elevation arranged closely fitting in shallow depression of dentin.

- The scalloped arrangement of junction is more marked in occlusal area, where the masticatory stresses are greater.

8) Hunter Schreger bands: They are seen as alternate dark and light bands of varying width observed in enamel when a longitudinal section is viewed under reflected light.

- These bands arise from DET and pass outward till inner 2/3 of enamel thickness. These bands are covered by slightly curved convexities directed towards cervical region. Hunter schreger bands are not seen in outer 1/3 of enamel, because the enamel rods are straight in this region. They are formed due to change in direction of enamel rods. When viewed under reflected light prisms lying parallel to light beam reflect light away from microscope and appear as dark bands. The prisms lying less parallel to light reflect light through microscope and appear bright.

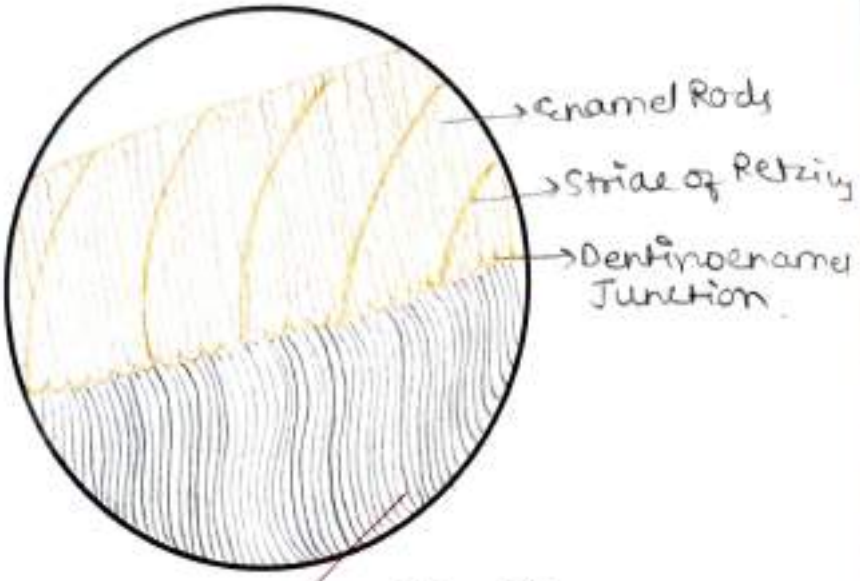


Fig 7. Dentinoenamel Junction

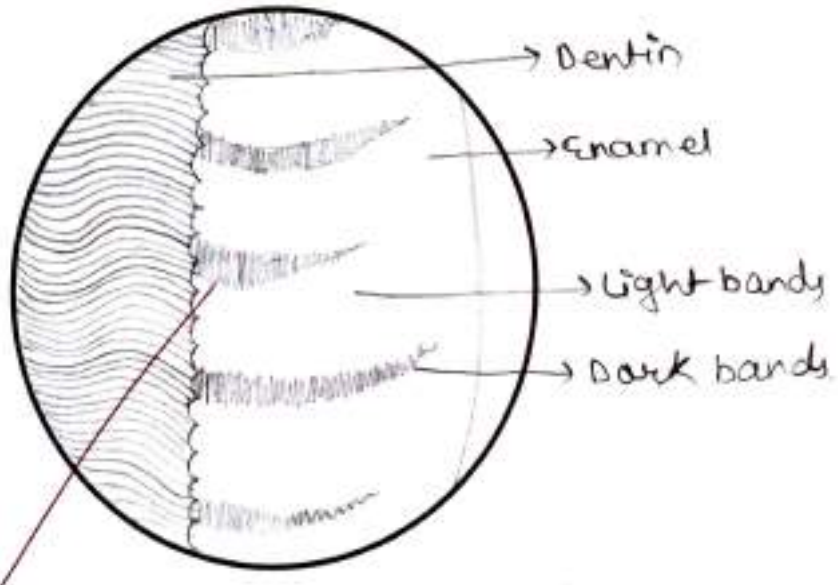


Fig 8. Hunter Schreger bands

Dentin

1) Interglobular dentin: It is a hypocalcified area seen in coronal circumpulpal dentin immediately below mantle dentin. These areas appear slightly dark in a ground section under transmitted light. Dentin calcification occurs in the form of globules. Failure of fusion of these globules into a homogenous mass result in the formation of interglobular dentin. They appear star shaped with curved outline of adjacent globules. The dentinal tubules pass through interglobular dentin uninterruptedly suggesting that this area results from defect in mineralization, and not matrix deposition.

2) Tomes Granular layer: It is a structure seen only in radicular dentin adjacent to cementodentinal junction. This layer appears in a ground section as dark granular structure, gradually increasing in thickness from CEJ till apex. Tomes granular layer is thought to be formed because of looping and coalescing of dentinal tubules near dentinocemental junction.

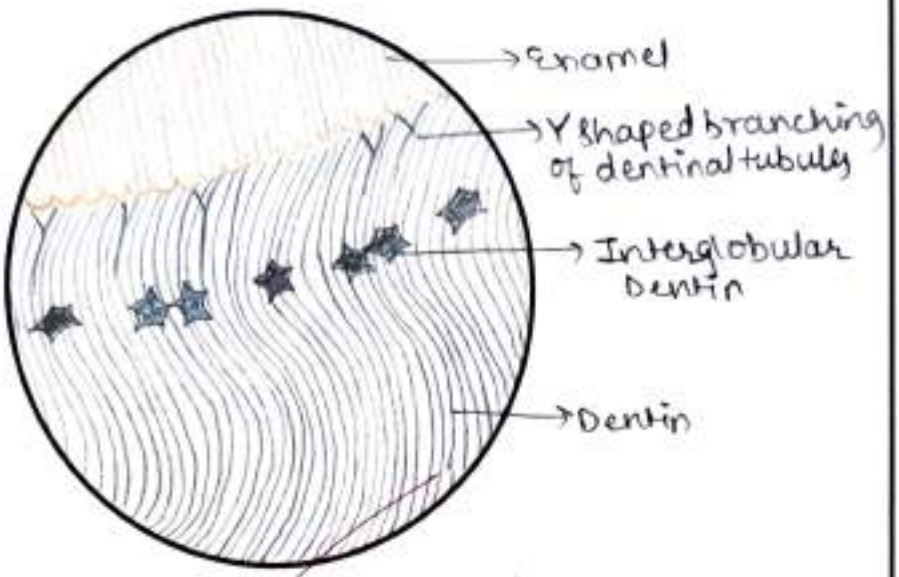


Fig 1. Interglobular Dentin

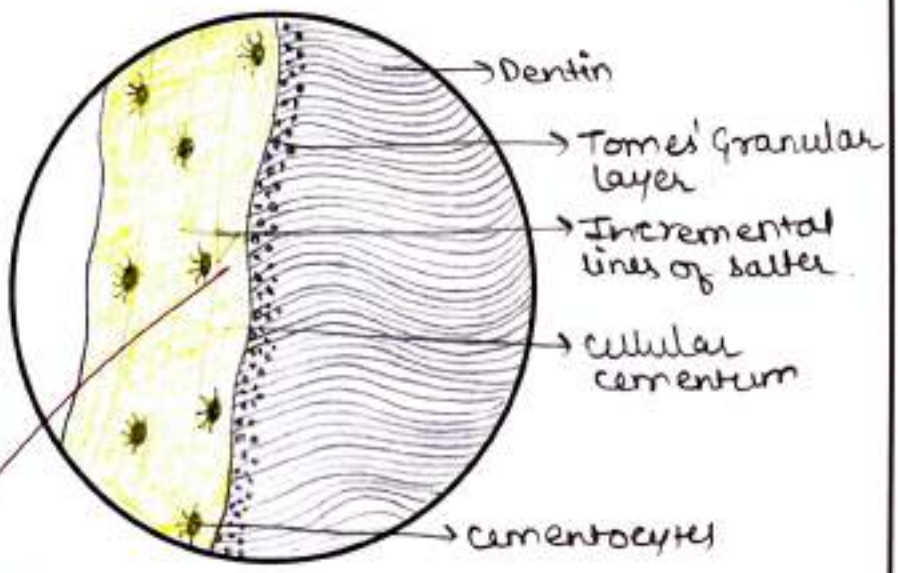


Fig 2. Tomes' Granular layer

3) Dead tracts: These are empty dentinal tubules those appear dark in ground section of dentin under transmitted light and white under reflected light. These dead tracts are formed due to degeneration of odontoblast processes in dentinal tubule. This occurs due to exposure of dentin following attrition, abrasion or erosion. These empty dentinal tubules are filled with air, and hence appear dark under transmitted light. Dead tracts may also develop in region of cusp or incisal edges due to death of odontoblast occurring as a result of over crowding. True dead tracts can be identified by presence of reparative dentin at their pulpal end.

4) Primary & secondary dentin: Most of the tooth is formed by primary dentin which outlines pulp chamber and is referred to as circumpulpal dentin. Primary dentin is formed before root completion. Dentinal tubules are seen arranged compactly and showing S-shaped curvature in primary dentin. Outer layer is called mantle dentin, 1st formed dentin in crown underlying DEJ.
Secondary dentin is formed after root completion. It contains lesser number of dentinal tubules compared to primary dentin. In the greater deposition of secondary dentin on roof and floor of chamber leads to assymetric reduction in size & shape.

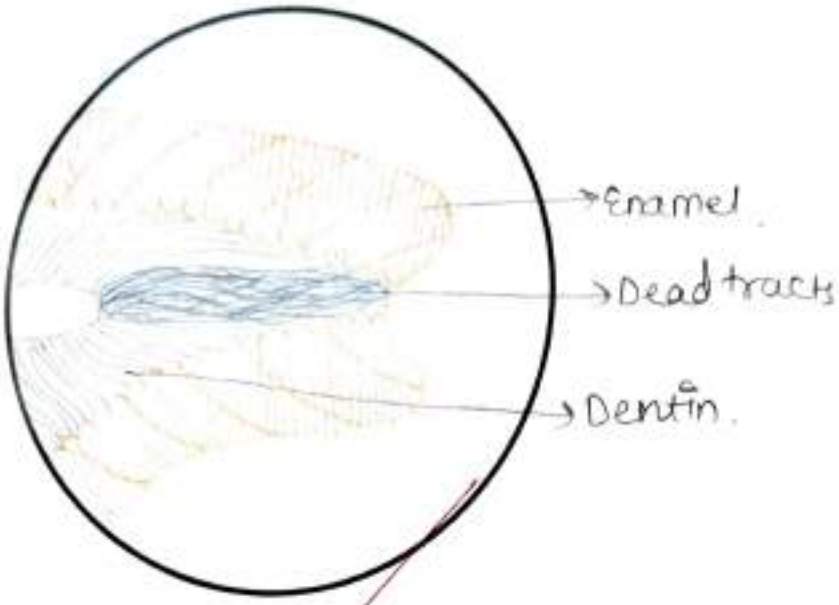


Fig 3. Dead Tracts

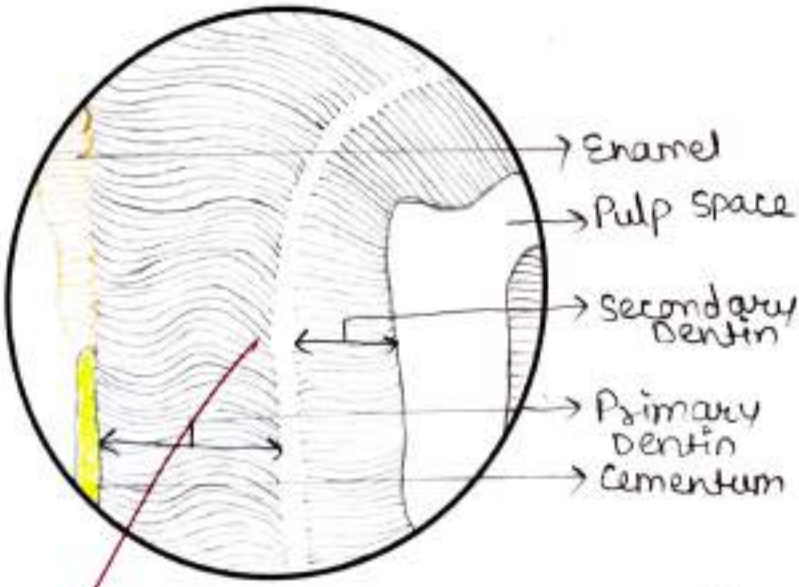


Fig 4. Primary and Secondary Dentin

5) Sclerotic dentin: It refers to filling up of dentinal tubules with calcified structure in response to external stimuli. Such as slowly progressing carier, attrition. This is considered as defence region because it reduces permeability of dentin and keeps pulp vital for prolonged period. The initial sporadic laying down of apatite crystal layer from mesh work, thereby obliterating the lume of tubule, completely filled with minerals are equalised and area becomes transparent. It is also called as transparent dentin. Though mineral concentration is higher, size of crystal in Sclerotic dentin is harder, has reduced roughness but some elastic properties as normal dentin.

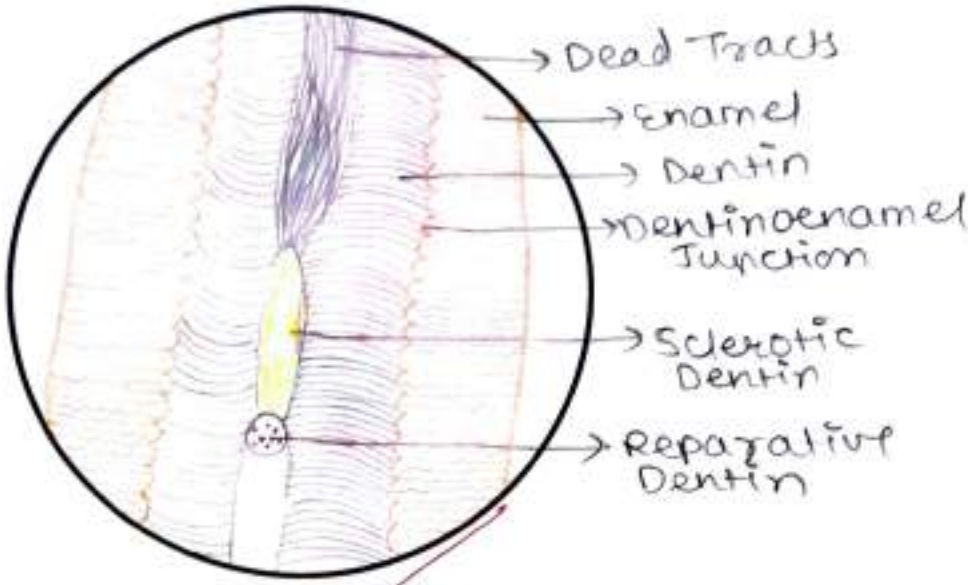


Fig 5. Sclerotic Dentin.

Pulp

1) Pulp at periphery: Periapically the pulp is circumscribed by specialized odontogenic region composed of:

① Odontogenic zone → Most peripheral zone adjacent to predentin consists of columnar odontoblasts in crown (flattened in root)

② Cell free zone → present between odontoblastic zone and is devoid cells but has fibers and nerves.

③ Cell rich zone → This zone is rich in cells. The cells present are mainly fibroblasts and progenitor cells.

2) Pulp at centre:

Central to the subodontoblastic region is bulk of dental pulp which develops at its peripheral structures and its central neuromuscular core would be similar to loose connective tissue in many other sites although having richer zone with nerve and blood vessels. The central core itself is more evident in root canal once it enters this crown repeated branching of both nerves and blood vessels.

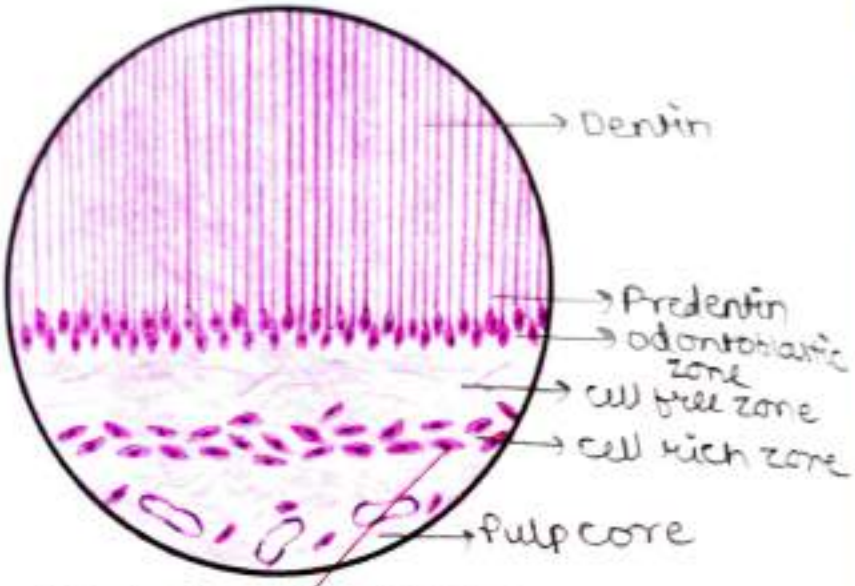


Fig. 1 Pulp at Periphery

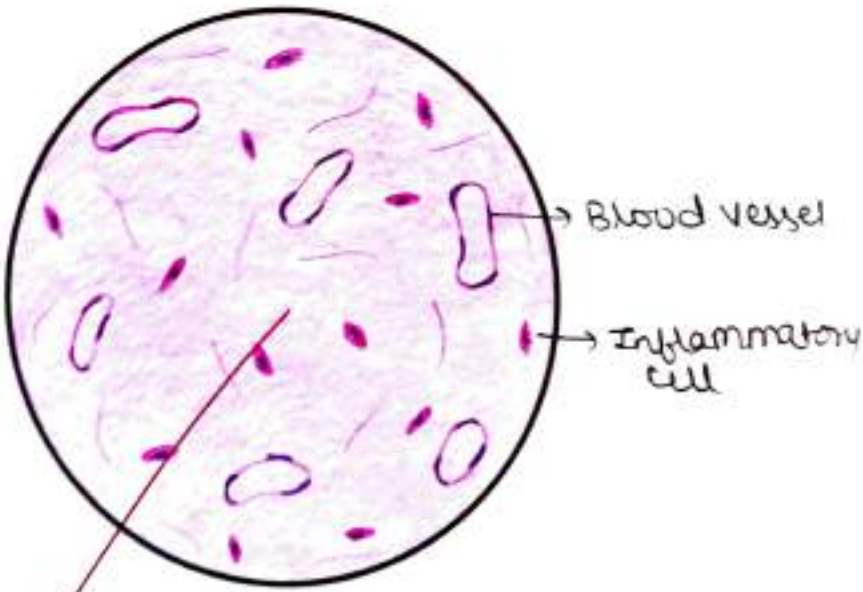


Fig. 2 Pulp at centre

3) Pulp Stones

- Pulp stones are calcifications seen in the pulp. They can be true or false depending on structure. The older pulp is less vascular and apparently more fibrous than young pulp. Innervations are reduced pulp after mineralization. in the form of pulp stones.
- Types of pulp stones based on structure.

① True pulp stones → They resemble dentin. They contain dentinal tubules with odontoblastic processes.

② False pulp stones → These are concentric rings of calcified material not resembling dentin.

✓ Pulp stones are also classified into:

(i) Free pulp stones → lying free in the pulp without being attached to dentin

(ii) Attached pulp stones → these are attached to the dentin

(iii) Embedded pulp stones → pulp stones are completely surrounded by dentin

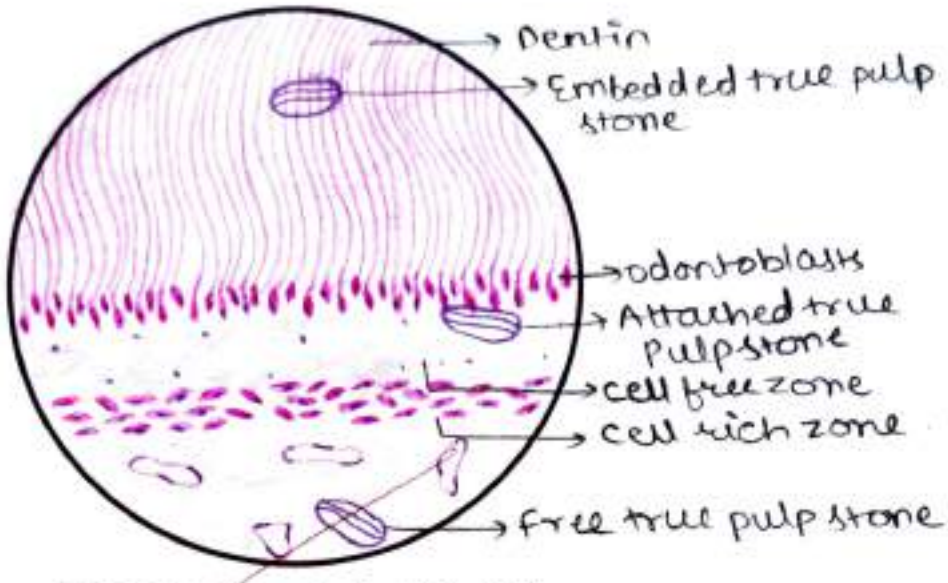


Fig. 3 True Pulp Stones

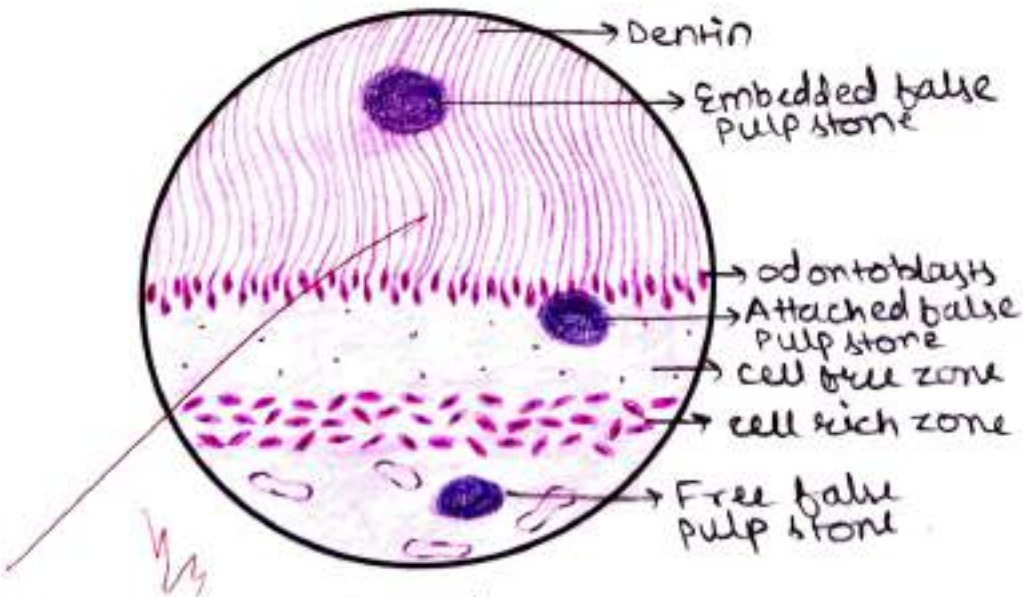


Fig. 4 False pulp Stones

Cementum

1) Acellular cementum: It is the type of cementum that do not contain any cells. In a ground section under transmitted light acellular cementum is seen as a structureless layer. Incremental lines of cementum are referred to as lines of Salter, seen as dark lines parallel to the root surface representing rhythmic deposition of cementum. Sharpey's fibers are not distinct because they are fully mineralized. Acellular cementum is generally located at the cervical 2/3 of root.

2) Cellular cementum: It is the cementum in which cementocytes are entrapped. In a groundsection of cellular cementum, cementocytes can be easily identified as spider shaped cells. These have cells to cell body and numerous processes or canaliculi radiating from it. The canaliculi are directed toward the periodontal ligament which is the source of nutrition. Sharpey's fibers are the inserted portion of the periodontal ligament and are seen as black faint lines at an angle to root surface. Incremental lines of Salter appear as dark lines parallel to root surface. Cellular cementum is located at apical one third of roots and the furcation areas of multirooted teeth.

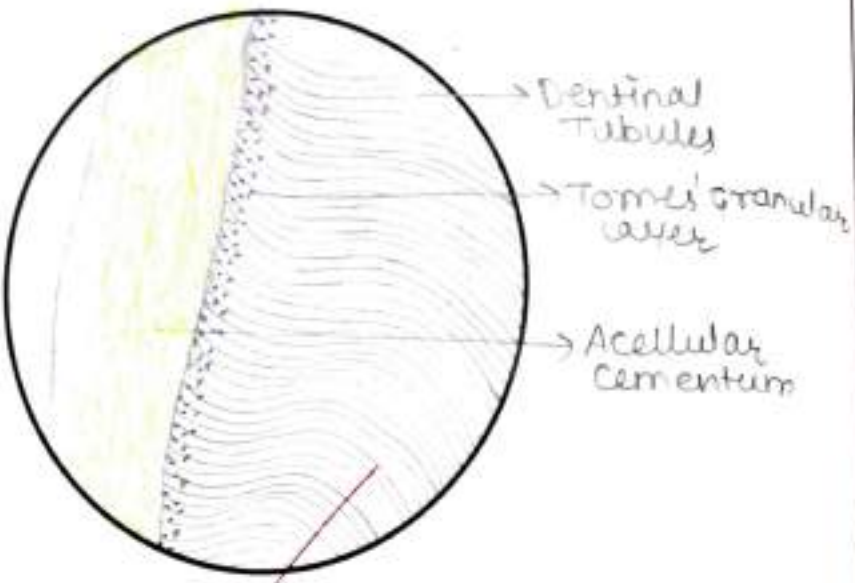


Fig 1. Acellular Cementum

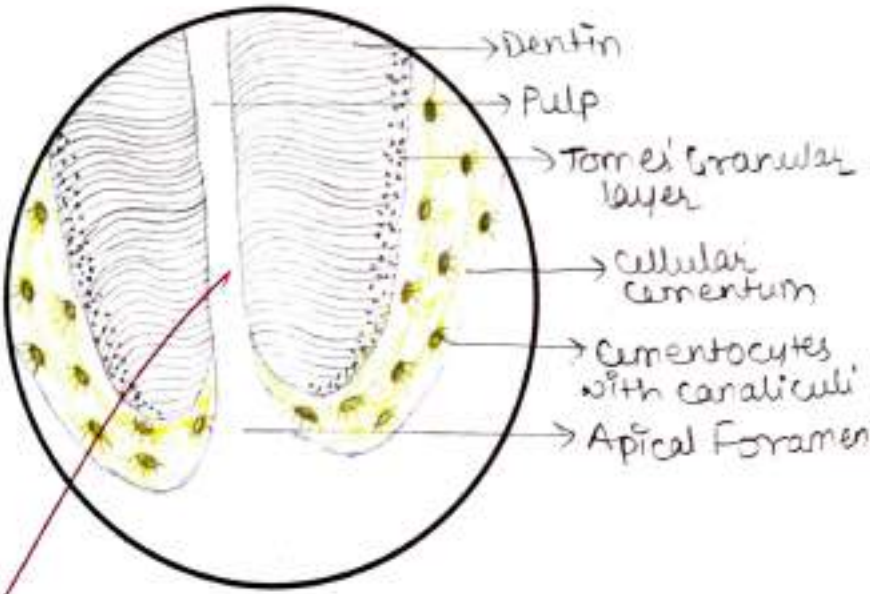


Fig 2. Cellular Cementum

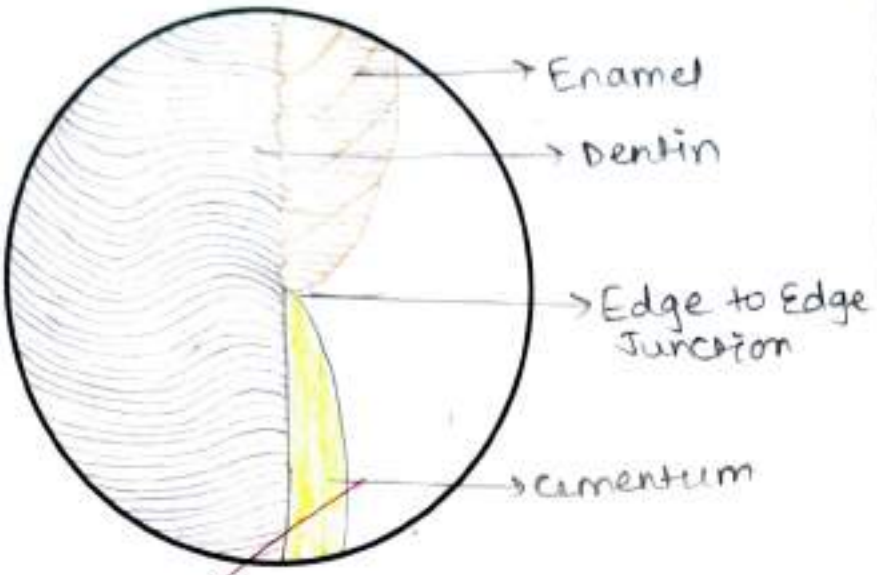


Fig3. ① Edge to Edge Junction

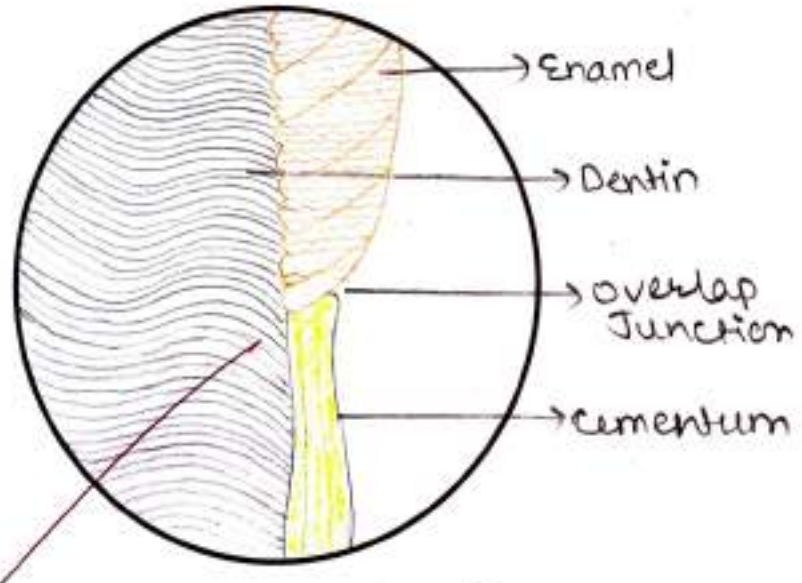


Fig3 ② Overlap Junction

③ Gap cementoenamel junction

In this type there is no junction instead a zone of root devoid of cementum is seen. This occurs due to lack of degeneration of Hertwig's epithelial root sheath preventing the differentiation of cementoblasts and therefore cementum formation. In this type of junction a portion of radicular dentin is exposed causing sensitivity if root is exposed due to gingival recession. This type is seen in 15% of teeth.

4) Sharpey's fibers: The terminal portion of principal fibers of PDL inserted in cementum and alveolar bone is known as sharpey's fibers.

- These fibers are smaller at the cementum end compared with those of in alveolar bone end.
- The sharpey's fibers at cellular cementum are fully mineralized whereas those in acellular cementum are partially mineralized.
- The mineralisation occurs at about 90% of long axis of fibers.

Periodontal Ligament

1) Horizontal and oblique group of fibers:
- Horizontal group of fibers → just apical to the alveolar crest. Extend at the right angle to the long axis of tooth from cementum to alveolar bone and parallel to occlusal planes. They resist to the horizontal and tipping forces
- Oblique group of fibers → extends into alveolar bone coronal to the thin attachment to cementum.
They resist vertical and intrusion forces.

2) Apical Group of fibers:
- They aren't seen in incompletely formed root. Extends from root tip and radiate through the periodontal space into fundus of socket.
- They resist, prevents tooth tipping, protect delicate lymph and blood vessels and hence PDL space at the root apex.

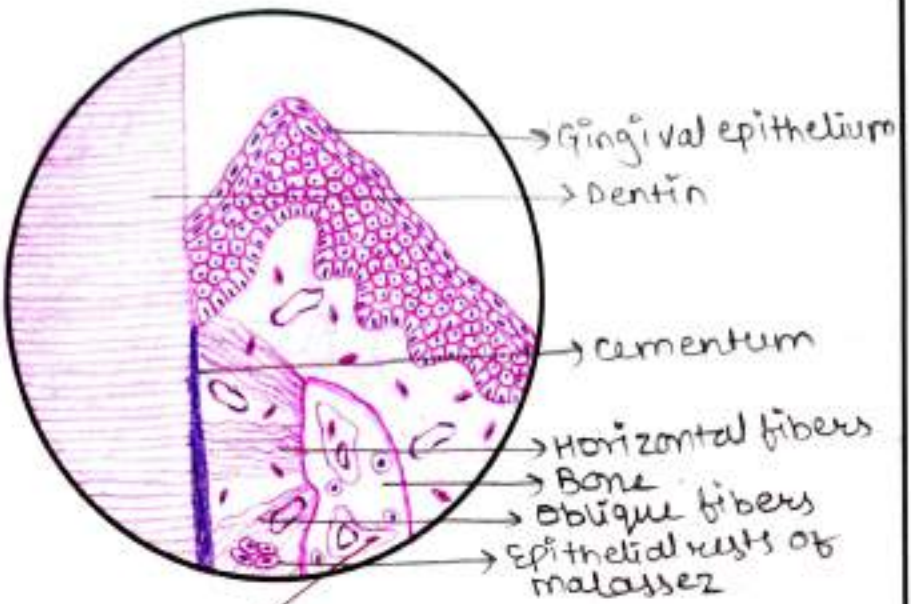


Fig.1 Horizontal & Oblique fibers

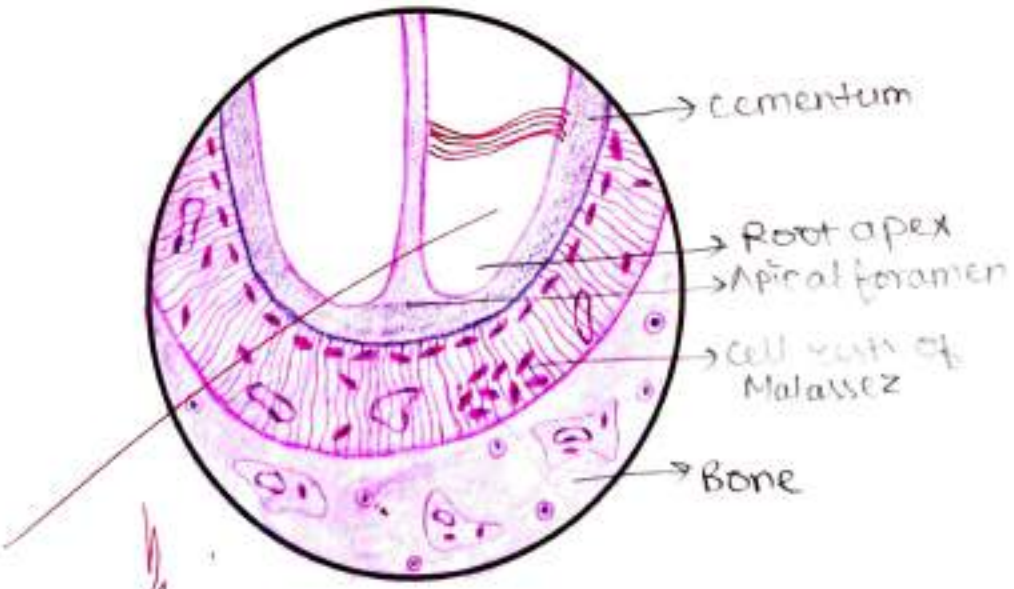


Fig. 2 Apical Fibers

3) Inter-radicular group of fibers:
They extend into cementum from the crest of inter-radicular septum of multirooted tooth. They resist tooth tipping and fixation.

4) Transeptal group of fibers:
These are other group of collagen fibers associated with maintaining functional integrity of periodontium
These are found in lamina propria of gingiva and collectively from gingival ligaments.

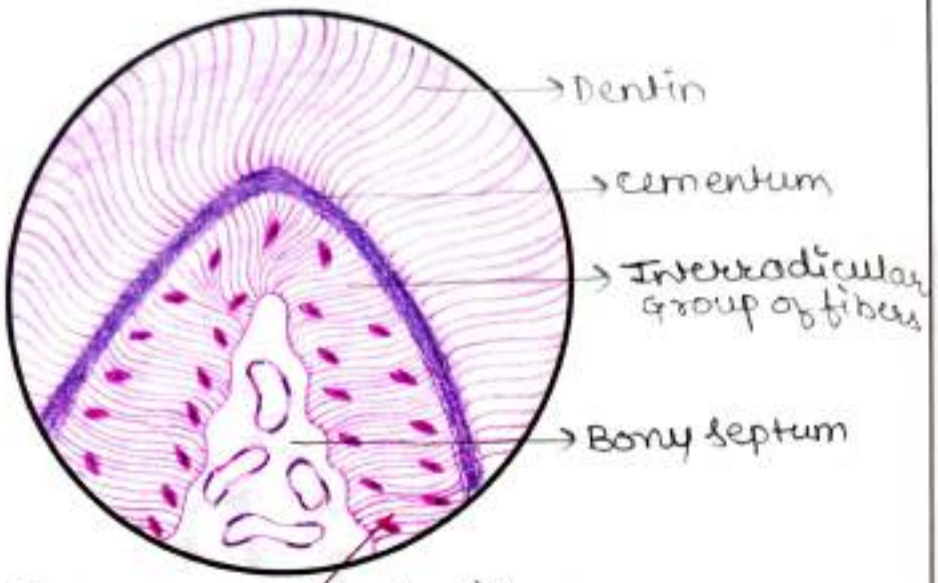


Fig. 3 Interradicular fibers

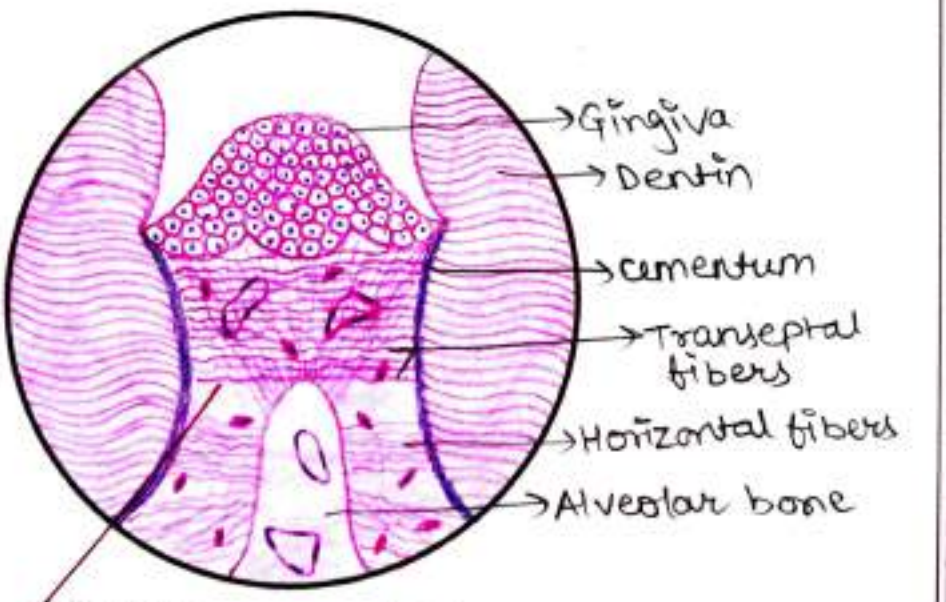


Fig. 4 Transeptal fibers

Alveolar Bone

1) Compact bone:

Compact bone is dense in nature. The hard outer layer of bone is composed of cortical bone tissue with minimal gaps. Its porosity is 5-30%. The tissue gives bones, the smooth, white and solid appearance and account for 80% of total bone, weight of an adult skeleton. It consists of tightly packed osteons or the haversian systems, forming solid mass since the bone mass is arranged in layer. It is also called "lamellar bone"

2) Spongy bone:

It is also called "cancellous bone". It is porous, spongy, highly vascular & consists of numerous spaces mostly filled with red bone marrow that gives it honeycomb like appearance. The red bone marrow is present at young age & is replaced by yellow marrow. As age increases spongy bone is found at ends of long bones & forms major component of bones because it presents a large surface area that responds readily to physical and metabolic demand of body.

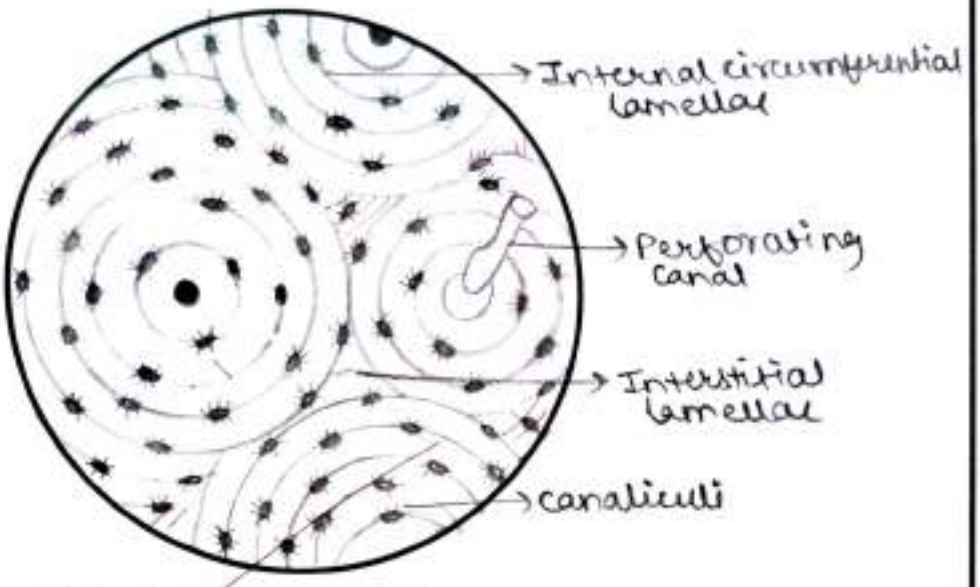


Fig. 1 Compact Bone

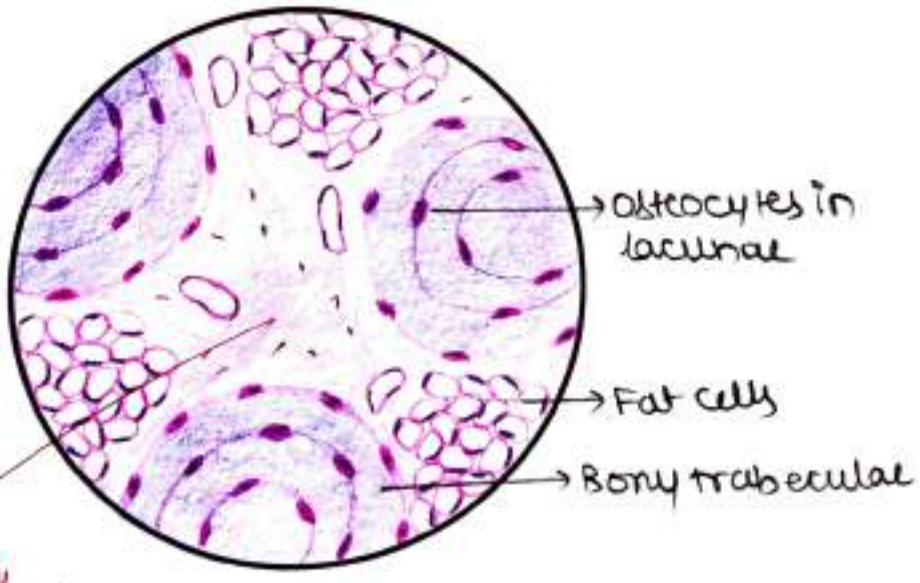


Fig. 2 Spongy Bone

Oral Mucous Membrane

1) Gingiva: Has 2 portions, epithelium and lamina propria. The epithelium is keratinized and stratified squamous with four distinct layers. The first layer adjacent to basement membrane is stratum basale composed of a single layer of cuboidal cells with nucleus perpendicular to basement membrane. The layer above is stratum spinosum or prickle cell layer composed of few layers of polyhedral cells. The next layer is stratum granulosum made up of few flattened cell layers, cytoplasm of which contain hematoxophilic keratohyline granules. The most superficial layer is stratum corneum, composed of flattened cells filled with keratin. Gingival epithelium shows parakeratinized layer characterized by presence of pyknotic nucleus. Has long rete ridges. Submucosa is absent and lamina propria attached to periosteum of alveolar bone.

2) Anterolateral region of hard palate (Fatty zone): Hard palate is lined by masticatory mucosa. This region is lined by keratinized stratified squamous epithelium with 4 distinct layers, i.e, stratum basale, stratum spinosum, stratum granulosum & stratum corneum. The epithelial ridges are long and regular interdigitating with connective tissue. Lamina propria is dense and thick. Submucosa filled with fat tissue. The zone of fat tissue is divided into compartments by vertical band of dense connective tissue which attaches mucosa firmly to periosteum of palatal bone.

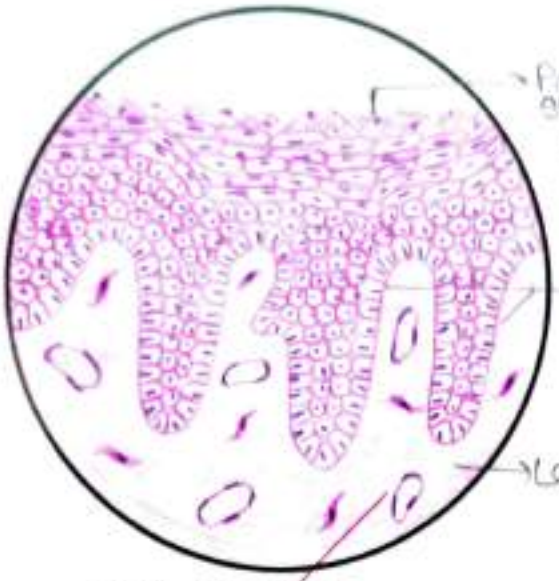


Fig 1. Gingiva



Fig 2. Anterolateral zone of Hard palate

3) Posterolateral region of hard palate (Glandular zone): It is structurally similar to fatty zone with overlying keratinized stratified squamous epithelium having four distinct layers i.e. Stratum basale, Stratum spinosum, Stratum granulosum & Stratum corneum. The rete ridges are long & regular interdigitating with connective tissue. Lamina propria is dense and is less thicker than in the anterior region of palate. In contrast to anterolateral region submucosa contains minor salivary gland tissue. The zone of submucosa is divided into compartments by vertical band of dense connective tissue which attaches mucosa firmly to periosteum of palatal bone.

4) Buccal mucosa: It has 2 parts i.e., epithelium & lamina propria. The epithelium is thick and nonkeratinized stratified squamous. Epithelium has 3 distinct layers. First is stratum basale composed of single layer of cuboidal cells on basement membrane. Above it is stratum intermedium made up of few layers of polyhedral cells with central nucleus. The uppermost is stratum superficiale made up of few layers of flattened cells with flattened nucleus. Epithelial ridges are short and irregular. Lamina propria is less dense and has collagen fibers, fibroblasts & blood vessels. Lamina propria merges with underlying submucosa which contain blood vessels, nerves, fat cells, muscle & minor salivary gland.

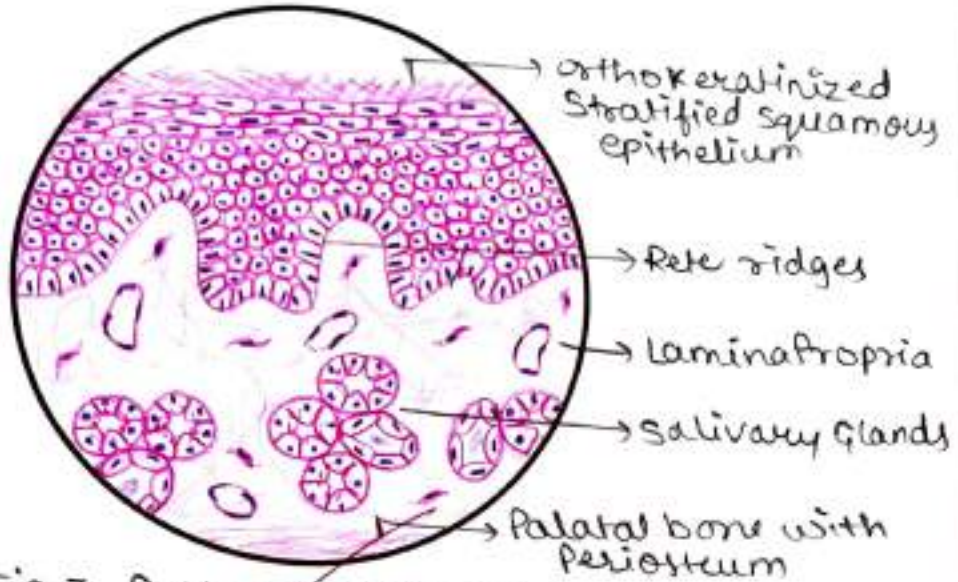


Fig 3. Posterolateral zone of Hard Palate

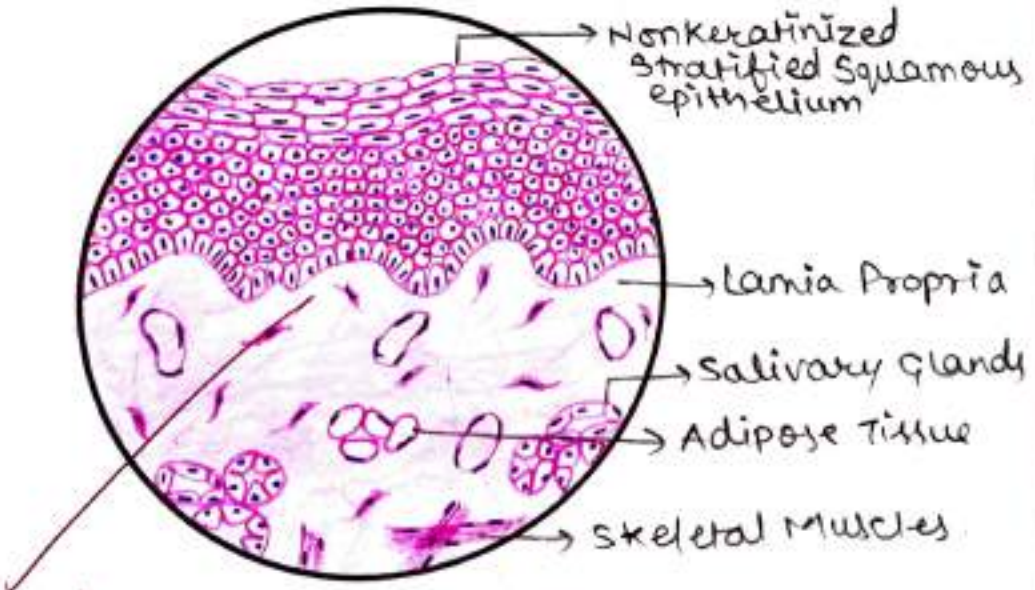


Fig 4. Buccal Mucosa

5) Filiform papillae : Filiform (hair like) papillae are seen as hair like or thread like projection on dorsal aspect of the tongue. Filiform papilla in a histological section is seen as cone shaped structure lined by stratified squamous epithelium with thick keratin on the surface. Central core of connective tissue supports the blood vessels. Taste buds are not seen in this papillae. They cover most of anterior 2/3 of tongue surface. They appear as very small, conical or cylindrical surface projection and are arranged in rows, which lie parallel to sulcus terminalis.

6) Fungiform papillae : They are mushroom shaped projections on the tongue. They are found on lateral surface of tongue scattered through filiform papillae but are mostly prepared on tip of sides on tongue. They have taste buds on their upper surface which are distinguishable from 5 taste : sweet, sour, bitter, salty & umami. Epithelium is stratified squamous keratinized on lateral surface.

Innervation : They are innervated by VII cranial nerve via submandibular ganglion cord of tympani & geniculate ganglion to salivary nucleus in brain stem.

7) Circumvallate papillae: They are seen in the anterior 2/3 of tongue just anterior to sulcus terminalis. These are 10-12 in number. The lining epithelium is keratinized stratified squamous epithelium at superficial surface and nonkeratinized on lateral surface of papillae. Taste buds are seen only on lateral surface. The characteristic feature of this papilla is presence of serous minor salivary glands (von Ebner's gland) in the connective tissue. These glands secrete watery saliva into 'V' shaped trough around the papillae to flush out the food debris.

8) Taste bud: They are oval cluster of elongated cells which extend across thickness of epithelium from lamina propria to taste pore at surface within taste bud, each sensory cell has microvilli with taste pore at its apical end. This allows contact with external medium.

- At basal end each sensory cell makes synaptic contact with fibers of facial nerve of glossopharyngeal nerve.

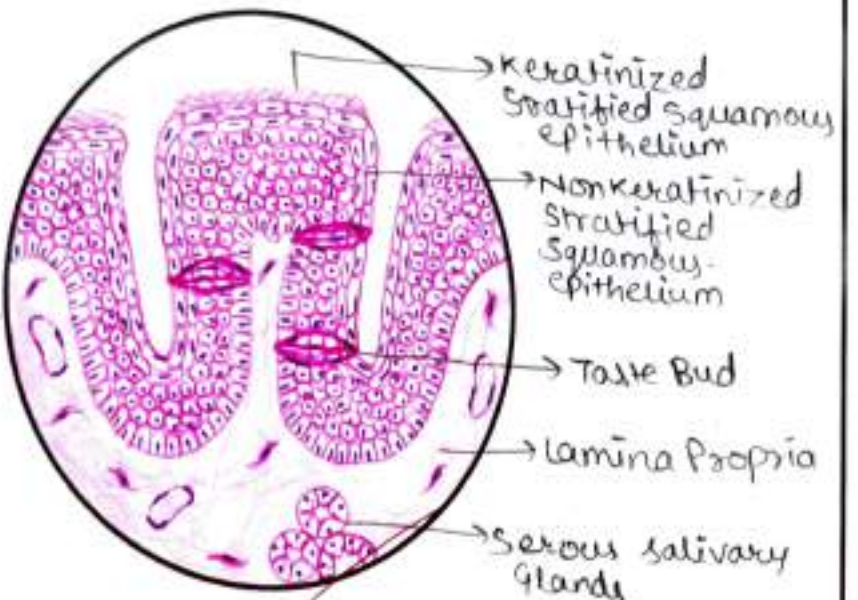


Fig 7. Circumvallate Papillae

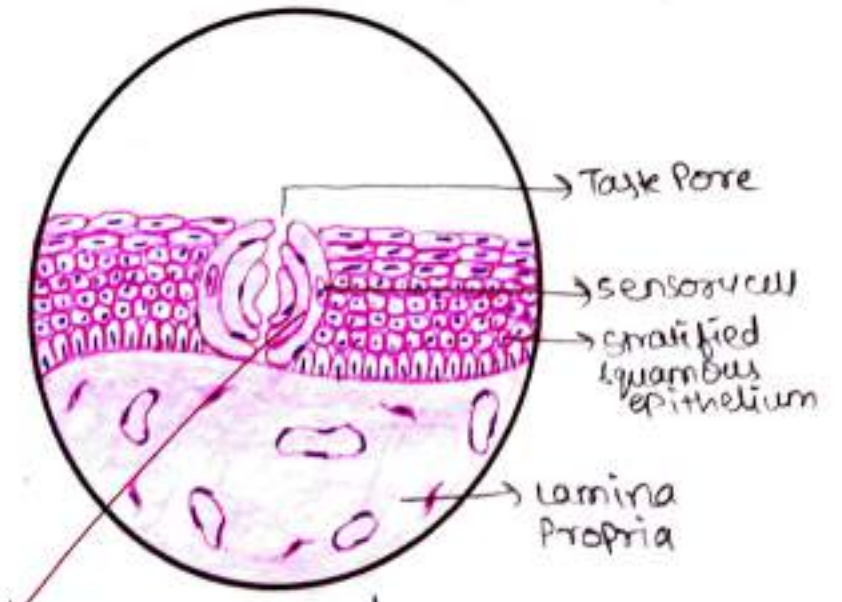


Fig 8. Taste Bud

9) Vermilion border of lip : This zone is the transitional zone between the skin lining outer surface of lip and labial mucosa lining the inner aspect. The skin is composed of keratinised stratified squamous epithelium with all appendages like hair follicles, sweat glands and sebaceous glands. The labial mucosa is lined by nonkeratinised stratified squamous epithelium. The connective tissue beneath shows minor salivary gland tissue. The central portion of lip shows orbicularis oris muscle. The transitional zone is a thin lining epithelium with thin keratinisation on the surface. There are many long papillae reaching high into epithelium carrying many capillary loops. This makes it more red compared to labial mucosa. Underlying connective tissue is devoid of glands.

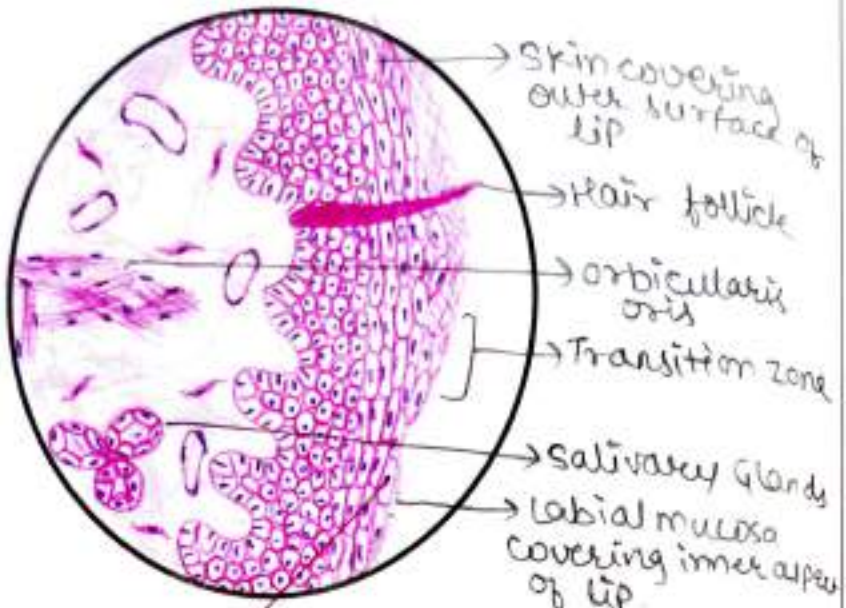


Fig 9. Vermillion border of Lip

Salivary Gland

1) Serous salivary gland: It is composed of numerous serous secretory units called serous acini. Serous acini is a collection of many serous cells. Serous cells are the secretory cells and pyramidal in shape with a broad base resting on a basement membrane and a narrow apex facing towards the lumen. Nucleus is round and located at the basal 1/3 of cell. Apical part of cytoplasm is filled with zymogen granules and appears eosinophilic in a hematoxylin and eosin stained sections. Serous salivary gland is divided into lobes by connective tissue septa that has blood vessels. Intralobular & Interlobular ducts are seen

2) Mucous salivary gland: It has numerous secretory units called mucous acini. These acini are collection of mucous cells. Mucous cells are columnar in shape with nucleus flattened and pressed against the basement membrane. Cytoplasm is restricted to basal region. Apical portion of cell is filled with mucous secretory droplets and appear empty in H&E stained sections. Mucin can be stained positively using periodic acid schiff stain. Mucous cells are arranged to form mucous acini that are ovoid or tubular with large lumen. In a histologic section along with acini intralobular ducts are also seen. Connective tissue septa is present between acini that show blood vessels and inter lobular ducts.

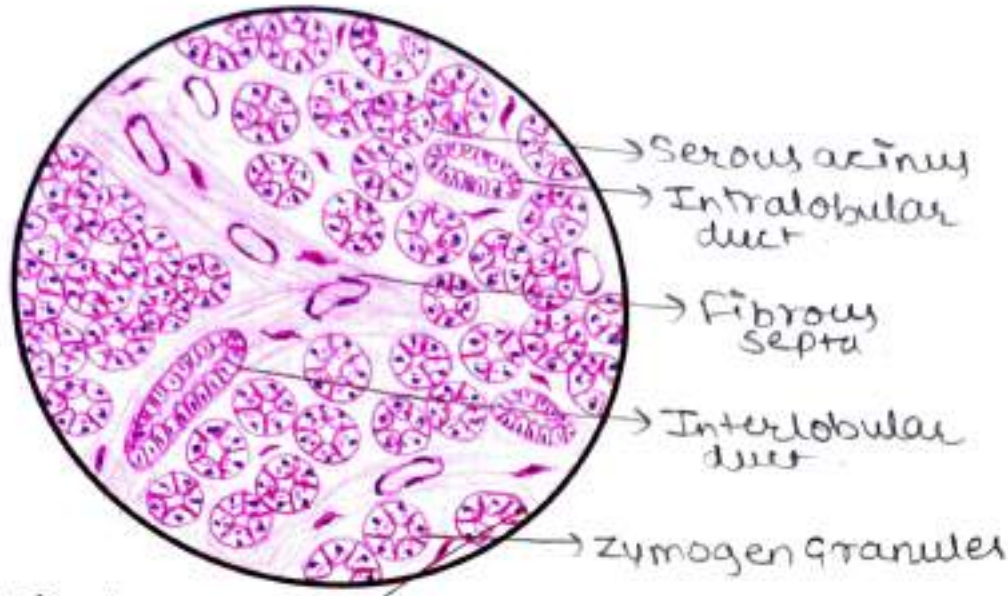


Fig 1. Serous Salivary Gland

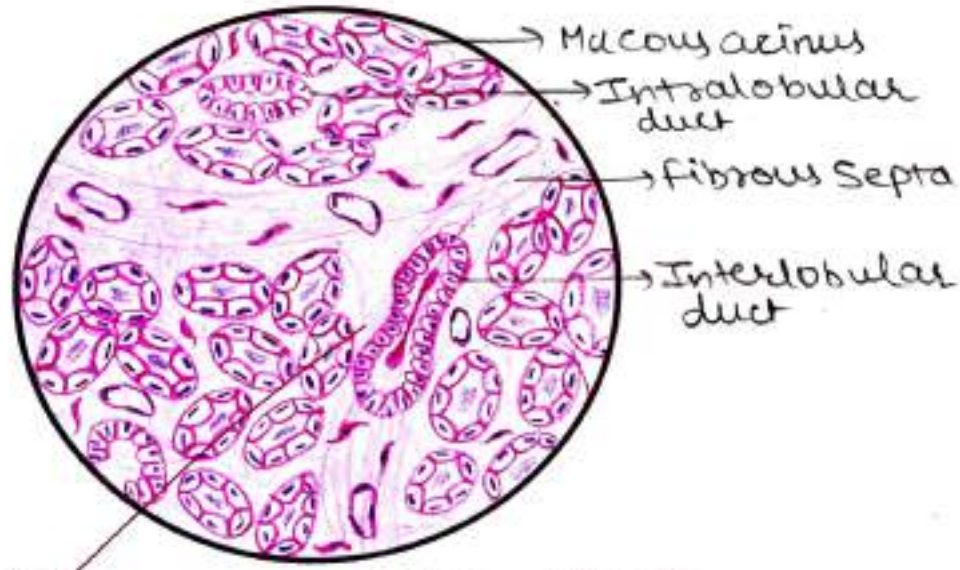


Fig 2. Mucous Salivary Gland

3) Mixed Salivary Gland: In a mixed salivary gland both serous and mucous acini are seen. The number can vary depending on predominantly serous or mucous. Along with these acini are also seen having both serous and mucous cells. In a mixed acinus the basic secretory unit is atypical mucous acinus in a tubular shape. The blind end of this tubular structure is capped by a group of serous cells that form a crescent shaped structure called as 'demilune of Gianuzzi'. Intra lobular & inter lobular ducts, connective tissue septa are also seen.

Serous acini	Mucous acini
① Circular or round in shape	① Ovoid or tubular in shape.
② Smaller in size	② Larger in size.
③ Composed of less number of cells	③ Composed of more number of cells.
④ Has small lumen	④ Has wider lumen.
⑤ Cells are pyramidal in shape	⑤ Cells are columnar in shape
⑥ Nucleus is round and placed at basal 1/3 of cell.	⑥ Nucleus is flattened and pressed against basement membrane of cell.
⑦ Apical cytoplasm appears eosinophilic because of zymogen granules.	⑦ Apical cytoplasm appears empty in H & E stained sections.

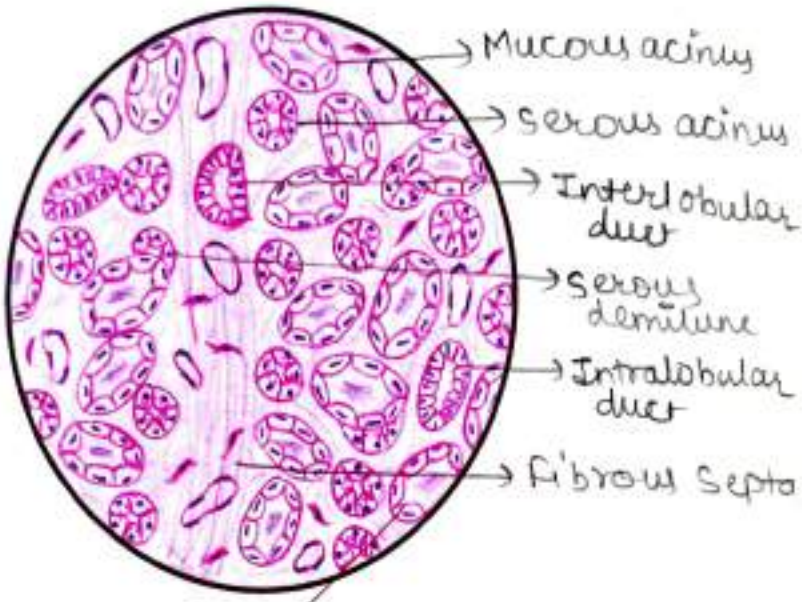


Fig 3. Mixed Salivary Gland

Maxillary Sinus

- Maxillary sinus is a paranasal sinus located in the body of maxilla. Maxillary sinus is also called as antrum of Highmore.
- Maxillary sinus is lined by pseudostratified ciliated columnar epithelium. This epithelial layer is mainly composed of ciliated columnar cells. Along with these there are nonciliated goblet cells. Goblet cells are unicellular secretory organ which are goblet shaped with a basally placed nucleus and apical cytoplasm filled with secretory products. Cilia of the lining epithelium help to move the secretion.
- The epithelium is separated from sub epithelial connective tissue by a basal lamina. Subepithelial connective tissue layer has collagen fibers and fibroblasts and also minor salivary glands which include both serous & mucous gland. This layer is attached to periosteum of bone of maxilla.

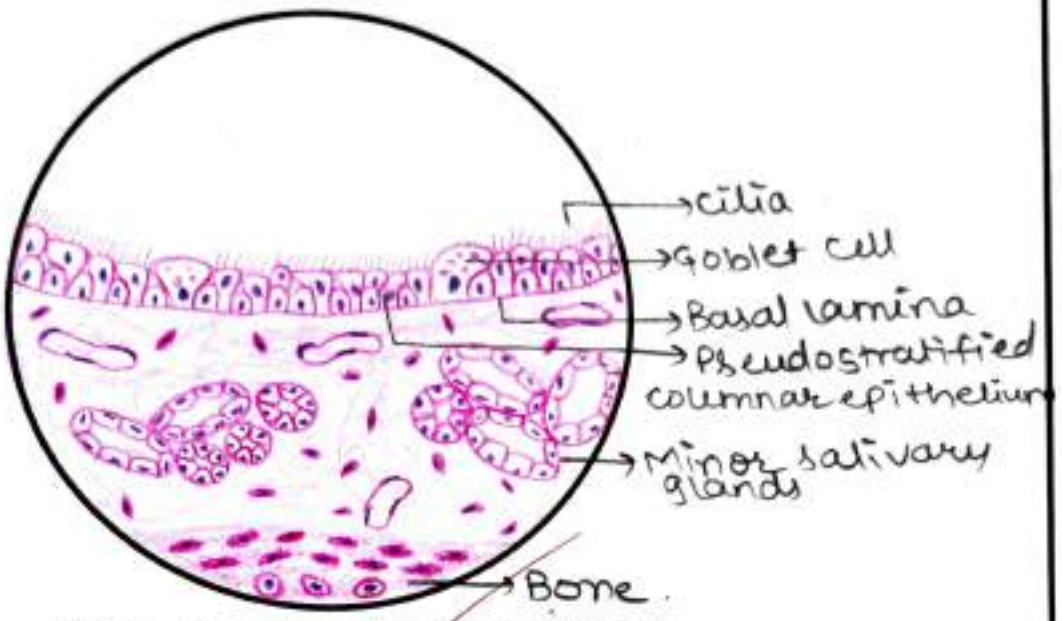


Fig. 1 Maxillary Sinus

Routine and Special stains

1) H and E (Hematoxylin and eosin) stain:

- For routine histology study, hematoxylin and eosin are used.
- Hematoxylin is basophilic stain while eosin is acidic. As nucleus is basophilic it stains hematoxylin while eosin is acidophilic and stains cytoplasm of cell. It also stains mitochondria and collagen fibers. Hematoxylin stain appears purple while eosin appears pink.

2) PAS (Periodic Acid Schiff) Stain:

- It is a staining method used to detect polysaccharides such as glycogen and mucous substance such as periodic ~~stat~~ acid is to oxidize some of tissue carbohydrates.
- The product of aldehyde group which can condense with Schiff reagent following bright purple colour.
- Application → commonly used in detection of basement membrane integrity, salivary gland lesion and fungal infection like conditions.



Fig. 1 H and E stain



Fig. 2 Periodic Acid Schiff stain

3) Mallory Stain:

- It's special stain used to demonstrate keratin
- It helps to determine degree of keratinization and also differentiation of keratin from epithelium.
- Solution used in xylene as alcohol and fuschin
- Result

① Keratin, ~~epithelium~~ → orange.

② Epithelium, connective tissue, collagen fibers → Blue

4) Masson's Trichrome Stain:

- It is a three colour staining protocol used in histology. It produces red keratin and muscle fibers. Blue or green collagen and bone light red or pink cytoplasm. Dark brown to black cell nucleus
- The most widely accepted basis for this method is an application of mass action. Coupled on observation of physical properties of various tissue compounds and impact of staining.
- Application → Used to differentiate collagen from smooth muscle as prognostic stain to evaluate vascularity of various lesion.

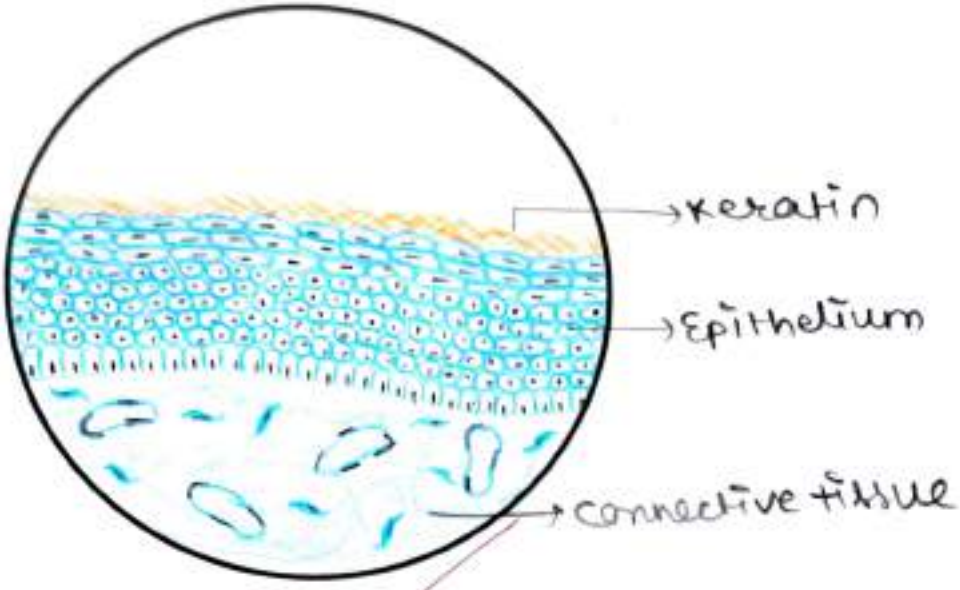


Fig. 3 Mallory stain

Massons.

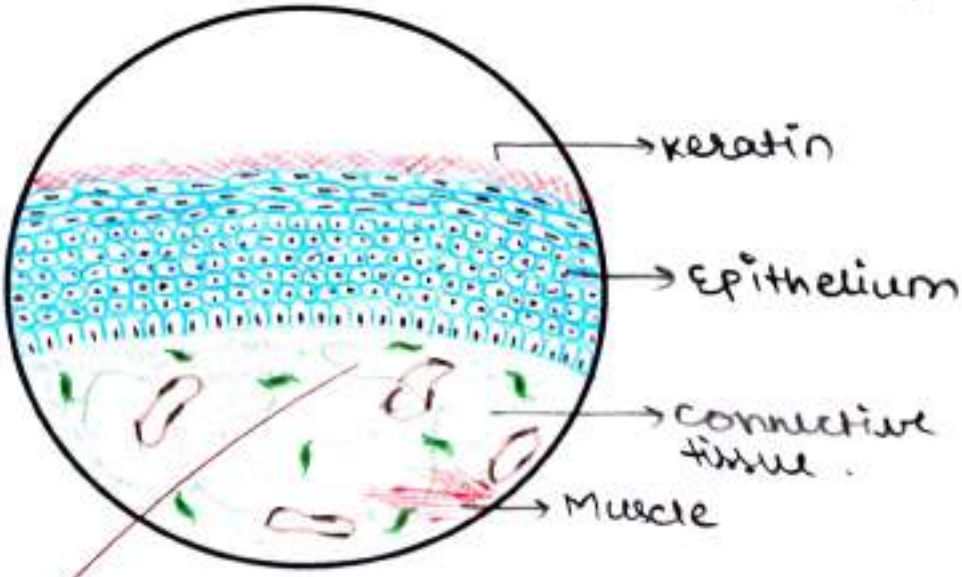


Fig. 4 Masson's Trichrome stain

5) Van Gieson's Stain:

- It is a mixture of picric acid & acid fuchsin
- It is simplest method of differential staining of collagen & other connective tissue.
- Picric acid provides acidic pH. It forms with dyes of complex which has affinity for collagen
- Stains nuclei blue, collagen bright red, cytoplasm; muscle fibrin & red blood cells yellow

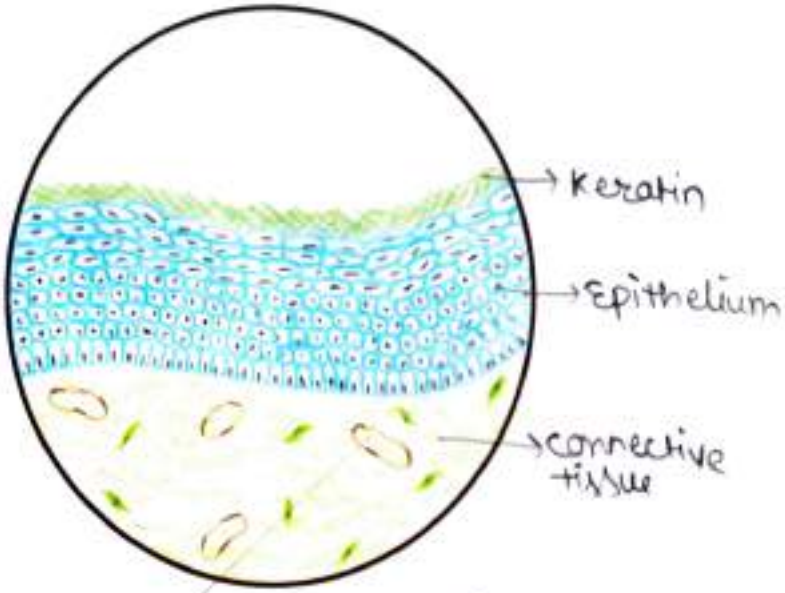
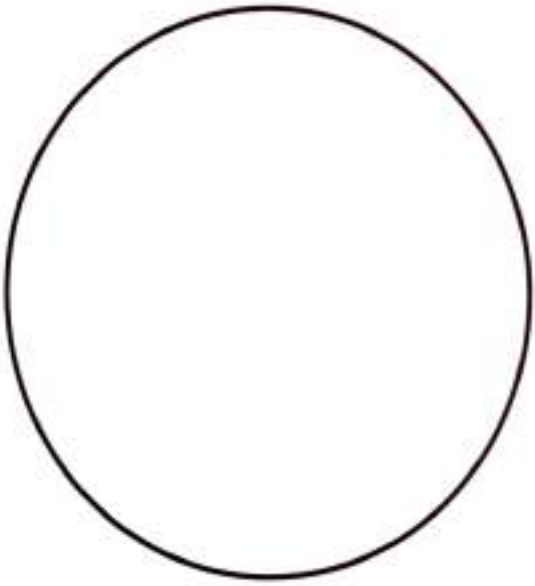


Fig. 5 Van Gieson's Stain



Section of Teeth

1) Ground section of teeth:

- Ground section are important to study hard tissue as bone and teeth. Enamel present in teeth can be studied only by ground section as it is lost in decalcified procedure. This technique is very useful to study histology of enamel which is not possible in decalcification as enamel is lost during decalcification.

2) Decalcified section of teeth:

- Hard tissue of body such as bone and teeth have to be made soft to be sectioned in routine microtome. The procedure involved is called decalcification, where calcium is removed from tissue. This procedure is used to study dental pulp during decalcification. Enamel is almost completely removed as it is composed of 96% inorganic component. The tissue become soft enough to be sent from routine processing and sectioning hard tissue such as bone, cementum & dentin can be studied by subjecting tissue to controlled decalcification

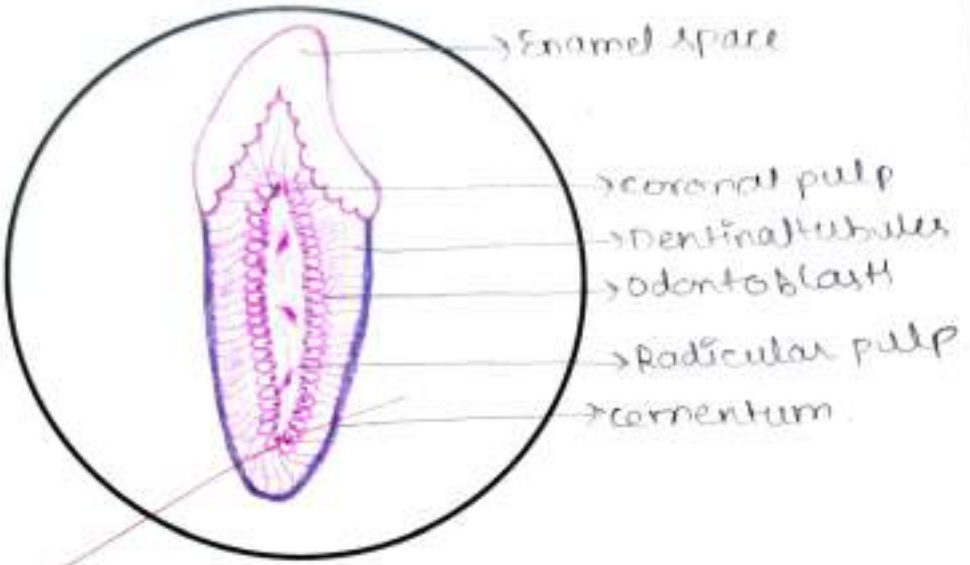


Fig 1. Decalcified section of tooth

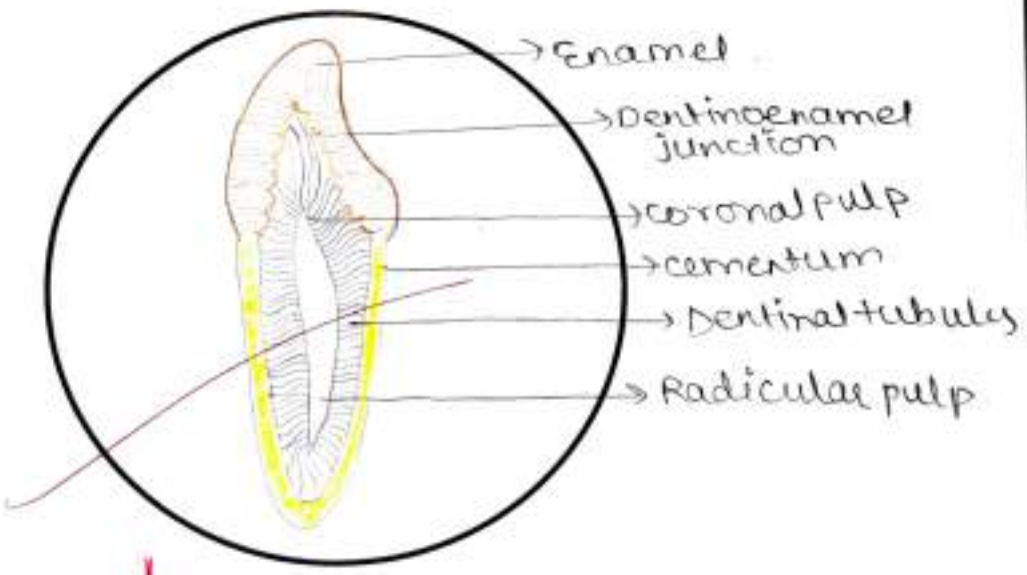


Fig. 2 Ground section of tooth



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YEAR: 2022 - 2023 Summer new B.D.S

MUHS Seat No.: 99549

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CERTIFICATE

This is certify that Mr. /Ms. : Shivkrishna K. Baile

Roll No. 02 (99549) *has Attended and Completed all*

the Practicals Recorded in this lournal.

Date : _____

Signature of The Head

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D Y Patil Dental School
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Signature of The Staff

INDEX FOR OPDs

SR.NO	DATE	PATIENT'S NAME	CASE NO.	AGE	GENDER	STAFF'S SIGNATURE
01	24/11	Seema Sonkpal	81358	31	F	
02	24/11	Anand Kumar	39807	35	m	
03	23/11	Udhav Mehetre	81156	52	m	
04	25/11	Nitinkumar Pal	81457	40	m	
05	20/11	Sandeep Kumar	81458	47	m	
06	29/11	Vishal Bhosale	62215	25	m	
07	29/11	Veena Thakare	62314	29	f	
08	8/3	Suchita Gabhale	80371	24	f	
09	8/3	Gautam Gaikwad	80372	44	m	
10	9/3	Sapna Ogve	80373	39	F	
11	10/3	Nanda Gaikwad	80375	56	F	
12	10/3	Rupita Mohite	80342	32	f	
13	11/3	Ankur Singhal	81445	32	m	
14	11/3	Sandesh Kadmale	89936	29	m	
15	11/3	Nikhil Gunjal	8944	22	m	
16	15/3	Suvarna Jadhav	8061	23	f	

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17	15/3	Pankaj Borade	89739	27	m	
18	15/3	Kaushalya Rokade	89744	55	f	
19	16/3	Kamal Bansode	89897	60	f	
20	17/3	Dnyaneshwar Badaviar	89990	37	m	
21	6/10	Kasa Kotwal	107300	28	f	
22	7/10	Sarika Bandave	107335	36	f	
23	7/10	Arati Mahajan	107308	48	f	
24	7/10	Chanda devi	107311	48	f	
25	8/10	Kunal gungal	107416	31	m	
26	8/10	Rohit Pawar	107417	26	m	
27	8/10	Sheetal adav	107428	24	f	
28	10/10	Supriya Iyer	107516	32	f	
29	10/10	Nagesh Telange	107519	23	m	
30	10/10	Akash malve	107523	23	m	
31	10/10	mukesh meena	107521	21	f	
32	12/10	Vaibhav Bhapkar	107742	21	m	
33	12/10	Santosh Tapkar	107745	35	m	
34	14/10	Sangeeta Gaikwad	107948	31	f	
35	14/10	Nina chandane	107948	30	f	
36	14/10	Aman agarwal	107949	28	m	
37	14/10	Amar More	107950	33	m	
38	14/10	Monali Jadhav	107951	25	f	
39	14/10	Laxmibai Vlamulay	107952	73	f	
40	15/10	Jitendra Gupta	107953	28	m	
41	15/10	Pushpa Jhashi	107954	63	f	
42	15/10	Gayatri Budhke	107955	21	f	
43	15/10	Dattaraj mahe	107956	26	m	
44	15/10	Mari Perekar	107957	30	f	
45	15/10	Gopal giri	107958	30	m	
46	15/10	Jahanvi more	107959	36	f	
47	15/10	Pushpa Garad	107960	11	f	
48	13/10	Sangeeta Tikar	107961	48	f	

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49	15/10	mannher kaur	107964	38	f	
50	15/10	poonam kumari	107964	35	f	
51	18/10	Ranjeet patil	107965	21	m	
52	20/10	Shryash idewad	107966	21	m	
53	20/10	Babynanda lahupney	107967	85	f	
54	20/10	Raju waghmore	107968	20	m	
55	20/10	madhuri Ningot	107969	28	f	
56	20/10	Adidya Gaikwad	108405	20	m	
57	20/10	Pratik Paul	108382	21	m	
58	21/10	Samir shaikh	16454	37	m	
59	22/10	Govind Sawant	108678	45	m	
60	22/10	Pratik Paul	108408	21	m	
61	22/10	Deepak sonawane	108494	34	m	
62	22/10	Abjeet Kaloke	120294	33	m	
63	22/10	Hirymun sondne	120297	66	m	
64	22/10	Girish Jadhav	120389	38	m	
65	22/10	Nisar shaikh	120390	58	m	
66	27/2	sapna patil	120392	23	f	
67	27/2	Lokesh Gallwala	120391	53	m	
68	27/2	Urmilla agarwal	120393	52	f	
69	27/2	Ravi Rao	120394	26	m	
70	27/2	Dhumush Chunguni	82867	43	m	
71	27/2	Angali Chunguni	80373	43	f	
72	27/2	santosni narawale	120395	24	m	
73	28/2	Pradip sonawane	123396	60	m	
74	28/2	Surekha sonawane	120397	50	f	
75	28/2	Ganesh Norwade	120398	18	m	
76	28/2	mahalaxmi gallope	120399	25	f	
77	28/2	Pooja Pandey	120900	21	f	
78	28/2	Deepali Bhoi	120893	31	f	
79	01/3	Asari salunke	120895	10	m	
80	01/3	Yogesh salunke	120494	39	m	

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81	01/3	Bhimrao Ghire	120496	32	m	
82	01/3	Priyanka Sonwane	120497	26	f	
83	01/3	Jagannath Sonawane	120498	50	f	
84	01/3	Surekha Kardong	12093	56	f	
85	01/3	Nikhil Rathod	11 4986	67	f	
86	1/3	Vikas Pedurkar	126499	23	m	
87	2/3	Faisal Khan	125502	54	m	
88	2/3	Deepak Balchandra	125501	43	m	
89	2/3	Jayeshree Bhoir	117950	32	f	
90	2/3	Deepak verma	120503	25	m	
91	2/3	Mukundrao Uyas	120506	44	m	
92	2/3	Mohini Pathak	120509	32	f	
93	2/3	Priya Pethkar	120508	36	f	
94	3/3	Shevanti Vare	120693	24	f	
95	3/3	Pushpa Wanka	120694	62	m	
96	3/3	Ayush Sawande	120696	5	m	
97	3/3	Amol Withugade	120698	38	m	
98	3/3	Rekha Gurkar	120506	23	f	
99	3/3	Kavita Bansode	120699	38	f	
100	3/3	Pradeep mundkar	120822	62	m	
101	3/3	vijaya dhavale	12009	40	f	
102	3/3	Rajesh Phurate	120811	7	m	
103	3/3	Subeda Khan	120815	60	m	
104	3/3	Smruti Dhondge	120821	44	f	
105	3/3	Fauji Aiman	120822	32	m	
106	4/3	Mundungiri Thorat	120824	31	m	
107	4/3	Ramesh Gaikwad	120835	36	m	
108	4/3	Akash Sonawane	33601	30	m	
109	4/3	Mukesh Bandekar	45102	38	m	
110	4/3	Surekha Munde	14209	21	f	
111	4/3	Shyam Gadre	64397	34	m	
112	4/3	Dhanashri Sonar	12082	20	f	

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113	4/3	Sneha Bankar	120921	33	F	
114	4/3	Shivam Bankar	120927	40	m	
115	4/3	Shivani sutar	12080	20	f	
116	4/3	musamil anand	120943	28	m	
117	4/3	viveak pipkar	97734	32	m	
118	4/3	Jayashree Gaikwad	121026	60	f	
119	6/3	Ganesh Sonawane	121028	42	f	
120	6/3	sakash Kshitriya	121030	23	m	
121	8/3	Balashaeb Khadue	21027	61	m	
122	8/3	Neelem Dhotre	121042	28	f	
123	8/3	Rekha Toshniwal	121041	30	F	
124	9/3	Kaus sayed	121036	50	m	
125	9/3	Akskay Dagwker	121043	26	m	
126	9/3	vishal wankhade	121044	26	m	
127	9/3	sopan narawale	12146	33	f	
128	10/3	Ramesh washi	1247	68	m	
129	10/3	Baliram Loi	42537	50	m	
130	10/3	Ganesh kotwal	4367	40	m	
131	10/3	saugorha khan	121153	10	m	
132	10/3	Shivam pandey	121155	24	m	
133	11/3	shoba kurde	121247	54	m	
134	11/3	Sampda Gawali	121248	50	f	
135	11/3	Jash Patnare	121251	16	m	
136	11/3	ajenkya Patole	81542	25	m	
137	11/3	seema Thugal	123036	47	f	
138	11/3	manisha Deshmukh	12750	30	m	
139	11/3	laxmi kshir sagar	121260	41	f	
140	11/3	mandev mankar	121262	05	m	
141	11/3	omkar pawar	98571	23	m	
142	11/3	sidhu Konade	121263	29	m	
143	11/3	sachin kumar	121369	35	m	
144	11/3	Khushi Pawar	121372	07	f	
145	11/3	akansha Kakade	121373	24	m	
146	11/3	sukhiram thapa	121390	47	m	
147	11/3	akshay sawant	121309	27	m	
148	11/3	shruti mahajan	121393	09	f	
149	11/3	Tritesh Bhansali	121394	10	m	
150	11/3	Amit Gaikwad	121395	17	m	
151	11/3					

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01	7/10	Kajal Kotwal	107300	28 F		
02	14/10	Sangeta Gaikwad	107990	30 f		
03	17/10	Sujata Chavan	107993	45 f	B+	
04	19/10	Sukiram Thapa	107998	48 m	B	
05	28/3	Ajeet Deshpande	179095	36 m	B+	
06	8/3	Balasheeb Khandu	121080	61 m	4/1	
07	20/10	Prathibha Dongre	16364	32 F	4/2	
08	17/3	Santosh Gaikwad	80938	48 m		
09	7/10	Vijay Jagdale	170993	54 m	B	
10	05/06	Ram Kumar Yadav	128520	24 m		

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01	24/11	Shrayash Shigare	49 1999	12 m	5	A	
02	24/11	Shryas Hingare	49149	12 m	6		
03	25/11	Sangeta Chowdri	81433	47 f	8	A	
04	25/11	Asha Khumbhar	81446	35 F	7	A	
05	25/11	Asha Khumbhar	81446	35 F	6	A	
06	25/11	Niti Kumar Pal	25113	40 m	1		
07	26/11	Sandeep Kadam	81545	43 m	3		
08	30/11	AS Bhalle	81872	48 m	6	A	
09	7/3	Sharukh	5634	26 m	78	A	
10	7/3	Sharukh	5634	26 m	876		
11	7/3	Amruta Gaikwad	57784	26 f	5	A	
12	8/3	Harshita Agarwal	58092	7 f	74 75	B	
13	10/3	Rupta Mohite	89342	32 f	5	A	
14	11/3	Rekha Phadtare	53294	39 f	4		
15	11/3	Shanta Chitare	89924	49 F	7	B+	
16	14/3	Suwarna Jadhav	53251	23 F	7	B+	
17	14/3	Arun Kodre	5361	58 m	8		
18	15/3	Kirti Singh	5341	17 f	5	A	
19	16/3	Komal Bansode	89817	60 F	87	B+	
20	8/10	Santosh Barde	107399	46 F	56		
21	8/10	Sonam Shah	62003	9 f	74	A	
22	8/10	Urunda Jhoshi	62728	30 F	5		
23	11/10	Urunda Jhoshi	62728	30 f	6		
24	11/10	Sonam Shah	107623	8 f	75		
25	11/10	Sonam Shah	107023	8 f	14		
26	11/10	Pradeep Jadav	107028	40 m	7	A	
27	12/10	Ayan Gaikwad	107404	4 m	74 75		
28	15/10	Vaibhav Bapkar	107702	21 m	7		
29	15/10	Ganesh Gupta	10743	6 m	E.D		
30	15/10	Pallavi Suryavanshi	10745	31 f	5		AS
31	15/10	Gayatri Buchik	10746	21 F	6		
32	15/10	Aryadna Makar	61777	6 f	64		

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33	18/10	Chaya Khiloni	108093	32 f	+7		
34	20/10	Sandeep Pati	08262	21 m	+6		
35	20/10	Sushma Nerkar	108974	60 f	6+		
36	20/10	Jyoti Jadhav	108976	29 f	8+		
37	21/10	Prathiba Dongre	108577	32 f	6.5+	B+	
38	22/10	Sameer Shaikh	108582	37 m	6+	B+	
39		Arshi Shaikh	109671	4 f	+6.5	B+	
40		Deepali Ghoir	114900	34 f	7+		
41		Mahadhar Vyas	120443	67 m	4+		
42		Mahadhar Vyas	120491	23 m	+8		
43		Mahadhar Vyas	120493	47 m	+6		
44		Seren Kandong	120500	39 m	+5	A	
45		Vikal Rathod	120499	23 m	7+		
46		Prakash Bhikar	120596	25 m	+6		
47		Shyam Chaurasia	120604	40 m	6+		
48		Nagma Tyagi	120606	29 f	+6		
49		Somnath Ghokle	120607	40 m	6+		
50		Parampreet Kaur	120609	28 f	5+	A	
51		Sanjay Pati	126702	4 f	+6		
52		Rasa Kohli	120704	28 m	+4		
53		Shruti Salve	120706	23 F	+7.5		
54		Gyanasharma	11667	9 m	+8.5		
55		Godavari Sundarsh	11990	74 F	6+		
56		Tanvay Jawale	112987	6 m	+7		
57		Chaya Jawale	120819	30 F	+6.5		
58		Mangala Patil	12083	64 f	+8	A	
59		Balasaheb Jagde	120902	61 m	+7.5		
60		Ridhi Sapkal	120918	33 F	+8		
61		Sapali Panchal	105157	29 m	3+		
62		Parathramesh Tade	120919	19 m	7+		
63		Bhanubhai Jhashi	120922	50 F	6+		
64		Pappu Chowdhary	119203	40 m	+7		

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66		Shitiz Badiker	11988	26 f	+1		
67		Shitiz Baikar	11988	26 f	+6		
68		Shivaji suttar	120971	26 f	+6		
69		Balashrb Khandu	121080	98 f 1m	+30,27		
70		Sushila Ghosh	120889	61 m 8	+27		
71		Sangeeta Indra	121032	59 m	2+	A	
72		Sangeeta Jhadav	121032	59 m	+3		
73		Shoba Khaade	121247	59 m	+		
74		Shoba Khade	121247	59 m	3+		
75		Shoba Khade.	121247	59 m	+5		
76		Jeevan Baking	121259	16 m	+7		
77		yash Patole	121251	26 m	6+		
78		Lata Gonale	121246	46 F	6+		
79		Gopal mali	121368	46 m	4+		
80		Ashok Das	117680	75 m	+6		
81		Rahul Kadam	120181	27 m	+		
82		Sandeep Salve	121378	47 m	7+		
83		Sandeep Salve	121378	23 F	+7		
84		Jalekha Patel	101067	43 F	+6		
85		Jalekha Patel	99549	27 m	5+		
86		Vaishnavi Paste	94511	30 F	+1	B++	
87		Akshay Sawant	121340	9 m	+7		
88		Supriya Kamble	121394	30 F	+1		
89		Anand Khandge	121388	9 m	5+		
90		Sushila Jagtap	121340	29 f	5+		
91		Ridhi Sapkal	120919	33 f	+7		
92		Dhanshree Jhun.	120920	50 f	+6		
93		Papu Chowdary	119203	40 m	+1		
94		Shimoo Bnkar	120925	25 f	+8	A	A

INDEX FOR RADIOGRAPHIC INTERPRETATIONS

SR. NO.	DATE	PATIENT'S NAME	CASE NO.	AGE GENDER	X-RAY REGION	GRADE	STAFF'S SIGNATURE
01	29/11	Vishal Bhosale	62215	25 m	6	B+	
02	8/3	Sumir Shaikh	63948	32 m	6	B+	
03	8/3	Dhanashree Bidue	89990	28 F	6	B+	
04	15/3	Suvarna Jadhav	8061	32 f	7		
05	8/10	Rohit Pawar	107417	18 m	6		
06	20/10	Raju Waghmare	107968	20m	6		
07	27/2	Sapna Patil	120392	23 f	6		
08	27/2	Urmila agarwal	120393	52 F	6		
09	27/2	Angali Chungui	80373	43 F	4		
10	27/2	Santosh Narwade	120395	24 m	3		
11	28/2	Surekha Sonawane	120393	50 F	6		
12	28/2	Mahalaxmi Gallop	120399	25 F	6		
13	01/3	Bhimrao Ghire	1204996	32 m	7		
14	02/3	Deepak Verma	120503	25 m	5	B++	
15	4/3	Surekha Munde	142509	24 f	5	A	

01 CASE HISTROY : 01

Date: 7/10/22

Pt. Name: Kajal Kotwal — Reg No 107300

Age: 28 yrs — female

married — pune

Housewife — mathadi

⇒ Chief complaint: Pt. c/o of fractured teeth and Pain in lower Right Back Region of Jaw, since 5days.

⇒ HOPI: Pt. was apparently alright 5 days back. Began having Pain which started suddenly was dull in character and was on stimulus. pt gave H/o Discomfort on Biting and Pain was dull in character.

⇒ History: No Relevant finding

A. Past Dental History: RC Treated 2 + 6

B. Past medical History: No Relevant finding.

C. Family History: No Relevant History

D. Personal History

1. maintance of oral Hygiene
   a. method: Brush and Paste ; Horizontally
   b. frequency: 1/day.
2. Dietary habits
   → mixed diet
3. Tissue Abuse History
   → Alcohol NRF yrs NRF times/day
   → Bidi NRF yrs NRF times/day
   → others NRF yrs NRF times/day.

⇒ Examination

A. Genereal examination

1. Built: Ectomorphic
2. Gait: No abnormality detected
3. Skin: Normal
4. vital signs

→ Temperature: afebrile → Respiratory rate: 16 cycle/m

→ Pulse rate: 73 beats/min → B/P: - -

→ examination of signs: No Relevant findings.

B. Extra oral examination

1. facial symetrey: Grossly symetrical and profile Straight profile.

2. eyes: NAD 3. Ears: NAD 4. Nose: NAD

5. Lips: Competent

6. TMJ: Normal, movement: Normal

7. Lymph Node: Non-tender and Non Palpable.

8. muscle of mastication: NAD

9. Salivary gland NAD

C. Intra-oral examination

A. Soft tissue examination

1. Labial mucosa: NRF

2. Buccal mucosa: NRF

3. Tounge: NRf

4. Lips: NRf

5. soft palate: NRF

6. Hard Palate: NRf

7. floor of mouth

- whartons: NAD

- Lingual varicosity: absent

8. Gingival examination

- color: Pink to Brown. - B.O.P: +ve.

- Presence of stippling, - consistency: from

- size: Normal.

9. periodontal examination: Ab

10. edentulous ridge: ab

11. Tonsilar and Pharyngeal: NAD

areas

b. Hard tissue examination

1. Teeth

1. Teeth present : 48 47 46 45 44 43 42 41 31 32 33 34 35 36 37

2. missing teeth : 36

3. carious teeth : 46, 36, 37

4. Filled : 26 (RC Treated)

5. calculus and stain : ++

6. occlusion

- angles class I

⇒ Detailed examination of area of Chief complaint

A. teeth in the area of CC : 46

B. Swelling : No Relevant finding

→ on palpation : No Relevant finding

→ spaces involved : No Relevant finding

⇒ Provisional Diagnosis

1. area of C.C : apical periodontitis $\frac{C}{T}$

other diagnosis : Chronic pulpitis $\frac{C}{T}$

gingivitis, acute pulpitis 36, 37

⇒ Investigation : IOPA $\frac{C}{46}$

1. IOPA region : mandibular Left Back Region of Jaw.

2. Teeth completely seen 46 47 48

3. Partially seen : -

4. Anatomical Land marks

	Radiopaque	Radiolucent
a. Dental	Enamel, Dentin	Pulp
b. osseous	mandibular canal, Lower Border of mandible	PDL space

5. most pathologic Tooth : 46

→ Crown: irregular, ill defined radiolucency seen in distoccluseal surface of tooth involving enamel, dentin and pulp

→ Roots: 2 Roots with patent root canalas.

→ PDL space: widening in middle and apical 1/3rd.

→ Lamina Dura: continious in cervical, discontinious in middle and apical 1/3rd.

→ Periapical area: a ~~well defined~~ diffuse radiolucency seen

→ interdental bone: No abnormality.

→ Any other finding: -

6. other compltley seen teeth $\bar{c}$ $\overline{7|}$

→ Crown: an well defined irregular radiolucency seen involving enamel, Dentin pulp.

→ Roots: 2 roots with patent canalas.

→ PDL space: No widining

→ Periapical area: No abnormality

→ interdental bone: No abnormality

→ Radiographic Diagnosis:

1. Periapical abscess $\bar{c}$ $\overline{6|}$

→ Radiographic Differential Diagnosis:

1. periapical cyst.

→ Radiographic faults.

1. clip mark
2. Dark radiograph
3. fixer stain

→ final Diagnosis

1. periapical abscess $\bar{c}$ $\overline{6|}$
2. chronic irreversible pulptis $\bar{c}$ $\overline{7|}$
3. chronic generealized marginal gingivitis.
4. Reversible pulptis $\bar{c}$ 36, 37

⇒ Treatment Plan

1. Preliminary

- metanic acid 400 mg bid 3 day
- Actiominophen 500mg bid 3 day

2. non-surgical

- supragingival scaling

3. Restorative.

- RCT $\bar{c}_{\overline{76}|}$
- composite $\bar{c}$ 36, 37

4. maintaince

- Recall atte

for 1st yr — every 3 mounth's merin

CASE HISTORY 02

Date: 14/10/22

Name: Sangeeta Gaikwad. Reg No: 107940

31, female, married, Pune, Housewife.

⇒ Chief complaint: C/o pain in Left Back Region of Jaw and pain radiates of head and ear; unilaterally.

⇒ HOPI:

pt was apperentley alright onsent was gradual duration min progress to Back of head and ear. aggrevates on mastication and pressure and relieves on medication and seep pain is dull and aching.

⇒ History

1. Past Dental History

C/o 1. H/O Root piece impaction {faulty extraction}

2. extraction $\bar{c}$ — $\bar{z}$

2. Past medical History: No Releavant History

3. family History: No Relevant History.

4. personal History

maintainle of oral Hygiene

a. method: Tooth Brush, paste, Horizontally

b. frequency: once/day.

1. Dietary habits: mixed diet

2. Tissue abuse History: NRF

⇒ Examination

A. Genereal Examination

1. Built: Ectomorphic

2. Gait: NAD

3. Skin: NAD

4. Vital sign:

→ Temp: afberil ; Respiratory rate: 16 cycles/min

→ Heart rate: 68 beats/min → BP: -

5. examination of sigin : NRF

B. extra oral examination

- facial symetrey: grossly symetrical
- Eyes: NAD, - Ears: NAD, - Nose: NAD
- Lips: competent - TMJ: Normal
- Lymph node: non-tender and non-palpable
- muscles of mastication: NAD.
- salivary gland: NAD.

C. Intra oral examination

a. soft tissue examination

1. Labial mucosa: NAD
2. Buccal mucosa: NAD
3. Toungue: NAD
4. Lips: NAD
5. soft palate: NAD
6. Hard palate: NAD
7. floor of mouth: NAD
8. gingival examination

- color: pink, - BOP: +ve, - Presensce of stippling
- consistency: firm, - size: Normal

9. Periodontal examination: NAD

10. edentulous ridge examination: NRF

11. Tonsillar and pharyngeal areas: NAD

b. Hard Tissue examination

1. Teeth present

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41 31 32 33 34 35 36 37

- Carious Teeth $\bar{c}$ $\frac{8\ 7}{8}$ | 6 8

- Top +ve, - contact points: Normal
- Calculus and stain: Calculus +, stain: ++
- occlusion: angles class I

⇒ Detailed examination of area of chief complaint $\bar{c}$ $\frac{\ }{7}$

B. swelling: Not applicable.
Palpation: Not applicable.
any other findings: -

⇒ Provisional Diagnosis
→ related to CC : Apical periodontitis $\bar{c}$ $\frac{+}{+}$
→ other diagnosis: 1. multiple dental caries
2. Acute marginal gingivitis.
3. Chronic pulpitis $\bar{c}$ $\frac{+}{+}$

⇒ Investigation
IOPA $\bar{c}$ $\frac{+}{+}$

⇒ Radiographic Diagnosis with differential diagnosis
1. IOPA region : mandibular Left Back
2. Teeth completely seen : 36 , 37
3. Teeth Partially seen : 35
4. Anatomical landmarks

	Radiopaque	Radiolucent
a. Dental	enamel, dentin	pulp
b. osseous	mylohyoid bone	mandibular canal
	Lamina Dura.	
	Cancellous Bone	
	alveolar Crest Bone	

5. most Pathological Tooth
→ Crown : Intact crown with radiopaque dentin, enamel radiolucency noted m-P and D-P
→ Root : 2 roots with 2 patent canal
→ PDL Space : No widening
→ Lamina Dura : continuous.
→ Periapical area : a radiolucency seen on Distal root end.
→ Interdental Bone : NAD
→ Any other findings: -

(6) other completely seen teeth 36

→ Crown: NAD

→ Root : 2 Roots with patent root canal

→ PDL space : No widening

→ Lamina Dura : continious

→ Periapical area : Normal

→ Interdental Bone : NAD

(7) Radiographic Diagnosis

→ Periapical cyst ⏜ 36

(8) Differential Diagnosis

→ Periapical Granuloma ⏜ 36

(9) Radiographic fault

1. Clip mark

2. Overfixed.

⇒ final Diagnosis.

→ Periapical cyst ⏜ 36

→ Chronic irreversible pulpitis ⏜ $\frac{}{6|}$

→ Reversible pulpitis ⏜ $\frac{87|}{8|}\frac{68}{}$

→ Chronic generealized marginal gingivitis

⇒ Treatment plan

1. Preliminary phase → mefanic acid 400mg bid 3day
   Actominophen 500mg b.i.d 3da

2. non-surgical – scaling

3. Restorative

   RCT ⏜ $\frac{}{6|6}$

   composite ⏜ $\frac{87|}{8|}\frac{68}{}$

4. maintaince

for 1st yr every 3 mounths ... merin.

CASE HISTORY 03

Date: 17/10/22

Reg No: 107943

→ Pt. Name: Sujata Chavan

41, female, married, Housewife, Lohaegaon.

⇒ Chief Complaint: Pt c/o Pain in mandibular left Back Region of Jaw since 5 days and uncleaned teeth.

⇒ HOPI: Patient was apperently alright 5days the Pain was gradual Lasted for min and aggravates on mastication in Lower Left Back Region of Jaw the Pain was of Dull aching type of Pain.

⇒ History

1. Past Dental History : NRF
2. Past medical History: Pt is Hypertensive and is on medication for the same.
3. family History: NRF
4. personal History:
   1. maintainence of oral Hygiene.
      a. method : Horizontal
      b. frequency: 1/day with Tooth brush and paste.
   2. Dietary habits : mixed
   3. Tissue Abuse History: NRF

⇒ Examination

A. General Examination

1. Built : Ectomorphic
2. Gait : NAD
3. Skin : NAD
4. Vital Signs

→ Temp : afebrile → Respiratory rate : 16cycles/min

→ Heart rate: 70beats/min → BP : -

5. Examination of Signs : NAD

B. Extra oral examination

1. facial symetery: grossly symetrical

→ Eyes: - , → Ears: - , → Nose: -

→ Lips: competent → TMJ: Normal

- lymph node: Non Tender and non-Palpable

- muscles of mastication: - - Salivary gland: -

C. Intra oral examination

a. soft tissue examination

- Labial mucosa: NAD
- Buccal mucosa: NAD
- Tounge: NAD
- Lips: NAD
- Soft palate: NAD
- Hard palate: NAD
- floor of mouth: NAD
- gingival examination

→ color: Physiologic pigmentation → BOP: +ve.

→ presence of stippling. - consistency: oedematous

→ size: Reduced.

- Periodontal examination: NAD

- Tonsilar and pharyngeal area: NRF

b. Hard tissue examination

1. Teeth

- Teeth present $\bar{c}$ 17 16 15 14 13 12 11 21 22 23 24 25 26 27 / 47 46 45 44 43 42 41 31 32 33 34 35 36 37

- carious teeth $\bar{c}$ class I $\bar{c}$ 76 | 7 / 6 | 6

- TOP +ve: $\bar{c}$ 1/6

- contact point: Tight

- calculus: + , Plaque: ++

⇒ occlusion:

- angles class I

⇒ Detailed examination of area of chief complaint

A. Teeth $\bar{c}$ $\overline{\vdash}_6$

Top +ve $\bar{c}$ $\overline{\vdash}_6$ and Tooth surrounded by calculus.

B. swelling : NRF

C. on palpation : NRF

⇒ Provisional Diagnosis.

- to c/c : apical periodontitis $\bar{c}$ $\overline{\vdash}_6$
- other diagnosis : 1. Dental caries $\bar{c}$ $\frac{26}{6}\vdash\frac{7}{6}$

  2. Localized periodontitis $\bar{c}$ $\overline{\vdash}_{13}$

⇒ investigation:

IOPA $\bar{c}$ $\overline{\vdash}_6$

⇒ other investigation — BSL ⇒ GOD-POD { fasting / P.P

⇒ Radiographic Diagnosis

① IOPA region : mandibular left Back Region

② Teeth completley seen 35 36 37

③ Teeth partially seen 36 34

④ Anatomical Land marks

	Radioopaque	Radiolucent
a. Dental	Enamel, Dentin	Pulp space
b. osseous	Lamina Dura	marrow space.
	cancellous Bone	mandibular canal
	Alveolar crest Bone	

⑤ most pathologic Tooth: 36

⇒ Crown: an ill defined, irregular Diffuse Radiolucency seen involving enamel, Dentin

⇒ Roots: 2 roots with patent canalas

⇒ PDL space PDL widening seen on middle and apical 1/3rd

⇒ Lamina Dura: continious

⇒ Periapical area: an well defined round to oval radiolucency seen.

→ Interdental Bone: an Horizontal radiolucency suggestive of Horizontal Bone loss.

6 (7) For other completley seen Teeth 37, 35

→ Crown: NAD

→ Root : NAD

→ PDL space: No wideing

→ Lamina Dura : NAD

→ Periapical space: NAD

→ Interdental Bone: an Horizontal radiolucency suggestive of Horizontal Bone loss

7 (8) Radiographic Diagnosis

1. Periapical granuloma $\bar{c}$ 36

2. Modereate periodontis

(8) Radiographic Differential

1. Periapical cyst $\bar{c}$ 36

(9) Radiographic fault

1. Clip mark.

⇒ Final Diagnosis

1. Periapical granuloma $\bar{c}$ 36

2. Modereate periodontis

3. Chronic generealized diffuse gingivitis with localized periodontis $\bar{c}$ $\overline{21|13}$

⇒ Treatment Plan

1. Preliminary { Metanic acid 400mg bid 3 day; Acitominophen 500mg bid 3 day }

2. Non-surgical: scaling

3. Restorative { RCT $\bar{c}$ 36; root planing and root cove reage $\bar{c}$ $\overline{27|13}$ }

4. maintaince

for 1st yr .... every 1 mounth .... mein

CASE HISTORY 04

Date: 19/10/22

⇒ Name: Sukram Thapa Reg No: 107948

48. male, married, Sathe vasti Lonagaon, street vendor, 20,000/month.

⇒ C/C: Pt c/o of pain on upper Right Back Region of Jaw and unclean Teeth. Since 6 days.

⇒ HOPI:

Patient was apperently alright 6days back but began experiencing pain in upper right Back Region of Jaw the onset was gradual pain lasts for mins and aggravates on mastication. Relieves on medication 6soms DOLO Pain was dull and gnawing type.

⇒ History

1. Past Dental: NRH
2. Past medical: NRH
3. Family History: NRH
4. Personal History
   1. maintance of oral hygiene
      a. method: Horizontal
      b. frequency: 1/day with Tooth Brush and Paste

⇒ Dietary habit: mixed

⇒ Tissue abuse History

- Alcohol 10 yrs 2-3 times/week
- Tobacco 6 yrs 2 times/day

⇒ General examination

- Built: Endomorphic
- Gait: Slouching

Skin: NAD

Vital Sign

⇒ Temp: afebrile ⇒ Respiratory rate: 18 cycles/min

⇒ Heart rate: 82 beats/min ⇒ BP: -

5 examination of skin : NAD

4. Extra oral examination

- facial symetery: grossly symetrical

→ eyes : - , → ears : - , → Nose : - → Lips : competent

→ TMJ: NAD

→ Lymph node : Non tender and non palpable

→ muscles of mastication : NAD

→ salivary gland : NAD

5 Intra-oral examination

a. Soft tissue examination

1. Labial mucosa : NAD

2. Buccal mucosa : NAD

3. Lips : NAD , 4. Soft palate NAD

5. Hard palate : NAD ,

6. floor of mouth : NAD

7. gingival examination

Color : Physiologic Pigmentation , BOP : +ve

Absence of stippling . - consistency : oedematous

size - Normal

8. Periodontal examination : NAD

9. Tonsillar and pharyngeal area : -

b. Hard Tissue examination

1. Teeth present

- generelized attrition

- TOP +ve ☐ 14

- occlusal facet ☐ 1/6

- Contact point tight

- calculus : + , Plaque : + + , stain +

- occlusion

- angle class I

⇒ Detailed examination of area of chief complaint.

A. Teeth in the area of C/C = 4

B. Swelling NRF

on palpation: NRF

any other findings: -

⇒ Provisional Diagnosis

1. Chronic pulpitis = 4

2. Occlusal facet = 6

3. Chronic gingivitis

⇒ Investigation: IOPA = 4

⇒ Radiographic Diagnosis

① IOPA region: maxillary Right Back Region

② Teeth completley seen: 13, 14, 15, 16

③ Teeth partially seen: 17

④ Anatomical Landmarks

	Radioopaque	Radiolucent
a. Dental	enamel, Dentin	Pulp space
b. Osseous	Lamina Dura.	max. sinus
	Cancellous Bone	~~mandibular~~ [illegible]
	alveolar crest Bone	space.

⑤ most pathologic Tooth: 14

→ Crown: Loss of enamel, Dentin suggestive of gross loss of crown destruction.

→ Roots: 1 root with no canal.

→ PDL space: wideing in apical 1/3rd

→ Lamina Dura: non continuous

→ Periapical area: an diffuse irregular Radiolucency seen.

→ Interdental Bone: Horizontal Bone Loss

→ Other completley seen teeth 13, 15, 16

→ Crown: NAD

→ Roots: NAD

→ PDL space: No widing

→ Lamina dura: discontinuous

→ Periapical area: NRC

→ Interdental bone: NRC

⇒ Radiographic diagnosis

1. Periapical abscess $\bar{c}$ $\overset{4}{+}$

⇒ Radiographic differential diagnosis

1. Periapical granuloma $\bar{c}$ $\overset{4}{+}$

⇒ Radiographic fault

1. Clip mark
2. Light radiograph

⇒ final Diagnosis

1. Periapical abscess $\bar{c}$ $\overset{4}{+}$
2. occlusal facet $\bar{c}$ $\overset{}{\underset{6}{+}}$
3. Chronic generealized marginal gingivitis.

⇒ Treatment Plan

1. Preliminary Phase { metanic acid 400mg bid 3day / DOLO 625 mg bid 3day
2. Non surgical — scaling
3. Restorative
   - RCT $\bar{c}$ $\overset{4}{+}$
   - composite $\bar{c}$ $\overset{}{\underset{6}{+}}$
4. Maintaince

for 1st yr ... every 3mounth ... merin

CASE HISTORY 05

Date: 28/3/23

Aseet Deshpande

Reg No: 179045

male, married, Lohaegoan, Painter, 15k, 36

C/C: Pt c/o of pain and food lodgment in lower Right Back Region of Jaw since 5 days

HOPI: Pt. c/o of pain lower left Back Region was asymptomatic 5 days Back, onsent was gradual pain on stimulus aggrevates on mastication pain is of Dull type and Relieves on cleaning to tooth.

⇒ History

1. Past Dental: NRH
2. Past medical: NRH
3. Past family: NRH
4. Personal History

1. maintaince of oral Hygiene.

a. method: Horizontal

b. frequency 1/day with Toothpaste.

→ Dietary habits

→ Tissue abuse History

- alcohol since 8 yrs / 3-4 times/week.

⇒ Examination

1. Built: mesumorphic

2. Gait: NAD → skin: NAD

→ vital sign

→ Temp: afebril → Respiratory rate: 18 cycles/min

→ Heart rate: 73 beats/min → BP: —

→ examination of signs: NRF

B. examination of extra oral

1. facial symetrey: grossly symetrical

- eyes: - , - ear - , nose: -

- lips: competent , → TMJ: NAD

→ lymph node : nontender and non-palpable

→ muscles of mastication :-

→ salivary gland NAD

c. intraoral examination

- Labial : NAD
- Buccal : NAD
- Lips : NAD
- Soft palate : NAD
- Hard palate : NAD
- Floor of mouth : NAD
- gingival examination

→ color : physiologic pigmentation → BOP : +ve

→ absence of stippling → consistency : oedematous

→ size : normal

- periodontal examination : compound pocket $\bar{c}\,\frac{|}{6|}$

b. Hard tissue examination

1. Teeth

- Teeth present 17 16 15 14 13 12 11 21 22 23 24 25 26 27 / 47 46 45 44 43 42 41 31 32 33 34 35 36 37
- Carious Teeth class II $\bar{c}\,\frac{|}{45|}$, I $c\,\frac{76|6}{765|}$
- contact point : tight
- plaque : +++ , calculus : +, stain : +
- occlusion : angles class I

⇒ Detailed examination of area of chief compoint

A. Teeth in the area of chief complaint

a. compound pocket with presence of subginval calculus and surrounding tissue is inflamed

3. swelling : NAD

4. palpation : NAD

⇒ Provisional diagnosis

of area of c/c : 1. localized periodontitis

$\bar{c}\,\frac{|}{6|}$

other diagnosis:

1. Dental caries ? 76 | 6

→ investigation

IOPA ? 4

→ Radiographic Diagnosis

① IOPA region : mand right Back Region

② completley seen teeth 45, 46, 47

③ Partially seen teeth 44

④ Anatomical Landmarks

	Radiopaque	Radiolucent
a. Dental	enamel, Dentin	Pulp space
b. osseous	Lamina Dura	marrow space
	cancellous Bone	submandibular
	alveolar crest Bone	fossa

⑤ most Pathologic Tooth ? 46

→ crown: an illdefined irregular radiolucency on mesial aspect involving enamel, Dentin and encroaching pulp.

→ roots : 2 roots with patent canal

→ Lamina Dura: not continious

→ indentas bone : angular defect of Bone.

→ Periapical area: small round radiolucency on Distal root on Distal aspect of 1/3rd aspect.

→ any other: –

⑥ other completley seen Teeth

→ 47

→ crown: an illdefined irregular radiolucency involving enamel, Dentin and pulp

→ root : 2 roots with patent canal

→ PDL space: no widening seen

→ interdental bone: NAD

→ Periapical area : NAD

→ Lamina Dura : continious

⇒ 45

→ Crown : an ill defined irregular radiolucency involving enamel + Dentin

→ root : root wit 1 canal

→ PDL space : no widing

→ interdental bone : NAD

→ Periapical area : NAD

→ Lamina Dura : continious

(7) Radiographic Diagnosis

1. Periapical granuloma $\bar{c}\,\overline{65|}$

2. Dental caries $\bar{c}\,\overline{75|}$

(8) Radiographic Differential

1. Apical Periodontis

(9) fault

1. clip mark

2. fixer stain

3. Dark Radiograph

⇒ final Diagnosis

1. Chronic generealized Diffuse ginguitis with localized Periodontis $\bar{c}\,\overline{6|}$

2. Periapical granuloma $\bar{c}\,\overline{65|}$

⇒ Treatment Plan.

1. Preliminary

- metanic acid
  400 mg bid 3 days
- Actinaophen
  500 mg bid 3 days

2. Non - surgical

Scaling, Root planning

3. Restorative

Pocket reduction

4. maintainence

for 1st year

every 1 month ..... mean

CASE HISTORY 06

Date: 8/3/23

Balasheb gattu khandue Reg No: 121030

male, 61, farmer, married, 10K/mounth,

Lohaegoan

=> C/C: C/O of Pain and decayed Tooth in Lower Left Back Region of Jaw since 15days

=> HOPI:

while the pt was eating his tooth Broke off and was not in pain at that time, after 15days Began experincing pain which was also nocternal pain is constant, throbbing and aching in nature also aggrevates on sweet food, cold mastication and gave no H/O of relieving factor there is NO Radiation of pain and no swelling is evident

=> History

1. Past Dental: NRH
2. Past medical: NRH
3. family History: NRH
4. Personal History.
   1. maintaince of oral Hygine.
      - method Tooth Brush and Paste; Horizontal
      - frequency: once a day
   2. Dietary habit: mixed
   3. Tissue abuse History.
      - → Tobacco 30 yrs 5-6 times/day

=> Examination

1. Genereal examination

Built: mesomorphic

Gait: slow chipy

Skin, Hair, Nails: type III up pecca areta

→ vital sigin

→ Temp: afebril → Respiratory: 16 cycles/min

→ pulse: 88 beats/min = BP: NA

→ examination of sigins: ab

B. Extra oral examination

1. facial symetery: grossly symetrical

→ eyes: - → Ears: - → Nose: - → Lips: competent

→ TMJ: NAD → Lymph Node: Non-tender and Non-Palpable.

→ muscles of mastication: - → salivary gland: -

C. Intra-oral examination

a. soft tissue examination

- Labial NAD
- Buccal NAD
- Toungue NAD
- Lips Competent
- Soft Palate NAD
- Hard palate NAD
- floor of mouth: NAD
- gingival examination
- color: Pink - contor: Diffuse - consistcy: oedematous
- size: reduced - surface Texture: Stippling
- gingival recession: 76 | 67 / 76 5 4 3 | 2 3 4 5 6 7
- Periodontal examination: Attachement cuslitre

Foriation involvement: 6 | 6

b. Hard tissue examination

1. Teeth present: 8 4 3 2 1 | 1 2 3 4 5 6 7 / 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7

missin: 1 | 1 2

grade III moblit's: | 6

Top-tue: 36, 37

contact: anterior spacing contact

Stain: ++, calculus: +++

→ occlusion : angle class I

⇒ Detailed examination of area c/c

a. teeth in area of c/c : 36, 37

b. swelling : NAD

c. palpation : NAD

⇒ Provisional Diagnosis

to c/c : 1. chronic pulpitis $\bar{c}$ $\frac{}{6}$

2. apical periodtis $\bar{c}$ $\frac{}{7}$

other diagnosis :

1. false anodontia $\bar{c}$ $\frac{}{12}$

2. furcation $\bar{c}$ $\frac{6}{6}$

3. gingivitis

⇒ Investigation

IOPA $\bar{c}$ 36, 37

⇒ Radiographic Diagnosis

① IOPA region : mandibular Left Back Region

② Teeth complities : 36, 37

③ partially seen : 35, 38

④ anatomical landmarks.

	Radioopaque	radiolucent
a. Dental	enamel, dentin	pulp space
b. osseous	cancellous gve.	
	inf. oblique ridge	sub mandib
	external oblique ridge.	fossa

⑤ most pathologic Tooth : 36

→ crown : illdefined radiolucency enamel, dentin pulp

→ Roots : 2 roots with patent root canal

→ PDL space : complet loss of PDL sp...

→ Lamina dura : Discontinuous

→ periapical area : a well defined radiolucency

① Diagnosis

1. periapical abscess (36.37

2. severe periodontitis (36.37

3. furcation involvement : (37

② Differential diagnosis

1. periapical cyst (36.37

③ fault : 1. Clip mark.

⇒ final Diagnosis

1. periapical abscess (36.37

2. severe periodontitis (36.37

3. chronic generalized marginal gingivitis.

⇒ Treatment plan.

1. Preliminary { metonic acid 400mg bid 3 day
Actiominuphen 500mg bid 3 days

2. Non-surgical — scaling, root planing

3. ~~Surgical~~ Restorative : multiple root coverage.

4. maintainance

for 1st yr ... every 1 month.

CASE HISTORY 07

Date: 20/10/22

Prathiba Dongre Reg No: 16364

32, female, married, Pune, Housewife, graduate

⇒ C/C: C/o of food lodgment and pain in the upper Right Back region of Jaw since 2 months

⇒ HOPI

Pt. Gave H/o of food lodgment, and subsequent pain the pain was localized and was on stimulus it was Dull in character and vanished after minutes gave no complain of intraoral swelling and there was no aggravating factor.

⇒ History

1. Past medical: NRH
2. Past Dental RCT c̄ 6/6

H/o Periodontal abscess c̄ 6

3. Family History: NRH

⇒ Examination

Built: Ectomorphic

Skin: NRH

Gait: NRH

Vital sign

→ Temp: afebrile Respiratory rate 16 cycles/min

→ Pulse rate: 68 beats/min

→ examination of sign NRH

→ Extra oral examination

1. Symmetry: grossly Symmetrical

- eyes:-, ears:-, nose-, TMJ: NAD

- Lips: Competent.

- Cyph node: non tender and non palpable

- muscle of mastication:-

c. Intra oral examination.

a. soft tissue examination

1. Labial mucosa : NRH

2. buccal mucosa : NRH

3. Tongue : NRH

4. Lips : competent

5. soft palate NRH

6. Hard palate NRH

7. Floor of mouth NRH

8. periodontal examination : NRH

b. Hard tissue examination

1. Teeth

→ Teeth present : 7 6 9 3 2 1 | 1 2 3 4 5 6 7 8
7 6 9 3 2 1 | 1 2 3 4 5 6 7 8

- carious teeth : 7 (mesioproximal)

- can : 6 , Top tube : 6

- contact point : Normal. calculus : ++

- ortho : angles class I

→ Detailed examination in area of chief complaint.

a. Teeth in area of chief complaint : 7 6 5

c/c : swelling in Rt. Buccal mucosa seen anterior to facial pillars.

b. swelling

1. Brief description.

* on inspection.

1. Location : ant. to facial pillars, left Buccal mucosa.

2. Number : single

3. size : 2x2 cm

4. shape : diffuse

5. skin over swelling : pinkish

6. extent : post ant to facial pillars

ant. near 15, superior and int. Borders are different

7. color : Pink in color

8. movement on deglutation : Ab

4. movement on Tounque Depression : Ab

→ on Palpation

→ Temp: afebrile, → consitency : soft → Tenderness in ...

→ compressible.

→ space involved : Buccal space

5. any other findings.

⇒ Provisional Diagnosis

1. area of c/c : 1. Buccal space infection

2. apical periodontis c̄ 6/ Top +ve

→ other diagnosis

1. dental caries c̄ 7/

2. acute marginal gingivitis

⇒ investigation

IOPA c 765/

⇒ Radiographic Diagnosis

① IOPA region : maxilliary Right Back Region of Jaw

② Teeth completly seen : 1 4, 15, 16, 17

③ Teeth Partially seen : -

④ Anatomical Landmark

	Radiopaque	Radiolucent
a. dental	enamel, Dentin	Pulp
b. osseous	maxi-tuberosity, alveolar Bone cancellous Bone.	floor of maxilliary sinus

⑤ most Pathological Tooth c̄ 6/

→ crown : a metal prosthesis has crown

→ Root: 2 roots with patent root canal

→ PDL space: Widening of PDL seen

→ Lamina Dura: Discontinuous

→ Periapical area: floor of maxillary sinus has pneumatization

→ Interdental area: Angular Bone Loss

→ other complexes seen 14, 15, 17

→ Crown: NAD

→ root: 2 roots visible with patent canal.

→ PDL space: NO widening is noted.

→ Lamina dura: Continious

→ Periapical area: NO Periapical pathology.

→ Interdental: Normal Bone.

→ Diagnosis final

1. localized Periodontitis $\bar{c}$ 6|

→ Differential

→ Treatment plan.

1. preliminary { metonic acid 400 mg bid 3day 1—x—1
Acitominophen 500 mg bid 3day 1—x—1

1. Non-surgical
   L scaling

3. Restorative
   L Bone graft $\bar{c}$ 6|

4. maintaince
   for 1st yr ... every 3 months ... mean

CASE HISTORY 08

Date: 17/3/22

Reg No: 89938

Santosh gaikwad

48, male, married, Pune, 7972377693

⇒ C/C: Pt c/o of pain in Lower right and left back region of Jaw since 2 to 3 days.

⇒ HOPI: Pt was apperently alright 3 days back, Then he experienced pain since 2 to 3 days is throbing type of pain radiating in lower left region of Jaw. Pain was continious since 2 to 3 days no aggrevating or relieving factor pain was not relieved after taking medication.

⇒ History: 1. Dental

1. class I amalgam $\bar{c}$ —+

2. extraction $\bar{c}$ —| $\frac{6}{8}$

2. Past medical: NRH

3. family History: NRH

4. Personal History:

1. maintaince: once/day, Horizontal.

2. frequency: 1/day

b. Dietary habit

a. mixed diet.

b. less spicy food.

⇒ Tissue abuse History: NRH

⇒ Examination

A. general examination

Built NAD

Gait: NAD

Skin: NAD

Vital sign

→ Temp: afebril → Respiratory rate: Normal

→ Heart rate: 72 bpm → BP: -

→ examination of following signs: NRF

B. Extra oral examination

1. facial symetery: grossly symetrical.

→ Eyes: - , → Ears: - , → Nose: - , → Lips: competent

→ TMJ: NAD

→ Lymph node: submandibular lymph node is palpable.

→ muscle of mastication - Normal.

→ Salivary gland: NAD

C. Intra oral examination

a. soft tissue examination.

- Labial NAD
- Buccal NAD
- Tongue NAD
- Lips NAD
- soft palate NAD
- Hard palate NAD
- floor of mouth NAD
- gingival examination.

Color: Redish pink, BOP: +ve, stippling: Ab

consistency: odematous size - enlarged.

b. Hard tissue examination

Teeth present $\frac{7\,6\,5\,4\,3\,2\,1}{7\,6\,5\,4\,3\,2}\,\Big|\,\frac{1\,2\,3\,4\,5\,\;\;7}{1\,2\,3\,4\,5\,6\,7}$

Teeth missing: $\frac{\;}{\;}\,6$

Carious tooth: ? $\frac{6}{6}\,\Big|\,\frac{8}{7}$

filled ? $\frac{\;}{7}$

Calculus: ++, Plaque: +

Non healing extraction socket ? $\frac{\;}{\;}\,8$

⇒ Detailed examination of area of chief complaint:

A. Teeth in area of complaint $\frac{\;}{\;}\,8$

B. swelling : NAD

On inspection

ant border: corner of mouth

post border : angle of mandible

inf border: lower border of mand

Sup border: Ala tragus line

Shape+size - oval, 1.5 inch in diameter.

On palpation - is soft and fluctuant.

lymph node: submandibular lymph node is palpable.

⇒ Provisional Diagnosis

1. apical periodontis c̄ 6

2. multiple caries c̄ 8 7

3. pulpitis c̄ 6

4. gingivitis

5. localized gingival enlargement c̄ 7 6 5

⇒ investigation IOPA c̄ 8

① Region: mandibular left Back Region

② Teeth completely seen: 7 8

③ Partially seen c̄ 6

④ Anatomical landmarks

	Radiopaque	Radiolucent
a. dental	enamel, dentin	pulp space
b. osseous	lamina dura	mandibular [illegible]
	cancellous Bone	
	inf. border of [illegible]	

(5) most pathologic Tooth

→ Crown : gross destruction loss of enamel and dentin.

→ Roots : one root with patent canal.

→ PDL space : widing on middle and apical third

→ Lamina Dura : at Discontinous at apical 1/3rd

→ Periapical area : seen at apex of root.

(6) Other completely seen Teeth

→ Crown : NAD

→ Roots : 2 roots with patent canal.

→ PDL space : No widing seen

→ Lamina Dura : continious

→ periapical area : NAD

→ interdental Bone : NAD

⇒ Radiographic Diagnosis and final

Root stump ≈ +8 (chronic irreversible pupils

⇒ fault : - clip mark
- Darkening of Radiograph

⇒ Treatment Plan

1. Preliminary { metanic acid 400mg Bid 3days
{ ~~actominophen 500mg bid 3days~~

2. Non surgical — Scaling

3. Restorative : extraction ≈ +8

4. maintenance :

for 1st yr

every 3 months merin

CASE HISTORY 09.

Date : 7/10/22

Reg No : 170342

Vijay Jagdale

54, male, married, Lohaegoan, 40k/month

=> CC : Pt c/o Pain in upper and lower left Back Region of Jaw occasionally

=> HOPI : Pt. was asymptomatic 15 days prior then he experienced pain in upper right Back Region of Jaw due to dislodged Restoration to lower right Back region due to food lodgment Pain aggravates on mastication and relieves on its own Pain is spontaneous and dull type of Pain No H/o of Nocturnal Pain

=> History

1. Past Dental History : NRH
2. Past medical History : NRH
3. family History : NRH
4. Personal History :

1. maintainance of oral Hygiene.

a. method : Tooth brush and Poyle, Horizontal

b. frequency : 1/day

2. Dietary habit

- mixed

=> Tissue abuse History

alcohol — 2/3/months.

cigarette 2-3/month

=> examination

1. General examination :

- Built : NAD
- Gait : NAD
- Skin : NAD
- Vital signs

→ Temp: afebrile → Respiratory rate: 12 cycles/min
→ Heart rate: 72 beats/min → BP: →
* Examination of signs: NAD.

B. Extra oral examination

- facial profile + symetry: normal.
→ eyes: - → ears: - → Nose: - → Lips: competent.
→ TMJ: NAD
→ Lymph node: non tender and non-palpable.
→ muscles of mastication: NAD → salivary gland: NAD

C. Intra oral examination

a. soft tissue examination

- Labial: NAD - Buccal: NAD
- Tongue: NAD, - Tongue: NAD
- Lips: competent, - Soft palate: NAD
- Hard palate: NAD, - floor of mouth: NAD
→ gingival examination.

Color - Pink. Recession 3 | 3 / 1 2 6

Consistency: firm size: Reduced.

b. Hard tissue examination

1. Teeth

7 6 5 4 3 2 1 | 1 2 3 4 5 6 7
1. Teeth present 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7

Carious teeth ? 7

generalized attrition.

filled ? 56

Tooth mobility II ? 26 III ? 7

Top tur ? 6

Calculus: + plaque: ++

occlusion: angles class II malocclusion.

→ Area of chief complain:

A. Teeth in area of chief complain 5 / 8

B. swelling : NR 4

=> Provisional Diagnosis

1. Chronic generalized severe periodontitis

2. Dislodged Restoration c̄ $\overline{|}^{36}$

3. Gingivitis

=> Investigation c̄ $\overline{|}_{6}$

1. Region : mandibular left Back Region

2. Teeth complexity c̄ $\overline{|}_{56}$

3. Partially seen c̄ $\overline{|}_{47}$

4. anatomical Landmarks.

	Radiopaque	radiolucent
a. Dental.	enamel, Dentin	Pulp space
b. osseous.	Lamina Dura Cancellous Bone alveolar crest Bone	PDL space

5. most Pathologic Tooth c̄ $\overline{|}_{6}$

-> Crown : Loss of enamel suggestive of attrition

-> Root : 2 root with Patent root canal

-> PDL space : No wideing

-> Periapical area : Radiolucents of roots

-> Interdental : Horizontal bone 39.33, 36.37

Horizontal Bone loss

-> Lamina Dura : not continious

6. Radiographic and final Diagnosis :

1. Periapical abscess

7. Differential 1. Periapical cyst

8. Fault { clip mark
Dark Radiograph.

Final Diagnosis:

1. Periapical abscess ⊂ $\frac{}{6}$

⇒ Treatment plans

1. Preliminary Phase

- Brushing Technique → Charters.

2. Non-surgical

- Scaling

3. Surgical / Restorative

1. extraction ⊂ $\frac{}{6}$
2. Root coverage
3. Restoration ⊂ $\frac{}{56}$

4. maintaince

for 1st yr ... every 3 months

... merin

An

CASE HISTORY NO 10.

Date : 05/06/23

Reg No : 128520

Ram Kumar Yadav

29, male, unmarried, Lohaegaon, 15 K/mounth

⇒ C/C: Pt c/o of pain in Lower front Region of Jaw since 8 days

⇒ HOPI: Pt was apperentley alright 8 days Back But Began to experience pain in mandibular front Region of Jaw. Pain was Dull in character and lasts for min to hours the pain radiates to angle of mandible and at times to temple of head. Pain does not agrevate but relieves on taking medication which was Paracetemol 500mg taken 2 tab since yesterday

⇒ History

1. Past Dental: NRH
2. Past medical: NRH
3. family History: NRH
4. Personal History:

a. method: once a day with Tobacoo powder

b. frequency: once a day and uses finger to brush

5. Dietary Habits: mixed

6. Tissue abuse History

→ Alcohol 10 yrs 1-2/week, Tobacoo 10 yrs 10-15/day.

→ Pan masala 10 yrs 15-20 times/day.

→ H/O: Anexity, nervousness.

⇒ Examination

A. General examination

→ Built: NAD. → Gait: NAD. → Skin: NAD.

→ vital Sigin:

→ Tempereature: afebrile. → Pulse: 72 beats/min.

→ B.P: NAD, → Respiratory Rate: 18 cycles/min

→ examination of Signs: NAD

B. Extraoral examination

1. facial symetrey: grossly symetrical face.

→ Eyes: NAD, → Ears: NAD, → Nose: NAD, → TMJ: NAD
→ Lymph Node: Non-Tender and non-Palpable.
→ Lips: Competent. → Salivary Gland: NAD.
→ muscles of mastication: NAD.

5. Intra-oral examination.

a. Soft tissue examination

→ Labial: NAD, → Buccal: NAD. → Tounge: NAD.
→ Gingiva → color: physiologic pigmentation
consistency: soft and oedematous.
→ Periodontal: recession class ε 41, 42
→ floor of mouth: NAD, → edentulous ridge: NAD
→ Pharyngeal and tonsilar region: NAD

b. Hard Tissue examination

→ Teeth Present : 17 16 15 14 13 12 11 21 22 23 24 25 26 27
47 46 45 44 43 42 41 31 32 33 34 35 36 37
→ carious lession: − → Tooth wear: 1. abrasion ε 33, 34, 35
2. attrition ε 41, 42, 31, 32
→ TOP: +ve (vertical) ε 33.
→ Traumatic occlusion: occlusal facet ε 45, 46, 47, 36, 37
16, 17, 26, 27, 25, 24
→ Calculus: +, Plaque: ++, Stain: ++
→ angles class I malocclusion
→ Teeth Not in Contact During mastication.

→ Area of Chief Complaint ε 39 severe abrasion noticed on facial side with surrounding Pulp tissue involved.
→ Swelling: Absent.
→ Provisional Diagnosis
1. Apical Periodontis ε 33. 2. Primary Trauma from Occlusion. 3. Localized periodontis ε 43, 44
4. Gingivitis
→ Investigation : IOPA ε 33
→ Radiographic Diagnosis
IOPA: region: mandibular front left region

→ Teeth completley seen: 32, 33, 34, 35. Partially seen: 36, 3

→ Anatomical landmarks:

	Radiopaque	Radiolucen
1. Dental	enamel, Dentin	Pulp space
2. Osseous	Lamina Dura alveolar crest Bone	Marrow sp

→ most Pathologic Tooth: 33
an well defined, Regular radiolucency with sharp mar

Crown: seen involving enamel, Dentin, Pulp

Root: 1 root c̄ patent canal

PDL space: wideneing on mesial aspect

Lamina Dura: continious

interdental Bone: NAD.
an oval to round Diffuse radiolucency

Periapical are: with Blending Borders on apex

→ other completley seen Teeth: 34
an well-defined Regular radiolucency seen involving

Crown: enamel and dentin

Root: 1 root c̄ patent canal.

PDL space: widening evident on all aspects.

Lamina Dura: continious, → periapical area: NAD

→ any other findings: -

⇒ Radiographic Diagnosis

1. Periapical granuloma c̄ 33, 2 apical periodontis c̄ 3

⇒ Radiographic Differential: Periapical cyst c̄ 33.

⇒ final Diagnosis

1. Periapical granuloma c̄ 33.
2. Asymptomatic Apical Periodontis c̄ 34.
3. Primary Trauma from occlusion
4. Chronic generealized Diffuse gingivitis with localized periodontitis c̄ 43, 42 4.

→ Treatment plan.

1. Preliminary Phase:
   - mefamic acid 500 mg bid 3 day 1-x-1
   - Paracetemol 500 mg bid 3 day 1-x-1
   - Advice
     - Sensodyne Tooth Paste.
     - Charters Brushing Technique.

2. Non-surgical
   - supra gingival scaling
   - Advice TCC
   - occlusal splint therapy.

3. Restorative
   - RCT ₹ 33
   - GIC Restoration ₹ 34, 35
   - Root coverage ₹ 45, 44.

4. maintaince.

for 1st yr. after every 3 months

... merin

Radiographic interpretation ①

1. ① IOPA region: mandibular Left Back Region

2. Completely seen teeth 35 36 37

3. Partially seen teeth 34 38

4. Anatomical Landmarks

	Radiopaque	Radiolucent
a. Dental	Enamel Dentin	Pulp space nutrient canal
b. Osseous	Lamina dura Cancellous Bone alveolar crest Bone	Submandibular fossa

5. most Pathologic Tooth 36
→ crown dentin and approaching pulp. ∴ an ill defined radiolucency on mesial aspect on enamel

→ root: 2 roots with 2 Patent canal

→ PDL space: widening seen on apical 1/3rd of mesial

→ Lamina dura: Discontinious

→ interdental Bone: Horizontal bone loss

→ Periapical area: a well defined circular radiolucency with corticated border on mesial aspect

→ any other finding -

6. other complikes seen teeth : 35, 37

→ crown : NAD

→ root : NAD

→ PDL space : widning on mesial root of 37

→ Lamina Dura : continious

→ Interdental Bone : Horizontal bone loss

→ Periapical area : NAD

→ any other findings : -

7. Radiographic Diagnosis :
   1. Periapical Granuloma 2 + 6
   2. mild periodontis 2 + 6

8. Radiographic differential Diagnosis :
   1. Periapical cyst 2 + 6

9. Radiographic faults
   1. Cup mark

Radiographic interpretation (2)

1. Region : mandibular Left Back

2. completely seen teeth 35 36 37

3. Partially seen teeth 34

4. Anatomical landmarks

	Radiopaque	Radiolucent
a. dental	Enamel Dentin	Pulp space
b. osseous	external oblique inferior oblique	Submandibular fossa

5. most Pathologic Tooth 36
an ill-defined irregular radiolucency involving
→ crown enamel, dentin and pulp

→ root : 2 roots with patent root canal

→ PDL space : no widening

→ Lamina Dura : Discontinuous on mesial aspect of cervical 1/3rd

→ Periapical area : NAD

→ interdental bone : NAD

→ any other finding -

6. other complitey seen teeth. 35, 37

→ crown : NAD

→ ROOT : NAD

→ PDL space : NAD

→ Lamina dura : continious

→ Periapical area : NAD

→ interdental bone : an Horizontal radiolucency suggestive of Horizontal Bone loss

→ any other finding -

7. Radiographic Diagnosis :

1. Periapical abscess ± tb

8. Radiographic Differential diagnosis :

1. periapical cyst ± tb

2. ellis class II Tooth fracture.

9. Radiographic fault :

1. clip mark

2. High radiograph - over fixation

3. fixer stain

Radiographic interpretation (3)

1. region maxilliary Left Back

2. completley seen teeth 27 26 25 24

3. Partially seen teeth 28

4. Anatomical Land marks

	radiopaque	radiolucent
a. Dental	Enamel Dentin	Pulp space
b. osseous	Lamina Dura cancellous Bone alveolar Bone	marrow space

5. most Pathlogic tooth: 26

→ crown: an ill defined irregular radiolucecy involving enamel, Dentin

→ root: 2 roots with 2 canals filled with obturating materieal

→ PDL space: No wideing

→ Lamina Dura: Discontinious on mesiobuccal root

→ periapical area: an well defined radiolucey which is round to oval and approx 1.5 seen on mgrow

→ interdental bone: angular Bone loss

→ any other finding: an infective foci on Distal root has occured.

6. other compitley seen teeth 27 25 24

→ crown : NAD

→ root : NAD

→ PDL space : No widening

→ Lamina Dura : continious

→ periapical area NAD

→ interdental bone NAD

→ any other finding : -

7 Radiographic diagnosis :

1. Periapical granuloma ∈ 26

8. Radiographic differential

1. Periapical cyst ∈ 26

9. Radiographic fault

1. Clip mark.

2 - fixer stain

3. finger mark — improper handling

Radiographic interpretation (04)

1. region : mandibular right Back

2. completely seen teeth : 46, 47, 48

3. other partially seen teeth : -

4. Anatomical Land mark :

	Radiopaque	Radiolucent
a. Dental	enamel	Pulp space
	Dentin	
b. osseous	Lamina Dura	marrow space
	cancellous Bone	mandibular canal
	Alveolar crest	mandibular fossa

5. most Pathologic Tooth 47

→ crown : an ill defined, irregular seen in enamel and dent.

→ Root : 2 roots with Patent canal and obturating mate.

→ PDL space : widening evident on apical 1/3rd of Distal root.

→ Lamina Dura : discontinuous on apical 1/3rd of root

→ Periapical area : well defined small round to oval radiolucency with hyperostotic border

→ interdental bone : Horizontal Bone loss

→ any other finding -

6. other completely seen teeth 46, 48

→ crown: NAD

→ Root: NAD

→ PDL space: NAD

→ Lamina dura: continous

→ periapical area NAD

→ interdental bone: NAD

→ any other finding -

7. Radiographic Diagnosis

1. Periapical granuloma ☐ 46

8. Radiographic Differential Diagnosis

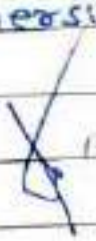
1. Periapical cyst ☐ 46

9. Radiographic fault:

1. cap mark

2. Light radiograph — insufficient Developer immersion.

3. over fixed.



Radiographic interpretation (05)

1. region: mandibular Right Back

2. Completely seen teeth 45, 46, 47

3. Partially seen teeth 44

4. Anatomical Landmarks

	Radiopaque	Radiolucent
a. Dental	Enamel	Pulp Space
	Dentin	
b. osseous	Lamina Dura	marrow space
	Cancellous Bone	
	Alveolar crest Bone	

5. most Pathologic Tooth: 46

→ Crown: an ill-defined, irregular radiolucency in mesial aspect of crown suggestive of fluoride burn

→ Root: 2 roots with 1 patent root canal

→ PDL space: WNL dining evident

→ Lamina Dura: Discontinious

→ Periapical area: ill-defined, irregular Diffuse radiolucency on mesial 4 root of 46

→ interdental bone: Horizontal Bone Loss

→ any other finding -

6. other completley seen teeth. 45, 47

→ crown : NAD

→ Root : NAD

→ PDL space : NAD

→ Lamina Dura : continious

→ periapical area : NAD

→ interdental bone : NAD

→ any other finding : –

7. Radiographic Diagnosis

1. periapical abscess c̄ 46

8. radiographic Differential

1. apical periodontis c̄ 46
2. Periapical cyst c̄ 46
3. Perio Lession c̄ 46

9. Radiographic fault :

1. Clip mark
2. Dark Radiograph
   - Tse Developer imersn
   - Tse Dev concn
   - tse fixe soloon concn imersn time.

Ab

Radiographic Interpretation (06)

1. region: mandibular left Back

2. completely seen teeth: 36, 37, 35

3. Partially seen teeth 34

4. Anatomical Landmark:

	Radiopaque	Radiolucent
a. Dental	Enamel	Pulp space
	Dentin	
b. osseous	Lamina Dura	marrow space
	Cancellous Bone	
	alveolar Bone	

5. most Pathologic Tooth 36
an well defined radiolucency seen involving
→ crown: enamel, dentin and encroaching pulp

→ Root: 2 roots with 2 Patent canal

→ PDL space: widing on mesial root apex

→ Lamina Dura: Discontinuous

→ Periapical area: an light radiopacity on the mesial root suggestive of an inflamtory reactive of Bo

→ interdental bone: Horizontal Bone Loss

→ any other finding:

6. other complilies seen teeth 37 35

→ crown : NAD

→ Root : NAD

→ PDL space : No widening seen

→ Lamina Dura : continious

→ Periapical area : NAD

→ interdental bone : Horizontal Bone Loss

→ any other finding : -

7. Radiographic Diagnosis

:. condensing osteitis ε 36

8. Radiographic Differential Diagnosis :

1. Inflametory lession
2. Endo - Perio lession
3. Resolved apical Periodontitis

9. Radiographic fault

:. clip mark

Radiographic interpretation (01)

1. region : mandibular Right Back

2. completely seen teeth 46 47 45

3. partially seen Teeth 44

4. Anatomical Land marks

	Radiopaque	Radiolucent
a. dental	enamel dentin	pulp space
b. osseous	Lamina Dura cancellous Bone.	-

5. most pathological Tooth 46
an irregular ill-defined radiolucency involving
→ crown: enamel, dentin, encroaching Pulp

→ Root : 2 roots with 2 root canals

widening in furcation and mesial 1/3rd
→ PDL space : at mesial root.

→ Lamina Dura : continuous

→ periapical area : dilated marrow spaces

→ interdental bone : Horizontal Bone loss

→ any other finding: —

6. other completley seen teeth 47 43

→ crown : NAD

→ Root : NAD

→ PDL space : No widening

→ Lamina Dura : continious

→ Periapical area : NAD

→ interdental bone : Horizontal Bone Loss

→ any other finding : Dilated marrow spaces

7. Radiographic Diagnosis

1. apical periodontitis ε 46

8. Radiographic Differential

-

9. Radiographic fault

clip mark

Radiographic interpretation (08)

1. region: maxillary Right Back

2. Completely seen teeth 18 17 16 15

3 Partially seen teeth. 14

4. Anatomical Landmarks

	Radiopaque	Radiolucent
a. Dental	Enamel	Pulp space
	Dentin	
b. osseous	max. sinus floor	max. sinus
	Lamina Dura	marrow space

5. most pathologic Tooth 16

→ crown: an ill defined, irregular radiolucency involving enamel, dentin, pulp.

→ Root: 2 roots with 1 patent canal

→ PDL space: widening seen

→ Lamina Dura: Discontinuous

→ periapical area: an ill defined irregular radiolucency seen

→ interdental bone: NAD

→ any other finding: Pneumatization of floor of maxillary sinus seen.

6. other completley seen teeth

→ crown : it is an ill defined radiolucency involving enamel, dentin and pulp.

→ Root : NAD

→ PDL space : widening ε is

→ Lamina dura : NAD i.e continuous

→ periapical area : NAD

→ interdental bone : NAD

→ any other finding -

7. Radiographic Diagnosis

1. periapical abscess ε 16
2. apical periodontitis c⁻ 15

8 Radiographic differential

1. periapical granuloma ε 16

9. Radiographic fault

1. clip marks
2. Light radiograph

Ab

Radiographic interpretation of

1. region : maxillary front Regin

2. most completely seen teeth 21 22 23 24

3 Partially seen teeth 11

4. Anatomical Landmarks

	Radiopaque	Radiolucent
a. Dental	Enamel	Pulp space
	Dentin	
		marrow space
b. osseous	nasal septum	nasal fossa
	inf. turbinates	
	ant. nasal spine	

5 most pathologic Tooth 24

→ Crown : Loss of enamel, dentin sugestive of gross crown destruction

→ Root : 2 root piece remain

→ PDL Space : widening seen

→ Lamina Dura : Discontinuous

→ Periapical area : a small radiolucency visible on distal side

→ interdental bone : NAD

→ any other finding : -

6. other compitley seen Teeth 21 22 23

→ Crown : NAD

→ Root : NAD

→ PDL space : No widening

→ Lamina Dura : continious

→ periapical area : NAD

→ interdental bone : NAD

→ any other finding :-

7. Radiographic Diagnosis

1. Periapical abscess (intial stage) ε 24

8. Radiographic Differential

1. periapica granuloma ε 24

2. apical periodontis ε 24

9. Radiographic fault

1. clip mark

2. Developer stain

Radiographic interpretation 10

1. region : maxillary front left

2. completely seen teeth : 11 12 13 14

3. Partially seen teeth 15

4. Anatomical Landmarks

	radiopaque	radiolucent
a. dental	enamel	pulp space
	dentin	
b. osseous	ant. nasal spine	max. sinus
	floor of nasal fossa	incisive fossa
		PDL space

5. most Pathologic Tooth 13
an radiolucency seen in crown region
→ crown : sugestive of complete loss of crown

→ Root : 1 root piece remain

→ PDL space : widening seen

→ Lamina dura : not continuous

→ periapical area : a white line near to mesial aspect of root

→ interdental bone : Horizontal Bone Loss

→ any other finding : -

6 Both ers completely seen teeth 11 12 13

→ crown : NAD

→ Root : NAD

→ PDL Space : widening

→ Lamina Dura : not continuous

→ Periapical area : NAD

→ interdental bone : Horizontal Bone loss

→ any other finding : -

7 Radiographic Diagnosis

1. healed apical Periodontis c 13
2. periapical abscess c 13 clinical stage 1
3. ~~generalized periodontis~~

8 Radiographic Differential

1. apical Periodontis c 13

9. Radiographic fault

1. clip mark
2. developer stain

Radiographic interpretation (1)

1. region : mandibular lower right

2 completley seen teeth 46 47 48

3. Partially seen Teeth -

4. Anatomical Land marks

	Radiopaque	Radiolucent
a. Dental	enamel	Pulp space
	Dentin	
b. osseous	external oblique	Marrow
	Cuncellous Bone	Spale

5. most pathologic Tooth 46

→ crown : a full metal crown till CEJ

→ Root : 2 roots with obturating material

→ PDL space : widening

→ Lamina Dura : not continuous

→ Periapical area : a diffuse ill-defined radiolucency extending from the furcation.

→ Interdental bone : Horizontal bone loss

→ any other finding -

6. other compitley seen 47, 48

→ crown : filling ⊇ 47 absent crown ⊇ 48

→ Root : 48 has curved root

→ PDL space : widening

→ Lamina Dura : Discontinuous

→ Periapical area : NAD

→ Interdental bone : horizontal Bone Loss

→ any other finding : -

7. Radiographic Diagnosis

1. Periapical abscess ⊇ 46
2. apical periodontis

8. Radiographic differential

-

9. Radiographic fault

1. cup mark
2. use of sharpness

Radiographic interpretation (12)

1. region : mandibular left Back

2. Completley seen Teeth : 36 37 35

3. Partially seen Teeth 34

4. Anatomical Landmarks

	Radiopaque	Radiolucent
a. Dental	Enamel	Pulp Space
	Dentin	
b. osseous	Lamina Dura	marrow space
	cancellous Bone	
	alveolar crest Bone	

5. most Pathological Tooth 36

→ crown : comple loss of crown

→ Root : Root Piece visible

→ PDL space : widening

→ Lamina Dura : Discontinuous

→ Periapical area : an ill defined diffuse radiolucency seen

→ interdental Bone : angular Bone Loss evident

→ any other finding -

6. other completley seen teeth 35 · 37

→ crown : NAD

→ Root : NAD

→ PDL space : Widening seen

→ Lamina Dura : continuous

→ Periapical area : NAD

→ interdental Bone : Horizontal Bone loss

→ any other finding -

7. Radiographic Diagnosis

1. Periapical abscess c 36
2. generalized periodontitis

8 Radiographic Differential

1. Periapical granuloma

9. Radiographic fault

1. clip mark
2. scratch mark
3. low contrast

Radiographic interpretation (13)

1. region : mandibular left Back

2. completely seen teeth 37 38

3. Partially seen teeth. 36

4. Anatomical landmarks

	Radiopaque	Radiolucent
a. Dental	enamel	PDL space
	dentin	
b. Osseous	Lamina Dura	nutrient canal
	cancellous Bone	Submandibular fossa
	alveolar crest	Int. alveolar canal

5. most Pathologic Tooth 37
an ill defined irregular radiolucency on the distal surface
→ crown at cervical 1/3rd involving enamel and dentin

→ Root : 2 roots with 1 Patent canal

→ PDL Space : widening

→ Lamina Dura : continious

→ Periapical area : NAD

→ interdental bone : Horizontal bone loss

→ any other finding : Dilated marrow spaces.

6. other completely seen teeth 38

→ crown : radiopaque filling done

→ ROOT : 2 roots with 2 patent canals

→ PDL space : No widening

→ Lamina dura : continious

→ periapical area : Horizontal Bone loss

→ interdental bone : NAD

→ any other finding -

7 Radiographic Diagnosis

1. proximal caries (37

2. mild periodontitis

8. Radiographic Differential

-

9. Radiographic fault

1. clip marks

2- Light radiograph.

Radiographic interpretation

1. region : mandibular Right Back

2. completely seen teeth 44 45 47

3. partially seen teeth 43

4. Anatomical Landmarks

	Radiopaque	Radiolucent
a. dental	Enamel	pulp space
	Dentin	
b. osseous	cancellous Bone	marrow space
	Lamina dura	
	Alveolar crest Bone	

5. most pathologic Tooth 45

→ crown: an ill defined irregular radiolucency seen on mesial aspect middle 3rd to apical 1/3rd.

→ Root : 1 root with a patent canal

→ PDL space: widening seen on apical 1/3rd of the root

→ Lamina Dura : not continuous

→ Periapical area: an ill defined radiolucency visible on the apex

→ interdental bone : Horizontal bone loss

→ any other finding : -

6. Other complitey seen teeth 99 47

→ crown : NAD

→ Root : NAD

→ PDL space : NO widening

→ Lamina dura : continuous

→ Periapical area : NO abnormality detected

→ interdental bone : Horizontal Bone Loss

→ any other findings : Pathologic metal bit at 47

7. Radiographic Diagnosis :

1. apical Periodontis 2 95

8. Radiographic Differential

9. Radiographic fault

1. clip mark

Radiographic interpretation - IS

1. region : maxillary left BAC

2 completley seen teeth 24 25 26 27

3 partially seen teeth 28 23

4. Anatomical Landmarks

	Radiopaque	Radiolucent
a. dental	enamel dentin	pulp spce
b. osseous	sepra in max sinus	max sinus inverted Y line

5 most pathologic Tooth 25

→ crown : an ill-defined irregular radiolucy seen involving enamel, dentin and pulp

→ Root : 1 root with patent canal

→ PDL space : widening seen at apical 1/3rd at cervical, middle and

→ Lamina Dura : continious

→ periapical area : well defined corticated radiolucency which is about 1.5 cm seen near apical 1/3rd.

→ interdental bone : WNL

→ Any other finding -

5. other complitey seen teeth

=> 24

=> crown : NAD

=> Root : NAD

=> PDL space : No widening

=> Lamina dura : NAD

=> Periapical area : NAD

=> interdental bone : NAD

=> any other findings : -

=> 26

=> crown : NAD

=> Root : NAD

=> PDL space : NAD

=> periapical area : NAD

=> interdental bone : NAD

=> any other finding

→ 27

→ Crown: NAD

→ Root: NAD

→ PDL space: NAD

→ Lamina dura: NAD

→ Interdental Bone: NAD

→ Periapical area: NAD

→ any other finding -

⇒ Radiographic Diagnosis:

1. Periapical granuloma (23)

⇒ Differential Diagnosis:

1. Periapical cyst (25)

⇒ Radiographic fault

1. Clip mark

2. fixer stain

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Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

JOURNAL OF PAEDODONTICS AND PREVENTIVE DENTISTRY

Name : Vijayalaxmi Mahendra Suryawanshi

Roll No.: 73 BATCH: 2022-23

YEAR : 2022-2023

MUHS Seat No.: 49625

EXAMINEER'S SIGNATURE :

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JOURNAL OF PAEDODONTICS AND PREVENTIVE DENTISTRY

CERTIFICATE

This is to certify that Vijayalaxmi Mahendra Suryawanshi.
Roll No. 73 *has Attended and Completed all The Practical Recorded in PAEDODONTICS AND PREVENTIVE DENTISTRY in the Year* 2022 - 2023

Name : Vijayalaxmi Mahendra Suryawanshi

MUHS University Seat No.: 49625

Examination Centre :

Date of Practical Examination :

Signature of the Head
Of the Department

Signatures of the Staff

INDEX

Sr. No	Date	Title of the Topic	Signature of the Staff
1.	20/10/22	Difference between Primary & permanant teeth.	
2.	28/10/22	Tooth number system.	
3.	30/10/22	Aims & objectives of pediatric dentistry.	
4.	1/11/22	Developement of occlusion.	
5.	3/11/22	GIC	
6.	5/11/22	Fluorides.	
7.	7/11/22	Pit & fissure sealant.	
8.	10/11/22	Dental caries	
9.	12/11/22	Local anesthesia.	
10.	13/11/22	Pediatric Exodontia.	
11.			
12.			

CASE HISTORY

Date : 21/12/2022

Name of the Student : Vijaya Bangawarabi OPD No. _____

Teacher: Dr. Geetanjali mam Case History No. 1

PATIENT'S INFORMATION :

1) Name : Ayush Waghri
2) Nick Name : Ayush
3) Date of Birth : 21 June 2017
4) Age: 5 years
5) Gender : Male.
6) Address : Survey No. 10, Ashok Nagar, Yerwada Pune.
7) Telephone No : 8329571976
8) Mother tongue : Gujarati
9) Name of the accompanying person :

PARENTS	FATHER	MOTHER
a) Name	Vasingh	Gawri
b) Occupation	Business	Housewife
c) Education	7th pass	10th pass
d) Income	1 lakh per anum	–

10) Paediatrician/ Family Physician's Name & Contact No. –

CHIEF COMPLAINT : [Origin/ Onset/Duration/Progress/Nature of P

Present illness/ Aggravating Factors/ Relieving F

Patient complains of pain upper right back
of jaw before 5-6 months ago.

HOPI - Patient has sensitivity in maxillary right posteri
Sensitivity increases on eating cold & hot.

2) HISTORY :

i) FAMILY HISTORY - No relevant history

1) Past Medical History :

- Premature / Full term ✓
- Birth Weight : 2.5 kg.
- H/o Hypoxia/ Cyanosis/Jaundice : No relevant history.
- H/o Medication : No relevant history.
- H/o allergy : NRH
- H/o illness and hospitalization NRH
- Immunization Status : NRH Immunization is upto date.

2) Past dental History : No relevant history.

- Dental Visits :
- Dental Treatment

- Behavior of Child during Dental Visit

- Past Dental experience :

II) **INFANT FEEDING HISTORY :**

1) **H/O Breast feeding** - 8 months

- Duration : 10 min

- Frequency : 5-8 times / day

- Night feeding : Present.

2) **H/O Bottle feeding** No relevant history.

- Duration Frequency ; -

- Night Feeding: -

- Contents of Bottle: -

3) Use of Pacifiers : Absent.

4) H/O Weaning : 6 months.

III) **DIET :**

1) Meals per day : 4 times a day.

2) Diet Includes: Veg.

3) Type and frequency of snaks: 2 times a day, solid.

4) Balanced Diet: Milk with sugar + biscuit = 8+5+10 = 23
Chapati bhaji = 6 + 6 = 12
Tea with sugar + biscuit = 8+5+10 = 23

5) Any other : Chapati Bhaji dal rice = 6+6+6+6 = 24
82 - 10 = 72
Adequate.

IV) ORAL HYGIENE MAINTENANCE

1) Whether child brushes himself/herself : ✓

2) Since when: Since he was 4 ½ years.

3) How many times: 1 time

4) Which tooth paste (fluoridated/Non fluoridated) Fluoridated

5) How often does he/she change his/ her tooth brush: 3 months because of Aging of tooth brush.

V) Trauma to teeth and supporting tissues :

1) When :
2) Where:
3) How:
4) If fracture, (?)

} No relevant history

VI) ORAL HABITS (Duration/Frequency/ Intensity)

1) Tongue Thrusting :
2) Thumb sucking:
3) Lip/Nail Biting
4) Mouth Breathing:
5) Bruxism:
6) Any other ;

} No abnormality detected.

VII) BEHAVIORAL RATING SCALE :

1) Frankl's Behavior Rating Scale: Positive (+)

3) EXAMINATION :

1) GENERAL

- Height : 130 cm
- Weight: 22 kg
- Somatoype: Mesomorphic
- Gait: Bipedal , biphasic.
- Skin :
- Nails:
- Hair:

} No abnormality detected.

2) HEAD, NECK & FACE

- Symmetry : No gross asymmetry detected.
- Profile : Straight
- T M J: No abnormality detected.
- Lips: Compitant.
- Lymph nodes : Palpable /non Palpable ✓ Tender/Non Tender ✓

INTRA- ORAL

1) Oral hygiene status : Good.
2) Deposits:
   - Hard : -
   - Soft +

3) **Stains :**

- Intrinsic -
- Extrinsic +

4) **Soft tissue Examinations ;**

- Lips / Labial Mucosa
- Buccal Mucosa :
- Floor of Mouth :
- Tongue :
- Palate:
- Tonsils :
- Gingiva:

No abnormality detected

5) **Hard Tissue Examination :**

A) **No. of teeth Present ;** 20

A) Primary : 20

B) Permanent: -

B) **Dentition :** Deciduous

C) **Teeth present (FDI System)**

55 54 53 52 51 **61** 62 63 64 65
85 84 83 82 81 71 72 73 74 75

D) **Dental Age :** 23 - 25 months

E) **Occlusion :**

1) Primary Dentition :

Occlusion	Left	Right
• Molar relation	Mesial step	mesial step
• Canine relation	class I	class I

2) Mixed / Permanent Dentition -

- Overjet :
- Overbite :
- Deepbite :
- Crossbite:
- Any other Findings :

} No abnormality detected.

F) **Teeth restored (Material used)** Absent

G) **Dental Caries :** Root piece c̄ 54 64
Mesial caries c̄ 61
Distal caries c̄ 74

H) **Fractured tooth :** Absent

Classification : -

I) **Developmental defects :** Absent

J) **Discoloration of tooth :** Absent

K) **Mobility :** Absent

L) **Pulp :**

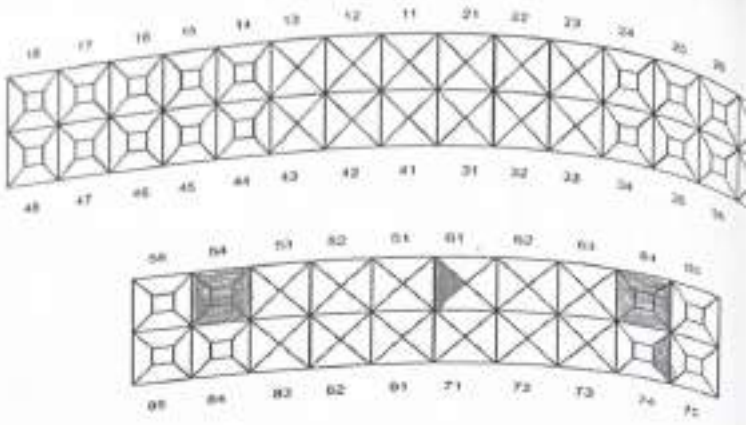
A) Not exposed c̄ 61, 74

B) Exposed c̄ 54, 64

M) **Missing teeth :**

DMFT/ ~~Defl~~ ✓ :

dmft	d	m	f	
	4	0	0	= 4
dmfs	d	m	f	
	0	0	0	= 0



Caries

Erupting

Filling / Restoration

Root Piece

Missing

Fractured

AREA OF CHIEF COMPLANT : c̄ 54

PROVISIONAL DIAGONSIS :

Root piece c̄ 54

INVESTIGATION

- Radiograph (IOPA Bitewing OPG) RVG c̄ 54
- Vitality
- Model Analysis :

- Photographs :

- Routine blood examinations (Hb, BT, CT)

- Any other

I] The IOPA is of upper right back region of jaw
Teeth completely seen ē 54
Teeth partially seen $\bar{c}$ 53, 55
Most pathologic tooth ē 54

II] Crown

RADIOGRAPHIC INTERPRETATION

III] Root - Cementum - Radiolucent.
Dentin - Radiolucent.
Apical terminus -
Alveolar bone - No abnormality detected.
PDL - Widening of PDL space.

IV] Inference - Ill defined radiolucency involving dentin & pulp canal seen on occlusal surface.

FINAL DIAGNOSIS :

Root piece $\bar{c}$ 54

TREATMENT PLAN :

1) Emergency Treatment :

2) Planned Treatment :

a) Preparatory & Preventive Phases:

1) Oral Prophylaxis : Scaling

2) Topical Fluoride Application : Advice topical fluoride application every 6 month.

3) Pit & fissure sealant : -

4) Dietary Counseling : -

b) Restorative Phase/ Endodontic Treatment : -

c) Surgical Phase : Extraction c 54

d) Orthodontic Phase :
Space maintainer Band & loop.

e) Recall :

Signature of Teac

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Department of

Oral & Maxillofacial Pathology

NAME : CHAURE PANKAJ CHANDRAKANT

ROLL NO.: 10 BATCH : 3rd BDS

YEAR: 2023

MUHS Seat No.: 39499

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Department of

Oral & Maxillofacial Pathology

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Roll No. 10 *has Attended and Completed all*

the Practicals Recorded in ORAL & MAXILLOFACIAL PATHOLOGY

in the Year 2023

Date : 4/9/2023

Dr D Y Patil Dental School * Department of Oral Pathology * PUNE

Batch In-Charge

Date: 7/10/2023

Professor & Head of Department

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3.	19/6/23	**MALIGNANT TUMOURS OF EPITHELIAL TISSUE ORIGIN** a. Basal cell carcinoma b. Wel-differentiated squamous cell carcinoma c. Verrucous carcinoma	
4.	19/6/23	**BENIGN TUMOURS OF CONNECTIVE TISSUE ORIGIN** a. Fibroma b. Peripheral giant cell granuloma c. Central giant cell granuloma d. Lipoma e. Capillary hemangioma f. Cavernous hemangioma g. Lymphangioma h. Ostooma	
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Practical no.	Date	Title of the practical	Signature of the staff
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13.	6/7/23	**DISEASES OF SKIN** a. Lichen planus b. Pemphigus c. Pemphigoid	

SQUAMOUS PAPILLOMA

It is a benign HPV induced proliferation of stratified squamous epithelium, resulting in papillary or verruciform mass. HPV types 6 & 11 are identified, 4th most common.

clinical features

1. Site: Palate, tounge, lips & buccal mucosa
2. It is soft painless pedunculated exophytic nodule with numerous finger like projections and well circumscribed.
3. Imparts a cauliflower or wart like appearance.
4. Lesion may be white, slightly red / normal in colour. It is usually solitary & enlarges upto maximum size of about 0.5cm.

Histopathology

1. Epithelium is stratified squamous epithelium showing proliferated long thin finger like projections extending above the surface of mucosa.
2. Having thin central connective tissue core.
3. Proliferation of the spinous cells in papillary pattern.
4. Koilocytes [HPV altered epithelial cells with perinuclear clear spaces & nucleus pyknosis] may / may not be found in epithelium

Treatment

- Surgical excision, including the base of mucosa into which pedicle / stalk insert.
- Recurrence is rare.

COMPOUND NEVUS

Refers to congenital / developmental malformation of skin & mucosa may arise from both the epithelium & connective tissue.

Clinical features:

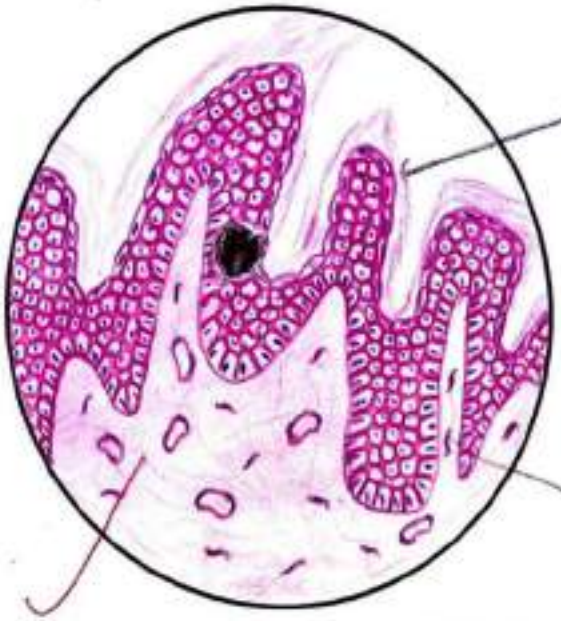
- Per more common than other nevi.
- In oral cavity it tends to occur as pigmented slightly elevated soft papule with relatively smooth surface.

Histopathology:

- Nevus cells begin to proliferate & drop into undergoing dermis or lamina propria.
- The Nevus cells are present along functional area within the connective tissue.

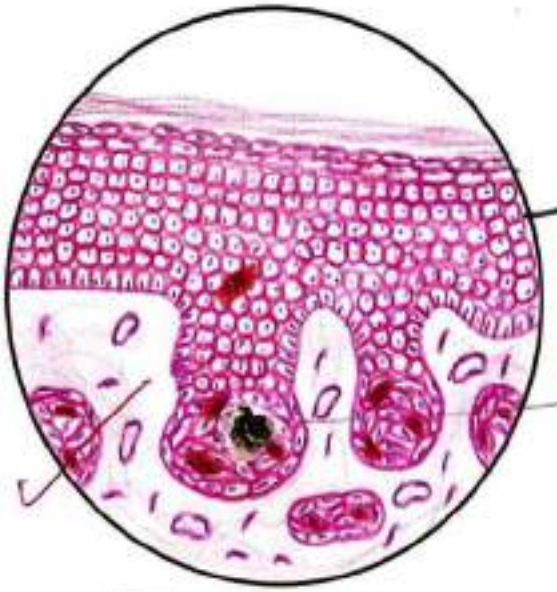
Treatment

- Risk of malignant Transformation is very low so no treatment is indicated.
- If removal required, conservative surgical excision
- However early oral mucosal melanomas may appear similar to oral melanocytic nevus or other benign pigmented lesion. Thus biopsy advised



Squamous Papilloma

Staff signature:



Compound Nevus

Staff signature:

JUNCTIONAL NEVUS

It is type of cutaneous acquired mark in which the nevus cells are continued to junction of epithelium & connective tissue.

Clinical features :

1. Sharply demarcated brown / black macules less than 6mm in diameter.
2. occurs primarily on skin

Histopathology.

1. Nevus cells are confined to junction of epithelium & connective tissue, especially at the tips of rete ridges.
2. on further proliferations, they begin to drop off into the connective tissue called as ABTROPHY EFFECT.
3. Proliferate into connective tissue as intradermal nevus

Treatment

1. There is high risk of malignant transformation into cutaneous melanoma.
2. Therefore biopsy advised.
3. Conservative excision in case of removal.

INTRADERMAL NEVUS

Type of acquired nevus in which nests of Nevus cells are entirely in dermis. The oral Nevus are called intradermal

Clinical features

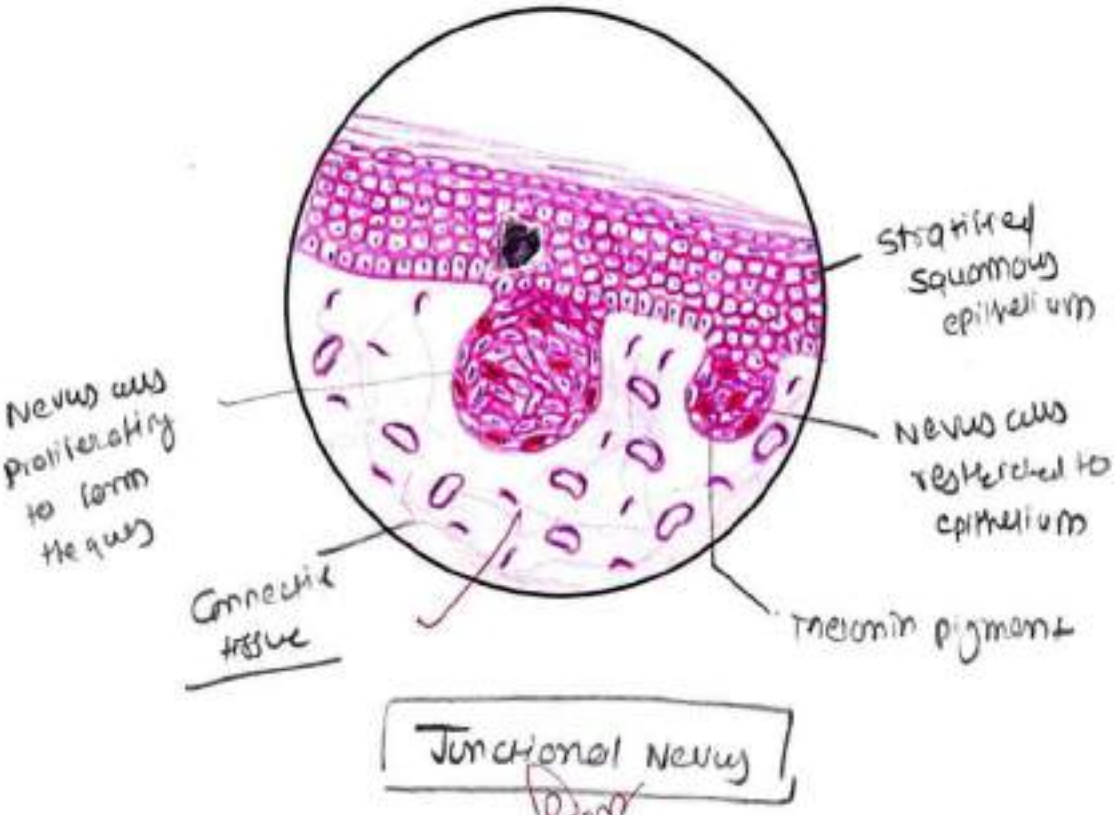
1. Most common lesions in skin is presented as smooth flat / elevated pigmented & shows strands of hair growing from surface.
2. Shows female predilection with oral Nevi.
3. Most common on Hard palate > Buccal mucosa > Vermillion border.

Histopathology

1. Nevus are larger ovoid & rounded cells with pale cytoplasm & may contain granules of melanin pigment in cytoplasm
2. Nevus are situated within connective tissue and are separated from above epithelium by thick band of connective tissue hence not in contact with epithelium

Treatment and prognosis

Surgical excision of oral nevi is recommended as a prophylactic measure because of constant chronic irritation during eating brushing etc.



Junctional Nevus

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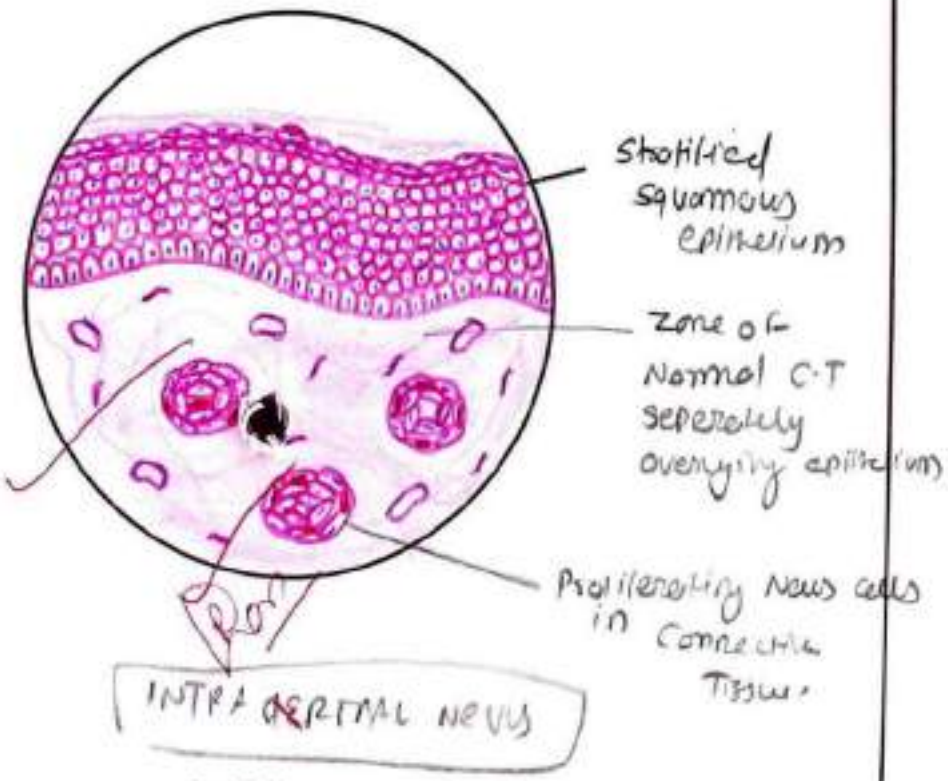

INTRADERMAL NEVUS

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DYSPLASIA

↳ Dysplasia term means 'disordered growth' It is characterized by a constellation of changes that include a loss of uniformity of individual cells as well as a loss in their architectural presentation.

↳ Associated with chronic irritation or inflammation of which oral cavity is common site overlying physical trauma consistently.

↳ Dysplasia is reversible and it reverts back to normal once the stimuli is removed.

Histopathological features of dysplasia

1. loss of polority of basal cells.
2. presense of more than one layers of basaloid cells.
3. increased nucleocytoplasmic ratio
4. irregular epithelial stratification
5. increased number of mitotic figures
6. cellular pleomorphism
7. Nuclear hyperchromatism
8. Enlarged nucleoli
9. Reduction of cellular cohesion

GRADING OF EPITHELIAL DYSPLASIA

① MILD DYSPLASIA (Grade I)

- Hyperplasia of cells of basal / parabasal layer which does not extend beyond the lower third epithelium
- Mild pleomorphism of cells.

(2) MODERATE DYSPLASIA (GRADE 2)

- Atypical cells extending upto middle 2/3rd of the epithelium.
- more severe cytological changes than in mild dysplasia
- Architechtral changes are seen in lower half of epithelium where there may be loss of basal polarity and hyperplasia leading to bulbous rete pegs.

(3) SEVERE DYSPLASIA (GRADE 3)

- There is abnormal proliferation of basal layer to the upper third of epithelium
- cytological changes are prominent
- All changes as seen in mild and moderate dysplasia but with marked pleomorphism
- Apoptotic bodies may also be prominent lack of stratification and deep abnormal keratinazation.

CARCINOMA IN SITU

1. It is a condition that arises frequently on the skin but also on mucous membranes including oral cavity
2. most severe stage of epithelial dysplasia. The dysplastic epithelial cells do not invade the connective tissue.
3. Non-invasive form but can potentially become invasive

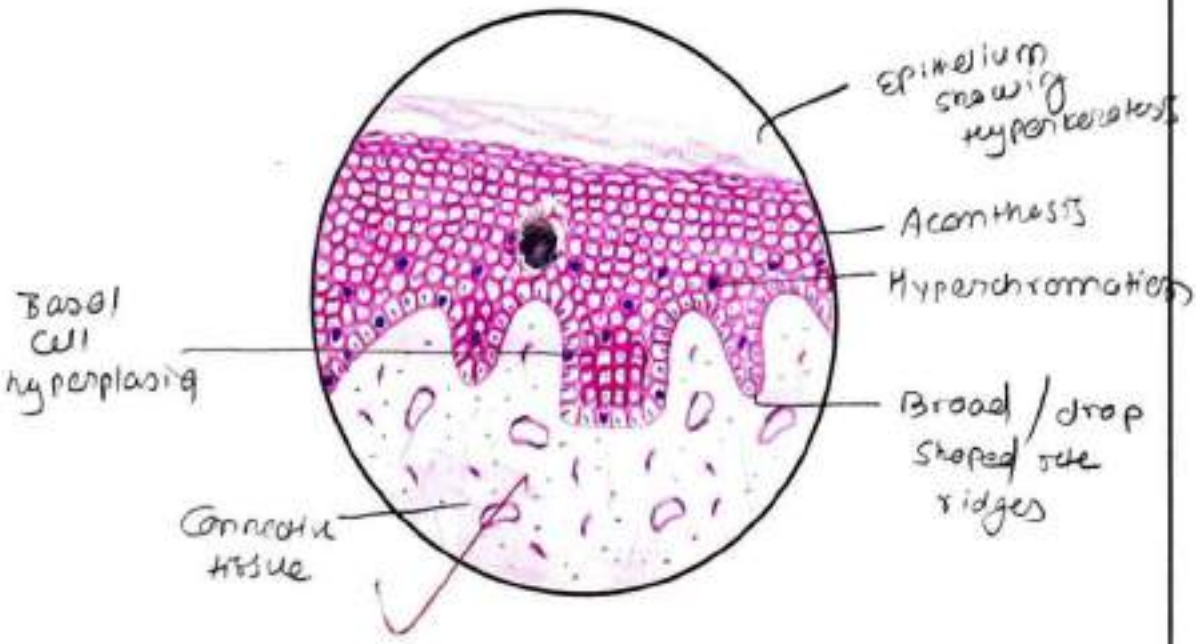

Fig: Leukoplakia (mild dysplasic)

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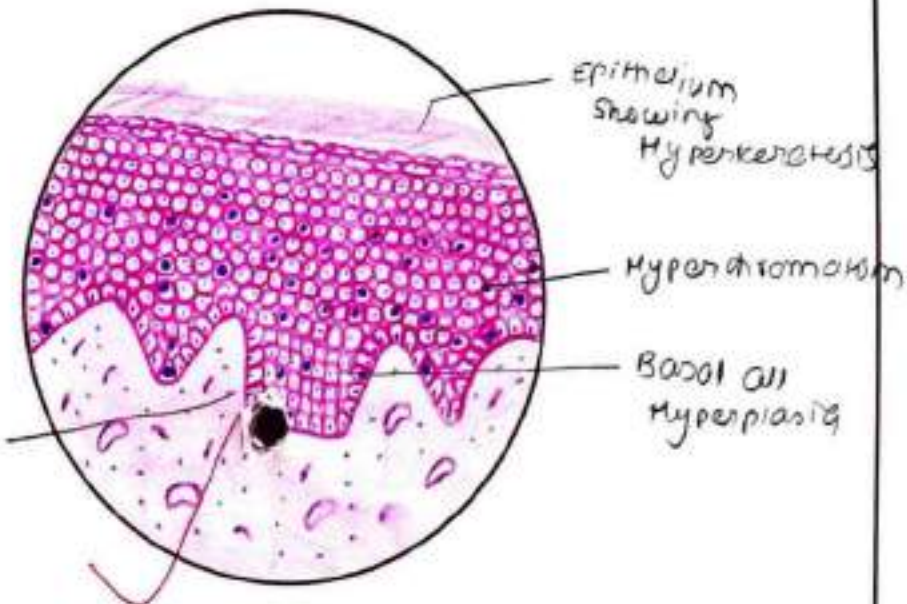

Fig. Moderate Dysplasia

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Clinical features:

① Site: Floor of mouth, tongue & lips
② may be present as leuko plakia or erythroplakia
③ present as white plaques or ulcerated reddned areas.

Histological features:

① kerotin may or may not be present, but is present as usual parakeratin
② loss of orientation and normal polarity of cells.
③ increased N/C ratio and nuclear hyperchromatism

Treatment

① No accepted treatment
② surgical excision, Irradiation and cauterization.

ORAL SUBMUCOUS FIBROSIS

↳ It is an oral precancerous condition leading to stiffness of oral mucosa and fibrous
↳ It is chronic progressive scarring disease

Etiology

① Chronic irritation from chillies areca nut & tobacco
② Genetic [associated with increase HLA - A 10, -B7, & -DR3

CLINICAL FEATURES:

- common site: Buccal mucosa, fecial papilla, soft palate, lip &
- Symptoms: Early OSMF
  - Burning sensation on eating spicy food
  - Blisters on palate, ulcerations, stomatitis
  - dryness of mouth

late OSMF

- White fibrous band occurs in oral mucosa & around lips
- Difficulty in opening mouth and swallowing
- changes in tone of voice if vocal cord involvement

Histological features:

- Structural and microstructural changes
  1. Epithelial Hyperplasia (early stage)
  2. Atrophy (advanced stage)
  3. Short & flat rete ridges
  4. keratinizing metaplasia
  5. Dysplastic changes
- subepithelial changes.
  1. Fibrosis in lamina propria by juxtaepithelial & sub mucosal deposition of collagenized hypovascular connective tissue with variable number of chronic inflammatory cells.

MANAGEMENT

(1) Elimination of habit
(2) Nutritional support - Vit B, D, E high proteins & calories
(3) Drugs -> Glucocorticoids / corticosteroids
(4) Physiotherapy - Heat therapy
(5) Surgical management - Removal of fibrotic bands.

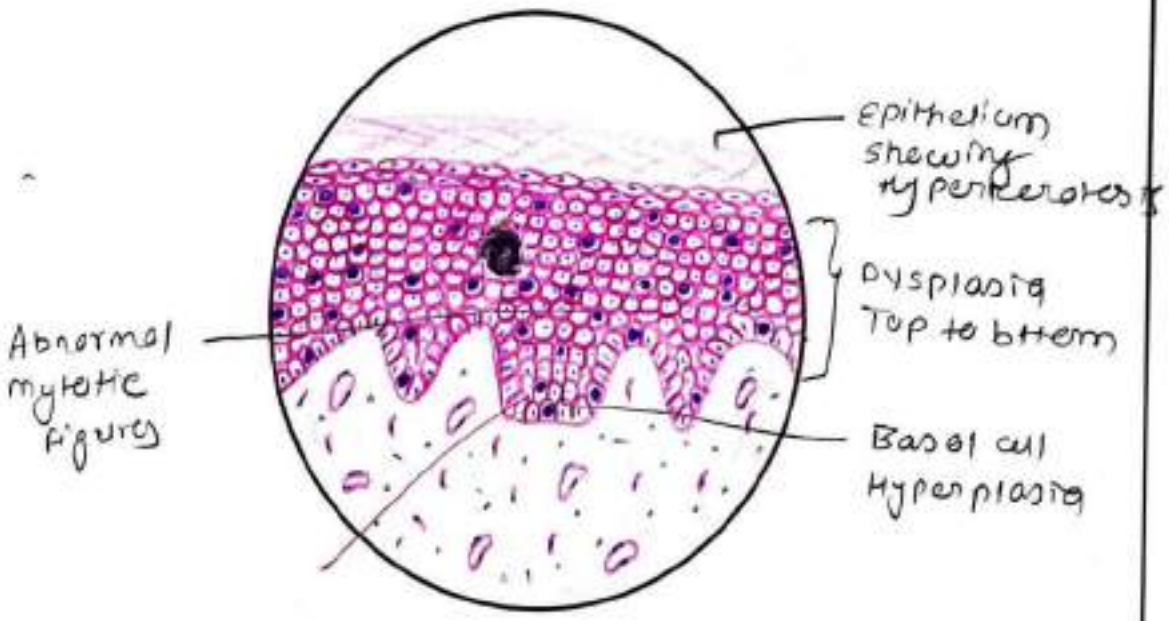

Fig. Severe dysplasia.

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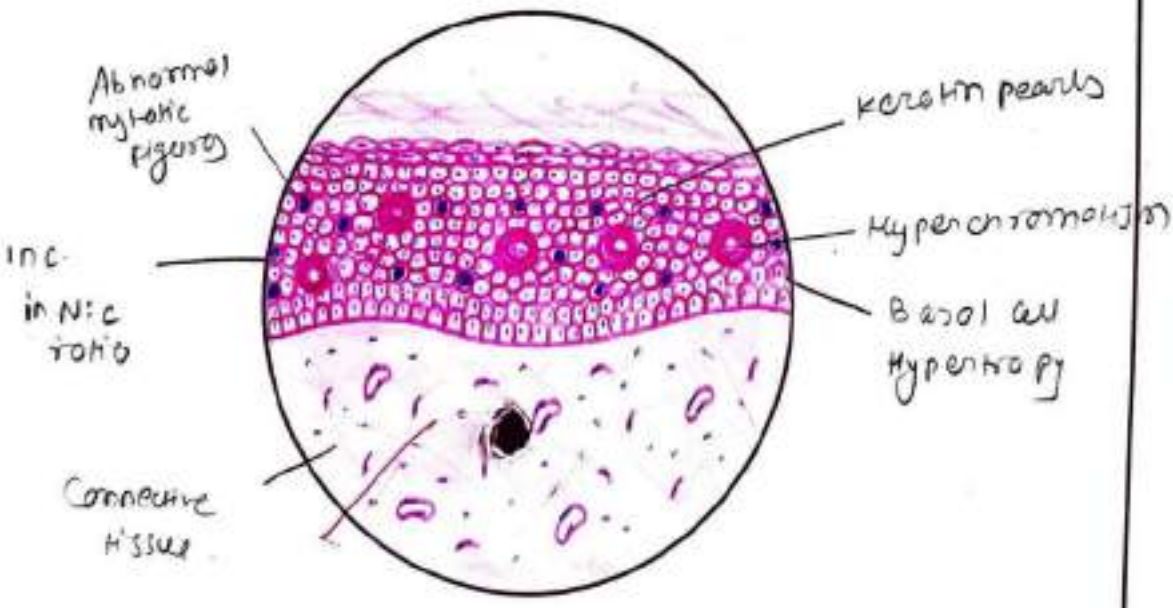

Fig. Carcinoma in situ

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ORAL SUBMUCOUS FIBROSIS

- It is an oral precancerous condition leading to stiffness of oral mucosa and trismus.
- It is a chronic progressive scarring disease.

Etiology

1. Chronic irritation from chillies areca nut & tobacco
2. Genetic [associated with inc. HLA - A10, -B7&8 -DR3

Clinical features:

- Common site: Buccal mucosa, retrol papilla, soft palate lips & hard palate.

- Symptoms:

Early OSMF

- Burning sensation on eating spicy food
- Blisters on palate
- Ulcerations, stomatitis
- Dryness of mouth

Late OSMF

- White fibrous bands occur in oral mucosa & around lips
- Difficulty in opening mouth & swallowing.
- Changes in tone of voice if vocal cord involvement.

Histopathological features:

- Structural & microstructural changes:
  1. Epithelial hyperplasia [Early Stage]
  2. Atrophy [advanced Stage]

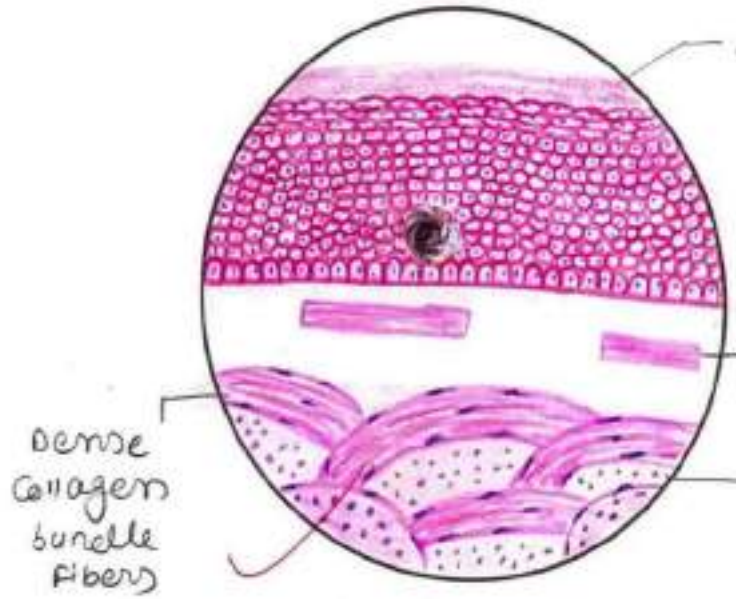
3. Short & flat rete ridges
4. Keratinizing metaplasia
5. Dysplastic changes.

Subepithelial changes

① Fibrosis in lamina propria characterised by juxtaepithelial and submucal deposition of densely collagenized hypovascular connective tissue with variable no. of chronic inflammatory cells.

management

① elimination of habit
② Nutritional support - Vit B, D, E high protein & Calory.
③ drugs - gluco-corticoids & corticosteroids
Physiotherapy - heat therapy.
Surgical management - Removal of fibrotic band.



Oral submucous Fibrosis

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Squamous cell carcinoma.

It is defined as malignant neoplasm exhibiting ~~neoplasm~~ squamous differentiation as characterised by formation of keratin or presence of intercellular bridges.

- most common malignant neoplasm of oral cavity
- may occure at any intraoral site.

Etiology:-

1. Tobacco
2. Betel nut / Areca nut
3. alcohol
4. Viruses - HPV, EBV
5. Diet - deficiency vit A & C
6. Family history
7. Immune deficiency
8. UV light
9. Chronic irritation

clinical

- Exophytic [mass forming, fungating papillary]
- Endophytic [invading burrowing, ulcerated]
- leukoplakia
- Erythroplakia
- leukoerythroplakia.

Pathogenesis. [multistep changes]

↓

Changes occur in gene that control cell cycle cell survival, cell motility angiogenesis ↓

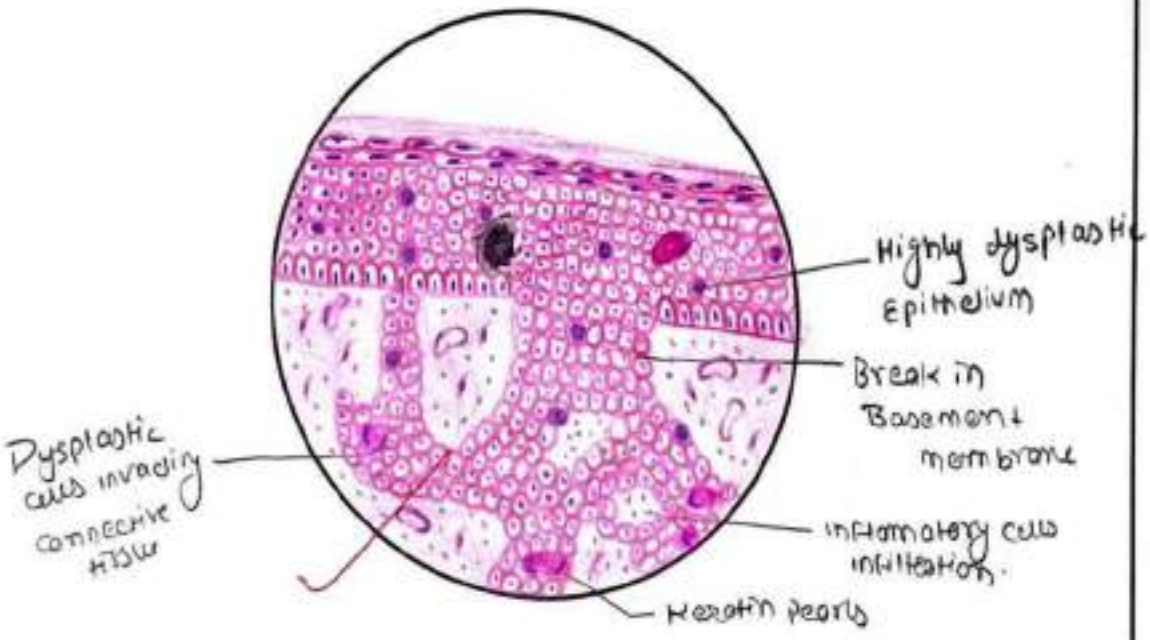
Abnormal cell

↓

clonal expansion

↓

lesion.



Squamous cell carcinoma
[well differentiated]

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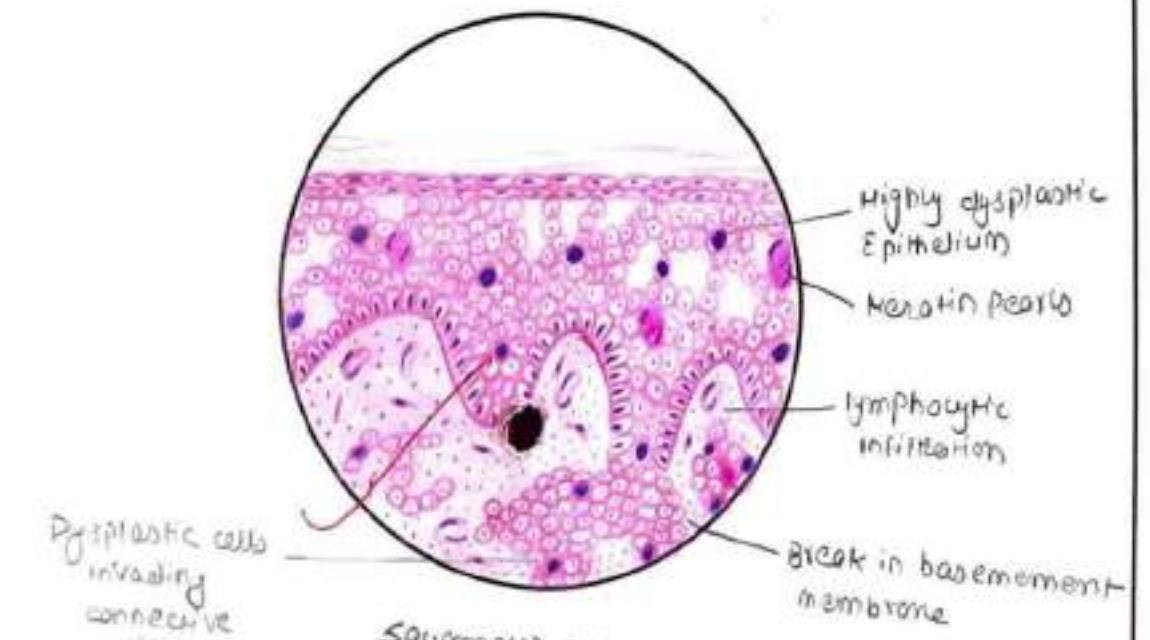

Squamous cell carcinoma
[moderately differentiated]

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Basal cell Carcinoma

Slow growing rarely metastasizing most common malignant skin lesion which develops frequently on exposed surface of skin face and the scalp.

Etiology: (i) UV radiation (iii) Chemi
(ii) X-ray exposure (iv) Immunosupression.

Pathogenesis

- multistep malignancy → mutation occurs at PSB which resides on chromosome 17p of G1 phase → cell proceed to S phase without DNA repair → Abnormal cell → clonal expansion → lesion.
- In addition, Basal cell nevus syndrome (BCNS) also called Gorlin syndrome raises risk of BCC.
mutation of PTCH 1, tumor suppressor gene on banal 9q22 → failure in cell signaling pathway → Abnormal cell proliferation

Clinical features:

↳ occurs in middle aged or elderly & commonly - males.
↳ affects mostly light skinned individuals.
↳ most frequently seen in middle third of face & rarely oc
↳ subtypes of Bcc are:
(i) Nodular BCC (ii) Pigmented Bcc (iii) Cystic Bcc
(iv) Superficial Bcc (v) micronodular (vi) Infiltrating.

(1) NODULAR BCC : Tumor cells have large hyperchrom
oval nuclei with little cytoplasm
arranged in nests with palisading periphery cleft formati
known as Retraction artifact commonly occur b/w cell nest
& stroma because of shrinkage of mucin during tissue fi



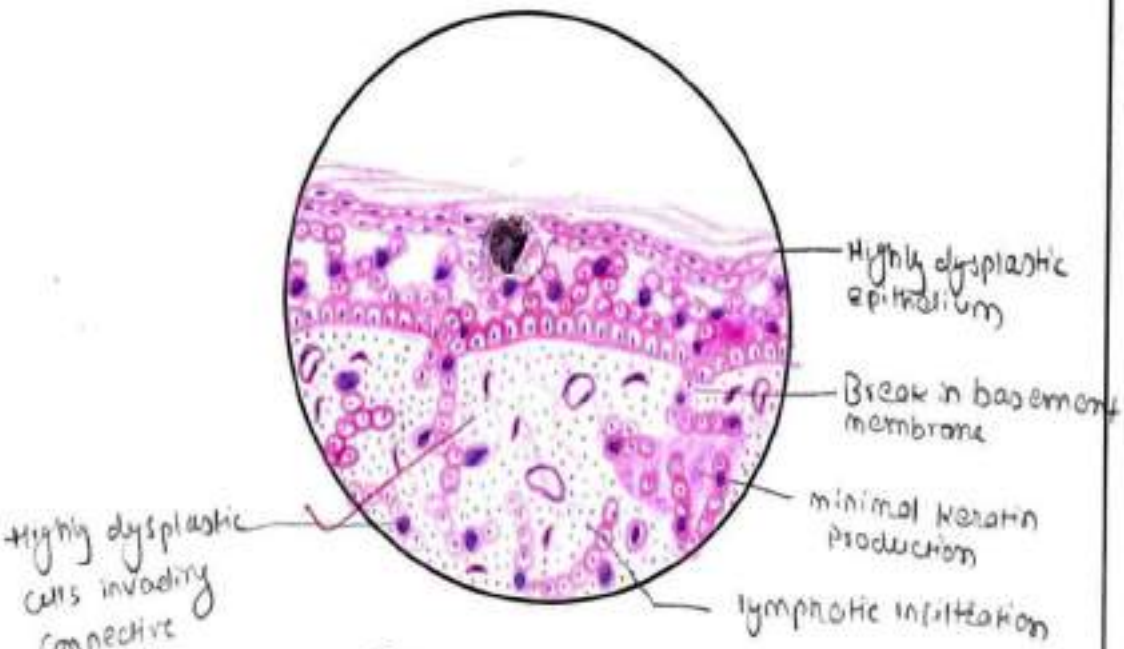
(2) Adenoid BCC some lobule may exhibit areas of
pseudoglandular change.

(3) Pigmented BCC benign melanocytes present in a
around tumor cells containing melanin granules.

(4) Superficial BCC appears as buds of basaloid cells attached
to undersurface of epidermis. Nests with typical palisadi
periphery seen in upper dermis.

(5) Infiltrating BCC Strands of cells present and Stroma
Exhibits scar like. Spiky irregular app. of Stro

(6) micronodular BCC appear as small nodular aggregate of
basaloid cells.



Squamous cell carcinoma
[Poorly differentiated]

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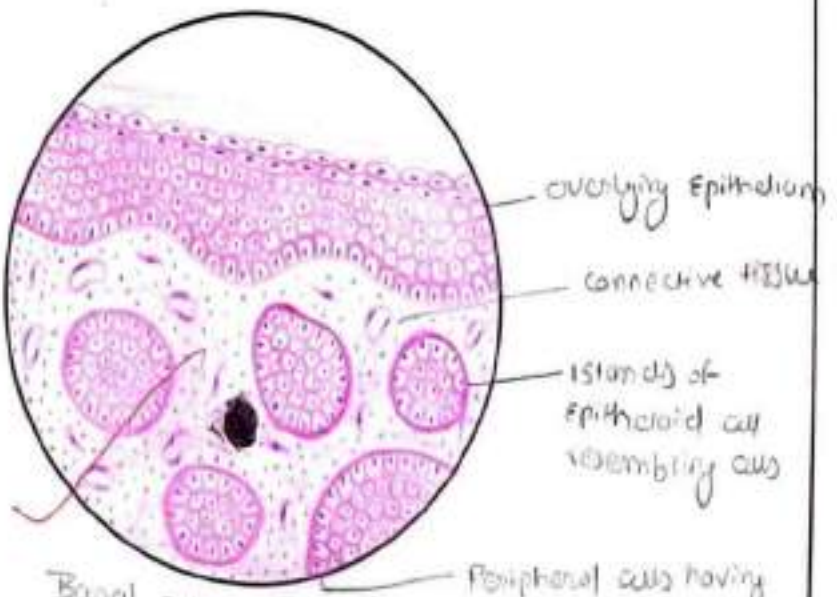

Basal cell carcinoma

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MELANOMA

- Malignant melanoma is neoplasm of epidermal melanocytes
- It is third most common neoplasm of skin

Etiology : Environmental factors.

(i) sun exposure	Genetic factors
(ii) artificial UV sources	• Familial melanoma
(iii) socioeconomic status	• xeroderma pigmentosa
(iv) fair skin speckles	

Clinical features: Cutaneous melanoma has been classified into different types

⊙ Superficial spreading ⊙ Nodular ⊙ lentigo malignant
⊙ Acral lentiginous ⊙ mucosal lentiginous ⊙ Amelanotic

The following criteria adds in diagnosis of melanoma (ABCDE Rule)

1. Assymmetry
2. Border irregularity with blurred notched edges
3. Color irregularity pigmentation is not uniform
4. Diameter greater than 6mm
5. Elevation

Histological features

The malignant cells often nest or cluster in groups in a organoid fashion however single cell can predominate The melanoma cells have large nuclei often with prominent nucleoli & show nuclear pseudoinclusions due to nuclear membrane irregularity. The superficial spreading melanoma is characterized by presence of large epithelioid melanocytes distributed in pagetoid manner.

~~ORAL FIBROMA~~ VERRUCOUS CARCINOMA

~~It is most common benign connective tissue neoplasm in oral cavity may cause trauma or local irritation and represents reactive / local fibrous hyperplasia most commonly occuring in buccal mucosa~~

- It is low grade variant of squamous cell Ca Carcinoma
- term verrucous carcinoma also called as 'Ackerman's tumor'
- Strong association with HPV 6, 11, IGEIP

CLF

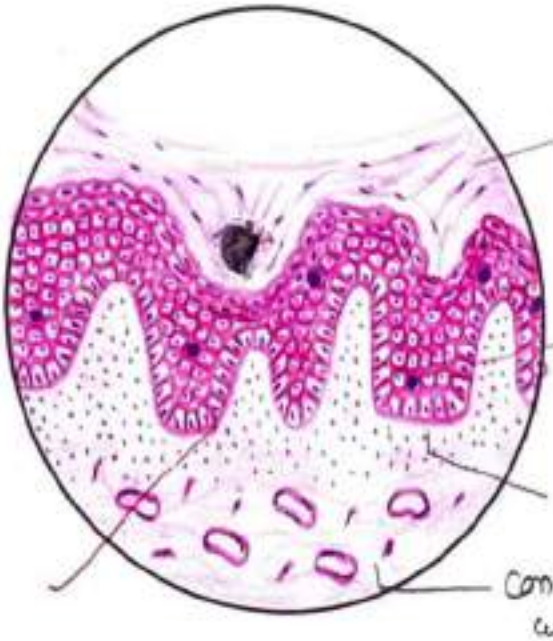
- males > females, > 55 yrs
- Most common mandibular vestibule, buccal mucosa
- lesion appears as typical white but also may appear as erythematous / pink
- Appears as diffuse, verrucous surface projection

Histopathological

- Marked epithelial proliferation with downgrowth of epithelium
- Epithelium well differentiated shows little / nominal activity
- Wide rete ridges that appears to push the underlying CT
- characteristically cleft like spaces lined by thick layer of keratin plugging.

Treatment

Surgical excision, x-ray Radiation / Combination of both



Verrucous carcinoma

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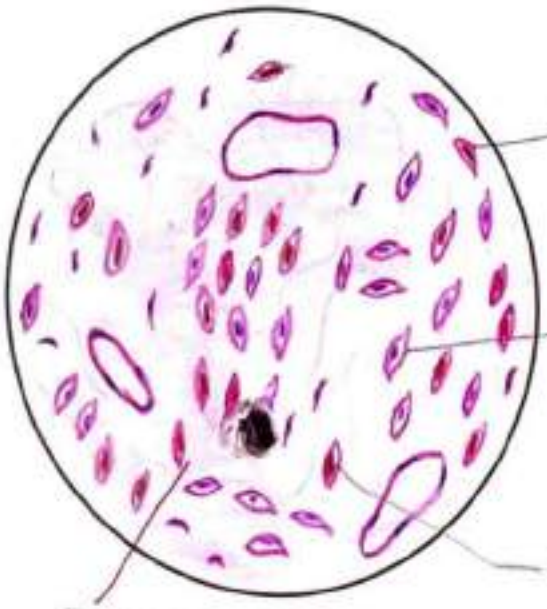

Malignant Melanoma

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ossifying fibroma

- It is most common benign C.T neoplasm
- may cause trauma/ local irritation.
- most commonly occurs on buccal mucosa labial mucosa tongue.

Clinical features:

1. It is elevated nodule of normal color, smooth surface sessile.
2. well defined, slow growing.
3. pedunculated tag
4. mostly on maxillary labial gingiva

Histopathology

1. Connective tissue consisting of (a) interlacing collagenous fibres. b) Varying no. of fibroblast c) Small blood vessels.
2. Surface of lesion covered by stratified squamous epithelium
3. Fibrous connective tissue blends gradually in connective tissue
4. Areas of diffuse or focal calcifications or even ossification sometimes found.

Treatment

1. conservative surgical excision
2. No treatment for pedunculated tags
3. Rare recurrence.

PERIPHERAL Giant cell Granuloma.

Origin : From periodontal membrane / mucoperiosteum of alveolar bone Ethiology is unknown but local irritation due to dental plaque.

Clinical features:

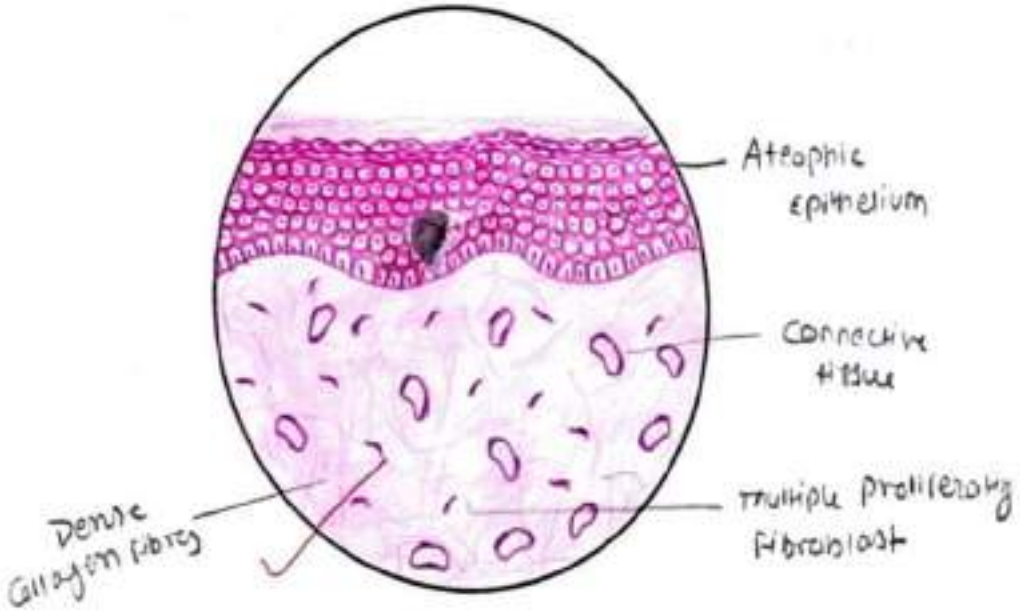
- Female predilection Size : 0.5 - 1.5cm diameter.
- Young children to elderly people affected
- more common in mandible
- may be pedunculated / sessile / may resemble fibroma
- Appear as vascular, oroid swelling on crest or ridge with / without surface ulceration.

Histopathology

- Non capsulated mass of tissue with delicate reticular and fibrillar connective tissue.
- Giant cell resemble osteoblast, contains few / dozens of nuclei are large vesicular / pyknotic
- Numerous capillaries in giant cells enclosed within lumen

Treatment

Conservative / complete excision



Fibroma

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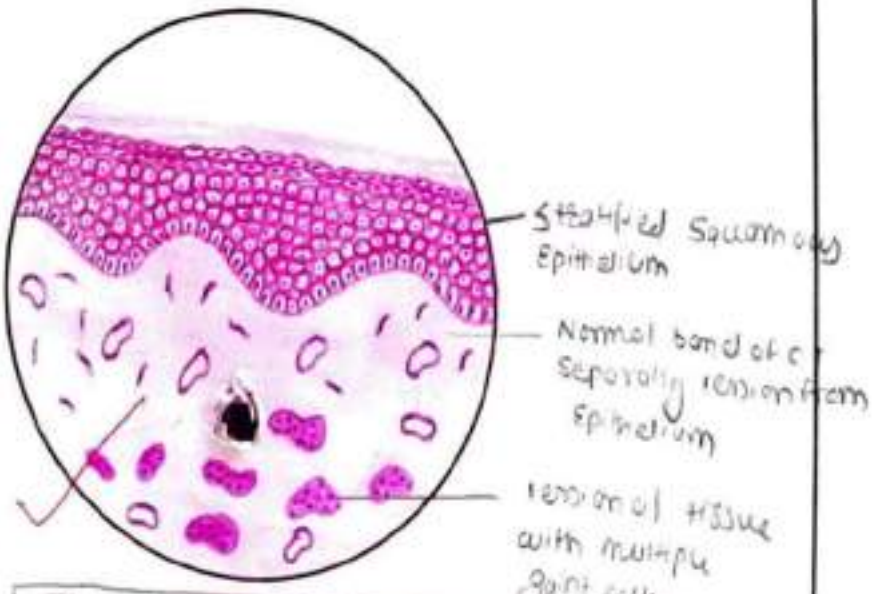

Peripheral giant cell granuloma

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LIPOMA

It is benign tumor of fat. Although it represents by far the most common neoplasm most examples occur on trunk and proximal portions of extremities.



clinical features

- oral lipomas are usually soft smooth Nodular masses that can be sessile / pedunculated
- mostly seen in older patients - 40 yrs.
- Bilateral sex predilection
- Buccal mucosa & buccal vestibule are most common intraoral sites.

Histological

- lipoma is composed predominantly of mature adipocytes
- A thin fibrous capsule may be seen and distinct lobular pattern is present.
- Quite often, lesional fat cells are seen to infiltrate into surrounding tissues perhaps producing long thin extensions of fatty tissue radiating from central tumor mass



CAPILLARY HEMANGIOMA

↳ It is benign tumor consisting of abnormal growth of tiny blood vessels.

↳ They may not present at birth but appear within 1st 6 months of life & [illegible] in to dec. in size.

↳ Associated with Pendu- oster-weber & strurge-weber - Dimitri syndrome.

Clinical features-

↳ occurs in infants and children

↳ F:M ratio - 3:2

↳ most common sites - lips, tongue, buccal mucosa appears as elevated bright red, rubbery tumor.

Histological features-

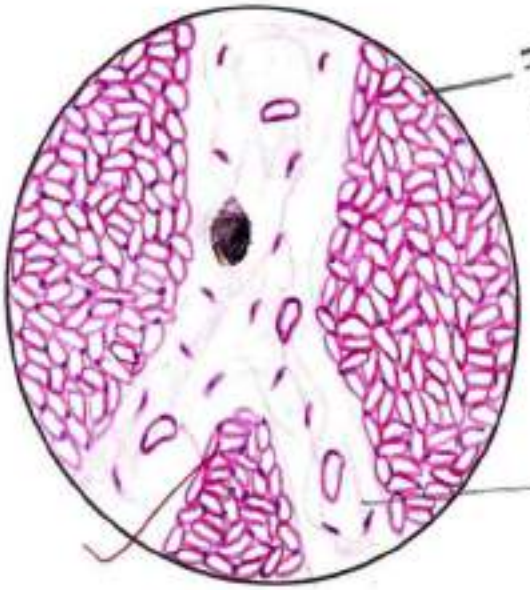
↳ They generally exhibit 2 phase of growth
(a) proliferative phase (b) involuntary phase

↳ proliferative phase of rapid growth
increased proliferation of endothelial + mast als.

↳ involuntary phase is characterised as slow regression of hemangiomas.

Treatment

Many hemangiomas undergo spontaneous regression at a relatively early age.



Lipoma

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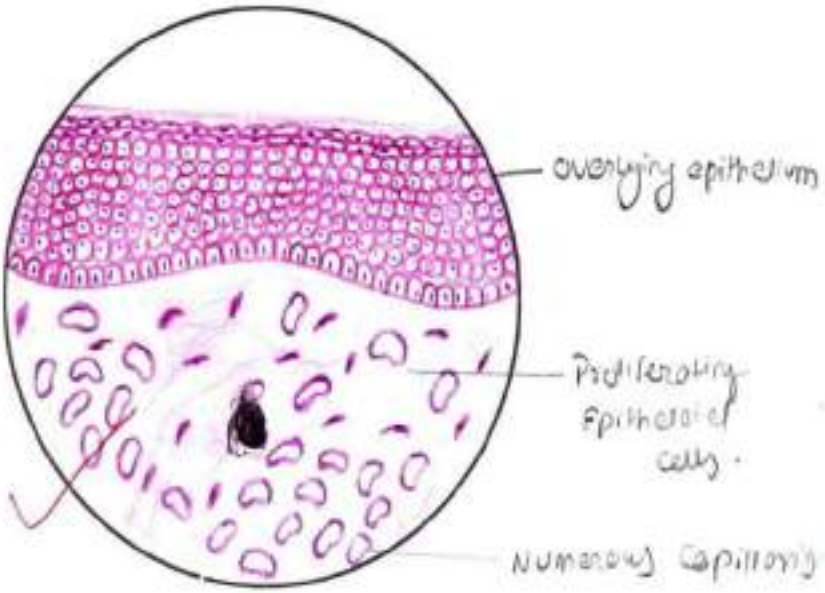

Capillary Hemangioma

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CAVERNOUS HAEMANGIOMA

Hemangiomas are relatively common benign proliferation lesion of vascular tissue origin which may be present either at birth / may arise during early childhood.

It occurs where various space is abundant i.e lip, cheek.

Histological

1. large, irregular shaped dilated endothelial lined sinus which contains aggregates of erythrocytes
2. Blood pooled sinus - a single layer of endothelial cells
3. A mature fibrous connective tissue stroma often separates
4. Large areas of hemorrhages

Clinical

- usually during 3rd - 5th decade
- most common in females
- usually deep red / bluish red

Treatment

- injection of boiling water / hypertenic saline
- Surgical excision.

LYMPHANGIOMA

- It is benign hamartomatous hyperplasia of lymphatic vessels

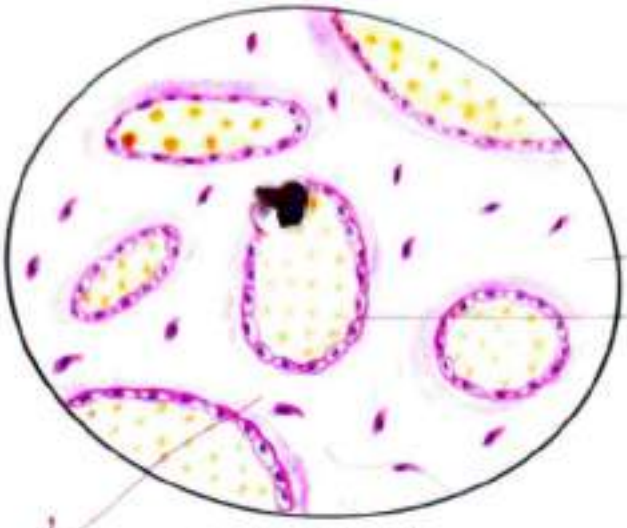


Clinical features

1. present at birth most common in lateral neck also seen on tongue, palate, buccal mucosa, gingiva.
2. superficial lesions are manifested as papillary lesions may be of same color as that of surrounding tissue.
3. deeper lesions appears as diffuse nodules.
4. If tongue is affected enlargement may occur.

Histological

1. multiple intermitting lymph ~~not~~ vessels in loose fibrovascular stroma.
2. lymphangioma simplex
3. cavernous lymphangioma.
4. cystic lymphangioma
5. Benign lymphangioma.



CAVERNOUS HEMANGIOMA

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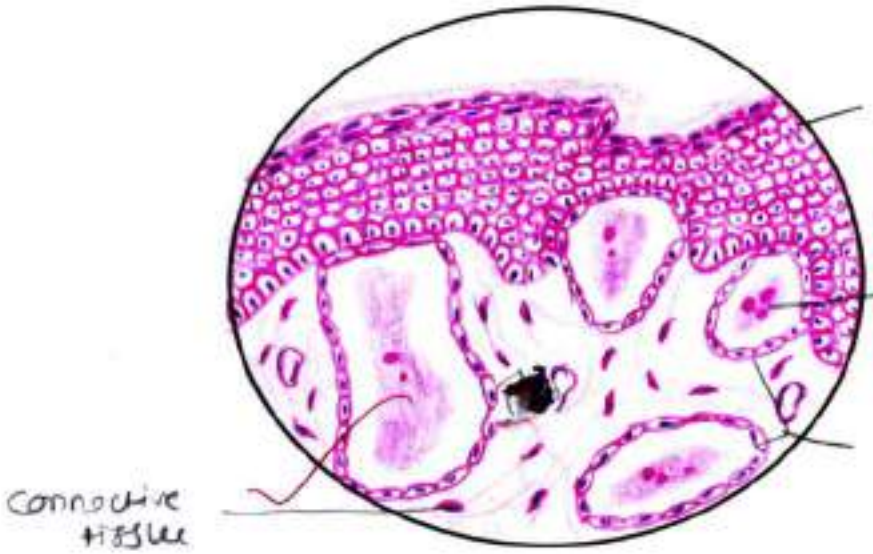

lymphangioma

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benign neoplasm characterised by proliferation of either compact or cancellous bone

Classification

(i) Histologically - • Compact osteoma
(ii) Radiographically - • periosteal osteoma
(iii) Depending upon site.
(a) Homoblastic osteoma.
(b) Heteroblastic osteoma.

C/F

(1) Asymptomatic & slow growing.
(2) circumscribed swelling on jaw
(3) mostly seen on lingual surfaces.
(4) may arise at any age & No sex predilection

Radiographic

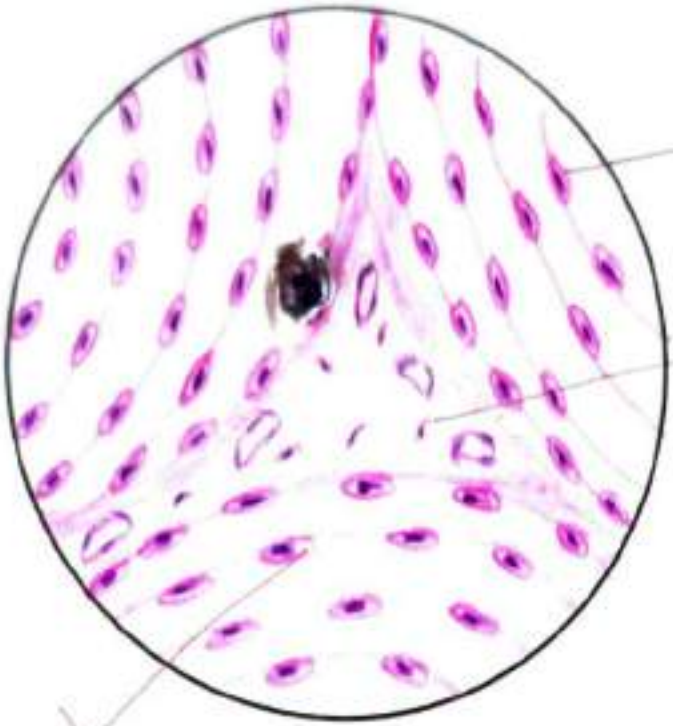
(i) well circumscribed sclerotic masses / Radiopaque
(ii) Periosteal osteoma,

Histopath.

(1) Compact osteoma are composed of normal appearing dense minimal marrow
(2) osteoblastic activity may be fairly prominent

Treatment

(i) Small asymptomatic osteomas
(ii) Conservative excision is for large / symptomatic osteomas
(iii) Recurrence after excision is extremely rare.



Osteoma

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FIBROSARCOMA

- Malignant spindle cell tumor showing herring bone or interlacing fascicular pattern and expression of other connective tissue markers except vimentin
- General features: Bimodal patients i.e young & old spindle shaped cells in herring bone pattern.

Histology

It is tumor of malignant fibroblast

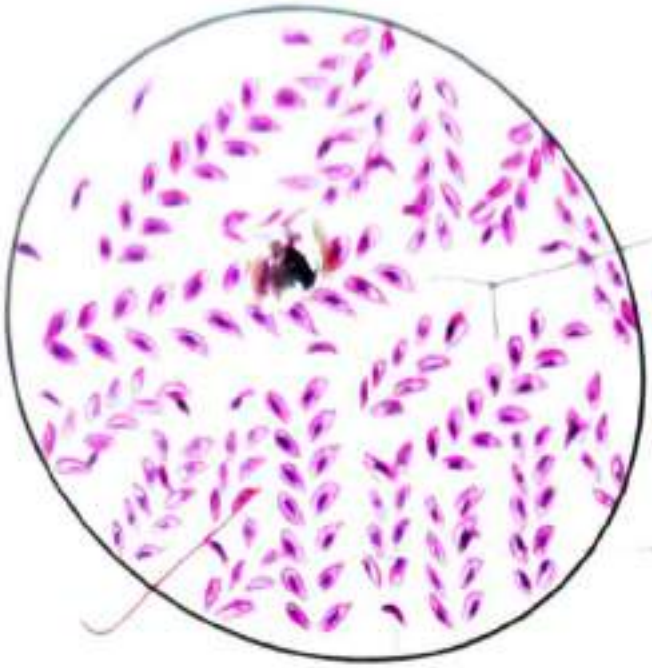
1. well-differentiated: multiple fibroblast, pale eosinophilic cytoplasm & deeply stained spindle nuclei
2. Intermediate grade: cellular & has herring bone pattern. Cellular pleomorphism in moderate amt.
3. High Grade: These very cellular with cellular atypia & mitotic activity matrix with bizzare nuclei

Immunohistochemistry

only positive for vimentin marker while negative for all other markers

Treatment

Tumors require radical surgery including removal of potentially invaded muscle & bone.



FIBROSARCOMA

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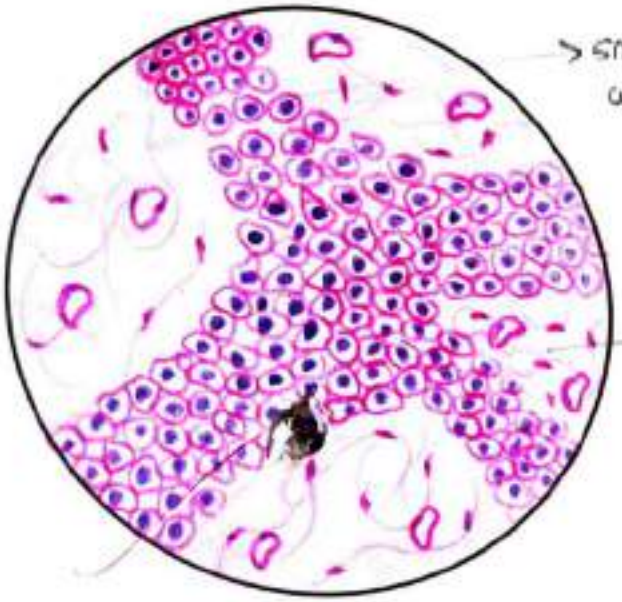

Ewing's sarcoma

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NON HODGKINS LYMPHOMA

ETIOLOGY — Viruses such as EBV, HTLV-1 HIV Hepatitis C human herpes virus 8 infection with H.Pylori is related with genesis of gastric MALT; can occur in congenital.

B cell lymphoma.

follicular lymphoma

small lymphocytic lymphoma

marginal zone lymphoma

mantle cell lymphoma

diffuse large cell lymphoma.

T cell lymphoma.

Peripheral T cell lymph

Anaplastic large cell lym

mycosin fungides.

C/F

- localised & generalised painless lymphadenopathy
- Hepatomegaly & symptoms such as fever weight loss & night sweats.

ORAL LESSIONS — The malignancy may develop in oral soft tissue & show swelling, have a boggy consistency. The lession may appear erythematous or purplish & may appear ulcerated.

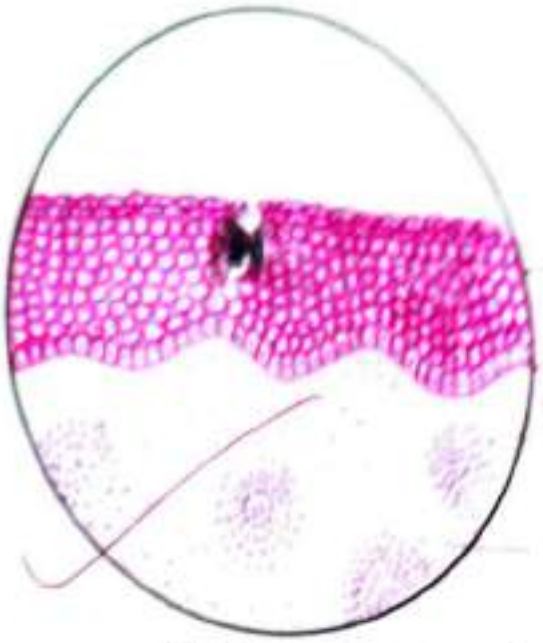
H/F

NHL are characterized by proliferation of lymphocytic appearing cells that may show varying degree of differentiation. All lymphomas grow as infiltrating broad sheets of relatively uniform neoplastic cells that show infiltratic without destruction.

Treatment

Radiation therapy

chemotherapy.



Non-Hodgkin's lymphoma

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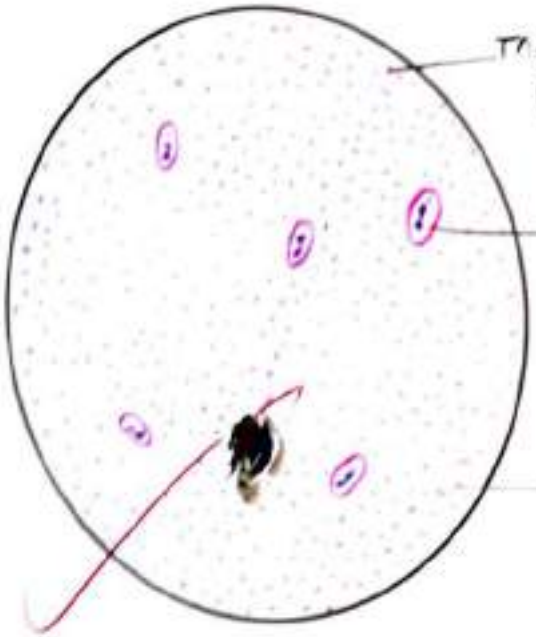

Burkitt's lymphoma

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BURKITT'S LYMPHOMA

Also known as African Jaw lymphoma.

It is high grade B cell neoplasm & has 2 major forms

(a) Endemic (African)

(b) Non-endemic (sporadic)



1. Mostly involved maxilla & mandible but may involve abdominal organs as kidneys, ovaries / retroperitoneal structures are less common.
2. Sporadic form involved abdominal organ with most common involvement of distal ileum, caecum or mesentry.
3. EBV is closely associated.
4. Patients mostly present with swelling of affected jaw or other facial bones, looseness of teeth & swelling of lymph nodes

H/F-

1. Burkitt's lymphoma is monoclonal proliferation of B lymphocytes that are uniform in pattern.
2. These cells are homogenous in size and shape with oval to round nuclei & slightly coarse chromatin & with multiple nucleoli and intensely basophilic vacuolated cytoplasm that contains fat.
3. A characteristic starry sky apperance is imparted by scattered clear cell macrophages.



Treatment

Combination of chemotherapy and CNS prophylaxis.

Hodgkin's lymphoma.

Etiology : unknown, EBV virus HIV infection

C/F-

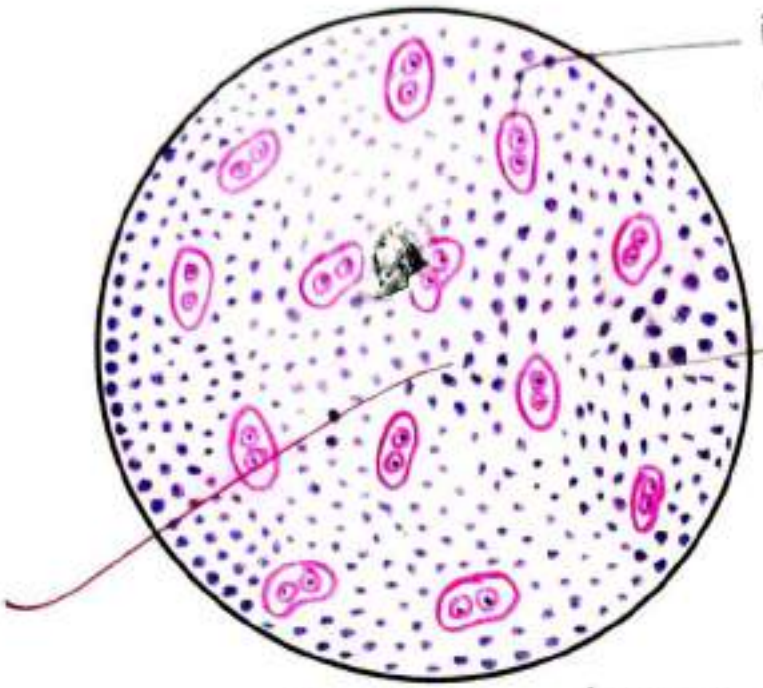
- Bimodal age distribution > females
- Higher socioeconomic status or higher risk
- palpable painless lymphoadenopathy in cervical area.
- Firm and rubbery in consistency & overlying skin is normal.
- unexplained weight loss, fever night sweat, backpain abdominal pain.

H/F

1. Nodular sclerosis HL (60-80%) : morphology shows nodular pattern, fibrosis divided nuclei in nodules.
2. Reed sternberg cells, which has mononucleated / multilobulated & small nucleolus & abundant pale cytoplasm
3. mixed cellularity HL (15-30%). The infiltrate is usually diffuse. RS cells classic type. large No. of RS cells & bizarre sarcomatous variants are present seen in old age & HIV patients.
4. Nodular lymphocyte predominant HL - RS cells are not observed instead lymphocytic histiocytic cell / popcorn cells are seen.

Treatment

Radiation & chemotherapy.



Hodgkins lymphoma.

Staff signature:

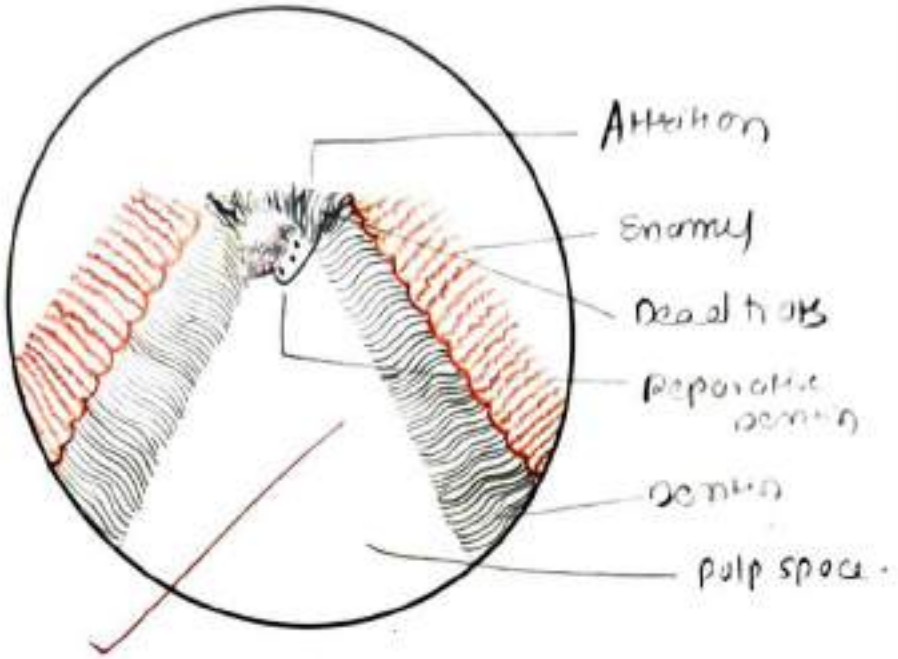


ATTRITION

- defined as physiological wearing away of tooth as a result of tooth to tooth contact as in mastication.
- occurs only on occlusal surfaces incisal & proximal surfaces of teeth (unless unusual occlusal relation or malocclusion exists).
- This can occur both in 1° & permanent dentition.
- The 1st age advances, the reduction inc. and the cusp height dec.
- Advanced attrition is one in which enamel has been completely lost in one / more areas.
- Sometimes results in an extrinsic yellow or brown staining of exposed dentin from food / tobacco.

- ~~Factors~~ Factors Affecting Tooth destruction.

(1) poor quality / absent enamel (eg enamel hypoplasia or dentigerous, dentigenesis imperfecta)
(2) premature contacts (edge to edge occlusion)
(3) intraoral abrasives. erosion & grinding habits like bruxism.



Attrition

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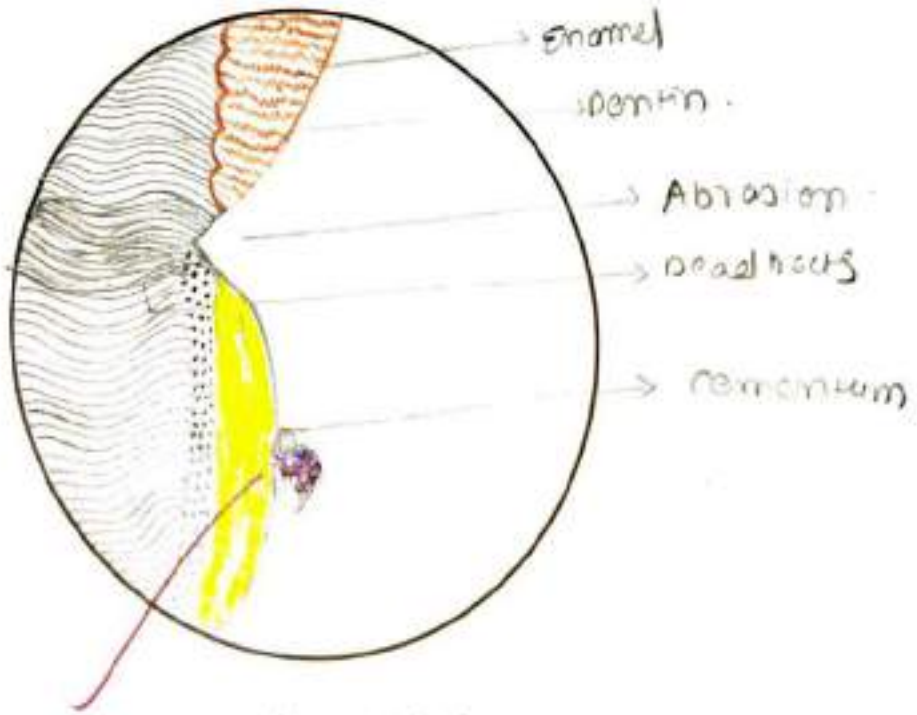

Abrasion

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EROSION

Dental erosion is defined as irreversible loss of dental hard tissue by chemical process that does not involves bacteria.

Causes

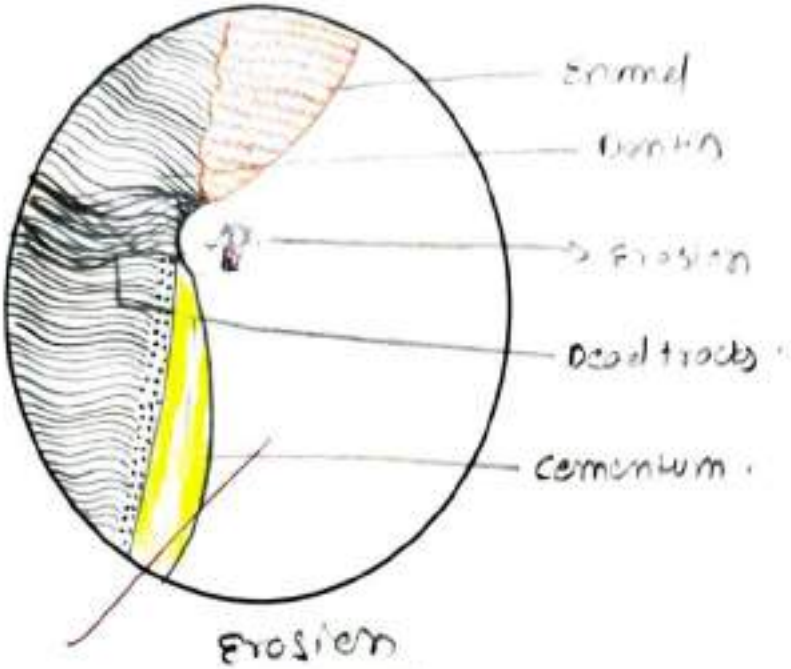
1. Extrinsic causes : acidic beverages, food, medication or acidic source outside.
2. Intrinsic cause – acid sources inside the body by gastric acids regurgitated into oesophagus & mouth in GERD and excessive vomiting.
3. Saliva – when acid enters the mouth the salivary flow increases & buffering capacity increases but patients with erosion show lower salivary buffer capacity.

CLF

- Broad saucer shaped concavities with smooth surface enamel capping of occlusal surfaces with dentin exposure.
- increased incisal translucency.
- wear on non-occlusal surfaces.
- Hypersensitivity & pulp exposure in deciduous teeth.

Management

Treatment of etiology.



Erosion

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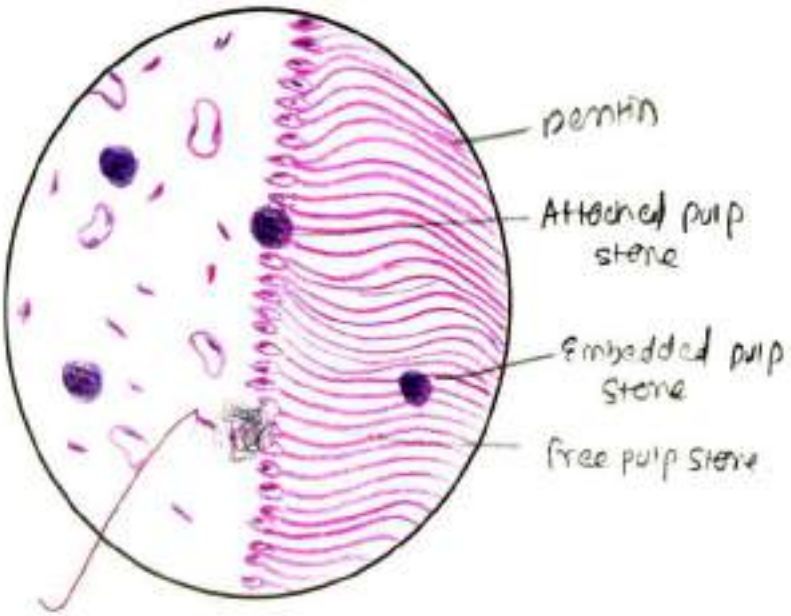

Flare Denticles

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Denticles

- Denticles are morphologically diverse form of pulp calcification.
- They moreover represent age related changes in pulp rather than presence of any pathology.

Etiology:

local metabolic disease

↓

Hyalinization of injured cells

↓

Fibrosis

↓

mineralization growth in time.

↓

Pulp stone.

Classification based on microscopic morphology -

(1) True denticles.

(2) False denticles.

False pulp stone.

- They are made up of calcified tissue deposited in concentric lamellae to form nodule.
- larger in size.

Based on Anatomical position:

(1) denticle

(2) Attached --"--

(3) embedded / intensive --"--

(1) free denticle → That are entirely within pulp tissues.

(2) Attached denticle → That are continuous with dentinal walls.

(3) Embedded denticle → attached denticle which eventually become surrounded by 2nd dentin

INTERNAL RESORTION

It is an unusual form of tooth resorption that begins centrally within tooth apparently initiated in most cases by peculiar inflammatory hyperplasia of pulp.

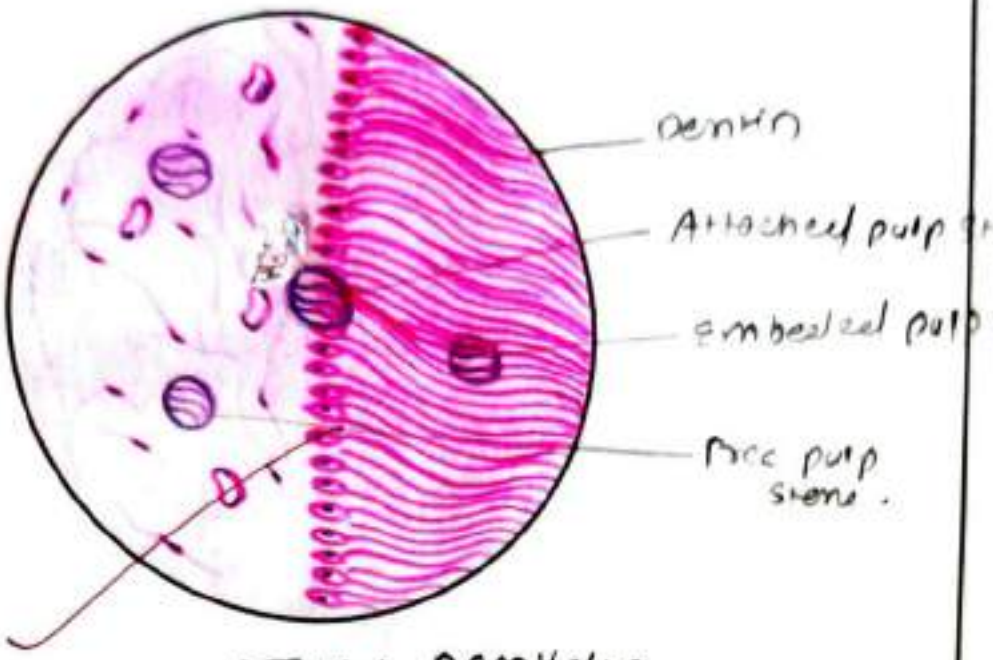
It is idiopathic in nature, also called as chronic perforating hyperplasia of pulp, internal granuloma odontoclastoma & pink tooth of mummery.

CF-

- pink head area on crown of tooth which represents hyperplastic vascular pulp tissue filled resorbed area.
- involvement of more than one tooth in any given patient is rare.

Radiographic features:

- Round /oval radiolucent area in central portion of tooth is seen.
- complete perforation is seen if tooth is not treated



True dentikus

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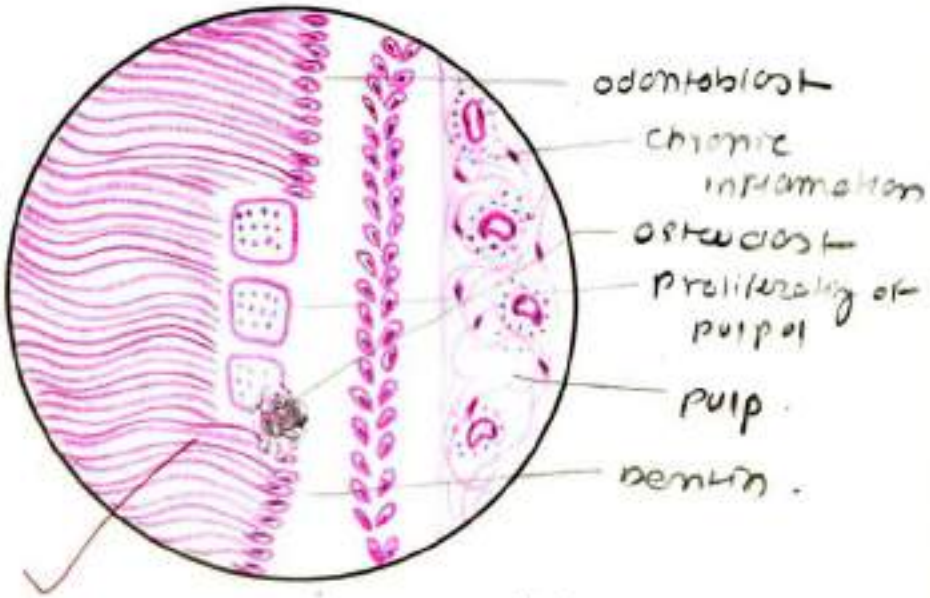

Internal resorbtion

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H/F

- Resorption is of an irregular lacunar variety showing portion of tooth is seen.
- Complete perforation is seen if tooth is left untreated
- pulp is usually chronically inflamed
- lacuna like areas in dentin are filled with osteodentin
- enamel is also resorbed.
- perforation of dentin & cementum may occur.

HYPERCEMENTOSIS

- It is a non-neoplastic condition which is characterized by excessive deposition of cementum on the root surface
- Also known as cementum hyperplasia
- Regarded as regressive change of teeth & most commonly involves nearly the entire root area.

Ethology:

- Inflammation about a tooth
- Tooth repair.
- Osteitis deformans.

C/F

No significant clinical signs & symptoms unless periapical inflammation is present

Radiographic features:

- Thickening & apparent blunting of roots are seen in periapical
- Roots are loose their typical 'sharpened/ spiked appearance.

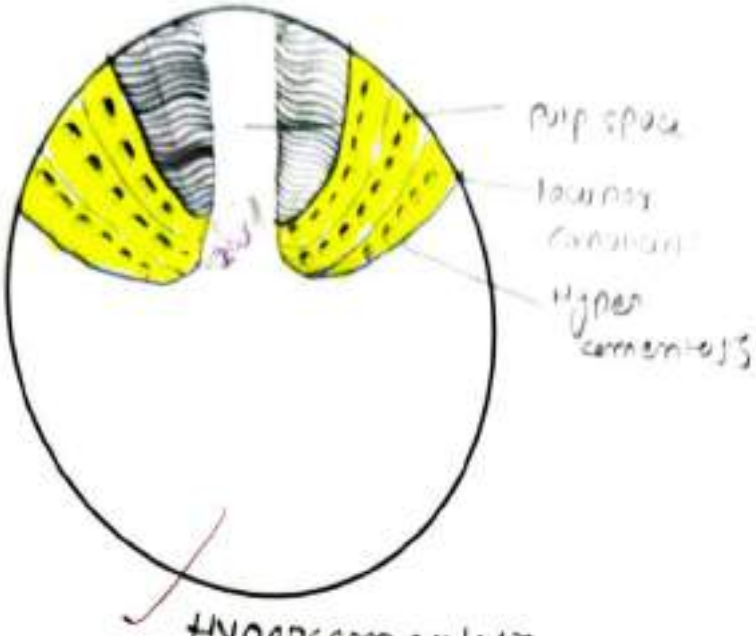
H/F

1. Excessive 2nd / acellular cementum over 1° cellular cementum
2. cementum arranged in concentric layers around root & shows numerous resting lines.

CEMENTICLES:

- There are small foci of calcified tissues not necessarily of true cementum which lies free in the periodontal ligament or lateral and apical root areas.
- Calcified bodies may occur in periodontal ligament all of which has morphological characteristics of cementum
- Most common manner in which cementicles develop is by calcification of rests of epithelial cells in PDL as a result of degenerative change. These bodies enlarge by further deposition of calcium salts in adjacent surrounding CT.
- Pattern of calcification often gives appearance of circular lamellated site.
- cementicles may arise from focal calcification of C.T between sharpey's bundles with apparent central nodes.
- Calcification occurs as small round / ovoid globules of calcium salts.
- Small spindles of cementum lies from root system surface i.e cemental tears or fragments of bone detached from alveolar bone plate.

~~Pathogenesis~~



Hypercementosis

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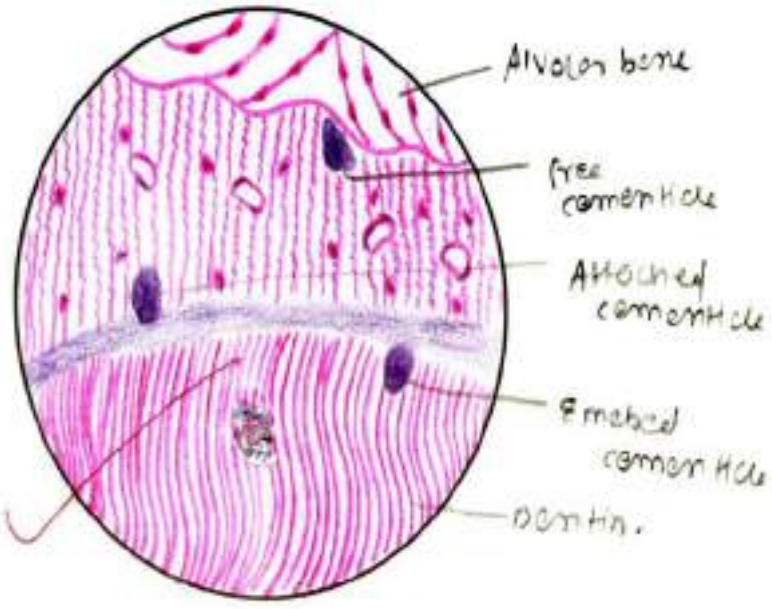

Cementicles

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FIBROUS DYSPLASIA

It is an uncommon non-hereditary developmental disorder of bone due to defect in osteoblastic differentiation & maturation

Clf: Based on severity of disease & areas involved

2 forms — ① monostotic ② polyostotic

Polyostotic FD: involves more than 1 bone like femur, tibia, pelvis, skull & rectal bone, upper extremities, lumber spine or calvicle. Appears bet^n 10 yrs of age in 60% patients Bowing long legs & leg length discrepancies. curvature to femoral end leads to shepherd hook like deformity.

MONOSTOTIC FD :- Quite common & less severe. occurs in ribs, femur tibia, cranio facial bone & humerus. more common in children & young adults. maxilla > mandible

H/F-

1. Numerous irregular trabeculae of woven bone
2. low to moderate cellular C.T
3. Advanced lesion — 'Chinese letter appearance'
4. Typical osteoblastic rimming is partially absent

Pathogenesis

Mutation of GNAS-1 gene

↓ GTPase activity

↓

continous stimulation of adenyl cyclase

↑ cAMP

↓

Increased activity of target cells

osteoblast	melanocytes	endocrine cells
↓	↓	↓
Fibrous dysplasia	cafe-au-lait spots	precocious puberty, hyperthyroidism, ↑GH

RIF-

Early lesions - unilocular / multilocular radiolucency

mature lesions - radiopaque spicules giving ground glass appearance or orange peel appearance

- Monostotic FD is self limiting & is limited to cosmetic surgery [optic canal decompression surgery] or bisphosphate therapy.
- polyostotic FD: It requires multidisciplinary approach addressing multiple bone defects & endocrine dysfunction

PAGETS DISEASE:

- Also known as osteitis deformans
- chronic progressive disease of bone & it is common skeletal disorder of middle aged & elderly patient, involving multiple bones [polyostotic) / single bone (monostotic)

Etiology

I. Still unknown

II. Evidence of genetic link is present

III. Viral Etiology is also present

CIF.

I. From 5th to 6th decade of life [75 yrs]

ii. male = female.

iii. Bone pain, bone deformity, muscles skeletal & cardiovascular bone expansion & enlargment of skull frontal bossing.

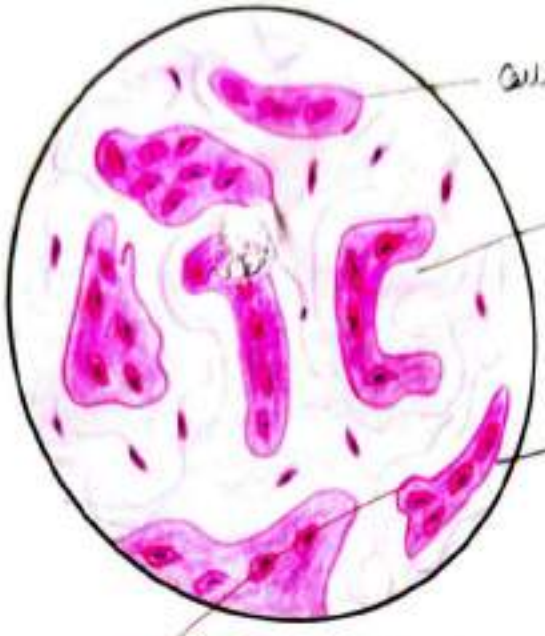
iv. platybasia.

Oral manifestation.

① maxilla > mandible: progressive enlargement of jaw

② widening of alveolar ridges & flattening of palate.

③ migration of teeth, recurrent tightening of denture due to expanding of alveolar ridge



Fibrous dysplasia

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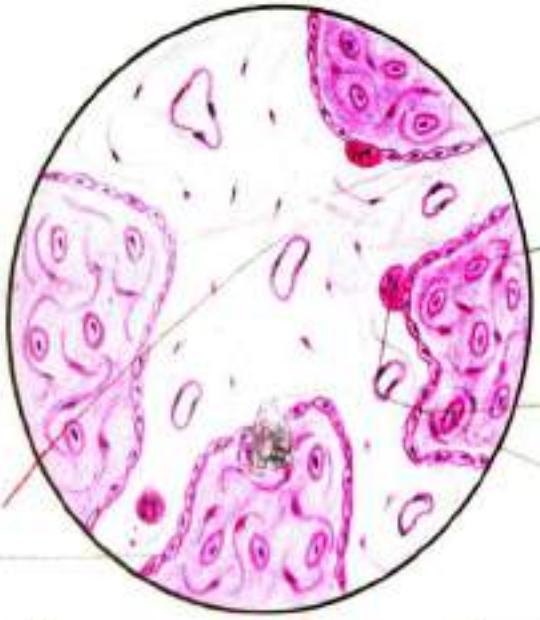

Pagets disease

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Histological features

depends on stage of disease.

(i) extensive resorption of bone & inc. no. of osteoclast seen as multinucleated giant cells (upto 100 nuclei)

(ii) small irregular fragments of new newly formed bone

(iii) Jigsaw puzzle or mosaic pattern.

CHERUBISM

An autosomal dominant fibro-osseous lesion of jaw involving more than one quadrant that stabilizes after growth period, usually leaving some facial deformity.

C/F

- condition is evident around 2-5 yrs of age with male
- plump - cherub like cheeks usually painless bilaterally symmetrical, involving cervical lymphadenopathy. In severe cases, eyes are involved giving a classic - "Eye to heaven appearance.
- on radiograph; it shows moth eaten tooth appearance [classic ground glass appearance]

H/F

- microscopic examin shows variable no. of multinucleated giant cells & scattered hemorrhage, giant cells show strong -ve positivity for tartrate resistant acid phosphate.
- large endothelial cells & perivascular cuffing [eosinophilic cuffing]

Genetic

mutations in SH3BP gene on chromosome 4p16.3

These mutations leads to enhanced stability of SBP2 adapter protein

Increased production of TNF α by macrophages suggests role for inflammation.

CEMENTO - ossifying fibroma.

- A well demarcated, encapsulated expanding intra-cellular lesion of Jaws composed of cellular fibrous C.T containing spherical calcification & irregular randomly oriented bony Trabeculae
- Tissue of origin is bone
- Etiology is unknown.

C/F

1. Slow growing neoplastic lesion
2. more often in mandible.
3. more common in female [35 yrs)
4. Asymptomatic
5. more common in children & young adults

H/F

1. Normal ossified areas within cellular fibrous C.T in unshorted pattern.
2. Spherical calcification of various size.
3. Irregularly shaped calcified structure.

R/F

- well defined radiolucent
- mixed radiolucent & radioopaque
- Cortical expansion & without perforation.



Cherubism

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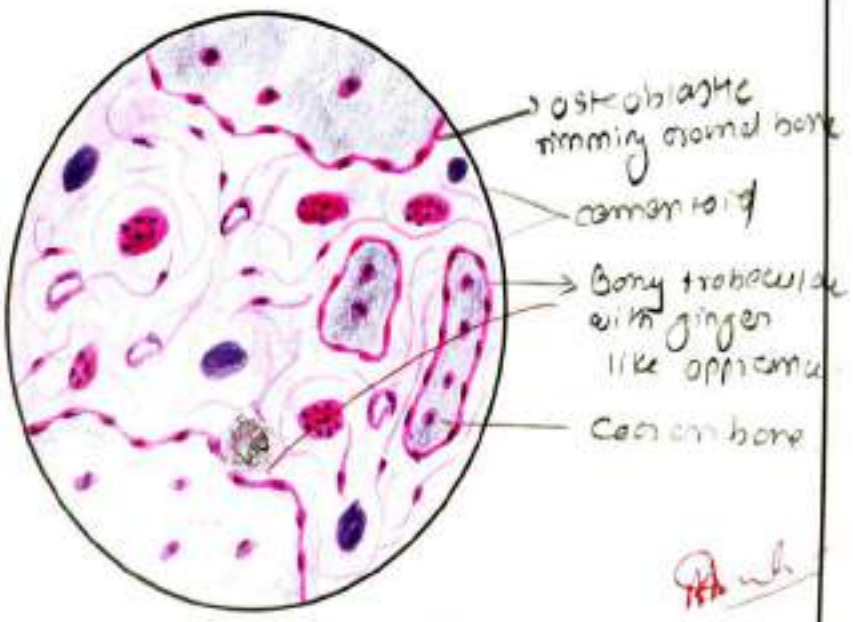

Cementoossifying fibroma

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Pleomorphic Adenoma

it is benign neoplasm of salivary gland consisting of cells exhibiting ability to differentiate

Histogenesis

- presence of ductal & myoepithelial cells
- myoepithelial cell - responsible for morphologic diversity of tumor
- intercalated duct cells.
- pleomorphic adenoma gene mapped to gene 8q12

C/F

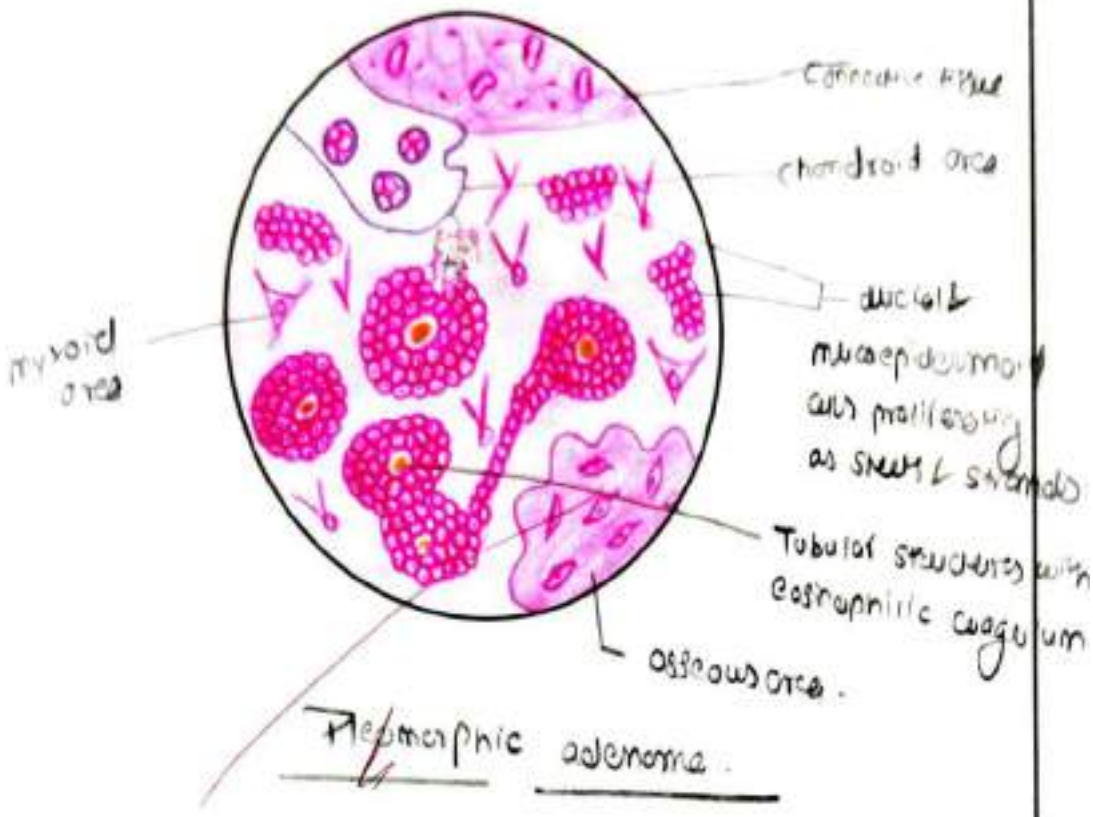
- Parotid gland mostly affected
- small painless nodules slowly begin to increase
- facial nerve paralysis

Histopathology

- irregular ovoid mass with defined borders
- epithelial components
- myxoid cells.

Treatment

Surgical excision



Pleomorphic adenoma.

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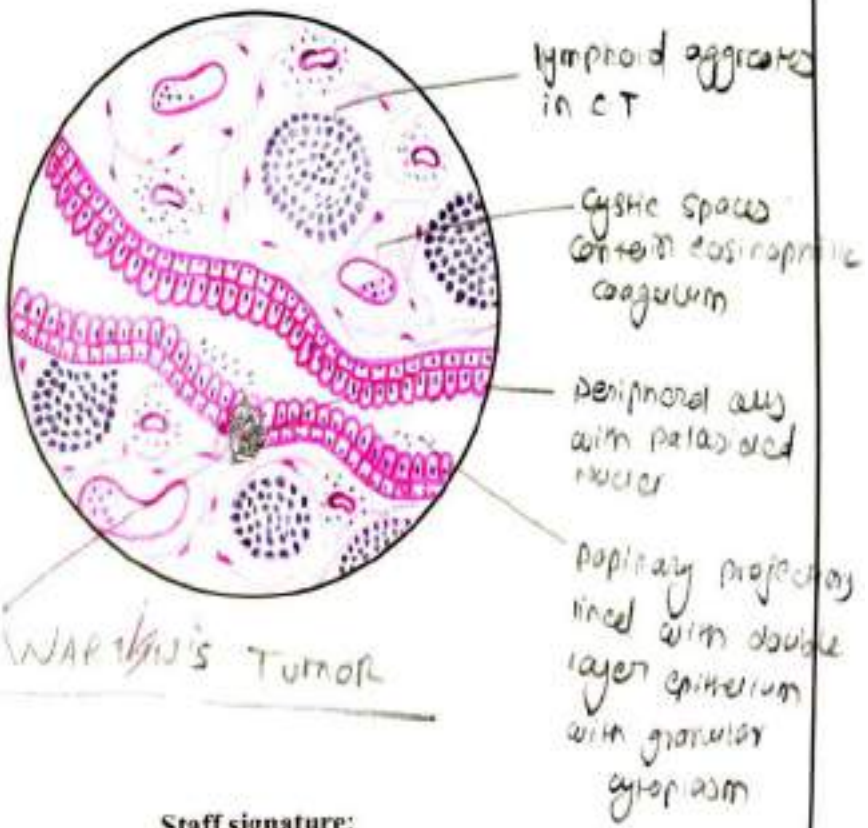

WARTHIN'S Tumor

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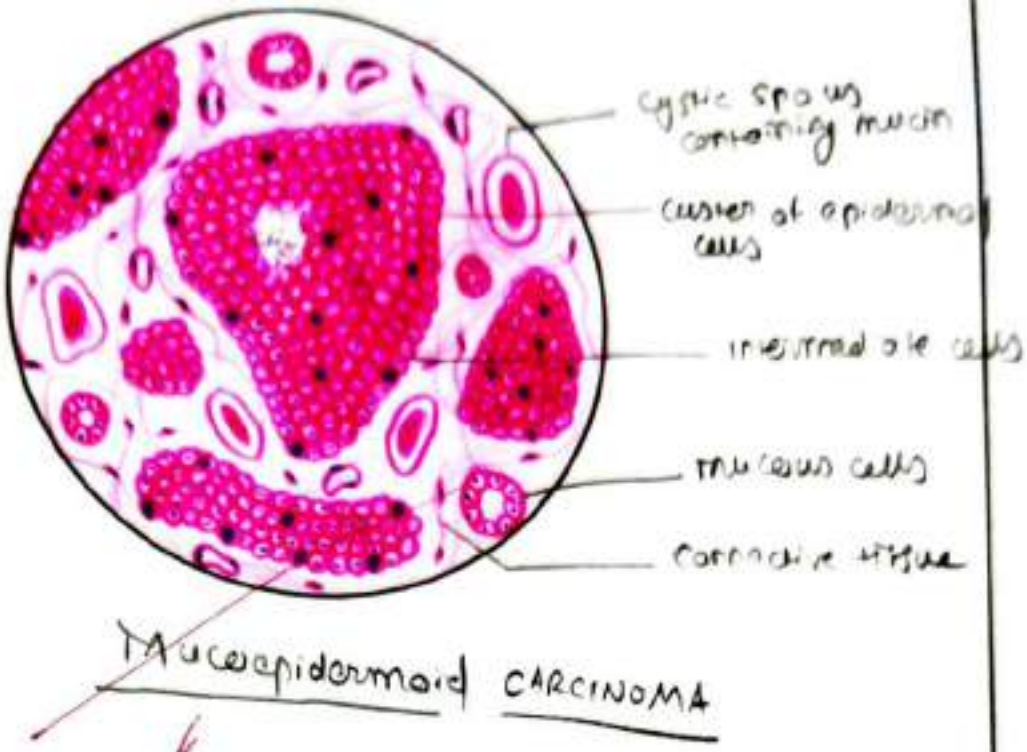

Mucoepidermoid CARCINOMA

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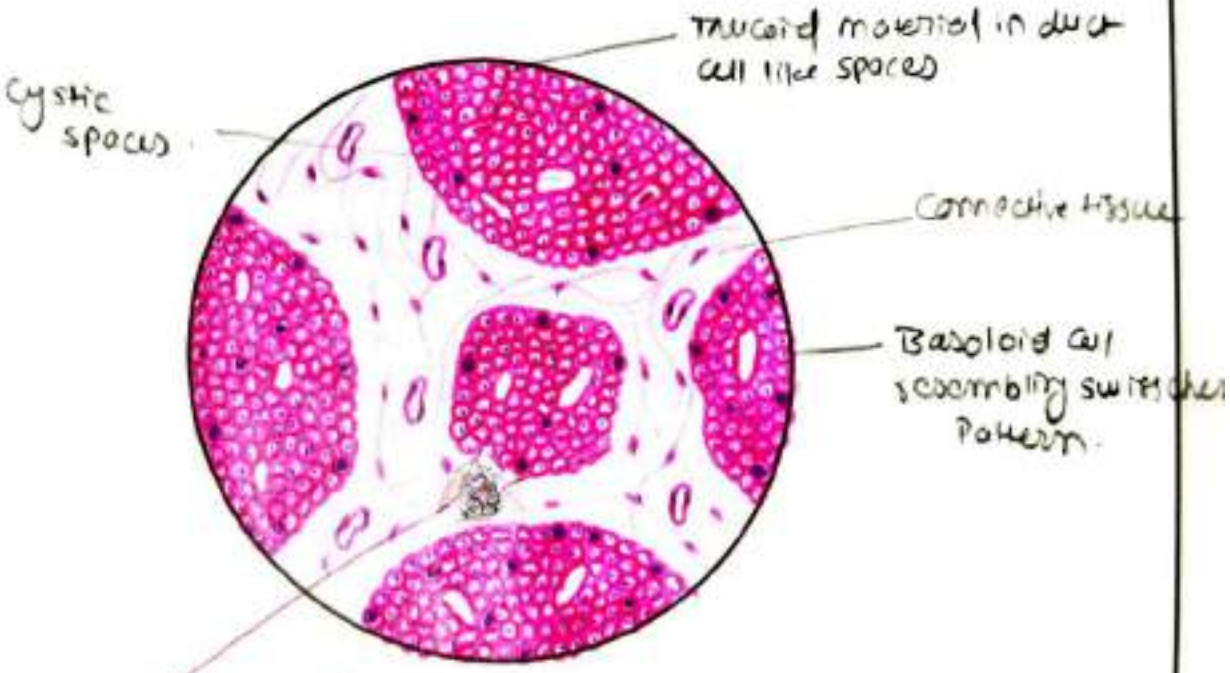

Adenoid cystic carcinoma

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Cysts and tumours

Dentigerous cyst :

Dentigerous cyst can be depened as defined as an odontogenic cyst that surrounds the crown of an impacted tooth, caused by fluid accumulation between the reduced enamel epithelium and the enamel surface the crown is located within the lumen.

Clinical features (OKC)

- It is bimodal age distribution (1st to 9th decade)
- male predilection, common site - mandible.
- features are pain swelling expansion of bone, drainage paraesthesia of lip.

Radiological features (OKC)

- unilocular radiolucency with well defined peripheral rim
- multilocular radiolucent OKC is also observed indicating multiple satellite cyst

Histological features of OKC

- The lining epithelium has stratified squamous epithelium of uniform thickness of 6-10 cells layers.
- epithelium is corrugated and is usually hyperkeratinized [Parakeratinization 83%, orthokeratinization 10% or both 7%]
- Basal layers cells are tall columnar they show reversal of polarity and palisade / picket fence / Tombstone appearance Epithelium loses rete ridges and epithelium and C.T have a weak interface leading to easy separation and formation of epithelium islands (satellite cysts). This causes high recurrence rate.

ODONTOGENIC KERATOCYST

It or OKC is an aggressive odontogenic cyst that is derived from the cell rest of Serres.

CLINICAL FEATURES

1) common in mandibular and maxillary 3rd molar &
2) It can be aggressive, cause expansion of bone cortex, facial asymmetry, extreme tooth displacement and severe root resorption of adjacent teeth

HISTOLOGICAL FEATURES

1) 2-3 cell layers thick - Stratified squamous epithelium
2) Rete pegs are absent
3) C-T - loose fibrous connective Tissues
4) lumen has thin, watery yellowy fluid occassionally blood
5) Presence of Rushton bodies within the lining epithelium. These bodies are peculiar, linear, often curved hyaline bodies which are of uncertain origin, questionable nature and unknown significance.

Radiographic features:

Radiolucent area associated with impacted teeth or

a) central
b) lateral
c) circumferential
- Sometimes surrended by sclerotic borders.

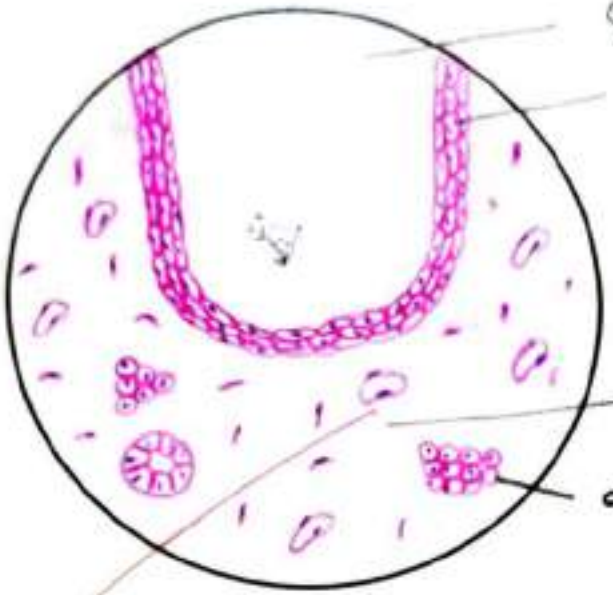

Fig. Dentigerous cyst

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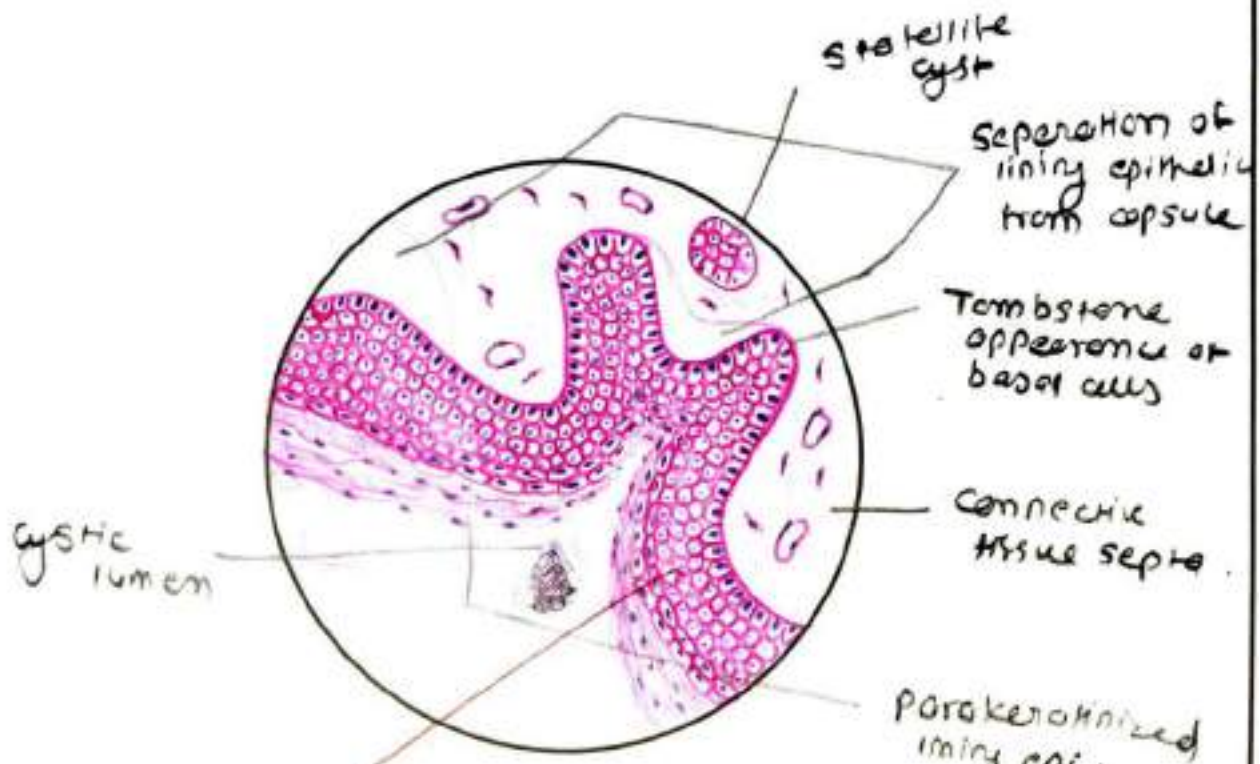

Fig. odontogenic keratocyst

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CALCIFYING EPITHELIAL ODONTOGENIC CYST

Also known as - calcifying epithelial odontogenic tumor or Gorlin cyst or Gorlin Gold cyst

Definition : WHO defined it as - 'a benign cystic neoplasm of odontogenic origin characterized by an ameloblastoma like epithelium with ghost cells that may calcify.

Epithelium with ghost cells that may calcify.

Thought to arise from odontogenic epithelium being trapped in the maxilla and mandible or in gingiva.

Histological Features :

i) Appears as well defined cystic lesions with fibrous capsule and epithelium of 4-10 cells thick

ii) The basal cell layer resembles ameloblasts whereas the remaining above layers resembles the stellate reticulum

iii) GHOST CELLS - These cells are pale, eosinophilic ballon shaped Elliptical which have lost nuclei dystrophic calcification can be seen in them.

Radiographic features :

unilocular or multilocular radiolucency along with radiopaque masses

Treatment

Enucleation is the treatment of choice.

RADICULAR CYST

↳ Also called as apical periodontal cyst most common odontogenic cyst

Pathogenesis

Toxins, bacteria exists at apex

↓

Periapical inflammation

↓

Stimulates cell Rest of Malassez in apical PDL

↓

Formation of periapical granuloma

↓

undergo necrosis and decrease nutrition

↓

cyst formation

Histological features :

1) epithelium lined lumen mostly seen in classical arcade and forking pattern
2) Rushton bodies which are tiny, linear or arc shaped are present
3) Inflammatory infiltration of C.T adjacent to epith.
4) cystic wall consists of area of haemorrhages, cystic bone, giant cells and cholesterol clefts
5) The content of cyst may vary from watery straw colored which contains pale eosinophilic

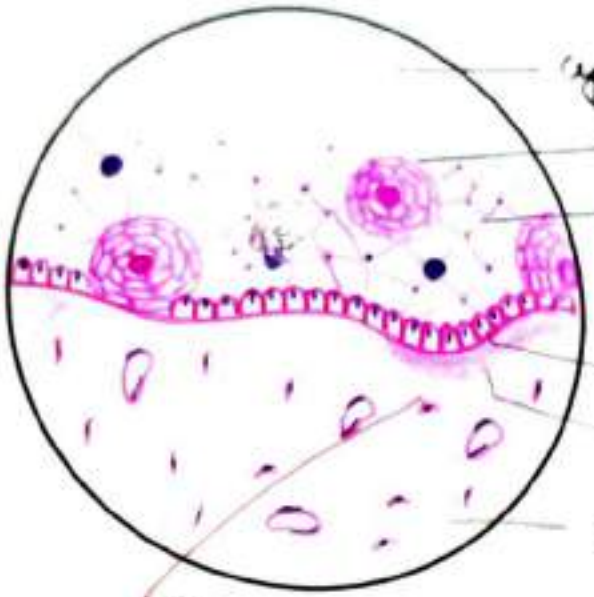

Fig. Classifying epithelial odontogenic cyst

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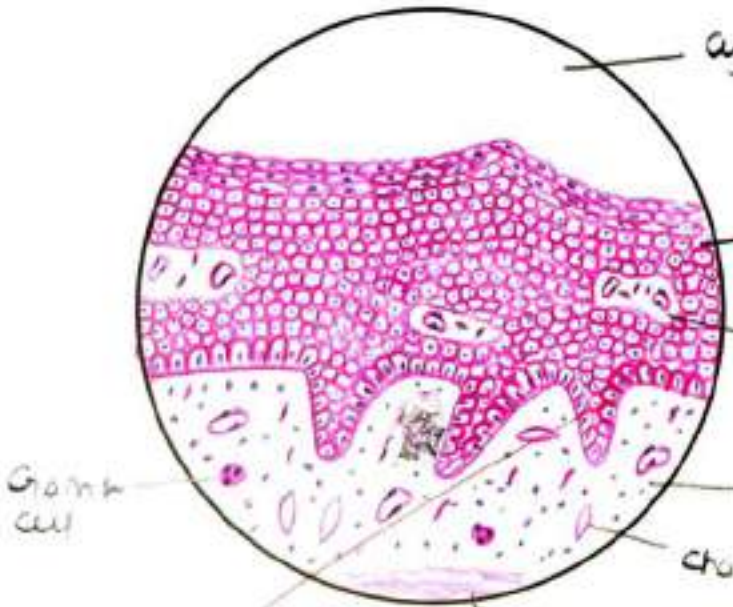

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GLANDULAR ODONTOGENIC CYST

↳ It is a large solitary / multilocular odontogenic cyst probably derived from the cell rest of dental lamina consisting of numerous mucus secreting cells.

Clinical features:

↳ Common site : mandible [anterior]

↳ Slight male predilection

↳ Age ranges from 10 to 90 yrs.

Radiographic features

↳ multilocular pattern of lesion without specific diagnostic features.

Histological features

MAJOR CRITERIA

- Non keratinized epithelium and interface b/w epithelium and CT - flat
- Presence of Goblet cells
- presence of focal thickening
- Presence of Hobnail cells - superficial cells are columnar cuboidal
- Presence of microcyst or intraepithelial crypts

MINOR CRITERIA

- Corrugated epithelium
- Presence of cilia
- multicystic / multilumenal lining
- clear vacuolated cells are present

ANEURYSMAL BONE CYST

It is a pseudocyst a solitary bone lesion similar and probably related to other non-reactive non-neoplastic process of the bone.

CLINICAL FEATURES :

- arises in young < 20 yrs females > 7 males
- occurs in long bones, vertebral column, clavicle, ribs, skull and bones of hands and feet may be tenderness with swelling.

Pathogenesis

1) As a result of persistent local alterations in hemodynamics leading to increased venous pressure dilated and enlarged vessels. Resorption of bone occurs.
2) Pathogenesis occurs in '4' phases :
   (i) osteolytic phase (initial phase)
   (ii) Active growth phase
   (iii) mature phase
   (iv) Healing phase

Histological features

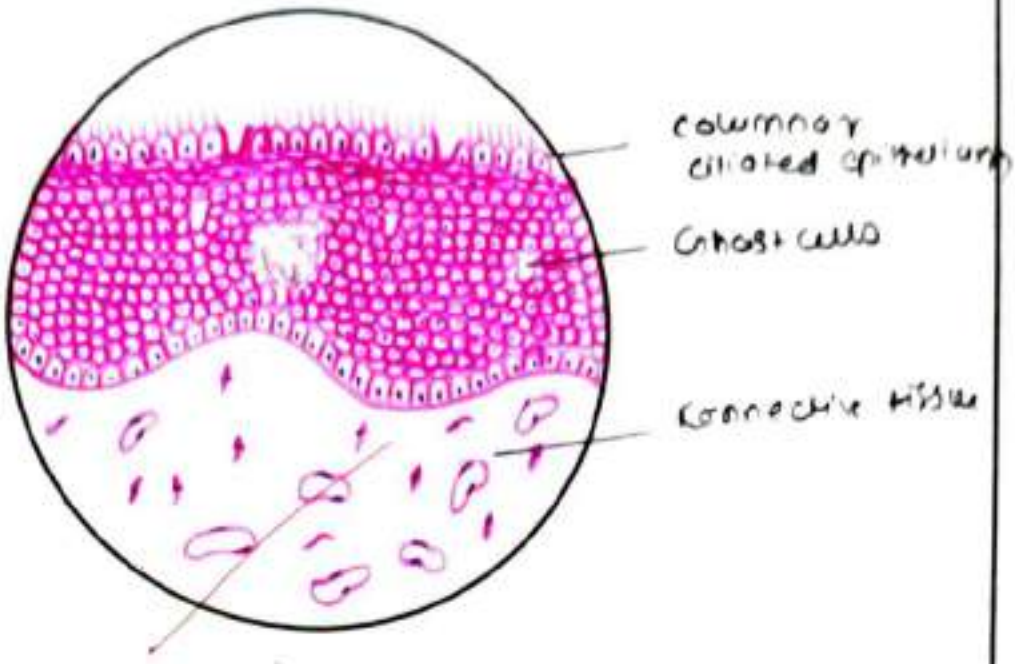
It consists of fibrous connective tissue stroma with many cavernous or sinusoidal blood filled spaces.

Young fibroblasts multinucleated giant cells with patchy distribution.

Cavernous spaces are not found in later lesions.

Treatment

- Surgical curettement or excision is treatment of choice.



Glandular odontogenic cyst

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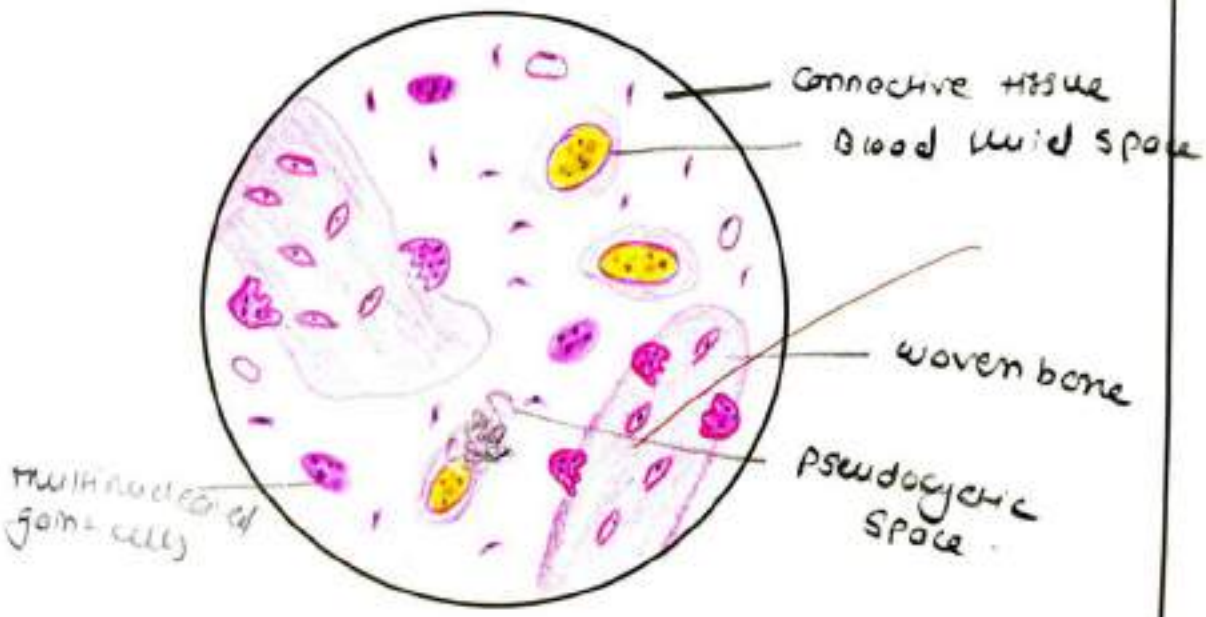

Aneurysmal bone cyst

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Follicular Ameloblastoma

Ameloblastoma is true Neoplasm of Enamel organ type tissue which does not undergo differentiation to the point of enamel formation.

⇒ It is most common pattern of Ameloblastoma

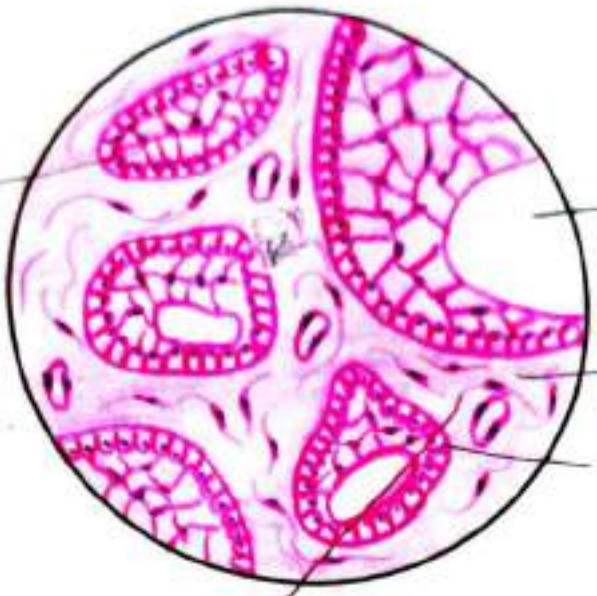
⇒ It consists of many small discrete islands of tumor compound of peripheral layer of cuboidal or columnar cells whose nuclei are polarised.

⇒ These cells are strongly resembles ameloblast & enclose a central mass of polyhedral loosely arranged cells resembling stellate reticulum.

⇒ A single layer of tall columnar ameloblast like cell surround central core nuclei of these cells present with reversal of polarity.

⇒ Cyst formation is common in this type of ameloblasts and may vary from microcyst which is within the epithelial island to large microscope cyst which may be several cm in diameters.

⇒ In some cells of tiny cyst stellate reticulum like tissue has undergone complete breakdown of cystic degeneration in such cases



Follicular Ameloblastoma.

V

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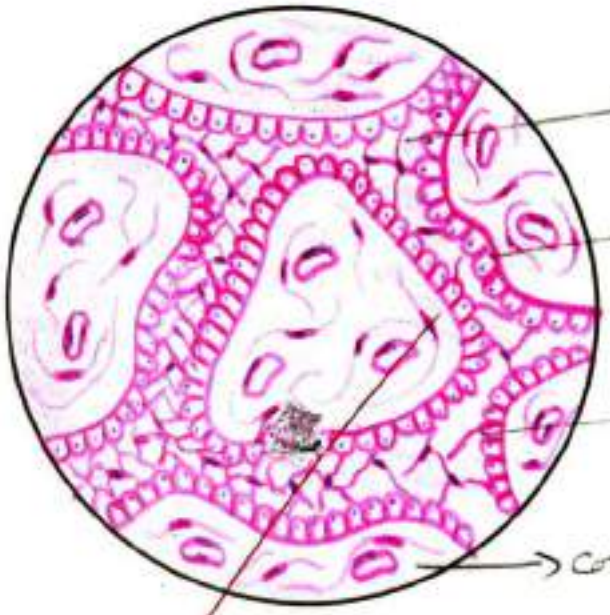

Plexiform Ameloblastoma.

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Plexiform Ameloblastoma

⇒ Histological subtypes of Ameloblastoma.
⇒ seen after follicular pattern.
⇒ Has intermediate recurrence rate.

Histological features:

⇒ Ameloblast like cell are arranged in regular or as a network of interconnecting strands of cells.
⇒ Each of these strands are bond by a layer of columnar cell & between these layers. Stellate reticulum like cells are formed.
⇒ Sometimes double layer of cells are seen.
⇒ Nuclei of palisaded cell are typically polarised away from basement membrane.
⇒ Stroma is composed of mature fibrous tissue areas of cystic degeneration of stroma can be seen.

Granular Ameloblastoma.

→ A rare histological subtype of ameloblastoma characterized by group of cuboidal columnar or round granular cells having abundant cytoplasm filled with coarse eosinophilic granules.

→ Shows origin from rests of dental lamina developing enamel organ.

Pathogenesis

Dysfunction of either a lysosomal enzyme

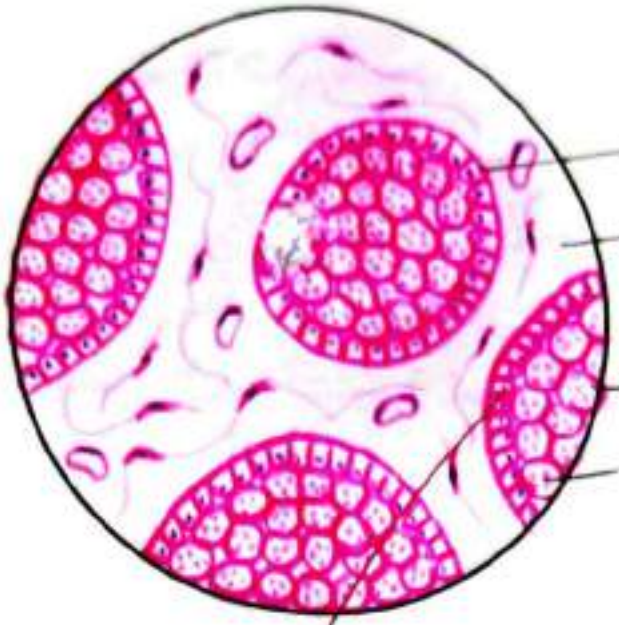
↓

lysosomal aggregation within the cytoplasm with no cellular component.

Histological features:

→ Encapsulated capsule composed of small follicles of various size with eosinophilic cytoplasm

→ Presence of granular cell which are large and round oval to polyhedral in shape; follicles have a thin rim of stellate reticulum like cells that separates the granular cells from peripheral columnar layer with reversed polarity of nucleus.



Granular Ameloblastoma.

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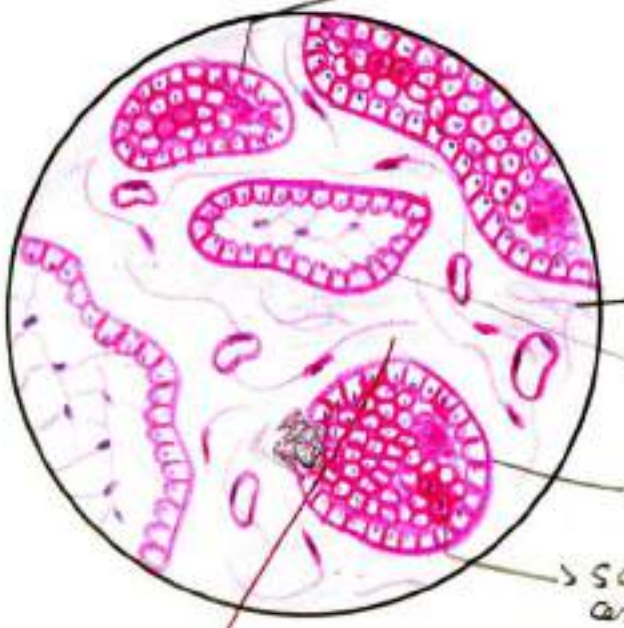

Acanthomatous Ameloblastoma.

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Acanthomatous Ameloblastoma

- Acanthomatous ameloblastoma is a variant of ameloblastoma with 9% occurence.
- usually occurs in follicular type of ameloblastoma.

Histopathology

- In acanthomatous ameloblastoma, the cells occupying the posith of stellate reticulum like cells undergo squamous metaplasia sometimes with keratin formation in central portion.
- Epithelial or keratin pearls may be observed occasionally.

Differential Diagnosis

1. squamous odontogenic Tumor.
2. Keratoacanthoma
3. Sq. cell carcinoma.

Treatment

- Enucleation with curettage
- Radical surgical resection of ameloblastoma
- Reconstruction of defects allowing good functional & asthetic outcome.

Basal cell ameloblastoma

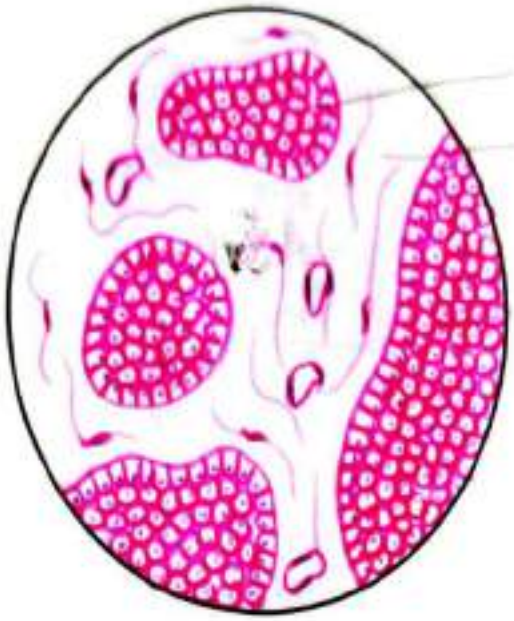
- It is rare variant of ameloblastoma.
- Apparently benign
- Histopathologically resembled to basal cell carcinoma
- It has high labelling index for PCNA & Ki67 & hence is most actively proliferating type.

Histopathology

- Basal cell carcinoma tends to grow in an island like pattern
- The peripheral cells tend to be low columnar to cuboidal
- Nucleus showing palisaded appearance with hyperchromasia
- The cell in central portion may be polyhedral in shape which stain deeply basophilic.
- Absence of central stellate reticulum like cells.

Differential Diagnosis

- Basal cell carcinoma.
- Basal cell adenoma.



Basal cell Ameloblastoma.

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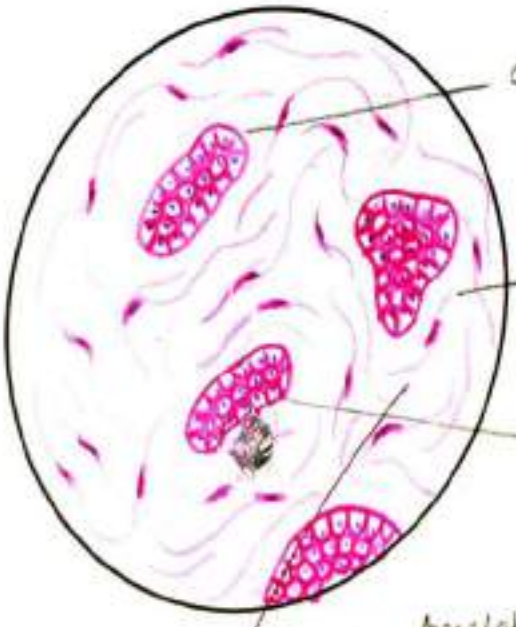

Desmoplastic Ameloblastoma.

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Unicystic Ameloblastoma.

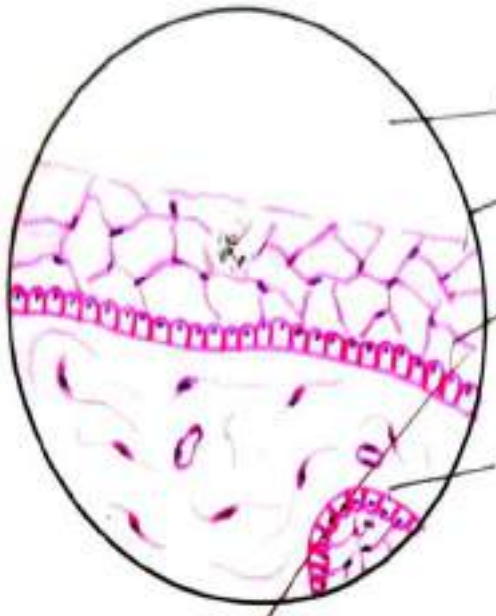
- Associated with impacted teeth in young adults
- suggested to orige from neoplastic growth of epithelial lining of dentigerous cyst / any other dental cyst.
- characterized by
  (i) Vickers & Cronin's criteria.
  (ii) Nuculeo of tumor growing intraluminal
  (iii) islands of ameloblastoma occuring in C.T
  (iv) Epithelium proliferating into C.T

Histopathology

- lining epithelium shows Vickers Cronline
- Hyperchromatic basal nuclei
- palisaded with nuclear polarization of basal cells.
- Cystic lumen is seen
- Sometimes, ameloblastic epithelium shows proliferation within cystic cavity.

Treatment

Radical & surgical excision
Curettage chemical & electrosurgery
Radiation



Unicystic Ameloblastoma

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Calcifying epithelial odontogenic Tumor

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Calcifying Epithelial odontogenic tumor.

↳ An uncommon benign odontogenic tumor that is exclusively epithelial in origin.

Ethology: (1) Epithelial cells — cells of stratum intermedium
(2) Remnants of dental lamina 3) Exact unknown Ethology.

Clinical features.

- occurs in 4th decade. no gender predilection
- mandible > maxilla, molars > premolars
- Asymptomatic painless swelling.

H/F

1. Sheets of polyhedral cells with hyperchromatic nucleus scattered small islands in fibrous stroma.
2. occasionally in cords & rows
3. Cells have well outlined borders with finely granular eosinophilic cytoplasm & prominent intercellular bridges
4. calcifications present in form of 'liesegang Rings'

R/F

1. Diffused / well circumscribed unilocular radiolucent area / combined radiolucency & opacities with many small irregular trabeculae.
2. scattered flecks of calcification through radiolucency giving rise to 'snow driven appearance.

Treatment

1. small intraboney lesion - enucleation with removal of bone
2. local Recurrence Rate (20-30%)

Adenomatoid odontogenic Tumor

It is an odontogenic tumor arising from odontogenic epithelium & is also known as Adenoameloblastoma

An uncommon tumor seen in association with unerupted maxillary canine it is more common in females & anterior maxilla.

Histopathology

Shows cytological resemblance to dental lamina & components of enamel.

Microscopic features

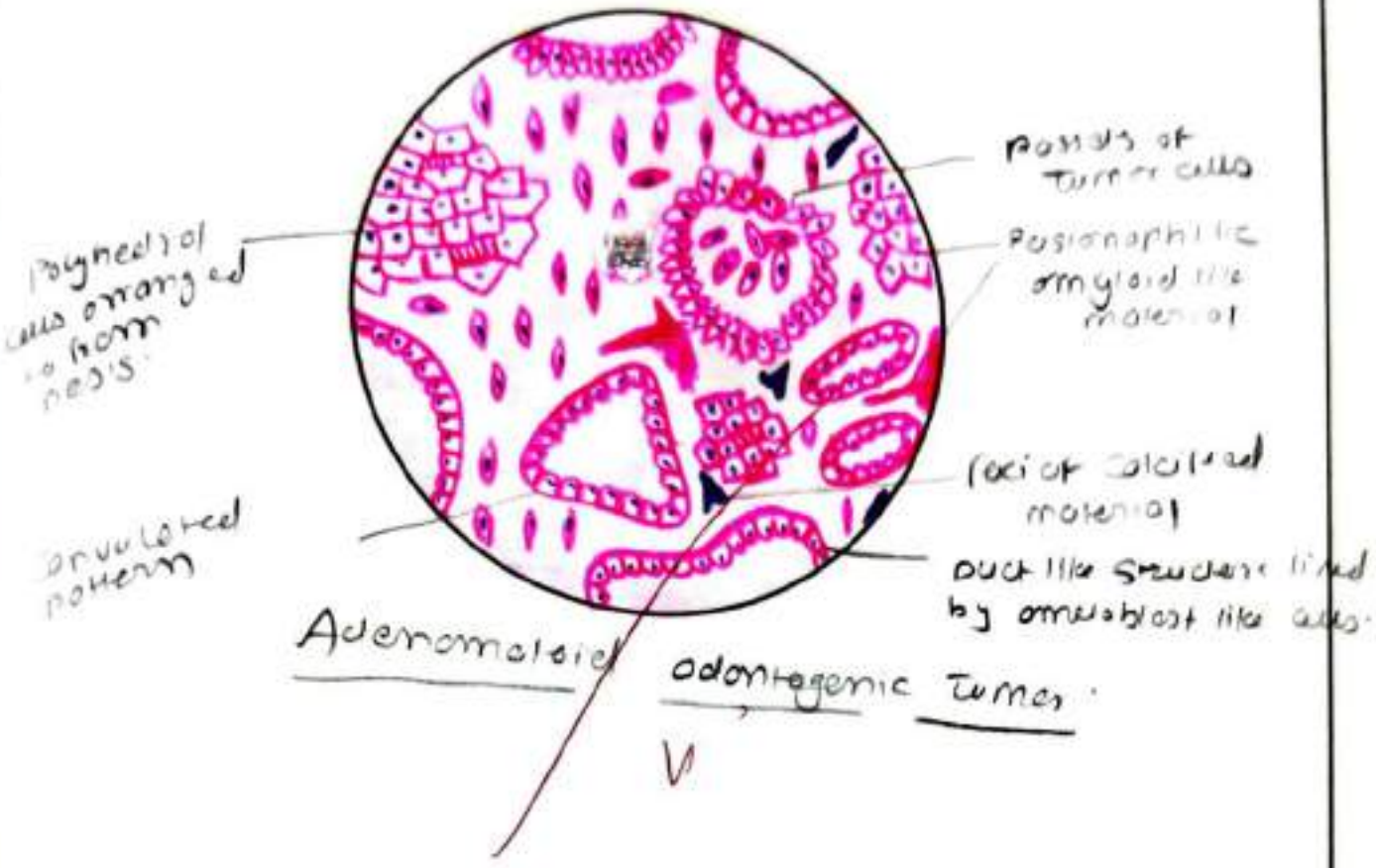
1. 3 types of cells.
   (a) Type I (cuboidal/columnar)
   Rosette, Nodular pattern
   (b) Type II (spindle/shaped)
   surrounding the duct like structures.
   (c) Type III (polygonal/squamous)
   between nodules of duct like
   SIF.
2. Microcysts
3. Fibrous capsule seen

Macroscopic features

1. Swiss cheese
2. well-circumscribed

R/F

- well demarcated unilocular radiolucency with smooth corticated (Sometimes sclerotic border)
- causes displacement of roots, rather than resorption



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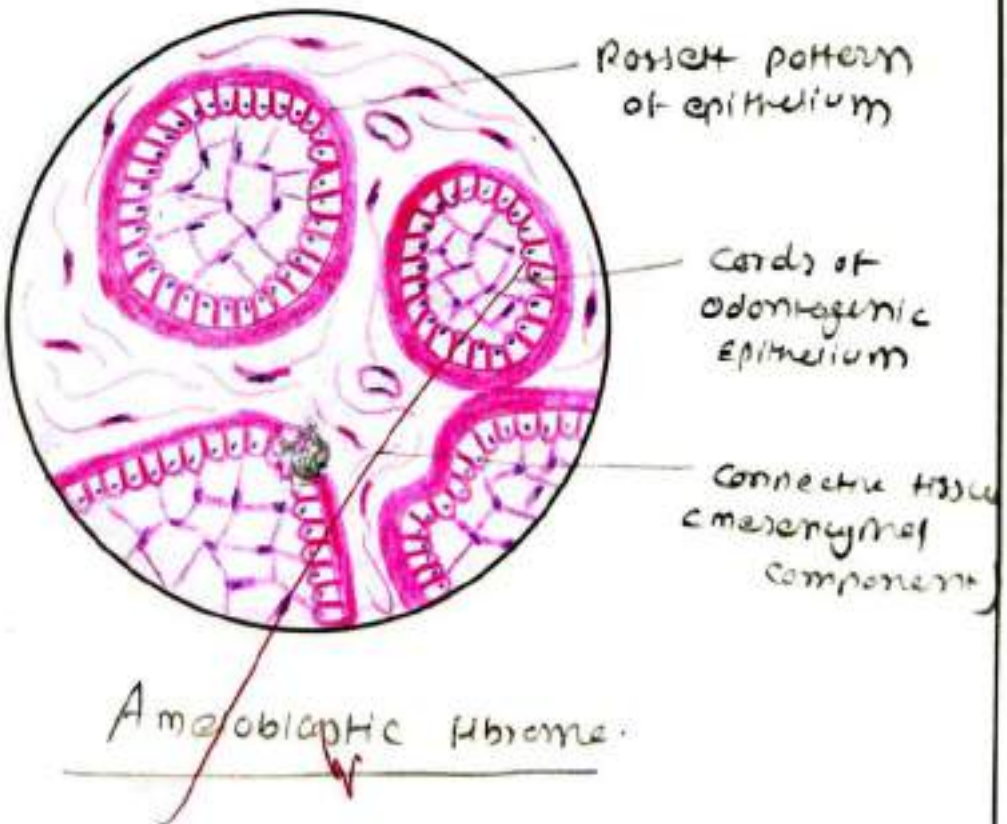

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Ameloblastic fibroma

- can occur in children which closely suggest the follicular stage of developing enamel organ.
- There may be some islands with juxta epithelial hyalinatio while some lesions are purely neoplastic.
- considered to be a true mixed odontogenic tumo consisting of both epithelial & ecto mesenchymal componen

Histopathology:

1. There are anastomosing cords of low histological grade epithelium that resembles odontogenic epithelium embedded within background of cellular mesenchy that represent primitive dental papilla.
2. The mesenchymal component is composed of plump ste cells & ovoid cells in loose matrix with little collagen deposi
3. The anastomosing cords are usually 2 cell thick cuboidal columnar cells.

R/F-

- well defined unilocular / multilocular radiolucency. often with radiopaque border as observed in cysts.

odontogenic myxoma.

It is an odontogenic tumor of Jaws which is formed by mesenchymal portion of tooth germ which includes dental papillae, dental follicle / periodontal ligament.

C/F

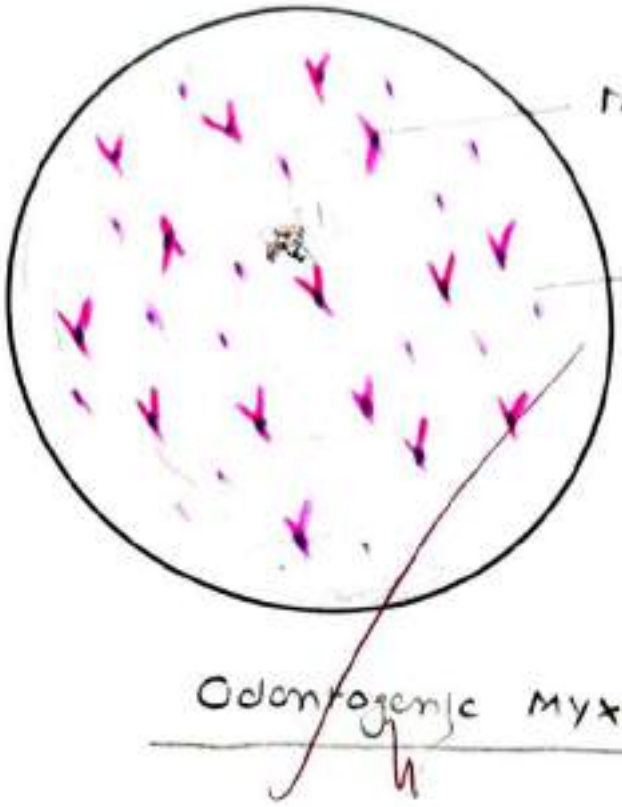
1. occurs mostly in 2nd / 3rd decade of life
2. Slight monolibullar predelication
3. Pain may / may not present

R/F-

1. multilocular lesion with motted / honeycomb appearance giving it a 'Tennis Racquet' / 'Six step ladder' app.
2. A 'sun ray' / sun burst opp. has also been opp.

H/F

1. Presence of spindle shaped & stellate cells with fibrillar process. Depending on differentiation the tumor might be completely myxoid / mixture of myxoid / fibrous.
2. Tumor is rich in extracellular matrix represents by Type I collagen, fibroosseous, tenacious, chondroitin, hayeluronic acid especially.



Odontogenic Myxoma.

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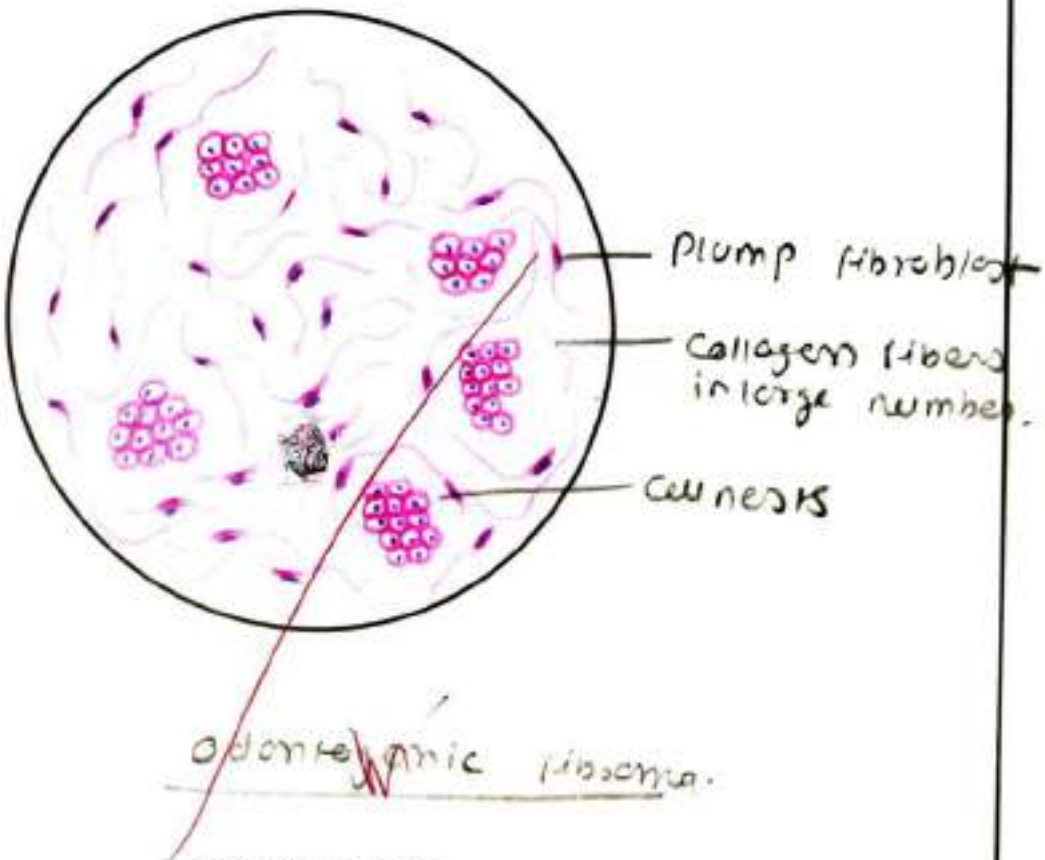

Odontogenic fibroma.

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odontogenic fibroma.

- It is an infrequent central tumor of jaw arising from mesenyme.
- It is clinically classified as a) central b) peripheral
- It) is lesion around crown of unerupted teeth resembling small dentigerous cyst.
- It is lesion of fibrous connective tissue & scattered islands of odontogenic epithelium
- It described by WHO as fibroblastic neoplasm & in some areas containg varying amount of odontogenic epithelium

C|F

more in children mandible > maxilla.

usually asymptomatic

H|F

Simple Type	WHO Type.
1. Tumor mass made of collagen fibres	1. consists of- matrix cellular fibres.
2. small nests / islands of odontogenic epi	2. osteoid dysplastic dentin / cementum like materic

Treatment

surgical excision.

Compound composite odontome.

odontome refers to mixed O.T which are hamartomatous malformation rather than neoplasm

Those contain both epithelial & mesenchymal odontogenic tissue components.

In composite odontome enamel & dentin are laid down in dose resemblence to normal teeth.

M/F

Normal appearing enamel, dentin pulp tissue.

which may/may not exhibit normal relation to one another morphologic resemblence to normal teeth.

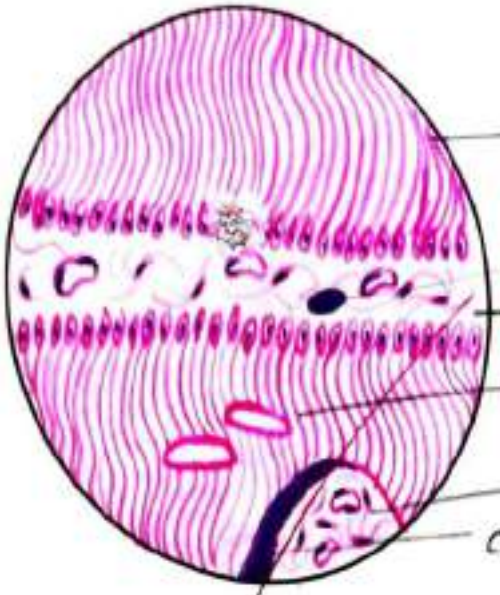
P/F

Frequently associated with unerupted teeth.

Mostly are situated between roots of teeth & appear as irregular calcified mass surrounded by radiolucent band/has variable no. of tooth like str.

Treatment

Surgical removal



Compound Composite odontoma

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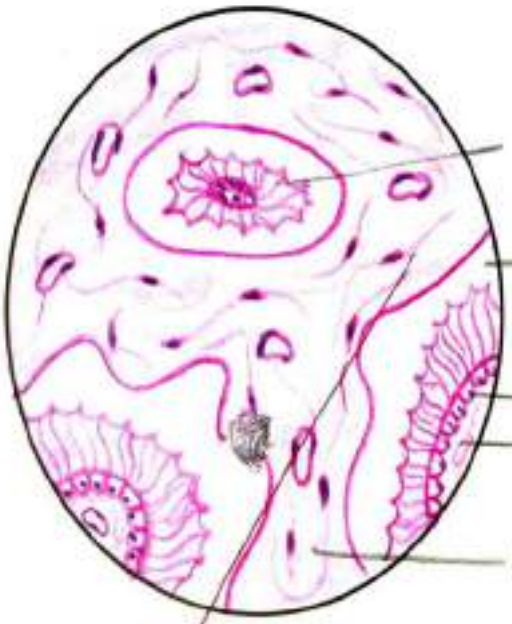

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Composite Complex odontome.

odontoma refers to mixed odontogenic tumor which are hamartomatous malformation rather than neoplasm which contains both epithelial & mesodermal composite odontogenic tissue components. This is composed of more than one type of tissue.

C/F

Most common in 2nd decade & maxilla.

3 types of odontoma.

(i) central

(ii) peripheral

(iii) erupted odontoma.

H/F

1. Not so peculor, appears as normal enamel matrix may not exhibit normal reaction.
2. connective tissue capsule around odontoma is similar all aspects.
3. presence of ghost cells

Treatment

Surgical removal.

Pit and fissure caries

- Caries is defined as an irreversible, multibacterial multifactorial disease of tooth caused by demineralization of inorganic content and destruction of organic matter often leads to cavitation.

- It develops on occlusal surfaces of molars & premolars, buccal and lingual surfaces of maxillary incisors deep and narrow pit and fissure favors the retention of food debris along with microbes thus resulting in caries from fermentation of food and formation of organic salt.

HISTOLOGY

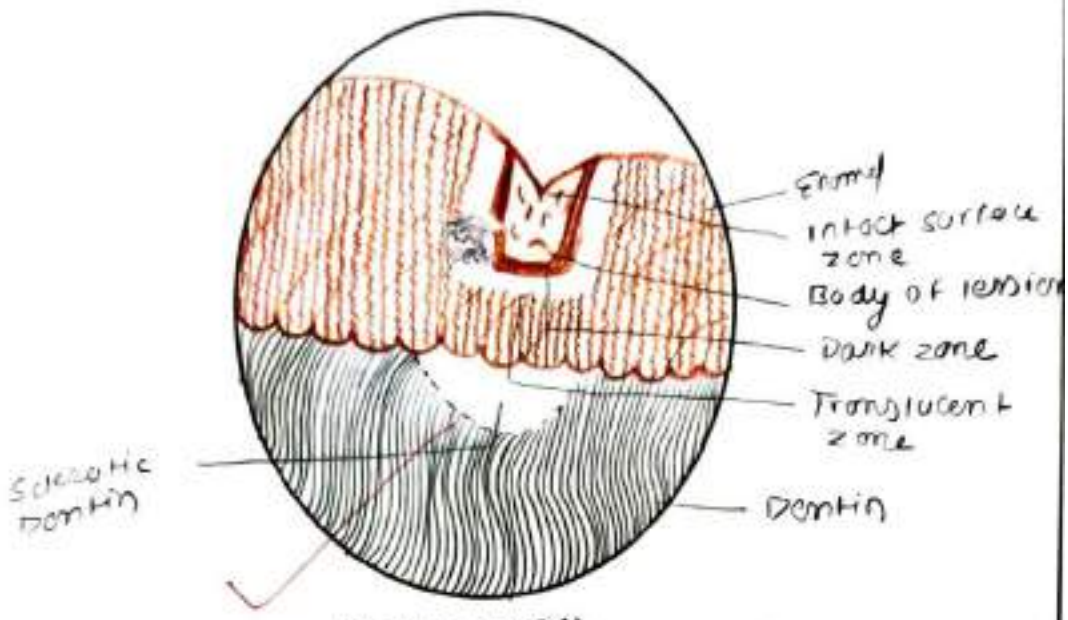
ZONE 1: Translucent zone; Advancing zone

ZONE 2: Dark zone - positive zone

ZONE 3: Between unaffected surface and dark zone area of greatest demineralization

Prominent striae of Retzius.

ZONE 4: surface zone. Partial demineralization of 1 to 10 % pore volume less than 5% space



Enamel caries

(Pit and fissure caries)

(Ground section)

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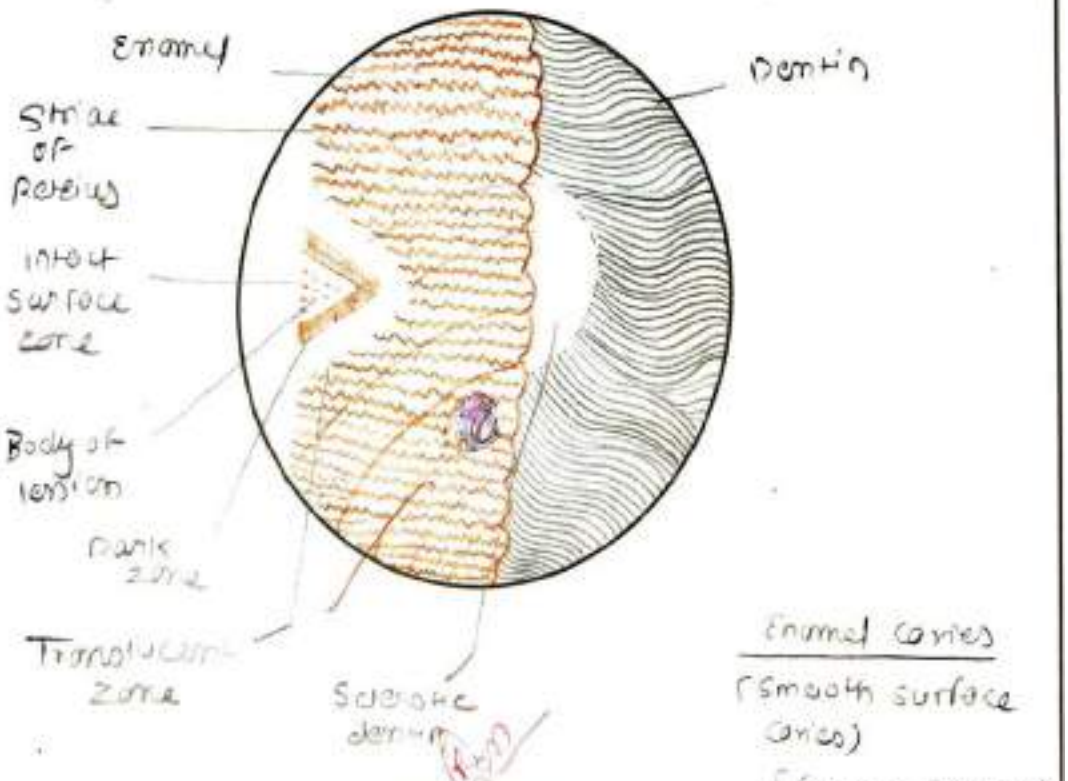

Enamel caries

(Smooth surface caries)

(Ground section)

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Smooth surface caries

involves the proximal surface or gingival third of the buccal and lingual surfaces. caries usually below the contact point and appears in early stage as a faint white opacity of enamel surface. It also may appear as a yellow or brown pigmented area.

Histopathology:

It forms a triangular area with cone shaped lesions with apex towards the center of teeth.

(1) Translucent zone: 1st recognizable zone of alteration. advancing front of lesion.

(2) Dark zone: adjacent and superficial to dark zone. shows positive birefringence.

(3) Body of the lesion - Area of greatest demineralization appears translucent, water imbibition - positive birefringence to sound enamel, shows prominent striae of Retzius.

(4) Surface zone: intact zone, comparatively well mineralized because it is a site where calcium and phosphate ions, released by subsurface dissolution becomes reprecipitated.

Root caries:

Root caries is defined as soft progressive lesions that is found anywhere on root surface that near the connective tissue attachment and is exposed to oral environment. It is also known as 'caries of cementum'

Clinical features:

↳ found usually in dentition of older age with gingival recession and exposed root

↳ May occur in areas of abrasion, erosion and abfraction.

↳ The microflora responsible for root caries are anaerobic micro-organisms such as Actinomyces [A. israelli, A. viscous & lactobacillus (L. acidophilus)

↳ As the invade the cementum either through the Sharpey fibres or bundle of fibres and since the cementum is in concentric layers, caries tend to spread laterally.

↳ The rate of demineralisation occurs at higher PH and at higher rate than that of enamel because cementum is less mineralised than enamel.

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Root caries

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Dental caries

Dental caries:

↳ Dental caries histologically presents with 5 zones

ZONE 1 : Zone of fatty degeneration

ZONE 2 : Zone of dentinal sclerosis (by deposition of calcium in dentinal tubules)

ZONE 3 : Zone of decalcification of dentin. (Narrow zone preceding bacterial invasion, initial decalcification involves only walls of dentinal tubules.)

ZONE 4 : Zone of bacterial invasion of decalcified but intact dentin (Proteolytic organism are present in deep layers)

ZONE 5 : Zone of decomposed teeth dentin (involves sheath of Neumann, thickness along centre of involved dentin, increase in diameter of dentinal tubules.)

- liquefaction foci are formed by focal coalescence of adjacent tubercle and ovoid area of destruction

- Transverse clefts are seen perpendicular to dentinal tubules.

Diseases of pulp and periapical Tissues

ACUTE PULPITIS :

It usually occurs in a tooth with large carious lesions or restoration commonly a defective one around which there has been recurrent caries.
characteristically pain persists even after the thermal stimulus has been removed.
Even in the caries stages, when the inflammatory reaction involved only a portion of the pulp usually in the area just beneath the carious lesion severe pain is elicited by thermal stimulus
Receptors for substance P, a neurotransmitter in pain fiber system, increases during inflammation of pulp until the inflammation extends beyond the root apex the tooth is not particularly sensitive to percussion

Histological features:

In case of acute irreversible pulpitis
- inflammation involves whole dental pulp
- inflammatory infiltration
- odontoblasts to the cause are destroyed
- formation of minute pulp abscesses
- in a few days pulp undergoes liquefaction necrosis
- in cases of acute reversible pulpitis - pulp hyperaemia exudation, inflammatory cell infiltration.

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Pulp hyperemia / Acute pulpitis.

Staff signature:

Periapical granuloma

PERIAPICAL GRANULOMA

It is a low grade infection and is one of the most common sequelae of pulpitis. It is essentially a localized mass of chronic granulation tissue formed in response to infection.

Clinical features :

If involved tooth is non-vital and produces a dull sound on percussion instead of metallic sound and may complain of pain on chewing.

Histological features :

1) It begins as hyperaemia and edema of PDL with infiltration.
2) proliferation of both fibroblast and endothelial cells and proliferation of tiny vascular channels
3) Also composed of macrophages, lymphocytes and plasma cells.

Radiographic features

1) Thickening of periodontal ligament space at the root apex.
2) periapical granuloma appears as a radiolucent area of variable size.

Treatment and prognosis

(1) Extraction of involved teeth
(2) Root canal therapy with or without apicoectomy
(3) If left untreated may undergo transformation into an apical periodontal cyst

PULPAL ABSCESS

It is also known as 'Dentoalveolar abscess'.

- It is an acute or chronic suppurative process of dental periapical region. It may develop from acute periodontitis or periapical granuloma.
- phoenix abscess is acute exacerbation of chronic periapical lesion. It occurs as a result of carious infection of tooth and pulp. Traumatic injury resulting in case of irritation to periapical tissue.

Clinical features:

- initially tenderness of tooth, revealed by application of pressure.
- later the tooth is extremely painful and slightly extruded from soft tissue/ regional lymphoid lymphadenitis and fever.
- Rapid extension to bone marrow occurs producing the osteomyelitis.

Radiographic features:

- Acute abscess, slightly thickening of PDL space
- chronic abscess - radiolucent area at apex of tooth

Histological features:

- Area of suppuration is composed chiefly of central area of disintegration, leukocytes, cellular debris, necrosis, bacterial colonies.
- Dilated blood vessels, marrow shows inflammatory cell infiltration.

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Pulp abscess

Staff signature:

Pulp polyp

CHRONIC HYPERPLASTIC PULPITIS (Pulp polyp)

It is a form of pulp inflammation, marked by excessive and exuberant proliferation.

Clinical features

- occurs exclusively in children and young adults
- It involves teeth where large, open, carious lesion is present
- Affected pulp appears pinkish red globule of tissue protruding from the pulp chamber
- lesion may / may not bleed depending upon the degree of vascularity of tissue and epithelialization

Histology

1) It is basically a granulation tissue made up of delicate connective tissue fibres with variable no. of fibres and capillaries.
2) inflammatory infiltration contains chiefly lymphocytes and plasma cells admixed with PMNs.
3) crafted epithelial cells are thought to be normally desquamated epithelial cells.
4) So, such cells mostly come from the region of basal cell layers and might be released from trauma or from gingival sulcus.

Treatment

- extraction of Tooth.

OSTEOMYELITIS

- Inflammation of bone is called osteomyelitis, it is pyogenic and is associated with bacterial invasion & sequelae of caries. It is classified as acute, subacute and chronic.
- It may develop since the gut forms large epidermal cysts within bone.

Pathology

1) Bacterial invasion → subperiosteal abscess → impaired blood supply which causes necrosis and often draining sinuses.
2) forms sequestrum (dead pieces of bone). Gradually operated from living bone by granulation tissue
3) Involucrum - It is a sleeve of living tissue created by periosteum which is deposited around the sequestrum

OSTEOMYELITIES

- Acute
  - Acute suppurative osteomyelitis
- CHRONIC
  - i) chronic suppurative osteomyelitis
  - ii) chronic focal sclerosing osteomyelitis
  - iii) chronic diffusing sclerosing osteomyelitis
  - iv) chronic osteomyelitis with proliferating osteomyelitis

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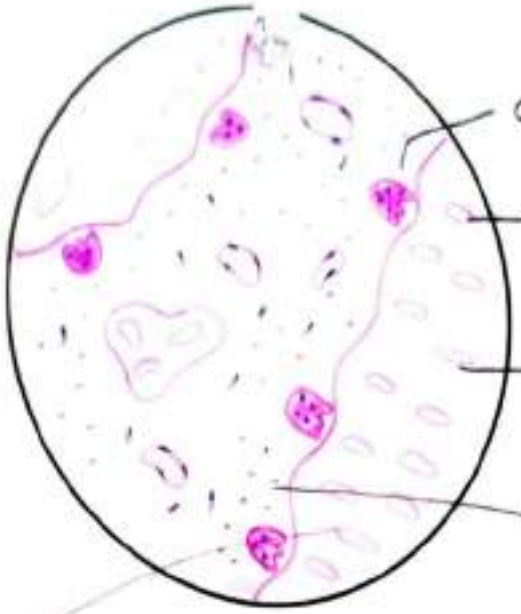

Osteomyelitis

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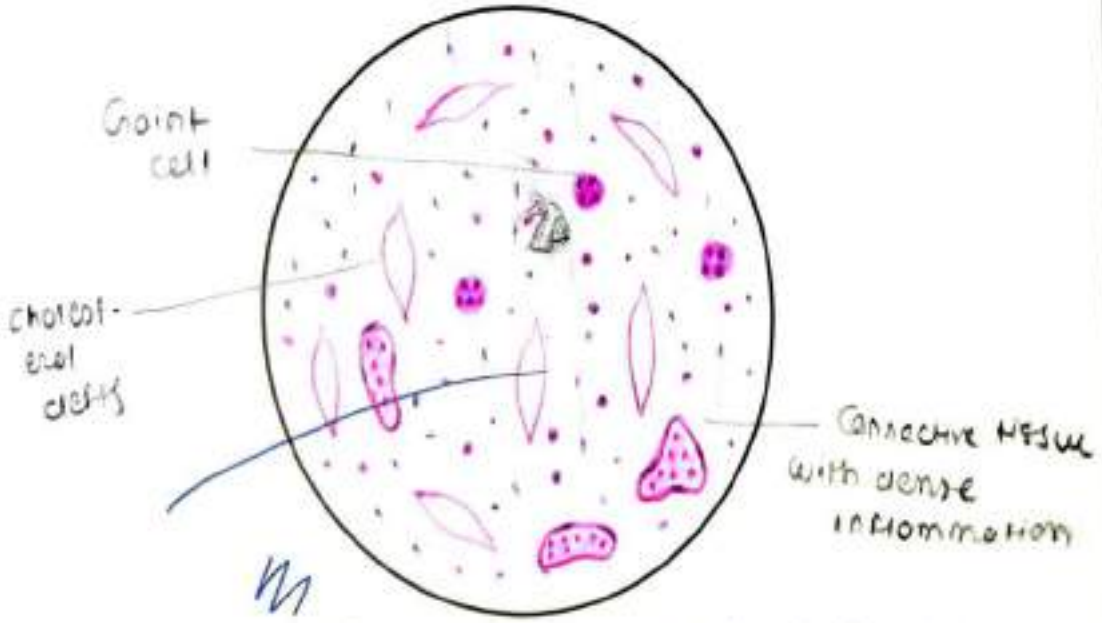

Cholesterol clefts in Radicular cyst

CHOLESTEROL CLEFTS IN RADICULAR CYST

1) cholesterol clefts are a needle-shaped spaces, left by dissolution of cholesterol during tissue processing

a) They are seen within capsule as lumen

3) They are often present in nucleur cyst

4) They accumulate in fibrous and granulation tissue of often apical inflammatory lesions teeth.

5) The epithelium overlying crystal gets broken down and cholesterol leaks into cyst contents.

6) This leaked cholesterol is treated as foreign bodies and thus, multinucleated giant cells are seen.

Mucocele Retention

Also called as extension phenomenon, Retension mucocele

Salivary duct cyst oral siologyst

These are true cysts ie having epithelium lining Resultively from obstruction or constriction of salivary glands duct causes retention of saliva within duct & ductal dilation without rupture

Aetiology: develops due to partial or total obstruction of duct either calculi or mucous plug. Constriction of duct orifice.

Clinical features:

- common in adults and old age, occurs in minor and major salivary glands. parotid being the most common
- slow growing reaction and painless swelling
- minor salivary glands affected floor of mouth buccal mucosa
- Superficial lesions are bluish and vesicular
- deeper lesions have color of normal mucosa nodular & firm

Histologically:

- lining epithelium uniform thin non-keratinized stratified squamous cuboidal / columnar epithelium
- may undergo oncocytic metaplasia and exhibit papillary folds.
- lumen contains eosinophilic material positive for mucus

3 types: (a) True mucus - retention type

(b) Retentive oncocytoid cyst

(c) mucopapillary cyst

Treatment

1) Surgical excision

2) Total / partial removal of gland.

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Fig. Mucocele - Retention Type

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Fig. Mucocele - Extravasation

Mucocele Extravasation Type

- most common lesion of salivary gland and is characterised by "pooling of mucus in cavity within connective tissue due to rupture of salivary duct or acini and is known as pseudocyst which does not have epithelial lining.

Clinical features:

- common site: lower lips buccal mucosa, floor of the mouth
- superficial lesions are raised circumscribed vesicles ranging from several mm to cm
- deeper lesions associated with swelling but due to thickness of overlying tissue.

Histological features:

- If cavity is not lined by epithelium i.e it is a pseudocyst
- wall made up of lining composed of fibrous CT with eosinophils and fibroblasts.
- lumen is filled with eosinophilic coagulum contains leukocytes and mononuclear 'phagocytes'.
- flattened epithelial lining has been referred to as epithelium of feeder duct.

Treatment

1) Excision
2) Recurrence rate is more.

Pemphigoid

- It is chronic autoimmune subepidermal blistering skin disease
- characterized by autoantibody formation against hemidesmosomal proteins
- Antibodies bind to basement membrane & causes activation of complement system.
- Antigen involved are BPA Ag1 & BPA Ag2

Clinical features

- 80% of patients > 60 yrs of age
- Arises in prodromal skin lesions
- These vessels are thick walled and remain intact

Oral manifestations

- involves gingiva and buccal mucosa
- intact vesicles

Histological features

- Supradermal bullae / vesicles
- No evidence of acantholysis
- Normal epithelium. Basement membrane attached to connective tissue
- vesicles contain fibrous exudate
- Antibodies have been found by immunofluroscence.

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Pemphigoid

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Pemphigus

Pemphigus

↳ serious chronic autoimmune skin disease characterised by apperance of vesicle and bullae

↳ immunologically by the binding of circulating antibody (IgG) against cell surface keratinocytes.

↳ Desmoglein (Dsg) proteins from gene that attaches the cells by desmosomes Antibody against these desmogleins results in Acantholysis

↳ 3 subtypes : ① pemphigus vulgaris
② pamphigus foliaceus
③ Paraneoplastic pemphigus

Clinical features.

↳ Positive Nikolsky's sign

↳ Rapidly appearing vesicles

↳ Irregular map-like lesions in oral cavity

↳

Histopathology

↳ Intraepithelial blisters formed by process of acantholysis

↳ The Seperation occurs above basal cells forming Supra basilar split

↳ Basal cell show characteristic pattern "Tomb stone apprance

↳ Acantholysis leads to clumps of epithelial cells often found lying free with eosinophilic cytoplasm, swollen & hyperchromatic Nucleus → Tzanck cells

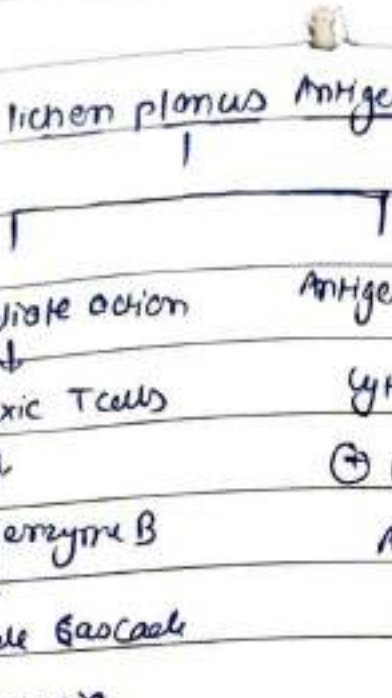
↳ Fluid contains variable amount of Neutrophils and lymphocytes

Oral lichen planus

↳ It is mucocutaneous disease, skin lesions → Vesicles polygonal pruritic papules and oral mucosal lesions

Shows → bilateral white striations, papules or plaques

Pathogenesis



Clinical features:

They are planar, polygonal, purple, pruritic, papules and plaques. Papuples are covered by characteristic very fine grysh white lines called as 'wichom's striae.

Histological features-

① Normal epithelial maturation & intact epithelium ② Basal cell degen ③ Sub-epithelial lymphocytic infiltration ④ Saw teeth rete ridges ⑤ Degen basal keratinocytes as eosinophilic globules called civatte/ hyaline bod

Differential diagnosis:

↳ lichenoid Reaction

↳ leukoplakic candiasis

↳ lupus erythematous



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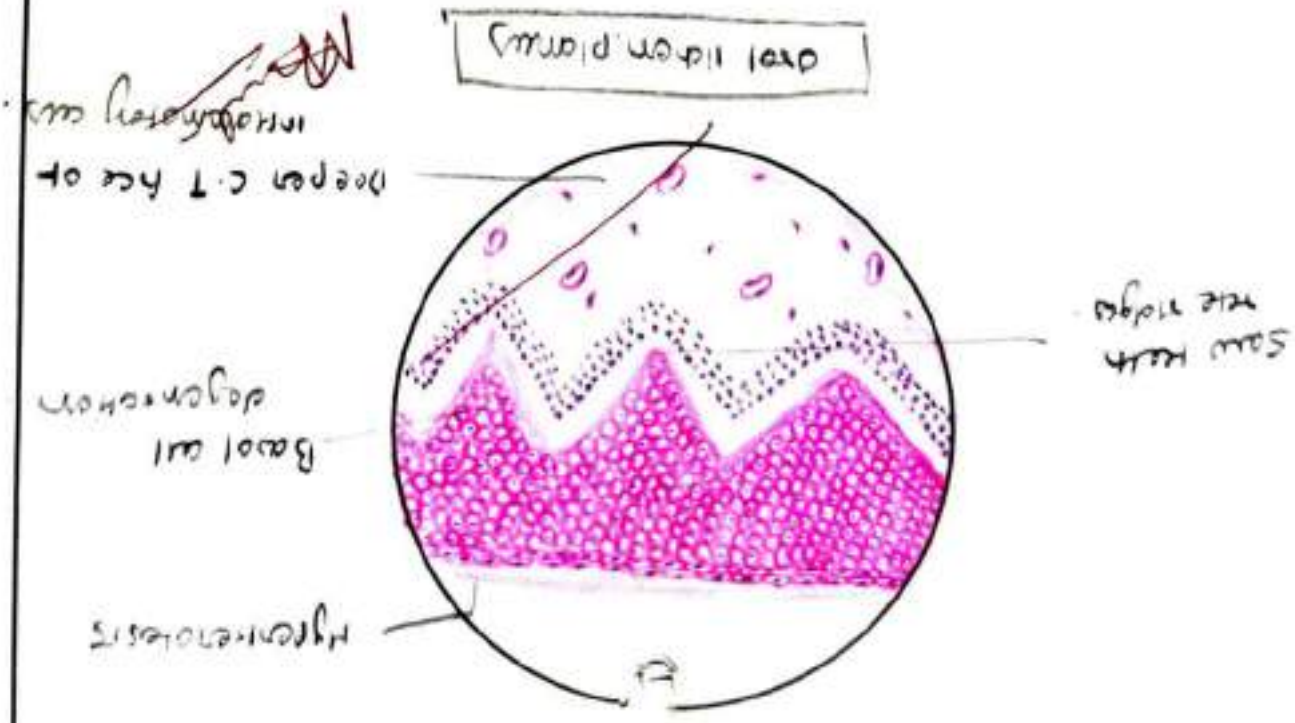

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Dr. D. Y. Patil Knowledge City, Charholi (BK), Via - Lohegaon, Pune - 412 105

JOURNAL OF ORTHODONTICS & DENTOFACIAL ORTHOPEDICS

NAME: Mruhali Gopal Bari.

ROLL NO: 04 **BATCH:** Summer (A)

YEAR: 2022-23

MUHS Seat No: 49551

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JOURNAL OF ORTHODONTICS & DENTOFACIAL ORTHOPEDICS

CERTIFICATE

Mr./Ms. Mrunali Gopal Bari.

Roll No. 04 *has Attended and Completed all*

The Practicals Recorded in this Journal.

Date: 24/07/23

Signature of The Staff In-charge

Signature of The Head of Dept.

Signature of External Examiner

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ROLL NO :- 04

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	16/02/21	19 gauge	A A	
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1	15/12/21	b. Bending of a equilateral triangle	B+	
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Introduction

The ideal property required for tooth movement is the production of line, optimal continious force. Hence the most important requirement of an orthodontics were relate to mechanics of tooth movement.

For the given appliance, the design to be succesfull, the mechanical properties of wire which will be considered are.

Mobility
Ductility
Malleability
Stiffness
Strength
Corrosion resistance
Ability to be welded & soldered
Biocompatible.

- Classification of orthodontic wire.

1. Noble metal
2. Stainless Steel wire
3. Titanium alloys
4. Non-metal alloys.

1] Noble Metal.

- Example : Silver, Platinum, Gold
- These wires are very expensive though they are quite elastic.

Disadvantage : i. Expensive.
ii. They have large cross section for adequate thickness

2. Stainless steel wire.
- They have all the required ideal properties.
- Most commonly used wires.
- However in comparison to NiTi, they are less elastic.
- The most commonly used Stainless steel wire is 18 : 8 alloy (18% chromium, 8% Nickel)
- A typical orthodontic appliance is made in 18:8 wire.
- A composition of wire is 1] 18% chromium - for corrosion resistance 2] 8% Nickel - make it austenitic at room temperature.
- 74% Iron & 40.50% Carbon, the iron & carbon from the structured composition which imparts strength to steel.
- Increase in carbon content would increase hardness but makes structures more brittle.

3. Titanium Alloys.
- These are highly elastic wires.
- They are used in appliances for treatment purposes.
- Examples : NiTi and Tm A.
TmA is not solderable nor weldable

4. Non - Metal Alloys.
- Wire has aesthetic appearance. Stable in oral environment. eg. optiflex wire.





Exercise 01.

Aim : To straighten a 6 inches piece of 19 gauge HRSS (Hand round Stainless steel) wire in all planes.

The Tests for straightend wire are.

- It should roll freely on glass slab.
- There should be no gap between the wire and glass slab.





Exercise 02

- Aim :

  To straighten a 6 inches piece of 21 gauge HRSS (Hand round Stainless steel) wire in all planes.

- The tests for straightened wire are.

  i. It should roll freely on glass slab.

  ii. There should be no gap between the wire & the glass slab.

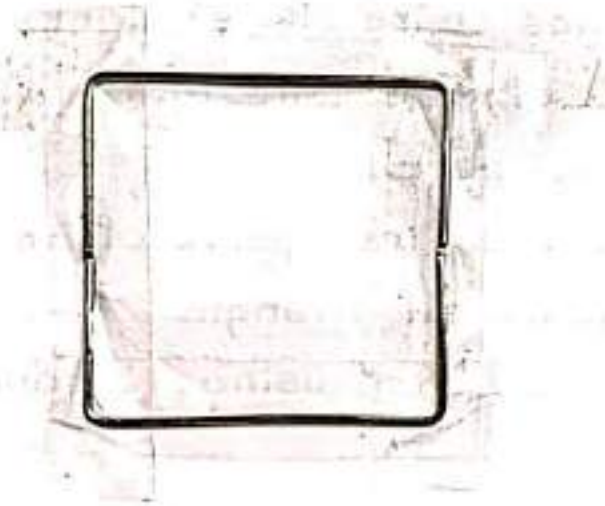


Exercise 03.

Aim : To prepare an equilateral triangle of each side 5 cm of 19 gauge HRSS wire.

Procedure :

i. An equilateral triangle of sides 2 inches each is prepared using a 19 gauge HRSS wire.
ii. Firstly 7 inches wire is straightened.
iii. From one end of this wire mark 1 inch length with glass marking pencil.
iv. This will be the first point of the first bend to form an equilateral triangle.
v. An 90° bend is given using rectangular beak at the piece.
vi. Then the piece is held a little away from the formed angle more acute.
vii. This is repeated till the angle becomes 60°. Check the parts for equality at the plane of the triangle.
viii. Mark the point at 2 inches length & repeat same.
ix. keep in mind the plane of all sides of the triangle till the end meets the starting end.
x. Check the formed triangle for sides angles & planes on the graph paper with a triangle of 2 inches length drawn on it & check the plane on glass slab.



Exercise 04.

Aim : To prepare a square of each side 4 cm using a 19 gauge HRSS wire.

Procedure :

- The square is made using a 19 gauge HRSS wire.
- A wire of 16 cm length is straightened.
- 4 cm is marked from one end of wire with a glass marking pencil.
- At the point, the wire is bent to form square.
- A 90° bend is given using the rectangular end of the plier.
- The two parts of wire are checked for plane.
- Next measurements are marked & procedure is repeated. till a square is formed keeping in mind that the plane of all 4 sides of square till the end meets
- The excess is cut.
- The dimensions are checked with a graph paper.



Exercise 05.

Aim : To prepare a Rectangle of sides 5 x 3 cm by using a 19 gauge HRSS wire.

Procedure :

- The rectangle of sides 5 x 3 cm is prepared by using 19 gauge HRSS wire.
- Firstly 2.5 cm wire is marked & bent in 90° angle.
- Then mark 3 cm & the procedure is repeated i.e bending in 90°.
- Now mark 5 cm and bend. After each bend check for the plane on glass slab.
- Now bend on 3 cm marking.
- Lastly 2.5 cm should be marked and bent till it meet another end.
- Cut excess of wire.
- Check the dimensions on rectangle drawn on graph paper.



Exercise 06.

Aim : To prepare a circle with diameter 5 cm from 19 gauge wire HRSS wire.

Procedure :

- The circle is made using 19 gauge wire
- 6-7 inches wire piece is taken and wire is curved using pulp of finger.
- Step by step the free end is curved by a piler.
- An accurate diameter of circle is obtained
- Care is taken during formation of circle that there are no sharp bends or kinks
- The circle is completed by approaching the two ends with each other.
- The dimensions are checked on graph paper as well as its adaptation on glass slab.







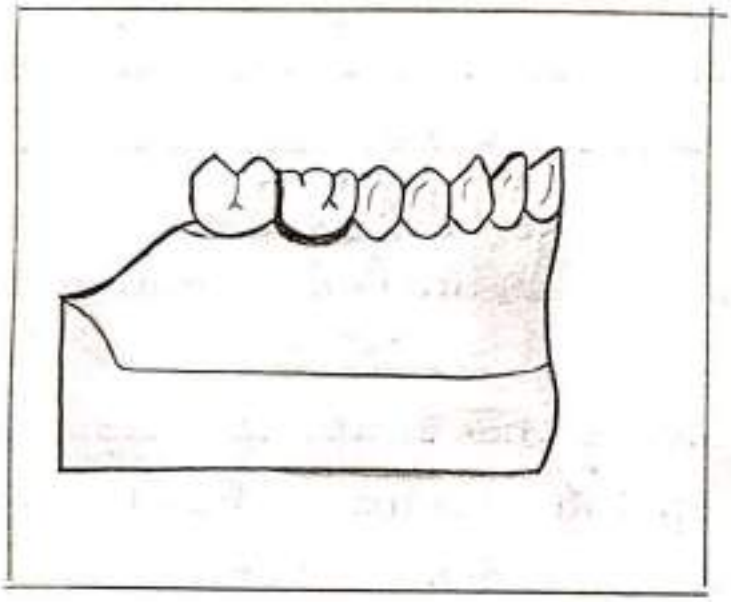
Exercise 07.

Aim : To prepare an U series, V series and a UV series from a 19 gauge wire.

Procedure :

- Prepare a UV series of U of height 1 cm and V of height 1 cm leaving a gap between each V and each U of 1 cm.
- Take a 19 gauge wire of 9 inches & make it straight.
- Now mark at 1cm & give a bend at 90° Now at approx 0.7 mm start giving a slight bend using plier till the height of U reached 1 cm.
- Now again repeat this procedure to make 5 'U' with 1 cm gap in between each 'U'
- For V series, mark at 1 cm and give a bend and V should be of 1 cm height, so give bend accordingly.
- In this way 5 V's are prepared with 1 cm gap in between each V.
- check the plane on glass slab.
- For UV series make U & V alternately and check the plane on glass slab.

Circumferential Clasp.

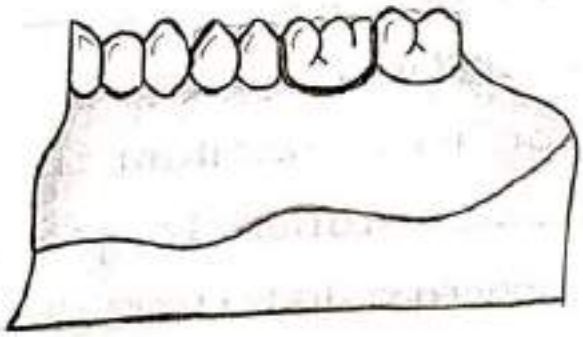


Exercise 08.

- Aim : To prepare a 'C' clasp from 19 gauge wire.
- Defination. : A 'C' clasp is a passive removable appliance which is used to provide retention to the appliance also called as circumferential clasp or a 3/4 th clasp.
- Requirement : I. It should be rigid.
II. It should give or have excellant retention without causing retention, irritation to gingival tissue.
III. It should not undergo distortion during mastication & insertion on removal of appliance.
IV. It should be easy to fabricate & should be replacable.
- Procedure :

I. A 19 gauge wire bent following a cervical line / countour of tooth using universal plier.
II. The wire should be adapted into the distal embrassure of area & it should go untill it reaches the supplied aspect of contact point between two teeth.
The first occlusal point between two teeth.
The first occlusal pt 'C' clasp should follow the occlusal part of interdental anatomy which in case of molars is in U shape.
V. This bend is given to adapt wire occlusally.
There should be a gap of 0.5 - 0.7 mm between Tag arm & cast.

Jackson's Clasp

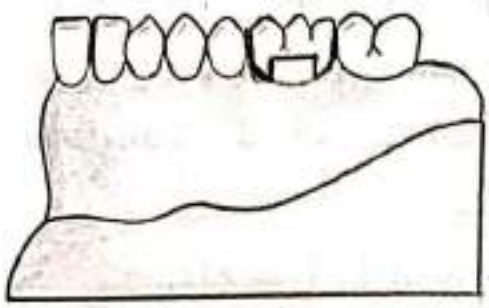


Exercise 09.

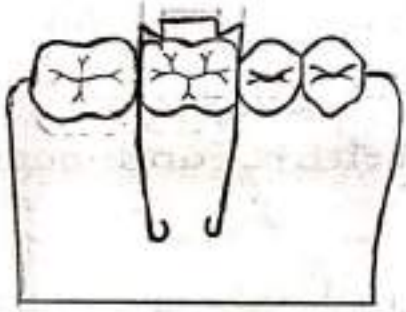
- Aim : To prepare a 'U' clasp from 19 gauge wire.
- Defination : This clasp engages the buccocervical undercut and also the mesial as well as distal proximal undercuts. It is called Jackson's clasp or 'U' clasp or full clasp.
- Requirement : I. It should be rigid.
  II. It should give excellent retention without any irritation to gingival tissue.
  III. It should not undergo distortion during mastication & insertion on removal of appliance.
  IV. It should be easy to fabricate and be replacable.
- procedure :

1. A 19 gauge wire is adapted along bucco-lingual margin & both proximal undercuts then carried over occlusal embrassure to entire retentive arm on both sides of Molar.
2. M bend is given to adapt wire occlusally.
3. There should be a gap of 0.5 - 0.7 mm between the arm to cast. Bend it into loop, Just in turn 90° angle.

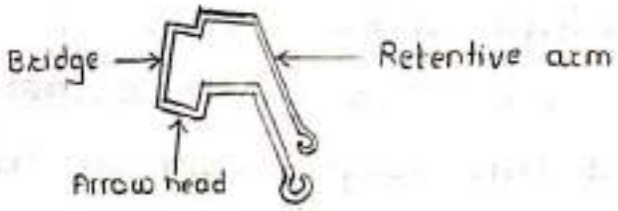
Adam's Clasp



a Buccal view



b. Occlusal view



Exercise 10.

- Aim : To prepare an 'Adam's clasp'
- It was first given by Dr. C.P Adam It is also called as universal clasp. Liverpool clasp or Modified arrow head clasp.
- Procedure :

A 22 gauge wire is used to construct an Adam's clasp.

First measure 2/3 rd of Mesiodistal dimensions of teeth or buccal S/F and then their corresponding points are marked on the wire.

Bends are given on the point keeping the angle approx 60

To this way bridge of clasp is prepared.

Arrowheads are prepared by giving outward & downward bent at this point. The million dollar bent at this point It is given by holding plier at one half of the arrowhead The two arrowheads should be mesiobuccal & distobuccal line angle.

The prepared arms of the arrowheads are then adjusted to coincide with them.

They are adapted interproximally by giving interproximal bend. Tag arms are made as in C-clasp.

Orthodontic Appliances

These are divices used to apply force on a tooth/ group of teeth in predetermined direction to move a tooth to the desired direction.

- Classification

They are divided into 3 groups.

Group A - 1. Mechanical 2. Functional.

Group B - 1. Active 2. Passive.

Group C - 1. Fixed 2. Removable.

A] 1. Mechanical Appliances :

These appliances evert direct pressure on teeth.

2. Functional Appliance. :

These appliances which evert, makes use of various functional forces to bring about tooth movement. Jaw position in desired position.

B] 1. Active Appliances :

These exert active force on teeth to bring about movements.

2. Passive Appliances :

These do not exert any force on teeth.

c) 1. Fixed Appliances.

These are fixed into the teeth/tooth for duration of an active treatment till the teeth are moved.

2. Removable Appliances.

These can be removed by the patient at will.

- Components of Removable Appliances.

I. Base Plate.

made by acrylic & serves following functions.

i. Holds the other components (Active & Passive).

ii. Helps in anchorage.

iii. In selected cases it is thickened & serves as a little platform or inclined plane.

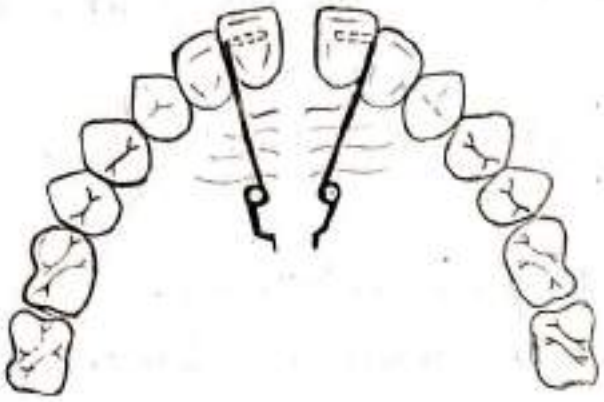
II. Active Component

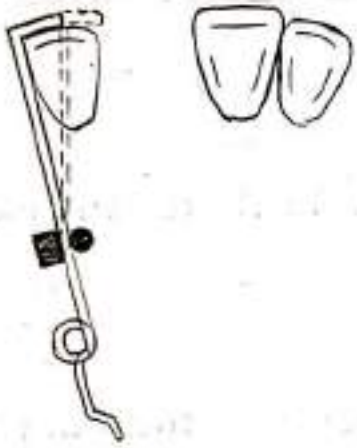
Used to bring about actual tooth movement.

III. Passive Component

They are used for retaining the appliances in oral cavity. They are passive & do not exert any pressure on tooth.

Finger Spring





Activation of Finger Spring



Construction of Springs.

1. Finger Spring.

- Aim : To prepare finger spring or palatally approaching canine retractor.
- Fabrication : 4 inches 23 gauge wire is first straightened. At the end the wire is bend on itself so as to make the end blunt. This will prevent injury to gingival tissue. This end of wire is then adapted interproximally the coil is prepared on the wire with the following criteria.

a] It should project helix & internal diameter should be four times diameter of wire.

b] The active arm coil should be parallel to occlusal plane.

c] The coil should be on opposite side of tooth movement.

d] It should have 1/4 th turn.

- Indication :

This canine retractor is used on Anterior as well as Posterior teeth to either mesialize or distalize tooth.

- Advantages :

I. It is located on parallel side, therefore more esthetic
II. It can be used for both Anterior or posterior teeth.
III. This retractor can either mesialize or distalize tooth.

- Disadvantages

I. They are normally effective over short distance. as located on palatal side.

II. They tend to interfere with tongue movement.

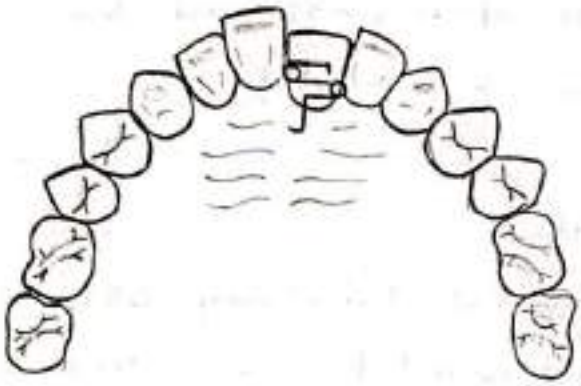
III. Thus the palatal spring should be boxed & hence it is time consuming.

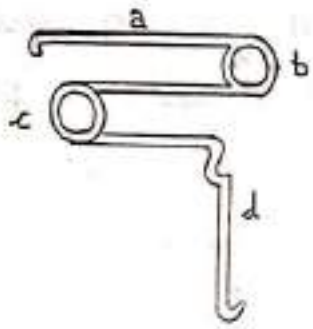
- Placement of coil.

It should be situated midway between initial & final position. It should be 6-8 mm away from cervical margin.

After fabrication of coil, A downward vertical bend is given to all to make the coil parallel to occlusal plane.

Double Cantilivet Spring





Spring design in double cantilever spring

a : active arm emerges from tissue side.

b : first coil.

c : Second coil.

d : Retentive arm & tag.

Double Contiliver Spring (z-Spring).

- Aim : To construct Z spring from 23 gauge wire at 0.6 mm HRSS wire.

- Fabrication.

1. Firstly a 4 inches piece of 23 gauge wire is straightened.
2. The end of wire is then bent on itself to make the wire blunt. (bent on crushed loop). The mesiodistal width of the concerned tooth is measured & then transferred on the wire.
3. At that point the first coil is made, Internal diamete should be 4 times the diameter of wire. An active arm should be above the coil. The second coil is then prepared as that mesiodistal width of tooth. All the specifications of previous coil should be maintained

- On the distal arm of second coil, 90° downward vertical bend is given to ensure that plane of spring is maintained parallel to occlusal plane.
- The spring should be adapted to height of cingulum of the tooth.
- The tag arms are fabricated to complete wire bending.
- Boxing is supposed to be done on modelling wax. The purpose of box is to protect spring.

- Indications.

I. To bring labial movement of one or more teeth. correction on mirror rotation.

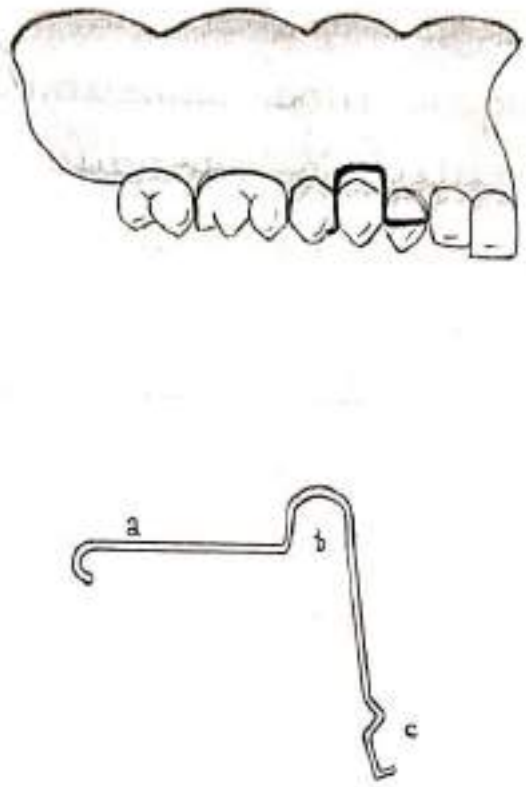
II. Correction of Anterior cross-bite. (by labial movement of concerned tooth).

- Disadvantages.

I. Palatal spring is time consuming.

II. As it is fabricated in 23 gauge wire, chances of distortion is very high.

U loop Canine Retractor



a. Active arm
b. U loop
c. Retentive tag

Construction of Canine Retractor.

- U loop canine retractor.
- Aim : To construct a U loop canine retractor.
- Procedure :

i. It is made of 0.6 mm or 0.7 mm wire.

ii. It consist of U loop, an active arm & a retentive arm that is distal

iii. The base of U loop should be 2-3 mm below the cervical margin.

iv. The mesial arm of U loop is bent at right angles & adapted around the canine below the mesial contact point.

v. Mechanically it is best effective & is used when minimal retraction of 1-2 mm is required.

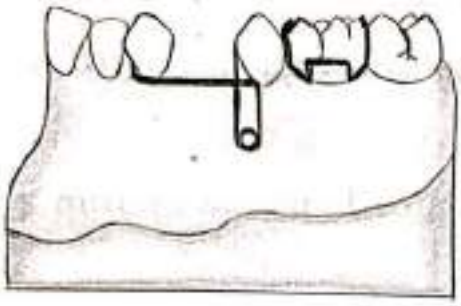
vi. It is activated by closing the loops by 1-2 mm or the cutting the free end of the active arm by 2 mm & readapting it.

- Advantages :

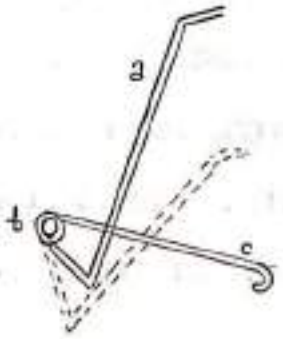
i. They are easy to fabricate.

ii. They have less bulk.

Helical Canine Retractor



Lateral view



a : Active arm

b : Helix

c : Retentive arm

Helical Canine Retractor.

- Aim : Prepare a canine retractor - Helical type.

- Procedure :

- It is fabricated from 23 gauge HR99 wire.
- 4 inch piece of wire is first taken & a coil is then placed with round beak of plier in such a way that there is no gap between the coil.
- Active arm should be adapted over buccal surface of canine.
- A coil should be placed 3-4 mm below the cervical margin of 2nd premolar.
- Tag arm is placed between first & second premola Then the active arm is bent at right angles to mesial cervical 1/3 rd of second premolar.
The arm should be parallel to occlusal surface.
The tag arm is bent & adapted on active arm.

- Indications.

The helical type of canine retractor is best suited for retracton of canine in 1st premolar extractic cases. When canine are also well aligned in the dental arch.

- Advantages :

i. Due to presence of coil, it permits gentle forces. Hence requires gentle less activation.

ii. It has wide range of action.

iii. Tag arm is mesial to 2nd premolar, which prevents loss of anchorage.

- Disadvantages

i. It is made up of thinner gauge wire & is likely to distort.

ii. It is difficult to construct.

- Activation.

It is activated by opening the coil by cutting free end of active arm & readapting it.

Box Type Canine Retractor.

- Aim. : To prepare box type canine retractor with 22 gauge wire.

Canine retractor is an active component of removable appliance.

- Classification of canine retractor

1. Depending upon Position.
   a. Buccal - bucally placed.
   b. Palatal - palatally placed.

2. Based on presence of helix or loop.
   a. Canine retractor with helix.
   b. Canine retractor with loop.

3. Based on mode of action.
   a. Push type.
   b. Pull type.

- Box type : It is buccally placed pull type, without coil type of canine retractor which is made from 22 gauge or 0.7 mm wire HRSS wire.

- Procedure :
- A 4 inch piece of wire is straightened.
- A loop is prepared & adapted to buccal surface of 2nd Premolar

- The loop should extend 2-3 mm below cervical margin (0.5 mm away from gingival seat).
- Both the arms of 'U' shaped box should be parallel to each other.
- A right angled bend is given at junction of cervical and mesial 1/3 rd of 2nd premolar.
- The horizontal arm contacts with canine in cervical 1/3rd region. to minimize tipping.
- The distal arm of 'U' shape is adapted interproximal between 1st & 2nd premolar.
- The loop should extend 2-3 mm below cervical margin. (0.5 mm away from gingival seat).
- Both the arms of 'U' shaped should be Parallel & in between 1st & 2nd Premolar.
- The horizontal arm adapts along mesial surface of canine so as to help retraction.

- Advantages.

i. easy to construct.
ii. No special plier required.
iii. Require less time for fabrication.

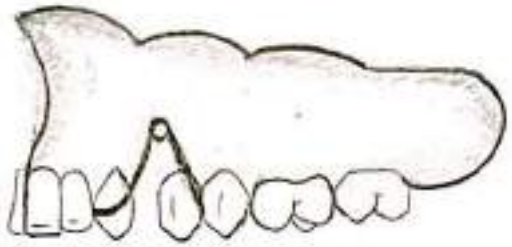
- Disadvantage.

Since tag arm is distal to premolar there is greater chance of anchorage loss. Since this is shorter & has to adjust more frequently.

- Uses :

  Retraction of canine to short distal distance when canine is well defined in the arch.

Self Supported Canine Retractor



Buccal / Self Supported / Hockey Stick type Canine Retractor.

- Aim : To prepare Buccal / Self supported / Hockey Stick type Canine retractor.
- It is a buccally placed, Pull type Canine retractor.
- It is made of 22 gauge wire.

- Procedure :
- The diameter of coil is about 4 times the diameter of wire.
- The active arm of retractors is always above the coil.
- The coil is placed away from the buccal surface so it lies half the distance between cervical corner of tooth & deep in vestibule.
- Active arm is hooted around cervical margin of canine.
- Distal arm is given bend & is adapted interproximally to palatal surface in manner similar to arm / tag.

- Indications.

i. To retract labially placed canine.

ii. They bring about distal & palatal movement of canine.

- Advantages

Due to pressure coil, the length of wire is decreased. Hence increases elasticity and reduces

stiffness. The tag arm is mesial to 2nd premolar. Hence anchorage loss is controlled.

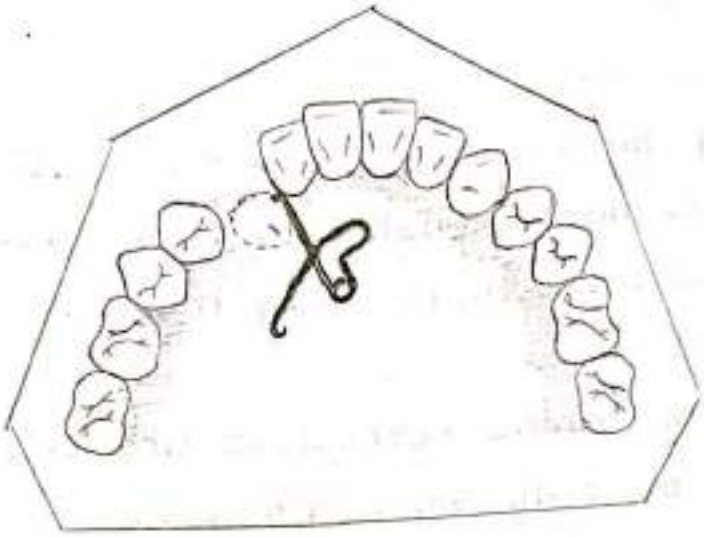
- Disadvantage.

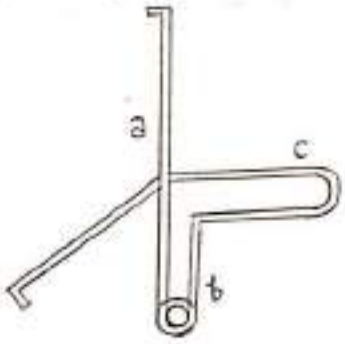
i. The coil may be uncomfortable to patient.

ii. If coil is too high enough, in this case active arm may become short may have limited range of adjustment.

iii. Self correcting canine retractors are stiff. & should be adjusted by only small amount. (0.75 - 1 mm per month).

Palatal Canine Retractor





a Distal arm

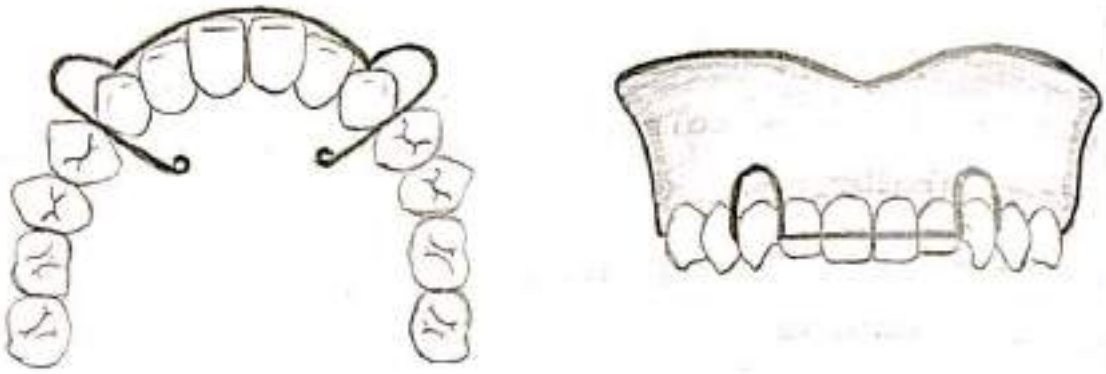
b. Helix

c Mesial arm.

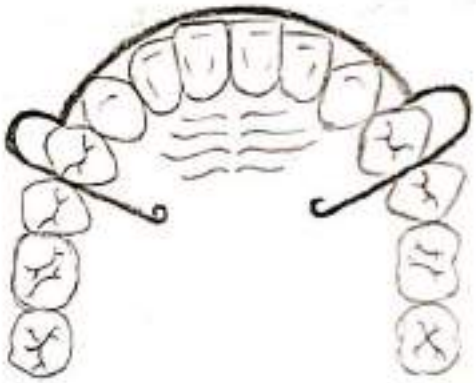
Palatal Canine Retractor.

- It is made up of 0.6 mm Stainless steel wire.
- It consist of a coil of 3 mm diameter, an active arm and a grade arm.
- The active arm is placed along the long axis of tooth i.e the canine.
- It is activated by opening the helix 2 mm at a time.

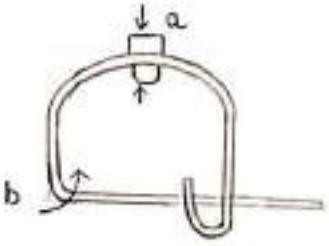
- Indications
  1. In retraction of canine that are palatally placed.



Short Labial Bow



Long Labial Bow



Adjustment of reverse loop labial bow

Labial Bow.

- Aim : To make a labial bow from 21 gauge wire on a ideal cast.
- The labial bow is an evenly curved & symmetrical arch. which contracts labial surface of teeth.
- Each labial bow carrier has usually two symmetrical U loops for activation & adjustment of bow.

- Classification of labial bow.

I. Regular labial bow is from canine to canine.
II. Short labial bow is from lateral incisor to contralateral lateral incisor.
III. long labial bow is from 1st premolar to contra. 1st premolar. OR second premolar to 2nd premolar.

- It is usually made of 21 gauge wire. Horizontal arm of bow is adapted to labial surface of incisor at function of incisal & middle 3rd in case of regular labial bow. The 90° bend is given at junction of mesial 1/3 rd & incisal 1/3 rd of canine.
- The U loop is then completed in such a way that distal arm of loop lies in embrassure between canine & 1st premolar
- Both arms of U loop should be parallel to each other. Lower portion of U should extend 2-3 mm below cervical margin of tooth.

- Uses :

I. To exert retractive pressure on anterior teeth.
II. To limit the labial movement of incisor.
III. To carry the auxillary
IV. To bring about mild rotation & contraction. along with the help of z spring.
V. Retention.

- Disadvantages :

1. Controll of individual tooth movement is deficient.

- Activation & Adjustment of labial bow.

This is done by compressing 'U' loops at the ends & trimming of acrylic on palatal aspect of each component.

- Modification.

I. Robert Retractor.
II. Split labial Bow.
III. Fitted labial Bow.
IV. High labial Bow. apron spring.
V. labial Bow with reverse loop.

Robert's Retractor





a : Horizontal arm

b : Helix

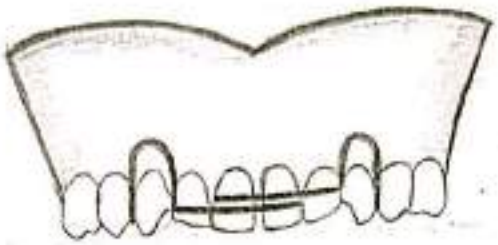
c : Retentive arm

1 Robert's Appliance.

- Indications :

1. It is used when teeth are rarely proclined & they dont have good underlying support esp. in adults.

- In this way it is achieved by decreasing the diameter of wire and un-increasing the effective length.
- we use 23 gauge wire.
- Instead of 'U' loop are prepared, Use 23 gauge on the other end of each loop then extended and enters the sleeves of rubber to bring these sleeves. then prevents distortion of rubber.



Split Labial Bow
For Retraction

2. Split Labial Bow

- Indication :

1. Assymetrical retraction is possible by activating on 'V' loop more than the other.

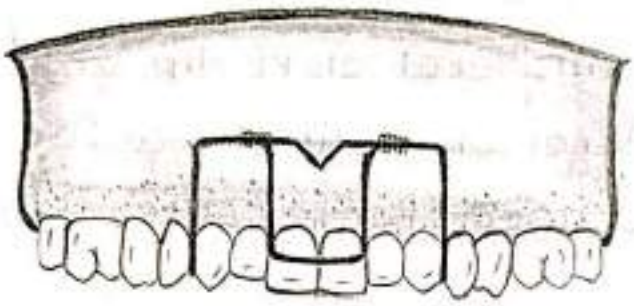
eg. i. Cases of unilateral cleft lip or palate.

ii. Modified form of split in anterior labial bow can be used for closure of midline diastema.

The labial bow has split in anterior region resulting into seperation of buccal arms having a 'V' each segment acts as a continious spring.

- Disadvantages.

Because of thinner gauge of wire it is more likely to distort.



High labial bow with apron spring

3. High Labial Bow with / Without Flapper Springs

It has 2 parts.

① Strand 1 Seat Ford which is prepared by 1 mm HRSS wire.

② Active component in happer spring on approns which is prepared from 0.4 - 0.5 mm wire.

- The approns spring can be designed for restoration of the one are more teeth.
- This is given in cases of excessive proclination as conventional labial bow is not used because of its tendency to slip cervically.
- Very commonly light focus are generated in labial bow
- It is commonly used in adults with poor bone support.

- Disadvantages.

I. Difficult to fabricate.

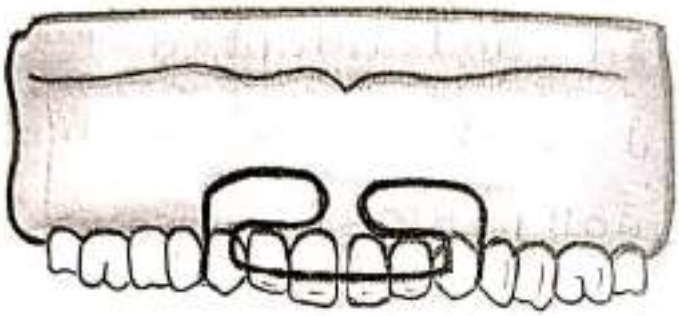
II. Risk of soft tissue damage.

4. Fitted labial Bow

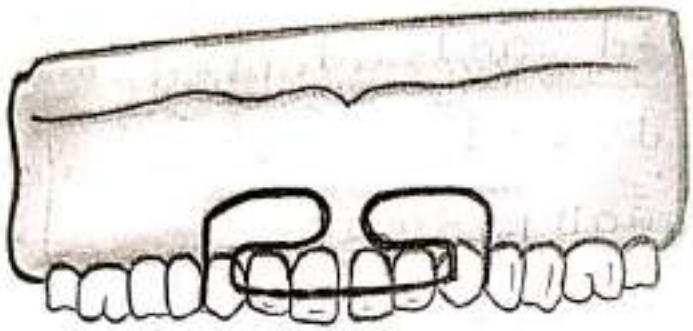
- This is normally a retentive labial bow.
- It is fabricated using 21 gauge HRSS wire.
- The wire is fabricated and adapted to confine labial bow to labial surface of each other and 'U' loop is usually small.

- Indications.
- Fitted distal labial bow have position and they are preffered in rotation being corrected inactive treatment.

Mill's Labial Bow



Mill's Labial Bow



5. Mill's Labial Bow.

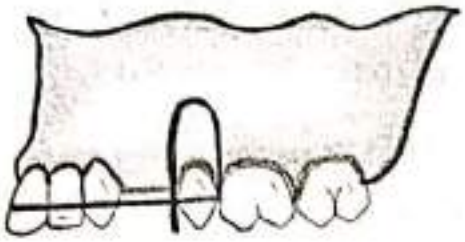
- This made from 0.5 - 0.6 mm HRSS wire.
- This type of labial bow is required on single tooth or on group of teeth.

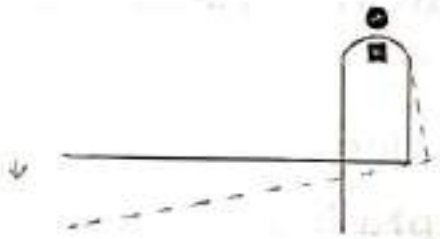
eg. When one or more teeth in an arch are more proclined to each other.

The labial bow has extensive looping wire so as to increase length Flexibility range of action.

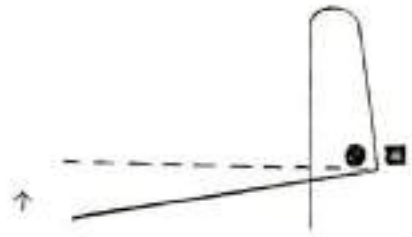
- Disadvantage.
- Difficulty in fabrication.
- Poor patient acceptance.
- Complex design.

Reverse labial Bow





Reverse labial bow is activated by opening the loop This results in lowering of bow more incisally



Compensatory bend made to maintain proper level of bow

6 Reverse Labial Bow

- In this type, tag arm is attatched to mesial to canine i.e mesial to U-loop. This 13 to 23 labial bow.
- The distally placed U loop to canine free end of U loop is adapted occlusally between the lateral incisor & central incisor.
- As the large span of wire is incorporated, the flexibility is increased.

7. Labial Bow Soldered to Adams Clasp.

This is used when retention palate is to be given to patient with 1st or 2nd premolar extraction

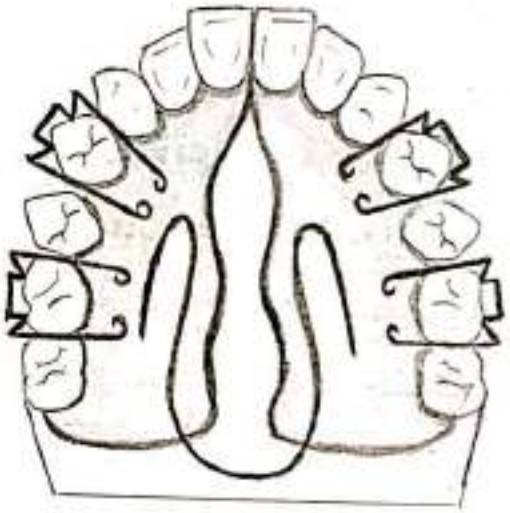
8. Elastics used as labial Bow.

- Instead of an orthodontic wire an elastic can be used for retraction of an anterior teeth.
- Labial bow with hooks on either side is fabricated with hooks going distally towards canine.
- The elastic structures between hooks should be on labial surface of incisors, the patient can change elastic regularly.
- The no. of patients visits to orthodontist are reduced because of that.

- Disadvantage.

1. One has to rely on patient to change elastics where patient co-operation is important.
2. The elastic can slip gingivally & can cause gingival trauma.

Coffin Spring



Fabrication of Coffin Spring.

- Waller H coffin introduced this spring in 1881, for lateral expansion of arch.
- A heavy 19 gauge wire is used.

- Indications.

When a different degree of expansion is used or required at anterior & posterior segment of arch, coffin spring is a better option.

- There are 2 types of coffin spring.
  1. Pear Shaped.
  11. Diamond shaped.

- Construction.
- This extends from mesial surface of 1st Premolar to distal surface of 1st molar.
- A big & smooth loop is formed onto wire center for fabrication of pear shaped coffin spring.
- In case of diamond shaped, bends are given on wire in such a way that Anterior, posterior diameter is 2/3 rd, 1/3 rd.
- The spring is kept at uniform distance of 1mm from palatal form & controlled.

- Advantages :

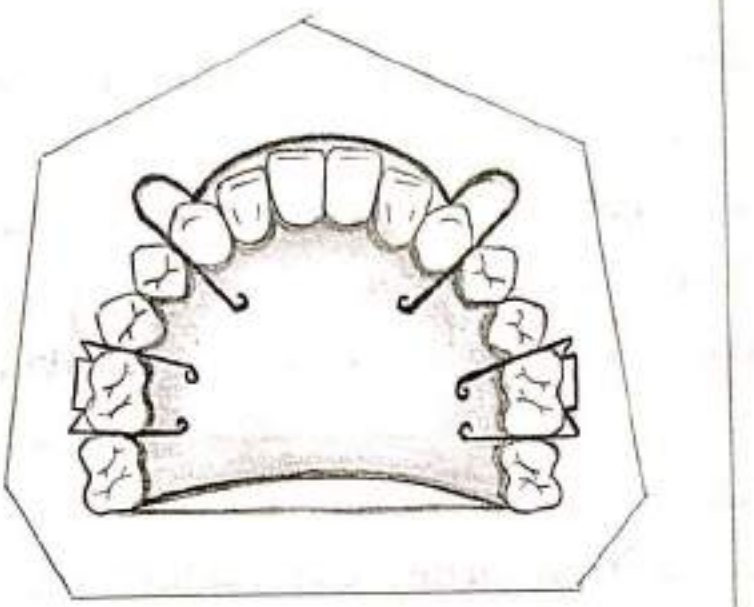
1. Simple to construct.
11. Less bulky

iii. More economical.

- different degree of expansion is possible in anterior & posterior segment.
- The modified form of coffin spring is used on mayofunctional appliances.
eg. Bayonates Palate, Free activation.

- Disadvantages.
- No pressure controll for expansion as activation is arbitrary
- Force decay is used rapid & frequent adjustments are required
- It may enterfere with tonight tongue movement & speech.

- Activation.
For anterior arch expansion, It is activated, posteriorly at the base of pear shaped / diamond shape in midline for posterior arch expansion. with plier. The optimal activation should be 4 mm.



Howley's Appliance.

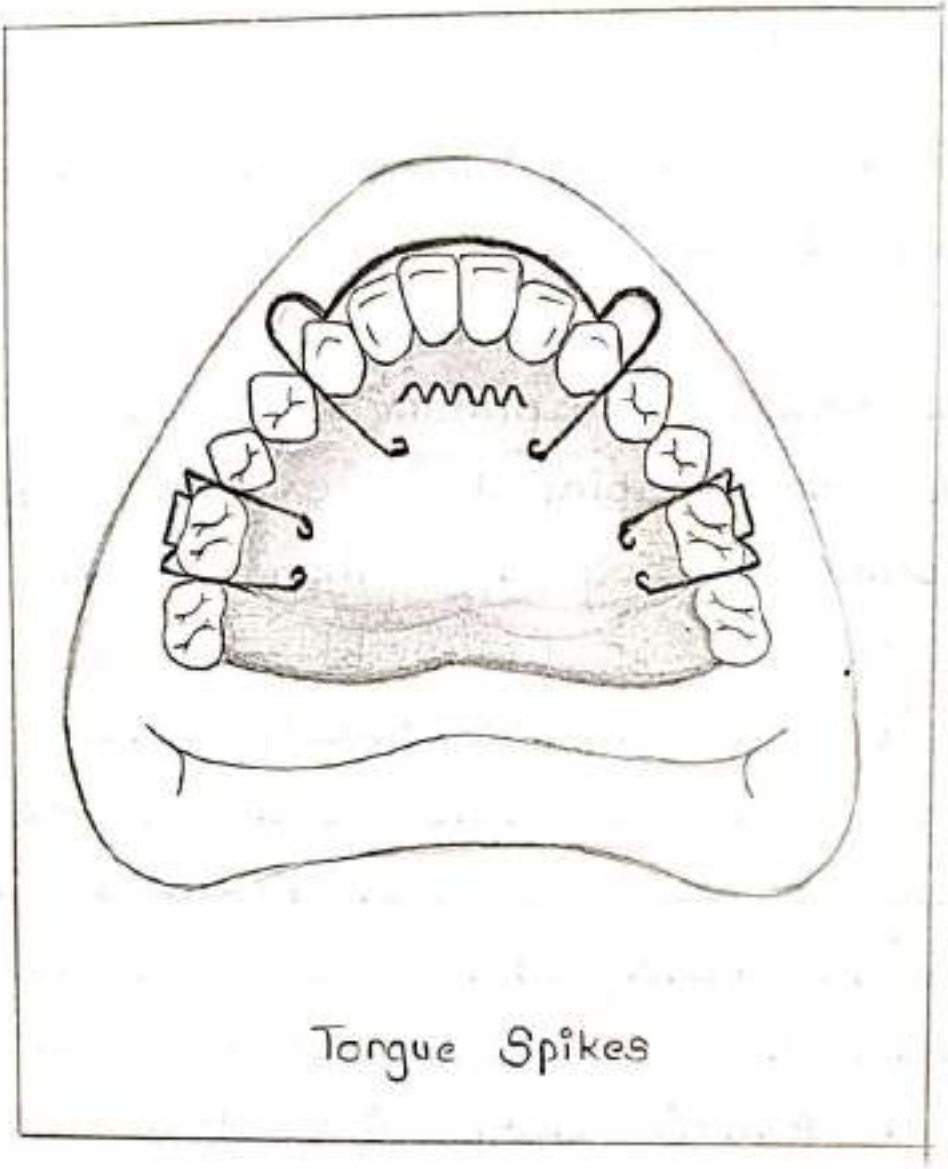
Hawley's Appliance.

- It was designed in 1920 by charles Hawley
- It is more frequently used retainer.

- The classical Hawley's appliance consists of clasp on molar & short labial bow extending from canine to canine having adjustment loops.
- This simple design can be modified in several ways to exit suit specific requirements.
- This labial bow can be made to extend from one first premolar to opposite first premolar. This design helps in closing spaces distal to canine.
- Anterior modification is to solder the bow to the bridge of Adam's clasp. This design avoids the risk of space opening between canine & premolar due to cross over wire.
- Fitted labial bow can also be used to offer excellent retention.
- Anterior kite planes can be incorporated to correct deep bite cases.

- Advantage.

I. Ease of fabrication.
II. Simple design.
III. Minimal patient discomfort due to reduced bulk.
IV. So, acceptable to most patients.



Tongue Spikes

Fabrication of Tongue Spikes.

- Aim : To construct Tongue spikes with 32 gauge HRSS wire.

- Appliances : Fabricated to correct the habit of thumb sucking. However appliance with tongue spikes should not be given to children below 5 years of age.

- Construction :

I. A piece of wire is 1st straightened at a distance (1 & ½ inches) end of wire.

II. First spike is normally maintained at about 2 mm more than cervico - occlusal height of central cervical incisor of patients model.

III. The height of spike may be between 10-12 mm on standard cast and 4 spikes are prepared.

IV. The location of spike should be line joining canine & 1st premolar on both sides.

V. The first spike should be computed by giving a sharp downward bend.

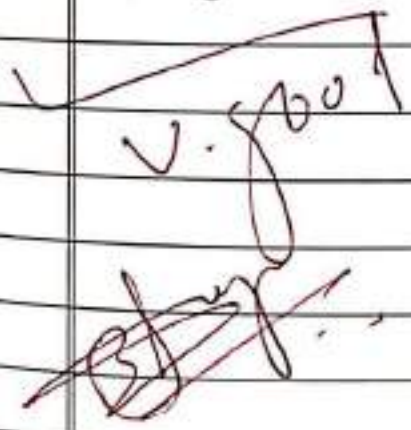
VI. The distance between two arms of spikes should be 1mm & the distance between 2 adjacent spikes are 2 mm.

VII. The base of spikes should be at the same level so that they remain were in acrylic

- Advantages
- They are easy to fabricate.
- They are very effective in correcting tongue thursting habit.

- Disadvantage
- Being a part of removable appliance.
- Patient co-operation is essential for success
- It may not be effective in correcting tongue thursting due to macroglossia
- It will also not correct complex tongue thrusting with skeletal open bite unless skeletal problem is corrected.

- Mode of Action
It serves as a constant reminding to patient & also act as mechanical barrier to prevent tongue thursting.



Model Analysis - 1

- Case No. : Jyoti Pawar.
- Analysis of Model Seperately.

I. Individual Tooth Analysis.

	10	11	6	7	8	7.8	9	9	7	8	7	6	11	10
	7	6	5	4	3	2	1	1	2	3	4	5	6	7
	7	6	5	4	3	2	1	1	2	3	4	5	6	7
	10	11.5	6	7	7	6.5	6	6	6.5	7	7	6.5	12	11

II Analysis of whole arch.

Particulars	Maxillary	Mandibular
Total Tooth material (1M to 1M)	96.8 mm	89 mm
Sum of Incisors	32.8 mm	25 mm
Arch Symmetry	Symmetrical	Symmetrical
Arch Shape	U Shape	V
Mid line	Accurate	Accurate
Curve of spee	–	2 mm
Palatal depth	19 mm	–
Crowding	–	–
Spacing.		7 mm

Analysis of models in occlusion.

Model Particulars	Right	Left
Angle's Molar Relation	Class I	Class I
Canine Relation	Class I	Class II
Incisor Relation	Class I	Class I
Proclination	(5-2) = 3	(4-2) = 2
Overjet	5	4
overbite	2	2
Midline	accurate	accurate
Crossbite	–	–

Diagnosis

Angle's Class I Malocclusion with proclined upper & lower incisors and spacing in both arches.

III. Indices.

A. Pont's Index.

Arch width in premolar region. = $\frac{32 \times 100}{80} = 40$

Arch width in molar region. = $\frac{32 \times 100}{64} = 50$

Region	Actual	Calculated	Difference
Premolar	38	40	2
Molar	49	50	1

· Inference : As measured value is less than calculated expansion is needed.

B Ashley Howe's Index.

PMBAW % Formula : $\frac{42}{96} \times 100 = 43.75$

Inference : Borderline Case.

b. PMBAW < PMD.

43.75 < 45 Expansion Not Possible.

2. For Mandibular Arch.

A. Nance & Carey's Index.

Linear Dimension	Brass wire	Calculated	Difference.
66.5	65		1.5

Inference : Non - Extraction case.

3. Inter Arch Analysis : Baltons

Anterior Ratio = $\frac{\text{Man 6T} \times 100}{\text{Max 6T}} = \frac{39 \times 100}{48.5} = 80.41$

Overa Anterior ratio > 77.2

∴ corrected Anterior ratio = $\frac{77.2 \times 48.5}{100} = 37.44.$

Overall ratio = $\frac{\text{Man 12T} \times 100}{\text{Max 12T}} = \frac{91.3 \times 96}{100} = 92.7$

Overall ratio > 91.3

∴ Corrected Overall ratio = $\frac{91.3 \times 96}{100} = 89.64$

Inference

Overall Mandibular excess = 89 - 87.64 = 1.64.

Anterior Mandibular excess = 39 - 37.44 = 1.56

- Analysis of Space.

Maxillary Arch.

- Space Required.

Sr. No	Condition to Correct	Amount (mm)
1	Proclination = 3 x 2	6
2.	Crowding	-
3	Anterior Rotation	-
4.	Impacted	6
5	other	-
	Total	12

- Space Available.

Sr. No	Particulars	Amount (mm)
1	Existing interdental Space	3+1+2+2 = 7
2	Expansion	
3	correction of retroclined teeth.	
4	Extraction	9
5	Distalization	
6.	extraction of supernumerary teeth	
7.	Interproximal stripping.	
	Total	16

16 - 12 = 4 Available

b. Mandibular Arch.

- Space Required.

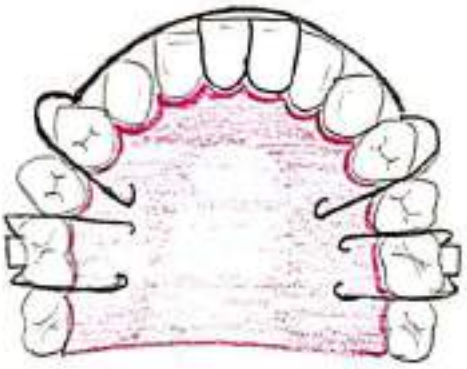
Sr.No	Condition to Correct	Amount.
1	Proclination	2
2	Crowding	–
3	Impacted	–
4	Curve of spee	2
5	other	–
	Total	4

- Space Available.

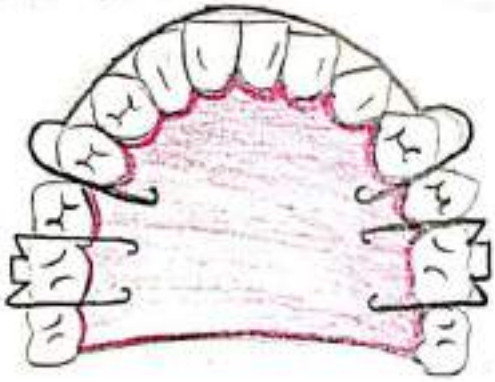
Sr.No	Particulars	Amount.
1	Existing interdental space	6
2	correction of Retroclined teeth	
3	extraction	
4	Distalization	
5	extraction of supernumerary	
6	other / IPR.	
7	Total	6
8	6 – 4 = 2 mm · Available.	

Treatment Plan.

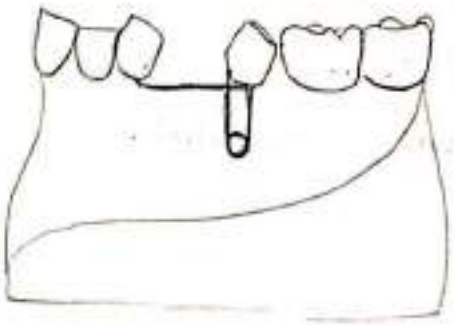
1. Pre-orthodontic phase.
   - Scaling & polishing
   - Fillings



Labial bow



Hawley's appliance



Helical Canine Retractor

2. Orthodontic Phase

Phase		Appliance
I	Expansion / IPR	Jack screw Quad Helix.
II	Levelling & Alignment	Labial bow Adam's 'Z' Spring.
III	Canine retraction	Helical canine retractor.
IV	Incisior retraction	Labial bow Adams clasp.
V	Finishing & Detailing	Labial bow Adam's clasp.

3. Post orthodontic phase
   - Scaling & polishing
   - Desensitizing toothpaste
   - Oral hygiene instruction.
   - Follow ups.

4. Retention appliance
   Hawley's Appliance.

Model Analysis - 2.

- Case No.
- Analysis of models seperately.

1] Individual Tooth Analysis.

10	10	7	7	8	8	10	10	8	8	7	7	10	10
7	6	5	4	3	2	1	1	2	3	4	5	6	7
7	6	5	4	3	2	1	1	2	3	4	5	6	7
10	10	7	7	7	7	6	6	7	7	7	8	10	10

2] Analysis of whole arch.

Particulars	Maxillary.	Mandibular
Total Tooth material	100	89
Sum of incisors	36	26
Arch Symmetry	Symmetrical	⊓
Arch Shape	U	U
Midline	accurate	⊓
curve of spee	–	3mm
palatal depth	24 mm	–
crowding	5 mm	3 mm
spacing	–	–

- Analysis of models in occlusion.

Particulars	Maxillary	Mandibular
Angle's molar Relation	class I	class II
Canine Relation	class I	cross bite
Incisor Relation	class II	class II
Proclination	Max = 3	Mand = 0
Overjet	2	2
overbite	2	3
Midline	accurate	⊥r
Cross bite	–	–

- Diagnosis :

Angle's class I malocclusion on right & class II on left side, crowding in both arches & proclination in maxillary arch.

3. Indices

- For Maxillary Arch.

A] Pont's Index.

1. Arch width in Premolar (4/4) = $\frac{36 \times 100}{80} = 45$
2. Arch width in molar (6/6) = $\frac{36 \times 100}{64} = 56$

Region	Actual	Calculated	difference
Premolar	34	45	11
Molar	46	56	10

Expansion is Needed.

b. Ashley Howe's Index.

PMBAW % Formula = $\frac{41}{90} \times 100 = 45.5$

Inference = Non-extraction case.

PMBAW (41) > PMD (40) = Expansion is possible.

- For mandibular Arch.

A] Nance & Carey's Index.

LD	calculated	difference
69	66	3

Inference : Non extraction.

3. Bolton's Analysis.

Anterior ratio = $\frac{\text{Man 6T} \times 100}{\text{Max 6T}} = \frac{40 \times 100}{52} = 76.9$

A.R < 77.2.

∴ Corrected A.R = $\frac{77.2 \times 52}{100} = 38.51$

Overall ratio = $\frac{89 \times 100}{100} = .89$

∴ O.R < 91.3

∴ Corrected O.R = $\frac{91.3 \times 100}{100} = 91.3$

- Inference

Overall Maxi excess = 0

Overall Anterior maxi excess = 7.75

- Analysis of Space.

A. Maxillary Arch.

No.	condition to correct	Amount.
1	Proclination	2
2	Crowding	5
	Total	7

B. ii) Space Available. = 0 mm.

Space Required = 0-7 = 7 mm.

B. Mandibular Arch.

- Space required.

Sr.No.	Condition to correct	Amount.
1	Crowding	3
2	curve of Spee	3
		6

- Space Available

No.	Particulars	Amount.
1.	other.	0

Space Required = 6-0 = 6 mm.

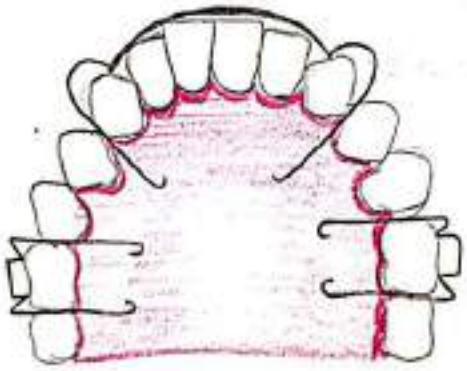
- Treatment Plan.

1] Pre - Orthodontic Phase

- Scaling polishing
- Fillings.



Labial bow

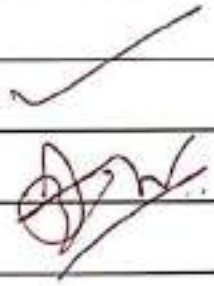


Howley's appliance

2. Orthodontic phase.

phase		Appliance
I	IPR	
II	Leveling & Alignment	Labial bow
III	Finishing & Detailing	Labial bow

3. Post Orthodontic phase
   - Scaling polishing
   - Desensitizing toothpaste
   - Oral hygiene instruction
   - Follow up.



Model Analysis - 3

- Case No.
-
- Individual Tooth Analysis.

11	10	7	7	8	7	9	8	7	8	7	7	10	10
7	6	5	4	3	2	1	1	2	3	4	5	6	7
7	6	5	4	3	2	1	1	2	3	4	5	6	7
11	11	7	7	6	6	6	6	6	7	8	7	11	11

- Analysis of whole arch.

Particulars	Maxillary	Mandibular
Total tooth material	96	87
Sum of incisors	32	29
Arch Symmetry	Symmetrical	⊣⊢
Arch Shape	U Shape	V Shape
midline	Accurate	⊣⊢
curve of spee	—	2 mm
palatal depth	21 mm	—
crowding	—	
Spacing	—	

Analysis of model in occlusion.

Particular	Right	Left.
Angles molar relation	class II	class II
Canine relation	I	I
Incisor relation	III	III
Proclination	0	0
Overjet	2	2
overbite	openbite	openbite.
midline	accurate	↑
crossbite	present	Absent.

- Diagnosis

Angle's class II malocclusion with crossbite on right side & open bite in anterior region.

C. Indices.

for maxillary arch.

a. Pont's index.

Arch width in premolar region = $32 \times \frac{100}{80} = 40$

Arch width in molar region : $32 \times \frac{100}{64} = 50$

Region	Actual	Calculated	difference
Premolar	39	40	1
Molar	46	50	4

Inference : Expansion is needed.

b. Ashley Howe's Index.

$\frac{43}{96} \times 100 = 44.79$

Inference - a. Non extraction case.

PMBAW (43) > PMD (41) - expansion possible.

- For Mandibular Arch.

a. Nance & Carey's index.

LD.	Calculated	Difference
66	70	4.

Inference : 2nd premolar (5/5) extraction.

3. Bolton's Analysis.

Anterior Ratio = $\frac{37}{47} \times 100 = 78.7$

AR > 77.2

∴ Corrected = $\frac{77.2 \times 47}{100} = 36.28.$

Overall Ratio = $\frac{87}{96} \times 100 = 90.6$

O.R < 91.3

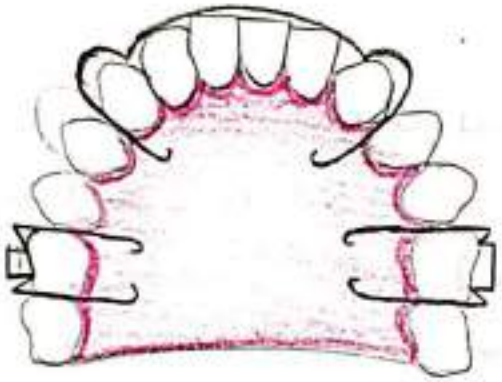
∴ corrected = $\frac{90.6 \times 87}{100} = 78.8$

Inference : overall Max excess = 87-78.8 = 8

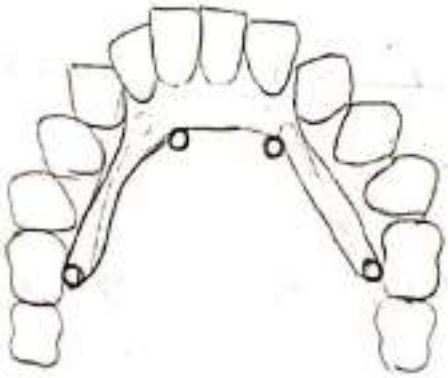
anterior mand excess = 0.7.



Labial Bow



Hawley's Appliance



Quad helix

- Analysis of Space

a. Maxillary arch.

- Space required. = 0.
- Space available = 0.

b. Mandibular arch.

- Space required. = 2.
- Space available = 0. = IPR.

- Treatment Plan.

1. Pre-Orthodontic phase. - Scaling & Polishing
   Filling.
2. Orthodontic Phase

Phase I = expansion / IPR — Quad helix.

Phase II - leveling & alignment — Labial bow
Z-Spring.

phase V = Finishing & detailing — labial bow.

3. Post orthodontic phase.
   - Scaling & polishing
   - Desensitizing toothpaste
   - oral hygiene instruction
   - Follow up.

Model Analysis - 4.

Model No.

- Individual Tooth Analysis.

11	10	7	8	8	8	10	10	8	8	8	7	10	11
7	6	5	4	3	2	1	1	2	3	4	5	6	7
7	6	5	4	3	2	1	1	2	3	4	5	6	7
12	13	8	8	7	6	6	6	5	7	8	8	13	12

- Analysis of Whole arch.

Particulars	Maxillary	Mandibular
Total tooth material	102	96
Sum of incisors	36	24
Arch Symmetry	Symmetrical	⊤
Arch Shape	U	V
Midline	accurate	⊤
Curve of Spee	—	1 mm
Palatal depth	26 mm	—
Crowding	—	2 mm
Spacing.	5 mm	—

- Analysis of Model in occlusion.

Particulars	Right	Left
Angle's Molar relation	Class I	class I
canine relation	I	I
Incisor relation	I	I
proclination	(4-2) = 2	(3-2) = 1
overjet	4	3
overbite	4	4
midline	accurate	—
crossbite.	—	—

- Diagnosis.

Angle's class I malocclusion with proclined upper incisors & crowding in mandibular arch and spacing in maxillary arch.

C. Indices.

- Maxillary arch.

a Pont's index.

Arch width in premolar = $\frac{36 \times 100}{80}$ = 45

Arch width in molar = $\frac{36 \times 100}{64}$ = 40.6

Region	Actual	Calculated	difference
Premolar	47	45	
Molar	51	40.6	

- Inference.

Expansion Not needed

b. Ashley Howe's index.

PMBAW % = $\frac{45}{102} \times 100 = 44.1$

inference = Non extraction case.

- for Mandibular arch.

a. Nance & carey's

LD.	calculated	difference.
70	75	5

Inference = 2nd premolar extraction.

8. Bolton's Analysis.

Anterior ratio = $\frac{88}{52} \times 100 = 73.07$.

Since A.R < 77.2.

Corrected AR = $\frac{52 \times 73.07}{100} = 40.14$.

Overall ratio = $\frac{96}{102} \times 100 = 94.11$

Since O.R > 91.3.

Corrected O.R = $\frac{102 \times 91.3}{100} = 93.12$.

Inference

1. Overall mand excess = 1 mm.

Anterior max excess = 3 mm.

. Analysis of Space.

a. maxillary Arch.

Space Required.

No.	Condition to correct	Amount.
1.	Proclination (4-2) x 2	4.
2.	Anterior rotation	3
	Total	7

Space Available.

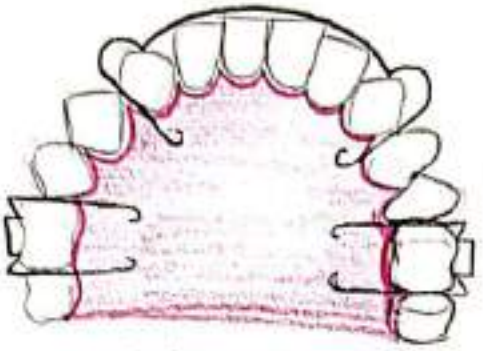
No.	Particulars	Amount.
1.	Interdental Space	5
	Total	5.
∴	IPR	2 mm.

Space required.

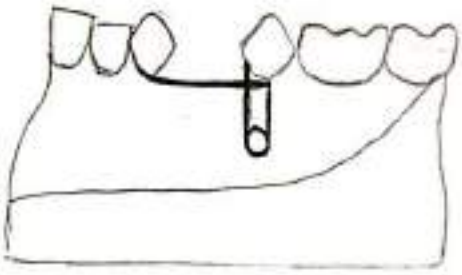
No.	Condition to correct	Amount.
1.	Proclination	1
2	crowding	2
3	curve of spee	2
	Total	5

Space Available. = 0 mm.

∴ IPR = 5 mm



Labial bow



Helical canine Retractor



Begg's wrap around retainer

Treatment Plan.

1. Pre-Orthodontic phase.
   - Scaling & polishing
   - Filling

2. Orthodontic phase.

Phase I - IPR.

Phase II - Leveling & Alignment — labial bow.

III - Canine Retraction — Helical canine retractor.

IV - Incisor Retraction — Labial bow

V. - Finishing & detailing — labial bow.

3. Post orthodontic phase.
   - Scaling & Polishing
   - desensitizing toothpaste.
   - oral hygiene instruction.
   - Follow up.

4. Retention Appliance.
   Begg's Wrap around retainer.

Model Analysis - 5

Case No:

1. Individual Tooth Analysis.

10	10	6	7	9	7	9	9	7	7	7	10	10	
7	6	5	4	3	2	1	1	2	3	4	5	6	7
7	6	5	4	3	2	1	1	2	3	4	5	6	7
10	11	7	7	8	6	6	6	6	8	7	7	11	10

2. Analysis of whole arch.

Particulars	Maxillary	Mandibular
Total tooth material	88	90
Sum of incisors	32	24
Arch of symmetry	Symmetrical	—I—
Arch of shape	U shape	V
mid line	Inaccurate	accurate
curve of spee	—	4 mm
Palatal depth	20 mm	—

- Analysis of models in occlusion.

Particulars	Right	Left.
Angle's molar relation	Class II div II	Class II div II
Canine relation	Class II	-
Incisor relation	class II	Class II
Proclination	—	-
Overjet	0	0
overbite	12	12
midline	inaccurate	-
Cross bite	—	—

. Indices.

a. Pont's index.

Arch width in premolar $\frac{32 \times 100}{80} = 40$

Arch width in molar $\frac{32 \times 100}{64} = 50$

Region	Actual	Calculated	difference
Premolar	34	40	6
Molar	49	50	1

Inference : Since actual value is less than Calculated expansion is needed.

b. Ashley Howe's Index.

PMBAW % = $\frac{44}{88} \times 100 = 50$.

Inference. - Non-extraction case.

b. PMBAW (50) > PMD (40) = expansion possible.

2. For mandibular

a). Nance & Carey's index.

LD.	Calculated	difference
68	78	10

Inference = 1st molar (4/4) extraction.

9. Bolton's Analysis.

Anterior Ratio = $\frac{40}{41} \times 100 = 97.56$

A.R > 77.2.

Corrected A.R = $\frac{77.2 \times 41}{100} = 31.65$.

Overall Ratio = $\frac{90}{88} \times 100 = 102.27$.

O.R > 91.3

Corrected O.R = $\frac{88 \times 91.3}{100} = 80.34$.

Inference.

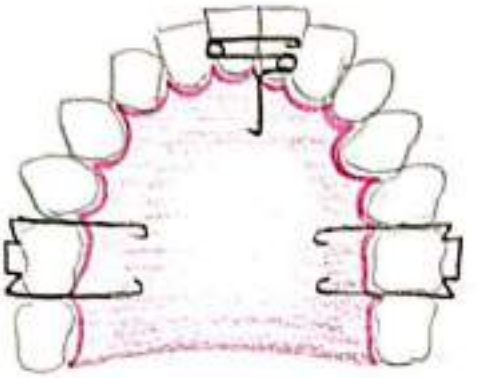
1. Overall mandi excess = 90 - 80.34 = 9.6.
2. Anterior mandi excess = 40 - 31.65 = 8.4.

- Analysis of Space.
- Space Req.

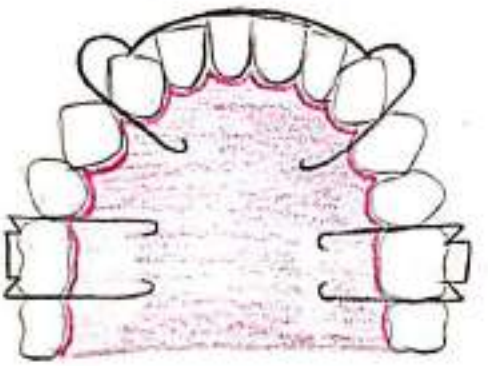
No.	Condition to Correct	Amount.
1	Crowding	1
2	Impacted	9
	Total	10

- Space Available

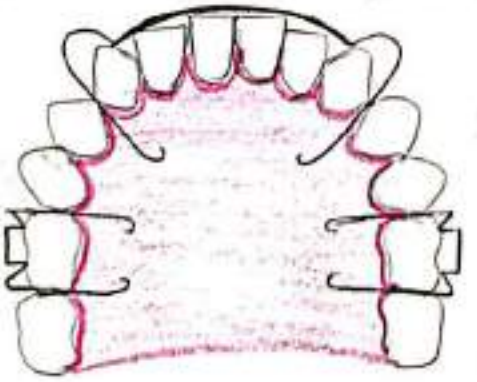
No	Particular	Amount.
1	Interdental Space	2
2	Correction of retroclined Teeth	6 mm
	Total	8



Z spring



Labial bow



Hawley's appliance

IPR = 2 mm.

b. Mandibular Arch.

Space Required.

No.	Condition to Correct	Amount
1	Crowding	3
2.	curve of spee	2
	Total	5

Space Available.

No	Particular	Amount.
1.	other	0

∴ IPR. = 5 mm.

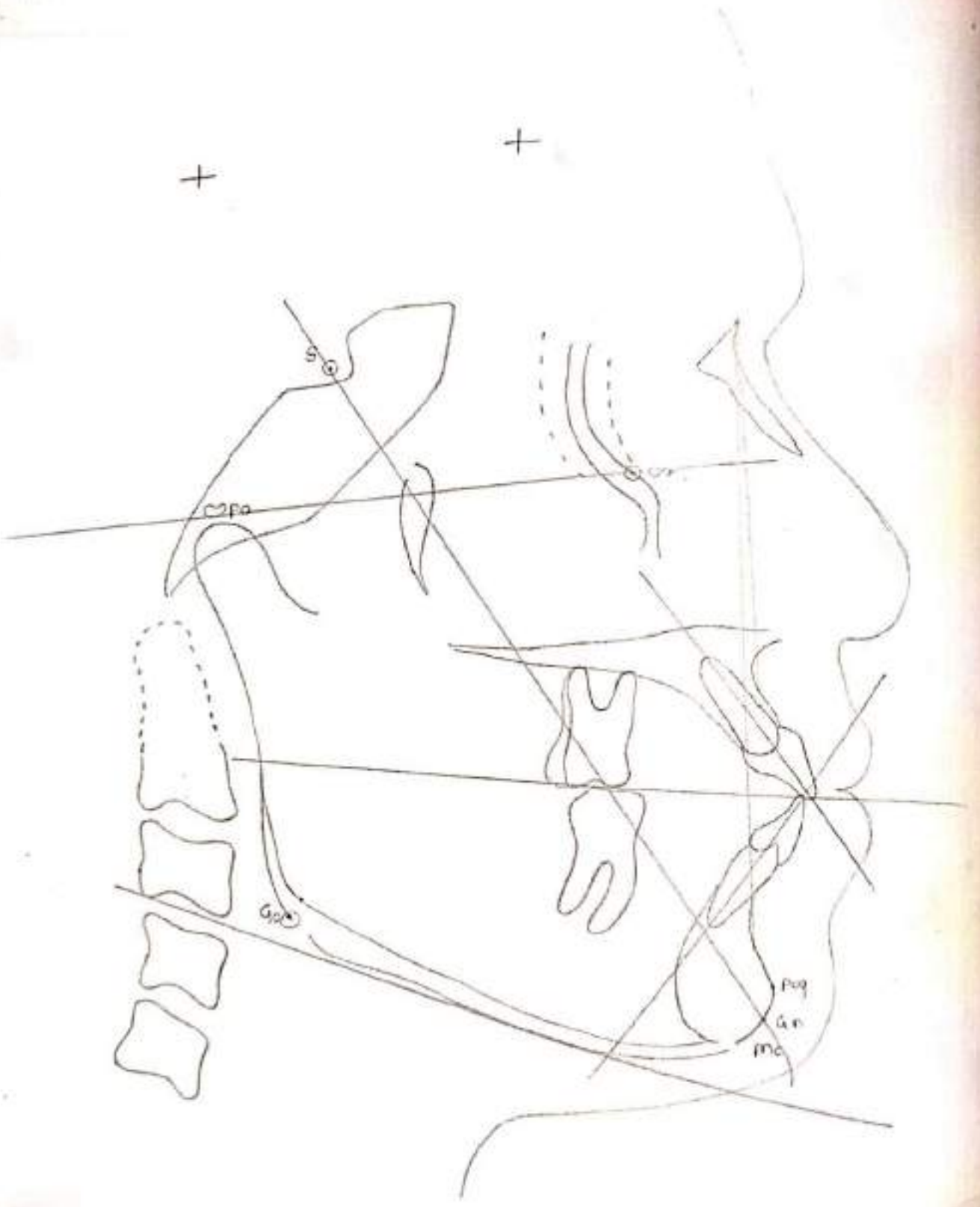
• Treatment Plan.

1. Pre-Orthodontic phase.
   - Scaling & polishing
   - Filling
   - extraction.

2 Orthodontic phase
Phase I - Expansion / IPR
phase II - Leveling & alignment — z Spring.
phase M - Finishing & detailing. — Labial bow

3 Post Orthodontic phase
   - Scaling & polishing
   - Desensitizing toothpaste

- oral hygiene instruction.
- Follow up.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Cephalometric Tracing.
No. 01

. Patient Name : Tushar Salve

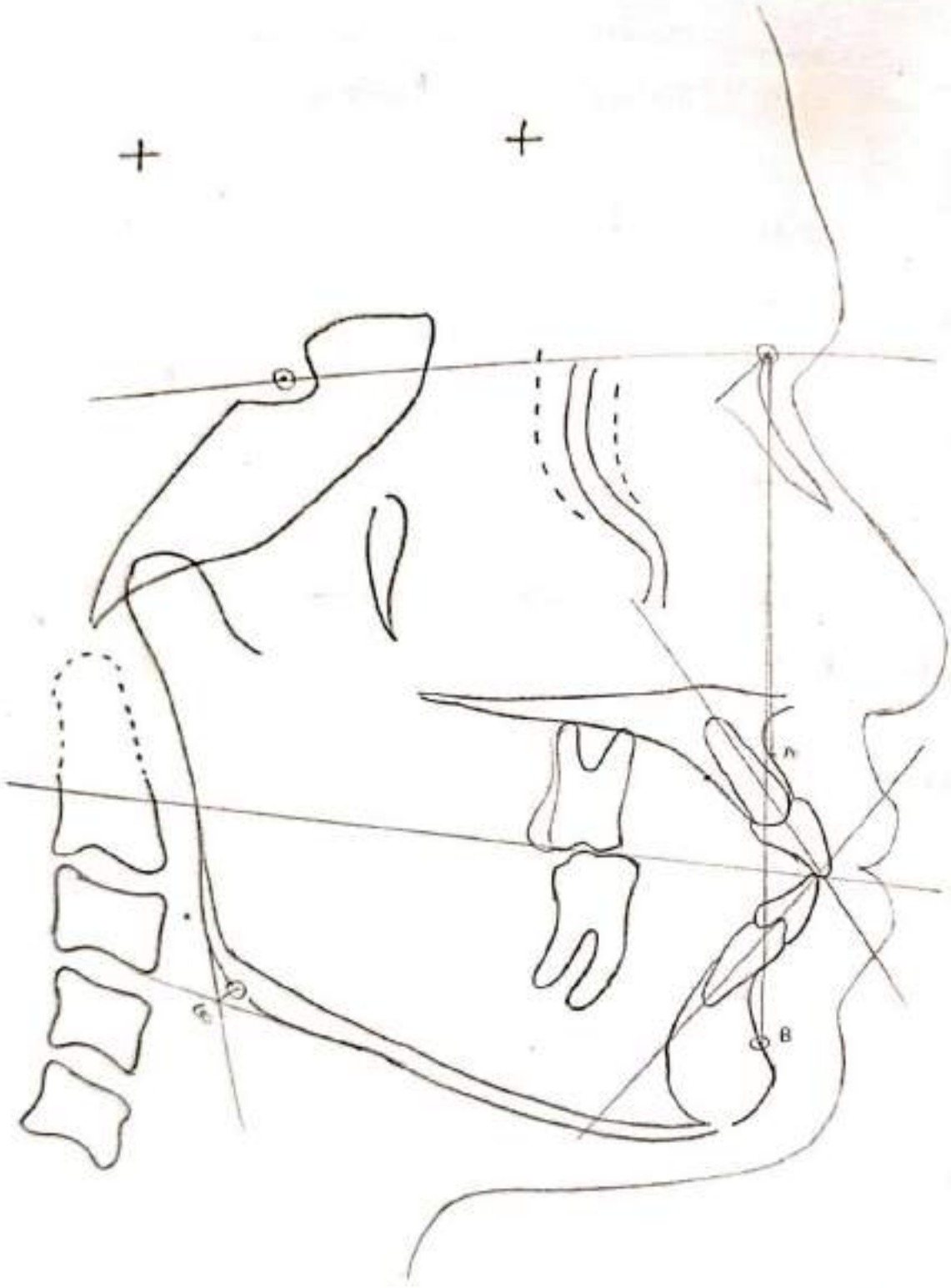
. Down's Analysis.

A] Skeletal.

variable	Mean Value	Acquired value	Interpretation.
Facial Angle	87.8 (82-95)	90°	Average value
Angle of convexity	0 (8.5-10°)	0°	Average
A-B plane Angle	-4.6 (-9 - 0)	4°	Angles Class III Malocclusion.
Mandibular Plane Angle	21.9 (17-28)	17°	Average Value.
Y axis.	59.4 (53-66)	60°	Average Value.

B] Dental

Variable	Mean Value	Acquired Value	Interpretation
Cant of occlusal Plane	9.3 (1.5-14°)	10°	Average
Lower incisor to occlusal plane	14.5° (3.5-20°)	37°	Lower incisor proclination
Lower incisor to mandibular plane	14° (-8.7 to 7°)	40°	Lower incisor proclination
Interincisal angle	130-150°	102°	Class II div 1 malocclusion
Upper incisor to A-pog	2.7 mm (-1 to 5 mm)	7mm	proclined Upper incisor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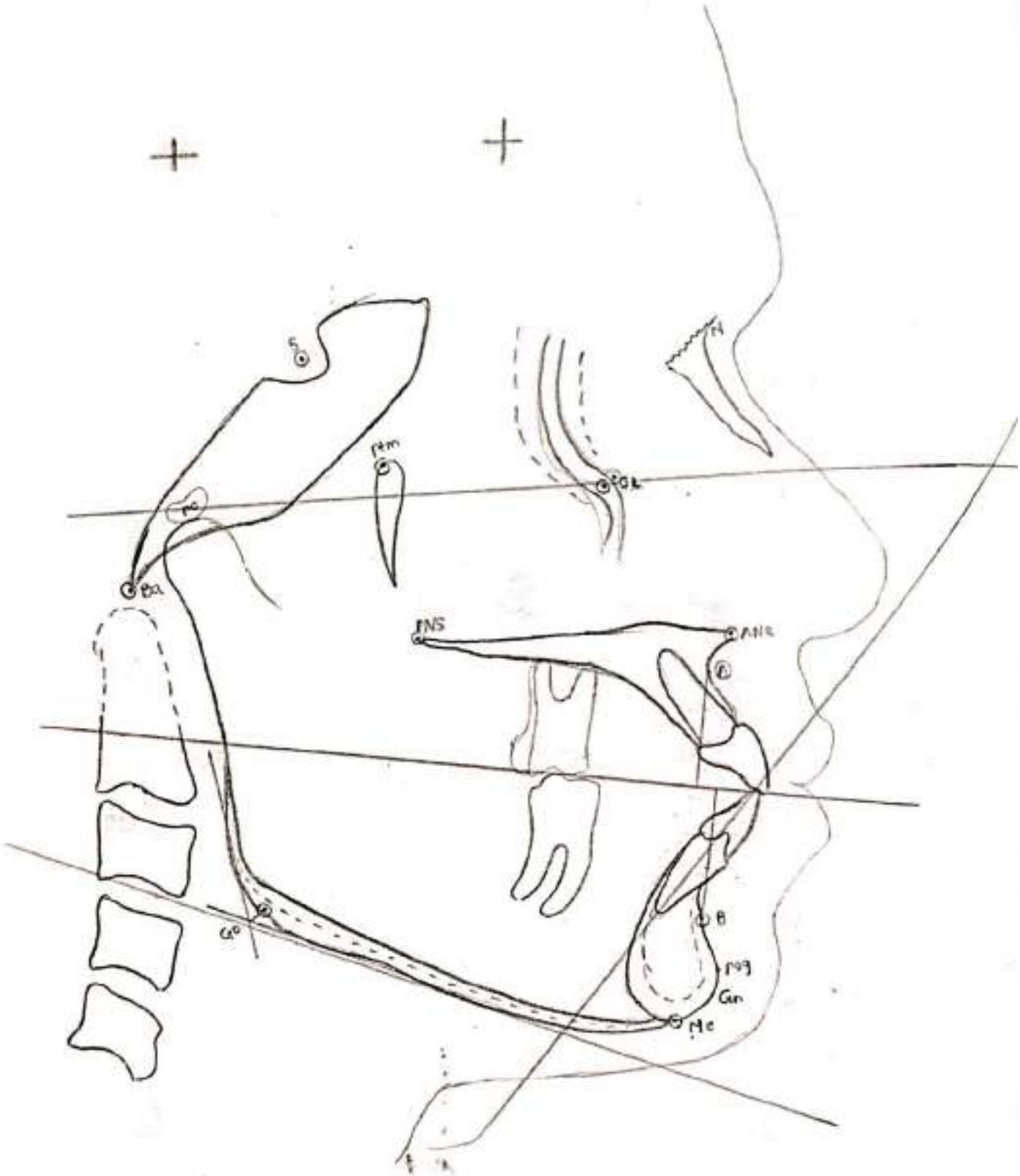
2 Steiner's Analysis

	Variable	Mean	Acquired	Interpretation
A.	Skeletal			
1.	SNA angle	82	88	Prognathic Maxilla class II malocclusion
2.	SNB angle	80	89	Prognathic mandible class III malocclusion.
3.	ANB angle	2°	3°	class II
4.	Occlusal plane angle	14.5	7°	Horizontal growth pattern.
5	Mandibular plane angle	82	15°	Horizontal growth pattern.
B.	Dental.			
1.	Upper incisor-NA	4 mm	5 mm	Proclined upper incisor
2	Upper incisor-NA	22°	32°	Angles class II div I malocclusion
3.	lower incisor-NB	25°	51°	Proclined lower incisor.
4.	lower incisor-NB (Ar Linear).			
5	Interincisal angle	131°	102°	class II div I malocclusion.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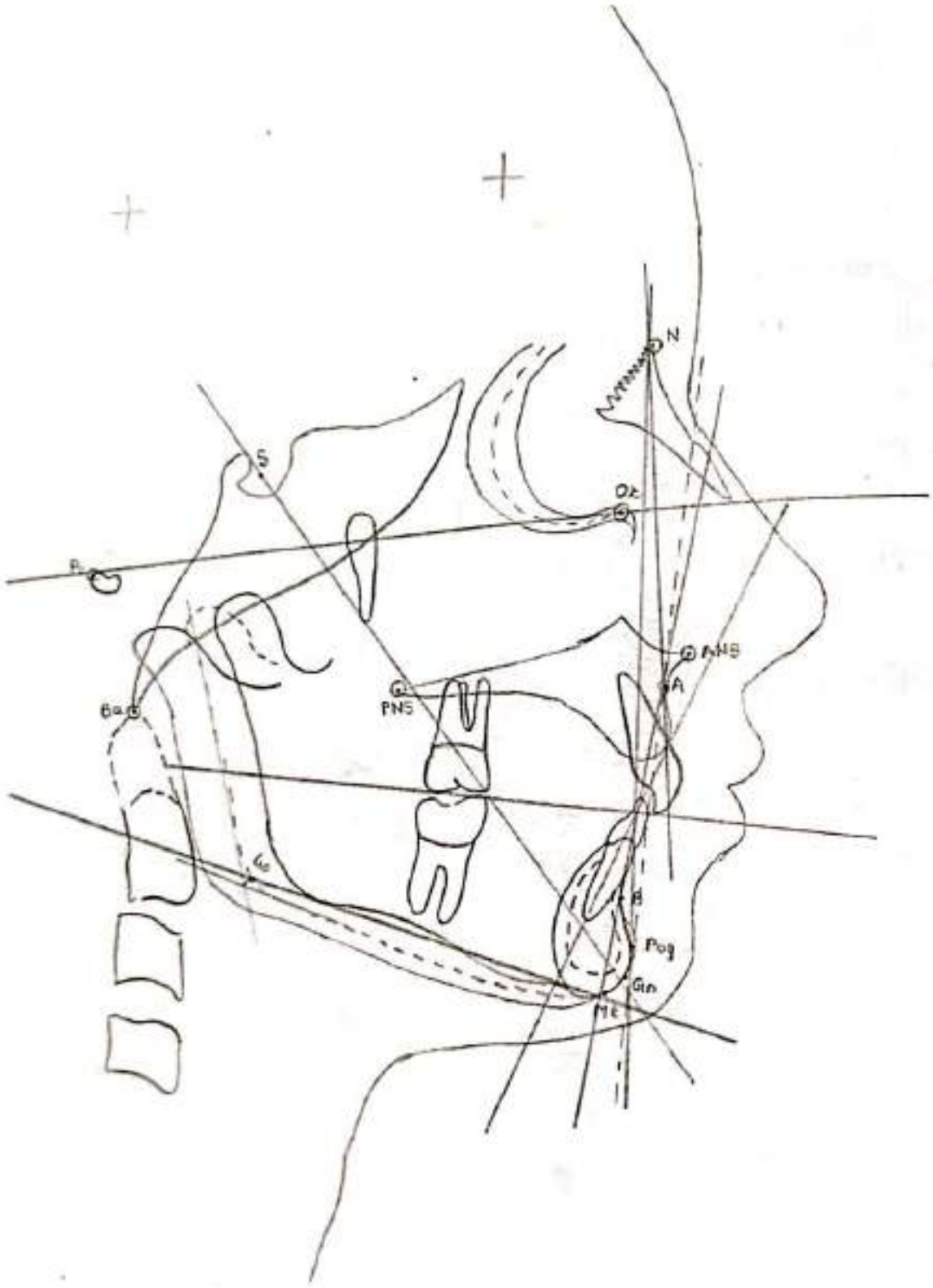
8. Tweeds Analysis

Variable	Mean Value	Acquired Value	Interpretation
Frankfort Mandibular plane angle (FMPA)	25	21	Horizontal Vertical growth pattern.
IMPA	90°	109°	Proclined incisor.
FMIA	65°	50°	Retrognathic mandible.

• Inference.

Class II Malocclusion

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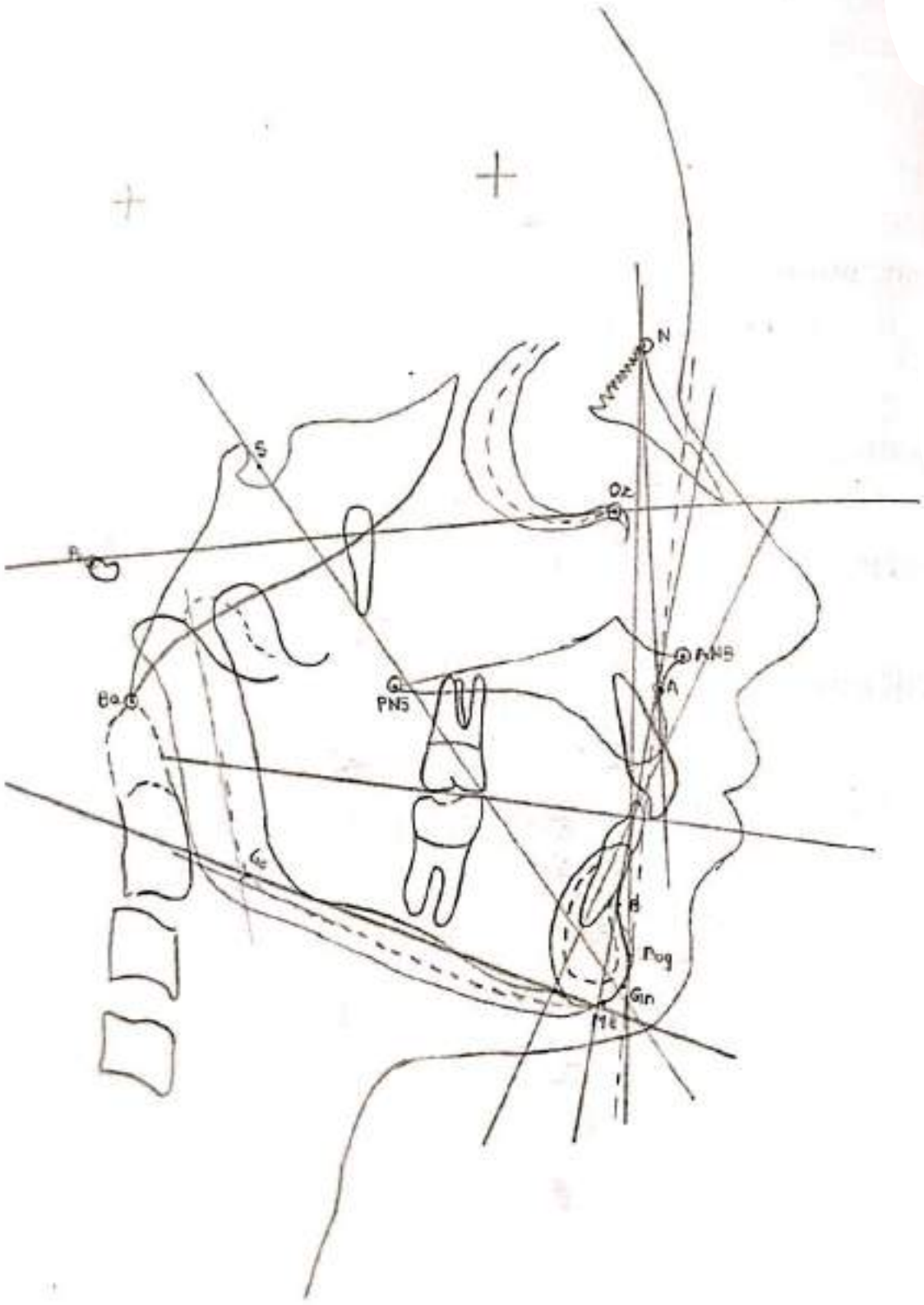
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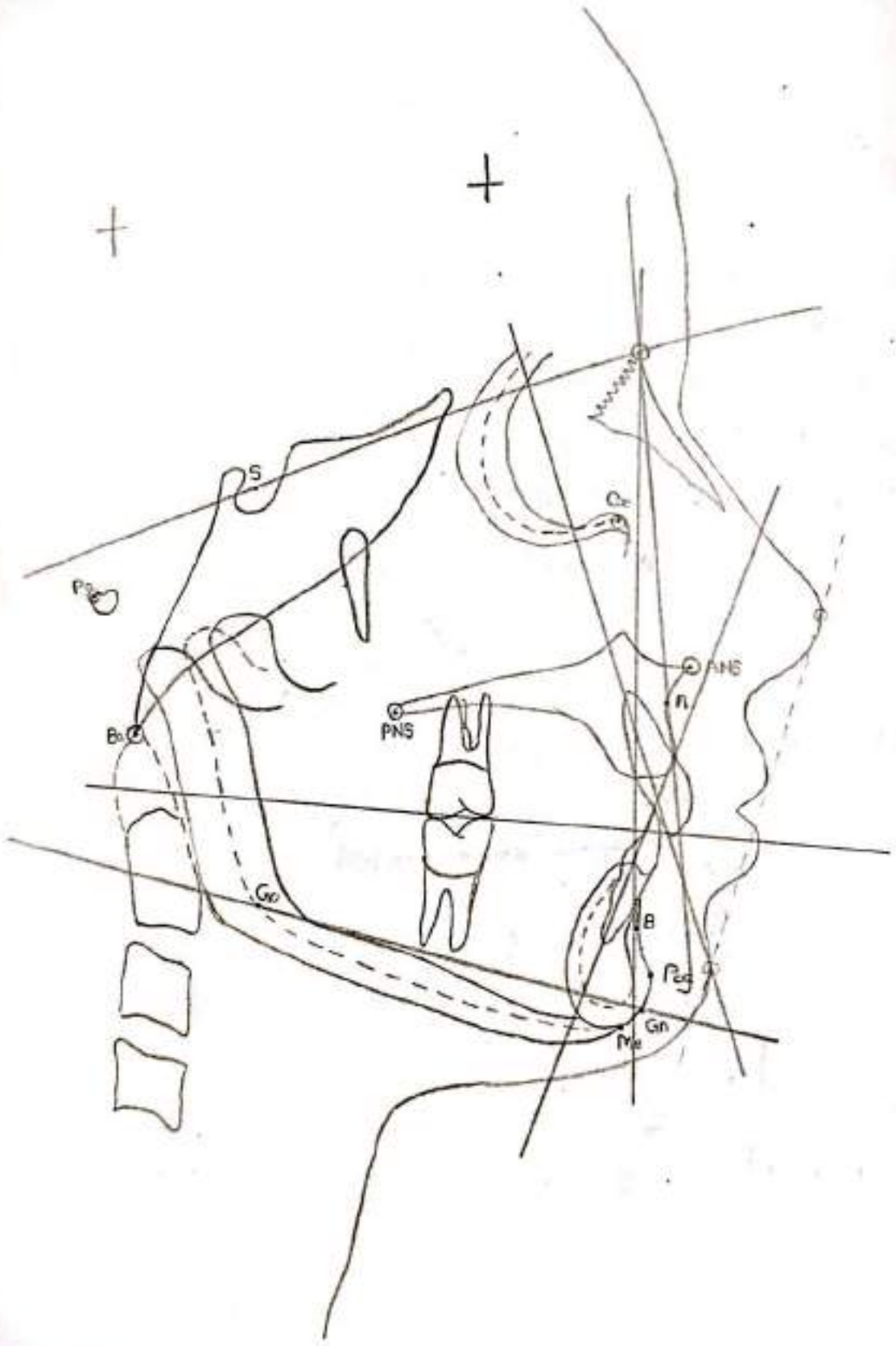
Cephalometric Tracing.

No. 02.

Patient Name - Nitya Thorat

1. Down's Analysis

variable	Mean Value	Articulated Value	Interpretation.
A] Skeletal.			
1. Facial Angle	87.8	86°	Average Prognathic Maxilla
2. Angle of convexity	0°	10°	Convex profile
3. AB plane angle	-4.6°	-6°	Class II pattern
4. Mandibular plane angle	21.9°	28°	Average
5. Y axis	59.4°	58°	Average.
B] Dental.			
1. Cant of occlusal plane	9.3°	11°	Average.
2. Interincisal angle	135.4°	141°	class II div 2
3. Incisor-occlusal Plane angle	14.5°	17°	Average.
4. Incisor-Mandibular Plane angle	1.4°	5°	incisor tipped forward.
5. U1 to A pog linear	2.7 mm	2 mm	Average.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2] Steiner's Analysis.

variable	Mean Value	Articulated Value	Interpretation.
A] Skeletal.			
SNA	82	79°	Prognathic maxilla. Class III tend.
SNB	80	74°	Class II
SND	76	74	Average.
ANB	2°	5°	Class II.
Occlusal plane angle	14.5°	22°	Vertical growth pattern
Mandibular plane angle	32°	23½°	Horizontal growth pattern.
B] Dental			
Ui to NA mm	4 mm	0	Retroclined incisor
Ui to NA angle	22°	12°	Class II div II
Li to NB mm	4 mm	2 mm	Retroclined incisor
Li to NB angle	25°	21°	Class II div II
Li to Ui angle	131°	141°	Retroclination.
Occlusal to SN angle	14°	22°	Class II div II.

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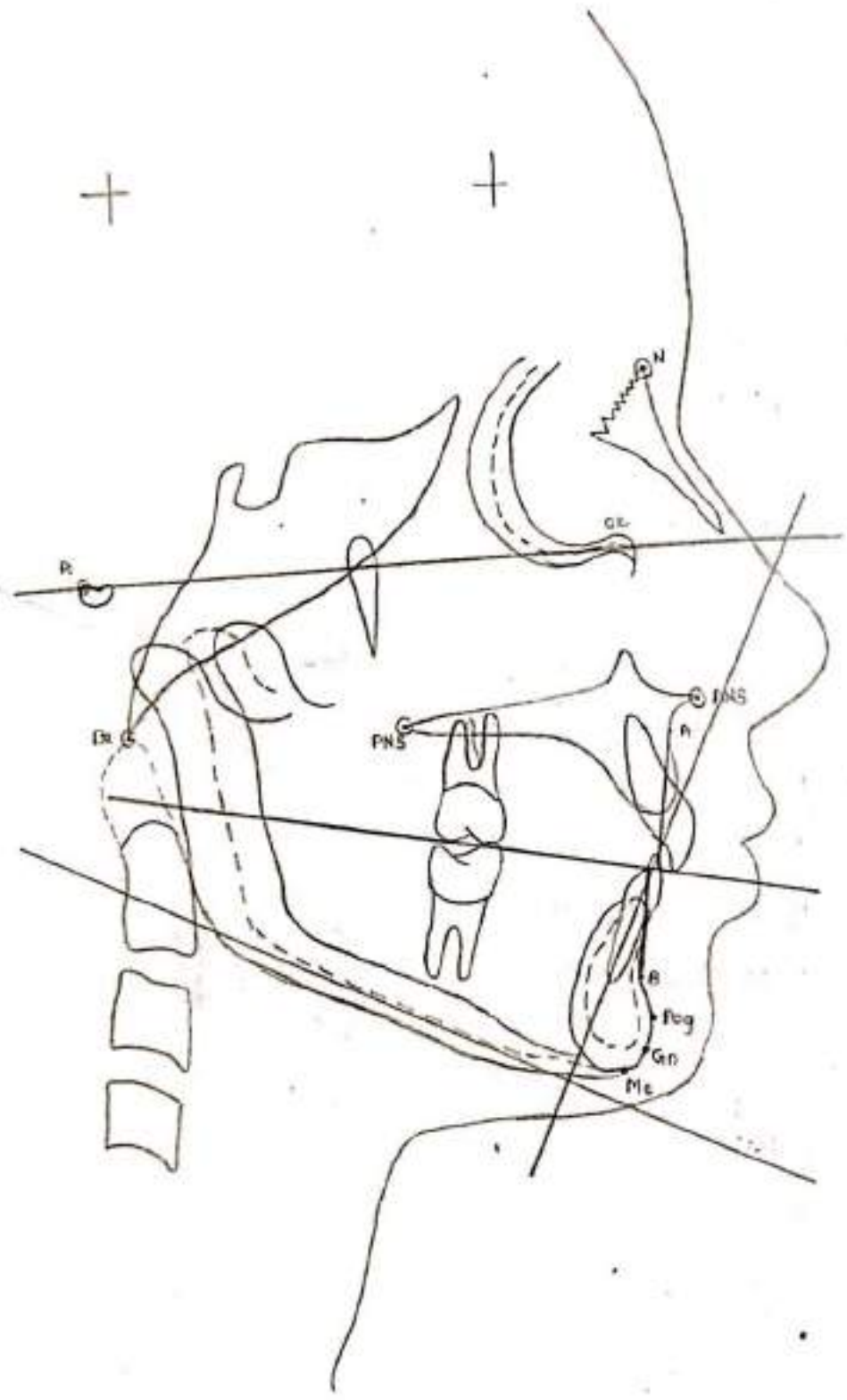


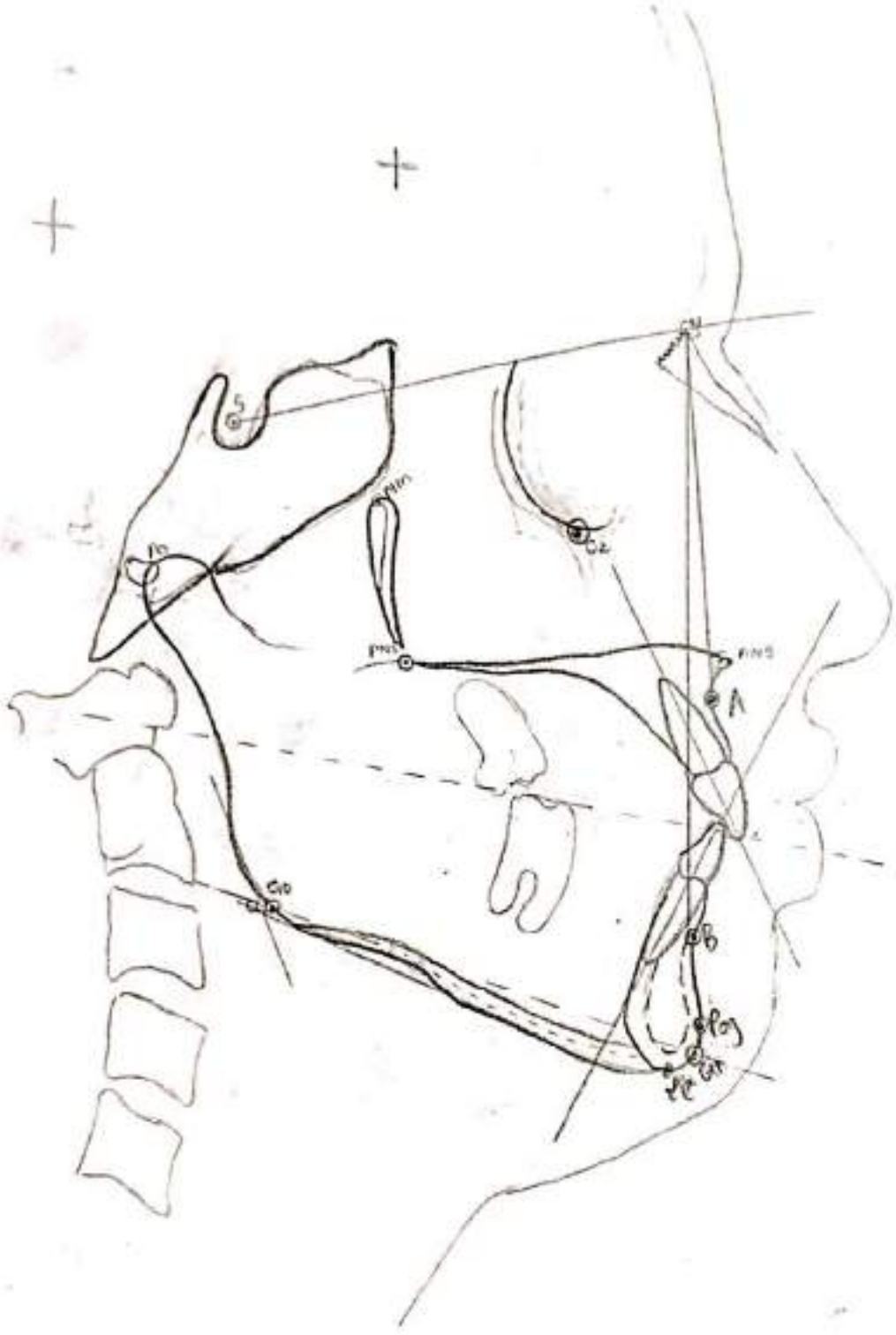
3] Tweeds Analysis.

Variable	Mean Value	Articulated Value	Interpretation
FMPA	25°	24	Horizontal growth.
FMIA	65°	62	Retrognathic mandible
IMPA	90°	94	Retrognathic mandible

4] Witt's Appraisal

Bo - Ao	±1 mm	+1 mm.

Inference = Class II div II malocclusion.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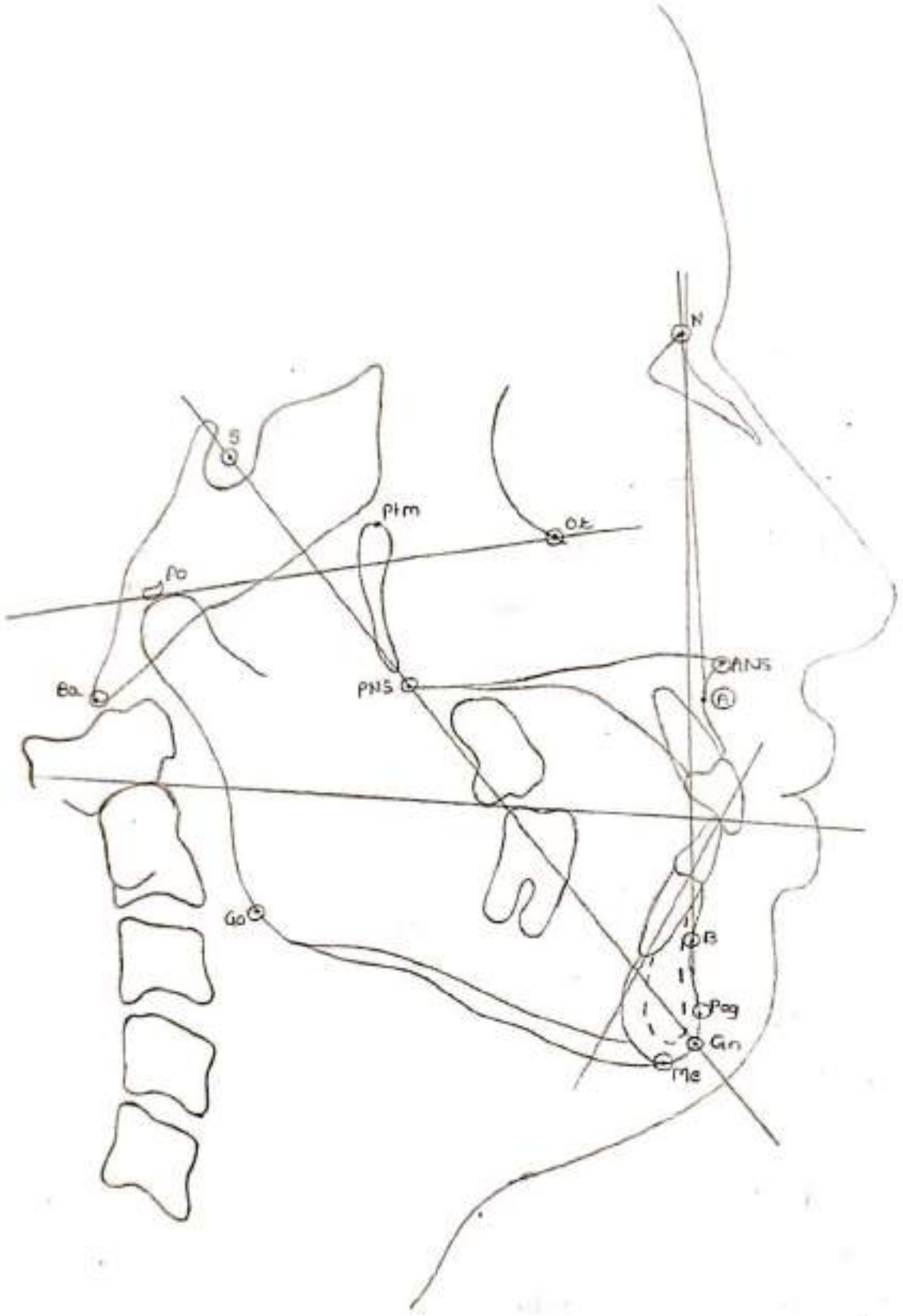
Cephalometric Tracing
NO : 03

Patient Name :

1] Down's Analysis.

Variable	Mean Value	Articulated Value	Interpretation
1. Skeletal			
1. Facial angle	87.8°	92°	class III malocclusion
2. Angle of convexity	0	4°	convex profile.
3. A-B plane angle.	-4.6°	2°	Average
4. Mandibular plane angle.	21.9	20°	Average.
5 Yaxis	59.4	59°	Average
2. Dental.			
1. Cant of occlusal Plane	9.3°	7°	Average.
2. lower incisor to occlusal plane.	14.5°	99°	Forward inclination of incisors.
3. lower incisor to mandibular plane.	14°	107°	Average.
4 Interincisal angle	130-150°	103°	class I bimax class II div I
5 Upper incisor to A-pog.	2.7 mm	8 mm	Average.

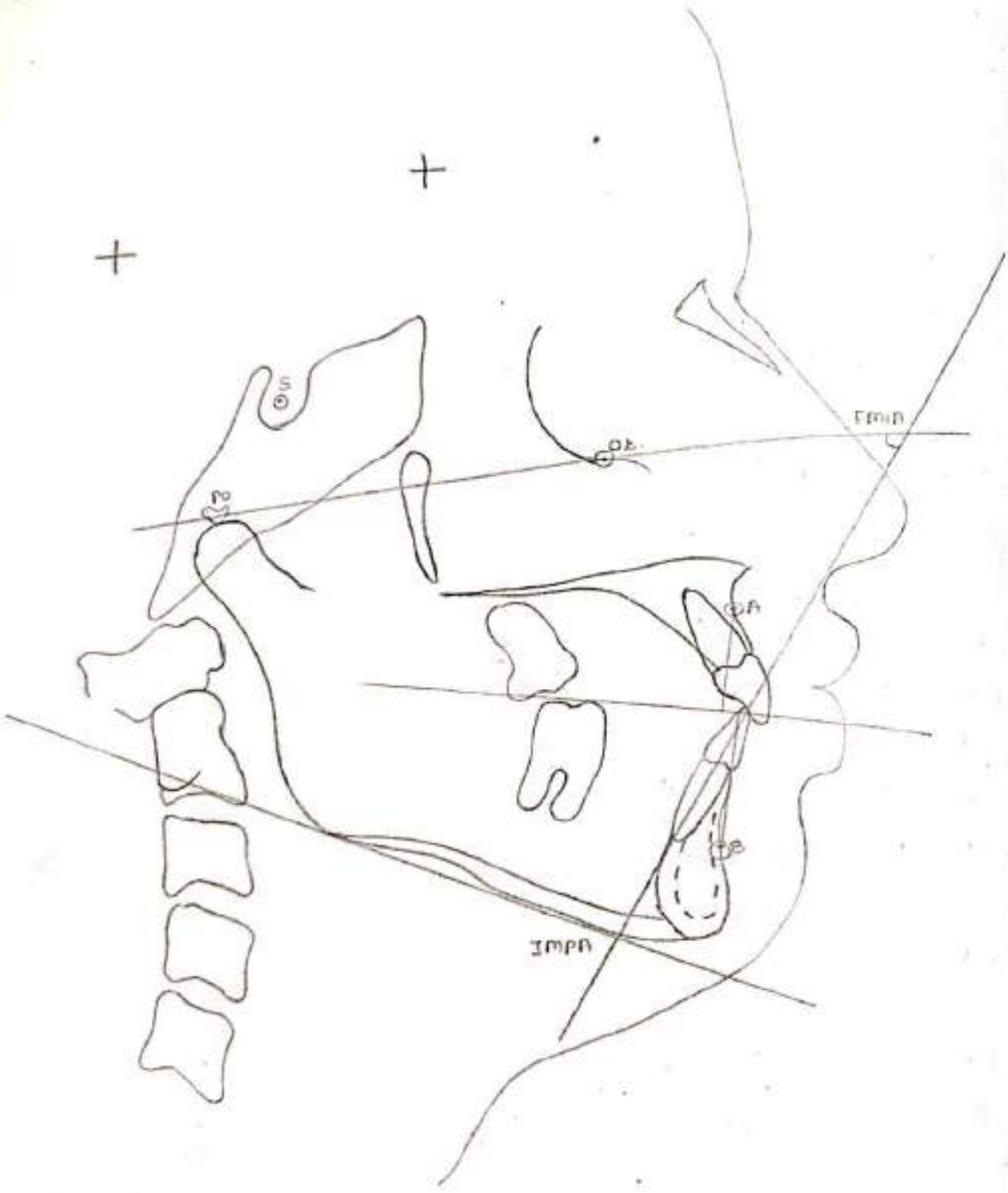
3.2



2] Steiner's Analysis.

Variable	Mean Value	Articulated Value	Interpretation.
A] Skeletal.			
SNA	79	90°	prognathic maxilla class II.
SNB	80	88°	Prognathic mandible. class III.
ANB	2 ± 2	2°	Average.
occlusal plane angle	1		
Mandibular plane angle	14	12°	Horizontal growth pattern.
	32	22°	Horizontal growth pattern.
B] Dental.			
Upper incisor to NA.	22	37°	Proclined upper incisor class II div I
Upper incisor to NA linear	4	8 mm	labially displaced incisors
lower incisor to NB	25	38°	Class II div I.
lower incisor to NB	4	9 mm	labially displaced incis
Interincisal angle	130	110°	proclined upper & lower teeth.
Angles class II		div I	malocclusion

3.3



Tweed's Analysis.

Variable	Mean	Articulated	
FMIA	65.8°	53°	Horizontal growth
IMPA	90°	106°	Retrognathic Mandible
FMPA	25°	21°	Retrognathic mandible

Witt's Appraisal.

A0 - B0 = +2 mm

Angle's class II malocclusion.

PROFESSOR & HEAD
Dept. of Orthodontics
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

"HOLISTIC HEALTH"

Department Of Public Health Dentistry

PRACTICAL REORD BOOK

CERTIFICATE

Mr./Ms. UMMAY KULSUM PAKAWALA

Roll No. 43187 *has Attended and Completed all*

The Practicals Recorded in this Journal.

Date : 20/8/22

Signature of The Staff In-charge

Signature of The Head of Dept.

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charholi (Bk), Via Lohegaon, Pune - 412105

Signature of External Examiner

INSTRUCTIONS FOR STUDENTS

1. Regular attendance in theory and clinics is mandatory.

2. All students are instructed to report with adequate instruments before commencement of clinics.

3. Clean aprons that are fully buttoned and name plates are compulsory for all students.

4. Without prior permission student should not remain absent from the department.

5. Students should have sufficient theoretical knowledge before starting any indices.

6. Clinical internal assessment examinations will be conducted during specified period only.

7. All the assigned academic work should be completed by the end of the posting.

8. Students should maintain discipline and learn to be ethical and moral.

YOU CAN PREPARE FOR ANY CHALLENGE, IF YOU DAILY NURTURE YOUR MENTAL, EMOTIONAL, PHYSICAL AND SPIRITUAL WELL-BEING

LAILAH GIFTY AKITA

LIST OF INSTRUMENTS

1. Probes – straight, William's graduated probe, CPI-Probe.
2. Mouth mirrors – 2.
3. Kidney tray.
4. Observation Book.
5. Record Book.
6. Sterilized Gloves.
7. Chip Blower.
8. Color Pencils.
9. Mouth Mask.

A DOCTOR IS A STUDENT TILL HIS DEATH. WHEN HE FAILS TO BE A STUDENT HE DIES.

-SIR WILLIAM OSLER

CLINICAL / PRACTICAL TRAINING PROGRAMME:

I. A student is supposed to complete the practical and clinical exercises as according to the quota prescribed below.

I. Clinical training assignment:

Name of the exercise:	No of cases
1) WHO oral health assessment form	5
2) Comprehensive oral/ Dental health planning----------	5
3) Indices	
A) OHI	2
B) OHI-S	4
C) DMFT	4
D) DMFS	
E) DENTITION STATUS AND TREATMENT NEEDS	4
F) CPI	2
G) CPITN	2
H) RUSSEL'S PERIONDONTAL INDEX	2
I) DEAN'S FLUOROSIS INDEX	3

II. FIELD PROGRAMMES:

A) School screening camps
B) A visit to water purification plant – A Report
C) A visit to primary health center-----A Report
D) Survey

III. PRACTICALS

A) Seminars
B) Health talk
C) Project work (Model / chart / slides / power point presentations)

Duly signed Record book should be submitted to the Department within the stipulated period as instructed by the Department.

Case History

NAME: Priya Sharma **DATE:**

AGE: 29 **CASE No:**

GENDER: Female

RELIGION: Hindu

MARITAL STATUS: Unmarried

PLACE OF BIRTH: Pune

RESIDENCE IN EARLY CHILDHOOD: Kharadi, Pune

SOURCE OF WATER IN EARLY YEARS OF CHILDHOOD: Tap water

EDUCATION: B com

OCCUPATION: Accountant

INCOME: Rs 35,000

NUMBER OF FAMILY MEMBERS: 4

SOCIO ECONOMIC STATUS: Upper middle
(modified Kuppuswamy socioeconomic scale 2020)

RESIDENTIAL ADDRESS:
16, Rose apartment, Lohegaon, Pune

CHIEF COMPLAINT: Patient complains of having pain in upper right back region of jaw since 8 days

HISTORY OF PRESENTING ILLNESS: Pain in upper right back region of jaw since 8 days : It aggravates on eating & drinking cold drinks & continue for 10- 15 minutes. Patient experience throbbing & localized pain

MEDICAL HISTORY:
No relevant history

THE SLIMY GROWTH COVERING THE SURFACE OF THE SAND BED IS KNOWN AS SCHMUTZDECKE/VITAL LAYER OR BIOLOGICAL LAYER

FAMILY HISTORY: No relevant history

PERSONAL HISTORY:

A. HABITS RELATED TO THE ORAL CAVITY:

	Number	Frequency	Duration
Pan chewing-	–	–	–
Smoking-	–	–	–
Alcohol-	–	–	–

No relevant history

B. OTHER HABITS:	**Number**	**Frequency**	**Duration**
Thumb sucking-	–	–	–
Tongue thrusting-	–	–	–
Mouth breathing-	–	–	–
Nail/object biting-	–	–	–
Bruxism-	–	–	–

No relevant history

C. ORAL HYGIENE PRACTICES-

Type of Tooth Brushing: Horizontal/Circular/Vertical

Materials Used For Tooth Brushing: Tooth Brush and Tooth Paste

Tooth Brush and Tooth Powder

Fingers and Indigenous Materials

Frequency of Tooth Brushing: Once/Twice Daily ✓

Timing of Tooth Brushing: Once/Twice
Morning
Before Bed
Both ✓

Any Other Oral Hygiene Aids:

D. DIET HISTORY:

TYPE OF DIET- Veg

24 HOURS DIET CHART

TIME	DIET
8:00 am	Tea with sugar
10:00 – 10:30 am	Breakfast - Poha
1:00 – 2:00 pm	Lunch - (Roti, Sabzi & rice)
6:00 pm	Tea with sugar
8:30 – 9:00 pm	Dinner (Roti, dal & rice)

SUGAR INTAKE:

FREQUENCY- Twice a day
CONSISTENCY- Liquid
TIMING OF INTAKE- Throughout the day
SUGAR SCORE- 10 → Good (5×2 = 10)

< 5- Excellent

>10- Good

>15- Watch Out Zone

THE SAND GRAINS HAVE AN EFFECTIVE DIAMETER BETWEEN 0.2 TO 0.3 mm IN SLOW SAND FILTERS

GENERAL PHYSICAL EXAMINATION:

BUILT-
WEIGHT= 52 kg
HEIGHT= 5'1 inch
BODY MASS INDEX=

GAIT- Normal

POSTURE- Erect

PULSE- 72 beats per minute

TEMPERATURE- Afebrile

ANAEMIA- Not present

ICTERUS- Not seen

CYANOSIS- Not seen

EXTRA-ORAL EXAMINATION:

FACIAL SYMMETRY- Bilaterally symmetrical

TEMPEROMANDIBULAR JOINT- Bilaterally synchronous movement of TMJ, no deviation & no clicking sound

LYMPH NODES- Non palpable, no abnormality seen in submandibular & sublingual lymph nodes

INTRA-ORAL EXAMINATION:

I. SOFT TISSUE EXAMINATION:

LABIAL MUCOSA- Normal

BUCCAL MUCOSA- Normal

TONGUE- Normal

PALATE- Normal

THE MINIMUM RECOMMENDED CONCENTRATION OF FREE CHLORINE IN DRINKING WATER IS 0.5 mg/liter FOR ONE HOUR

FLOOR OF THE MOUTH- Normal

GINGIVA:

COLOR- Pink

SIZE- Normal

SHAPE/CONTOUR- Scalloped

CONSISTENCY- Firm & resilient

SURFACE TEXTURE- stippling present

POSITION- At CEJ

BLEEDING ON PROBING- Not seen

PERIODONTAL EXAMINATION:

PERIODONTAL POCKETS- Not seen

FURCATION INVOLVEMENT- Not seen

TOOTH MOBILITY- Not seen

II. HARD TISSUE EXAMINATION:

NUMBER OF TEETH PRESENT- 27

TEETH PRESENT- 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7
7 6 5 4 3 2 1 | 1 2 3 4 6 7

TEETH CLINICALLY ABSENT-

DENTAL CARIES- 6 | 12 + 5

TENDERNESS ON PERCUSSION- positive = 16

FILLED TEETH- Not present

THE SUM OF THE CHLORINE DEMAND OF THE WATER PLUS THE FREE RESIDUAL CHLORINE IS 0.5 mg/lt

FRACTURED TEETH- Not seen

FLUOROSIS / ENAMEL HYPOPLASIA- Not seen

MALOCCLUSION- Class I malocclusion

WASTING DISEASES-

Attrition: Not seen

Abrasion: Not seen

Erosion: Not seen

TRAUMA FROM OCCLUSION- Not seen

ANY PROSTHESIS- Not present

STAINS AND CALCULUS- Not seen

PROVISIONAL DIAGNOSIS: 1) Apical periodontitis $\bar{c}$ 16
2) Partially edentulous arch ($\bar{c}$ 35)
3) Chronic irreversible pulpitis $\bar{c}$ 21, 22

INVESTIGATIONS:
IOPA $\bar{c}$ 6 | 12

DIAGNOSIS: 1) Apical periodontitis secondary to deep occusal caries $\bar{c}$ 16
2) Partially edentulous arch ($\bar{c}$ 35)
3) Chronic irreversible pulpitis $\bar{c}$ 21, 22

TREATMENT PLAN:
1) RCT $\bar{c}$ 1, 6 & crown $\bar{c}$ 16
2) RCT $\bar{c}$ 21, 22 & crown $\bar{c}$ 21 & 22
3) Implant or bridge $\bar{c}$ 35

EMERGENCY TREATMENT:

LEVELS OF PREVENTION

1. PRIMARY

A .Health Promotion: (1) Oral hygiene technique - modified bass technique
Time - 2-3 min less sucrose diet
(2) Diet counselling - rinsing of mouth after every meal

THE HEAT PRODUCED DURING COMPOSTING IS 60 DEGREE

B. Specific Protection: Oral prophylaxis

2. SECONDARY:

A. Early Diagnosis & Prompt Treatment:

3. TERTIARY:

A. Disability Limitation:
Root canal treatment $\bar{C}$ 16
Root canal treatment $\bar{C}$ 21, 22

B. Rehabilitation:
Crown $\bar{C}$ 16, 21, 22
Bridge or implant $\bar{C}$ 35

PERIODIC RECALL AND CHECK UP
After 3 months

STUDIES TO SHOW THE RELATIONSHIP BETWEEN SUGAR INTAKE AND DENTAL CARIES

1) VIPEHOLM STUDY(Gustaffson et al 1955)
2) HOPEWOOD HOUSE STUDYTURKU SUGAR STUDY (Sullivan and Harris 1958)
3) TURKU SUGAR STUDY (Scheinin and Makinen 1975)
4) TRISTAN DA CUNHA STUDY
5) HEREDITARY FRUCTOSE INTOLERANCE

Case History

NAME: Sumedha Dhole

DATE:

CASE No:

AGE: 24

GENDER: Female

RELIGION: Hindu

MARITAL STATUS: Unmarried

PLACE OF BIRTH: Pune

RESIDENCE IN EARLY CHILDHOOD: Ahmednagar

SOURCE OF WATER IN EARLY YEARS OF CHILDHOOD: Municipality water

EDUCATION: Engineering

OCCUPATION: Student

INCOME: 1 Lakh

NUMBER OF FAMILY MEMBERS: 5

SOCIO ECONOMIC STATUS: upper middle class
(Modified Kuppuswamy socioeconomic scale 2020)

RESIDENTIAL ADDRESS:
Shrihans Nagar, Pune

CHIEF COMPLAINT: Patient complains of malaligned teeth in lower & upper front region of jaw since 3 years

HISTORY OF PRESENTING ILLNESSS: Patient was apparently asymptomatic 3 years back. Then she noticed malaligned teeth in upper & lower front region of jaw.

MEDICAL HISTORY:

No relevant history

1ST DECEMBER – ANTI AIDS DAY

DENTAL HISTORY/EXPERIENCE: Patient had undergone orthodontic treatment 8-9 years back
- Composite restoration on 46, 3 months back

FAMILY HISTORY:
No relevant history

PERSONAL HISTORY:

A. HABITS RELATED TO THE ORAL CAVITY:

	Number	Frequency	Duration
Pan Chewing-	–	–	–
Smoking-	–	–	–
Alcohol-	–	–	–

No relevant history

B. OTHER HABIT

	Number	Frequency	Duration
Thumb Sucking-	–	–	–
Tongue Thrusting-	–	–	–
Mouth Breathing-	–	–	–
Nail/Object Biting-	–	–	–
Bruxism-	–	–	–

No relevant history

C. ORAL HYGIENE PRACTICES-

Type of Tooth Brushing: Horizontal / Circular / Vertical

Materials Used For Tooth Brushing: Tooth Brush and Tooth Paste
Tooth Brush and Tooth Powder
Fingers and Indigenous Materials

Frequency of Tooth Brushing: Once/Twice Daily

1ST JULY= DOCTORS DAY

Timing of Tooth Brushing: Once/Twice ✓
Morning
Before Bed
Both

Any Other Oral Hygiene Aids: None

D. DIET HISTORY:

TYPE OF DIET- Non Veg

24 HOURS DIET CHART

TIME	DIET
9:00 am	Tea with sugar
10 am	Idli
2pm	Dosa
5-6 pm	snacks
8-9 pm	Rice

SUGAR INTAKE:

FREQUENCY- 1
CONSISTENCY- Liquid
TIMING OF INTAKE- morning
SUGAR SCORE: 5

< 5- Excellent ✓

>10- Good

>15- Watch Out Zone

ANTI DRUG ADDICTION DAY -2ND OCTOBER

GENERAL PHYSICAL EXAMINATION:

BUILT-

WEIGHT= 46 kg
HEIGHT= 5 feet 3 inches
BODY MASS INDEX=

GAIT- Normal

POSTURE- Erect

PULSE- Normal

TEMPERATURE- Afebrile

ANAEMIA- Not seen

ICTERUS- Not seen

CYANOSIS- Not seen

EXTRA-ORAL EXAMINATION:

FACIAL SYMMETRY- Bilaterally symmetrical

TEMPERMANDIBULAR JOINT- Bilaterally synchronous with no deviation on either side without clicking sound

LYMPH NODES- Submandibular – non palpable
Submental – non palpable

INTRA-ORAL EXAMINATION:

I. SOFT TISSUE EXAMINATION:

LABIAL MUCOSA- Normal

BUCCAL MUCOSA- Normal

TONGUE- Normal

PALATE- Normal

FLOOR OF THE MOUTH- Normal

GINGIVA:

COLOR-

SIZE- Normal

SHAPE/CONTOUR- scalloped

CONSISTENCY- Firm & resilient

SURFACE TEXTURE- Stippling

POSITION- At CEJ

BLEEDING ON PROBING- Not seen

PERIODONTAL EXAMINATION:

PERIODONTAL POCKETS- Not seen

FURCATION INVOLVEMENT- Not seen

TOOTH MOBILITY- Not seen

II. HARD TISSUE EXAMINATION:

NUMBER OF TEETH PRESENT- 28

TEETH PRESENT- 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

TEETH CLINICALLY ABSENT- 5 | 5
5 | 5

DENTAL CARIES- 8 | 7 8
8 | C 8

TENDERNESS ON PERCUSSION- negative

FILLED TEETH- | 6

FRACTURED TEETH- Not seen

WORLD ORAL HEALTH = 20TH MARCH

FLUOROSIS / ENAMEL HYPOPLASIA- Not seen

MALOCCLUSION- Angle's class I malocclusion o

WASTING DISEASES-

Attrition: Not seen

Abrasion: Not seen

Erosion: Not seen

TRAUMA FROM OCCLUSION- Not seen

ANY PROSTHESIS- Not seen

STAINS AND CALCULUS- Antrior $\bar{C}$ (31, 32, 41, 42)

PROVISIONAL DIAGNOSIS: 1) Angle's class I malocclusion Antrior crowding on mandibular & maxillary
2) Dental caries $\bar{C}$ 18, 27, 28, 36, 38, 48
3) Chronic generalized gingivitis $\bar{C}$ 31, 32, 41, 42

INVESTIGATIONS:
OPG & lateral cephalogram

DIAGNOSIS: 1) Anterior crowding w/ Angle's class I malocclusion
2) Dental caries $\bar{C}$ 18, 27, 28, 36, 38, 48
3) Chronic localized gingivitis $\bar{C}$ 31, 32, 41, 42

TREATMENT PLAN: 1) Orthodontic treatment
2) Restoration $\bar{C}$ 18, 27, 28, 26, 36, 38, 48
3) Scaling $\bar{C}$ 31, 32, 41, 42

EMERGENCY TREATMENT:

LEVELS OF PREVENTION

1. **PRIMARY**

A .Health Promotion: Brushing technique & duration (2-3 times) floss & mouthwash
Diet counselling - low intake of sucrose

B. Specific Protection:
Oral prophylaxis

EPIDEMIOLOGY WORD DERIVED FROM EPIDEMIC
EPI –AMONG. DEMOS-PEOPLE. LOGOS-STUDY

2. **SECONDARY:**

A. Early Diagnosis & Prompt Treatment:

- Restoration : 16, 17, 27, 28, 36, 37, 38, 46, 48

3. **TERTIARY:**

A. Disability Limitation: Orthodontic treatment

B. Rehabilitation: -

PERIODIC RECALL AND CHECK UP

Follow up after 3 months

CRITICAL PH OF SALIVA FOR INITATION OF DEMINERALISATION OF TOOTH IS 5.2 TO 5.5

Case History

NAME: Jayshree Motinge DATE:

AGE: 21 CASE No:

GENDER: Female

RELIGION: Hindu

MARITAL STATUS: Married

PLACE OF BIRTH: Jalgaon

RESIDENCE IN EARLY CHILDHOOD: Jalgaon

SOURCE OF WATER IN EARLY YEARS OF CHILDHOOD: Well water

EDUCATION: 12th

OCCUPATION: Unemployed

INCOME: 20,000

NUMBER OF FAMILY MEMBERS: 3

SOCIO ECONOMIC STATUS: upper lower
(modified Kuppuswamy socioeconomic scale 2020)

RESIDENTIAL ADDRESS:
Kale colony, Akandi

CHIEF COMPLAINT: Patient complains of pain in lower back region on left side for 10 days

HISTORY OF PRESENTING ILLNESSS: Patient was asymptomatic 10 days back but then started feeling pain in lower back region on left side of jaw while eating or drinking cold or hot

IMMUNOGLOBULIN IgA IS USED IN CARIES VACCINE

MEDICAL HISTORY:

No relevant history

DENTAL HISTORY/EXPERIENCE:

No relevant history

FAMILY HISTORY:

No relevant history

PERSONAL HISTORY:

A. HABITS RELATED TO THE ORAL CAVITY:

	Number	Frequency	Duration
Pan Chewing-	–	–	–
Smoking-	–	–	–
Alcohol-	–	–	–

No deliterious habits reported

B. OTHER HABITS:

	Number	Frequency	Duration
Thumb Sucking-	–	–	–
Tongue Thrusting-	–	–	–
Mouth Breathing-	–	–	–
Nail/Object Biting-	–	–	–
Bruxism-	–	–	–

No relevant habit

DENTAL PLAQUE CONTAINS IN ORDER OF 108 ORGANSIMS/ mg wet weight

C. ORAL HYGIENE PRACTICES-

Type of Tooth Brushing: **Horizontal / Circular / Vertical**

Materials Used For Tooth Brushing: Tooth Brush and Tooth Paste ✓
Tooth Brush and Tooth Powder
Fingers and Indigenous Materials

Frequency of Tooth Brushing: **Once/Twice Daily**

Timing of Tooth Brushing: **Once/Twice**
Morning
Before Bed
Both ✓

Any Other Oral Hygiene Aids: None

D. DIET HISTORY:

TYPE OF DIET- Veg

24 HOURS DIET CHART

TIME	DIET
8 am	Tea with sugar & biscuit
12 pm	lunch (chapatti & rice)
5 pm	Tea with sugar
9 pm	Dinner (Chapatti & rice)

THE PRINCIPAL CARIOGENIC BACTERIA IS STREPTOCOCCI MUTANS

SUGAR INTAKE:

FREQUENCY- 2
CONSISTENCY- Liquid
TIMING OF INTAKE- Throughout the day
SUGAR SCORE: 5 x 2 = 10

<5- Excellent

>10- Good ✓

>15- Watch Out Zone

GENERAL PHYSICAL EXAMINATION:

BUILT-
WEIGHT= 45 kg
HEIGHT= 5 feet
BODY MASS INDEX=

GAIT- Normal

POSTURE- Normal

PULSE- Normal

TEMPERATURE- Afebrile

ANAEMIA- Not seen

ICTERUS- Not seen

CYANOSIS- Not seen

EXTRA-ORAL EXAMINATION:

FACIAL SYMMETRY- Bilaterally symmetrical

TEMPERMANDIBULAR JOINT- Bilaterally synchronous with no deviation & no clicking sound

LYMPH NODES- Non palpable (submandibular, submental)

NUTRITION SUM OF THE PROCESSESS BY WHICH AN INDIVIDUAL TAKES IN AND UTILZES FOOD (FDI, 1994)

INTRA-ORAL EXAMINATION:

I. SOFT TISSUE EXAMINATION:

LABIAL MUCOSA- Normal

BUCCAL MUCOSA- Normal

TONGUE- Normal

PALATE- Normal

FLOOR OF THE MOUTH- Normal

GINGIVA:

COLOR- coral pink

SIZE- Normal

SHAPE/CONTOUR- Scalloped

CONSISTENCY- stippling

SURFACE TEXTURE- ~~At CEJ~~ firm & resilient

POSITION- At CEJ

BLEEDING ON PROBING- Not seen

PERIODONTAL EXAMINATION:

PERIODONTAL POCKETS- Not seen

FURCATION INVOLVEMENT- Not seen

TOOTH MOBILITY- Not seen

II. HARD TISSUE EXAMINATION:

NUMBER OF TEETH PRESENT- 28

TEETH PRESENT- 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7
7 6 5 4 3 2 1 | 1 2 3 4 5 6 7

TEETH CLINICALLY ABSENT- 8 | 8
8 | 8

ADDED SUGARS=THOSE SUGARS ADDED TO FOODS AND BEVERAGES DURING PREPARATION

DENTAL CARIES- 76 | 67 / 67

TENDERNESS ON PERCUSSION- Vertical +ve ☐ 37

FILLED TEETH- Not seen

FRACTURED TEETH- Class I Ellis fracture ☐ 21

FLUOROSIS / ENAMEL HYPOPLASIA- Not seen

MALOCCLUSION- Angle's class I malocclusion

WASTING DISEASES-

Attrition: Not seen

Abrasion: Not seen

Erosion: Not seen

TRAUMA FROM OCCLUSION- Not seen

ANY PROSTHESIS- Not seen

STAINS AND CALCULUS- ☐ 21, 22, 46, 47

PROVISIONAL DIAGNOSIS: 1) Apical periodontitis secondary to deep occlusal caries ☐ 37
2) Dental caries ☐ 26, 27, 36, 46, 47
3) Ellis class I fracture ☐ 21

INVESTIGATIONS:
IOPA ☐ 37

DIAGNOSIS: 1) Apical periodontitis secondary to deep occlusal caries ☐ 37
2) caries ☐ 26, 27, 36, 46, 47
3) Ellis class I fracture ☐ 21

TREATMENT PLAN:

EMERGENCY TREATMENT: Not required

FREE SUGARS = ANY SUGARS IN A FOOD THAT WERE FREE AND NOT BOUND

LEVELS OF PREVENTION

1. PRIMARY

A .Health Promotion: a) Brushing technique (2-3 times)
b) Use of floss + mouthwash
c) changing of brush after 3 months
diet counselling - high intake of proteins

B. Specific Protection:
oral prophylaxis

2. SECONDARY:

A. Early Diagnosis & Prompt Treatment:
- Restoration c̄ 26, 27, 36, 46, 47
- Composite restoration c̄ 21

3. TERTIARY:

A. Disability Limitation:
Root canal treatment c̄ 37

B. Rehabilitation:
Crown c̄ 37

PERIODIC RECALL AND CHECK UP
Follow up after 3 months

WHO HAS RECOMMENDED A SUGAR INTAKE OF < 10% OF TOTAL ENERGY INTAKE FOR PREVENTION OF CARIES

Case History

NAME: Atul Lakshman Sawade DATE:

AGE: 41 CASE No:

GENDER: Male

RELIGION: Hindu

MARITAL STATUS: Married

PLACE OF BIRTH: Pune

RESIDENCE IN EARLY CHILDHOOD: Pune

SOURCE OF WATER IN EARLY YEARS OF CHILDHOOD: PMC

EDUCATION: Graduate (BA)

OCCUPATION: Private job

INCOME: ₹18,000/- month

NUMBER OF FAMILY MEMBERS: 4

SOCIO ECONOMIC STATUS: Lower middle (Modified Kuppuswamy scale 2020)

RESIDENTIAL ADDRESS:
Kalawat, Lohegaon road, Pune

CHIEF COMPLAINT: Patient complains of dislodgement of restoration of upper right left back region of jaw & pain in upper back region of jaw

HISTORY OF PRESENTING ILLNESSS: Sharp aggravating pain on biting of solid food since 3 months

MEDICAL HISTORY:
No relevant history

FREQUENCY OF INTAKE OF FOODS THAT CONTAIN SUGAR SHOULD BE LIMITED TO A MAXIMUM OF FOUR TIMES A DAY

DENTAL HISTORY/EXPERIENCE: Amalgam restoration ☐ 6 | 6
7C | C7

FAMILY HISTORY: No relevant history

PERSONAL HISTORY:

A. HABITS RELATED TO THE ORAL CAVITY:

	Number	Frequency	Duration
Pan Chewing-	–	–	–
Smoking-	–	–	–
Alcohol-	–	–	–

No relevant habit

B. OTHER HABITS:

	Number	Frequency	Duration
Thumb Sucking-	–	–	–
Tongue Thrusting-	–	–	–
Mouth Breathing-	–	–	–
Nail/Object Biting-	–	–	–
Bruxism-	–	–	–

No relevant habits

C. ORAL HYGIENE PRACTICES-

Type of Tooth Brushing: Horizontal / Circular / Vertical ✓

Materials Used For Tooth Brushing: Tooth Brush and Tooth Paste ✓
Tooth Brush and Tooth Powder
Fingers and Indigenous Materials

CARIOGRAM = MODEL PROPOSED BY BRATTHALL D IN 1996 TO ILLUSTRATE THE INTERACTIONS BETWEEN BACTERIA, DIET AND HOST RESPONSE

Frequency of Tooth Brushing: ✓ Once/Twice Daily
Timing of Tooth Brushing: Once/Twice
Morning ✓
Before Bed
Both

Any Other Oral Hygiene Aids:

D. DIET HISTORY:

TYPE OF DIET- Veg

24 HOURS DIET CHART

TIME	DIET
9:00 am	Dati + tea with sugar
12:00 pm	chapatti + rice
5:00 pm	tea with sugar
8:00 pm	chapatti + rice

SUGAR INTAKE:

FREQUENCY- Twice a day
CONSISTENCY- Liquid
TIMING OF INTAKE- throughout the day
SUGAR SCORE: 10 (5 x 2)

< 5- Excellent
>10- Good
>15- Watch Out Zone

COLORIMETRIC SNYDER TEST = CARIES ACTIVITY TEST

GENERAL PHYSICAL EXAMINATION:

BUILT-

WEIGHT= 29 kg
HEIGHT= 5-8 feet
BODY MASS INDEX=

GAIT- Normal

POSTURE- Erect

PULSE- 77 beats/min

TEMPERATURE- Afebrile

ANAEMIA- Not seen

ICTERUS- Not seen

CYANOSIS- Not seen

EXTRA-ORAL EXAMINATION:

FACIAL SYMMETRY- Relatively symmetrical

TEMPEROMANDIBULAR JOINT- Bilaterally synchronous with no deviation & no clicking sound

LYMPH NODES- Non palpable

INTRA-ORAL EXAMINATION:

I. SOFT TISSUE EXAMINATION:

LABIAL MUCOSA- Normal

BUCCAL MUCOSA- Normal

TONGUE- Normal

PALATE- Normal

FLOOR OF THE MOUTH- Normal

SWAB TEST= EVALUATING CARIES ACTIVITY IN VERY YOUNG CHILDREN

GINGIVA:

COLOR- Local pink

SIZE- Normal

SHAPE/CONTOUR- Scalloping

CONSISTENCY- Firm & resilient

SURFACE TEXTURE- Stippling present

POSITION- At CEJ

BLEEDING ON PROBING- Not seen

PERIODONTAL EXAMINATION:

PERIODONTAL POCKETS- Not seen

FURCATION INVOLVEMENT- Not seen

TOOTH MOBILITY- Not seen

II. HARD TISSUE EXAMINATION:

NUMBER OF TEETH PRESENT- 28

TEETH PRESENT- 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7
7 6 5 4 3 2 1 | 1 2 3 4 5 6 7

TEETH CLINICALLY ABSENT- 8 | 8
8 | 8

DENTAL CARIES- 6 | 56

TENDERNESS ON PERCUSSION- Negative

FILLED TEETH- 6 | 6
7 6 | 6 7

FRACTURED TEETH- Not seen

FLUOROSIS / ENAMEL HYPOPLASIA- Not seen

ORA TEST = DEVELOPED BY ROSENBERG ET AL IN 1989 FOR ESTIMATING ORAL MICROBIAL LEVELS

MALOCCLUSION- Class I Angle's malocclusion

WASTING DISEASES-

Attrition: Not seen

Abrasion: Not seen

Erosion: Not seen

TRAUMA FROM OCCLUSION- Not seen

ANY PROSTHESIS- Not seen

STAINS AND CALCULUS- Not seen

PROVISIONAL DIAGNOSIS:

1) Dental caries $\bar{C}$ 2T

2) Chronic irreversible pulpitis $\bar{C}$ 6|C

INVESTIGATIONS:

IOPA $\bar{C}$ 6|TC

DIAGNOSIS: 1) Dental caries $\bar{C}$ /T

2) chronic reversible pulpitis $\bar{C}$ 6|C

TREATMENT PLAN:

EMERGENCY TREATMENT:

LEVELS OF PREVENTION

1. **PRIMARY**

A .Health Promotion: modified bass technique
Time - 2-3min
mouth wash & floss

B. Specific Protection: oral prophylaxis

SPECIFIC PLAQUE HYPOTHESIS =LOESCHE, 1976

2. **SECONDARY:**

Restoration C +5

A. **Early Diagnosis & Prompt Treatment:**

~~Root~~ Restoration C +5

3. **TERTIARY:**

A. **Disability Limitation:**

Root canal treatment C 6 | 6

B. **Rehabilitation:**

Crown C 6 | 6

PERIODIC RECALL AND CHECK UP

After 3 months

ECOLOGICAL PLAQUE HYPOTHESIS =MARSH 1991

Case History

NAME: Navratan Jayir

DATE:

CASE No:

AGE: 31

GENDER: Male

RELIGION: Hindu

MARITAL STATUS: Married

PLACE OF BIRTH: Rajasthan

RESIDENCE IN EARLY CHILDHOOD: Rajasthan

SOURCE OF WATER IN EARLY YEARS OF CHILDHOOD: Municipality water

EDUCATION: Graduation

OCCUPATION: Senior official

INCOME: 4 Lakh rupee

NUMBER OF FAMILY MEMBERS: ~~4~~ 3

SOCIO ECONOMIC STATUS: Upper class (Modified Kuppuswamy scale 2020)

RESIDENTIAL ADDRESS:

Lohegaon, Pune

CHIEF COMPLAINT: Patient complains of pain in lower left region in back side of jaw

HISTORY OF PRESENTING ILLNESS: Patient was apparently asymptomatic 15 days back but then he started having pain in lower left region in back side of jaw

TWO TONE SOLUTION - DISCLOSING AGENT STAINS THICKER (OLDER) PLAUE BLUE THINNER (NEWER) PLAUE RED

MEDICAL HISTORY: No relevant history

DENTAL HISTORY/EXPERIENCE: No relevant History

FAMILY HISTORY: No relevant History

PERSONAL HISTORY:

A. HABITS RELATED TO THE ORAL CAVITY:

	Number	Frequency	Duration
Pan Chewing-	—	—	—
Smoking-	—	—	—
Alcohol-	—	—	—

B. OTHER HABITS:

	Number	Frequency	Duration
Thumb Sucking-	—	—	—
Tongue Thrusting-	—	—	—
Mouth Breathing-	—	—	—
Nail/Object Biting-	—	—	—
Bruxism-	—	—	—

THE FIRST TOOTH BRUSH WAS INTRODUCED IN CHINA AS EARLY AS 1600 B.C AND WAS INTRODUCED INTO THE WETEREN WORLD IN 1640

C. ORAL HYGIENE PRACTICES-

Type of Tooth Brushing: Horizontal / Circular / Vertical

Materials Used For Tooth Brushing:
Tooth Brush and Tooth Paste
Tooth Brush and Tooth Powder
Fingers and Indigenous Materials

Frequency of Tooth Brushing: Once/Twice Daily

Timing of Tooth Brushing:
Once/Twice
Morning
Before Bed
Both

Any Other Oral Hygiene Aids: None

D. DIET HISTORY:

TYPE OF DIET- Veg

24 HOURS DIET CHART

TIME	DIET
9 am	Tea with sugar
12 pm	Rice
5 pm	Tea with sugar
9 pm	Rice

FONES METHOD OF TOOTH BRUSHING –YOUNG CHILDREN

SUGAR INTAKE:

FREQUENCY- 2
CONSISTENCY- Liquid
TIMING OF INTAKE- morning & evening
SUGAR SCORE: 10

< 5- Excellent

>10- Good ✓

>15- Watch Out Zone

GENERAL PHYSICAL EXAMINATION:

BUILT-
WEIGHT= 74 kg
HEIGHT= 180 cm
BODY MASS INDEX=

GAIT- Normal

POSTURE- Erect

PULSE- 75 beats/min

TEMPERATURE- Afebrile

ANAEMIA- Not seen

ICTERUS- Not seen

CYANOSIS- Not seen

EXTRA-ORAL EXAMINATION:

FACIAL SYMMETRY- Bilaterally symmetrical

TEMPERMANDIBULAR JOINT- Bilaterally synchronous, no deviation & no clicking sound

LYMPH NODES- Non palpable

SUBSTANTIVITY= PROPERTY OF CHLOREXIDINE TO POSSESS SUSTAINED AVAILABILTY ACTS AS A RESRVIOR, SLOWLY DISSOLVING FROM ALL ORAL SURFACES

NTRA-ORAL EXAMINATION:

I. SOFT TISSUE EXAMINATION:

LABIAL MUCOSA- Normal

BUCCAL MUCOSA- Normal

TONGUE- Normal

PALATE- Normal

FLOOR OF THE MOUTH- Normal

GINGIVA:

COLOR- Coral pink

SIZE- Normal

SHAPE/CONTOUR- Scalloped

CONSISTENCY- Firm & resilient

SURFACE TEXTURE- stippling

POSITION- At CEJ

BLEEDING ON PROBING- Not seen

PERIODONTAL EXAMINATION:

PERIODONTAL POCKETS- Not seen

FURCATION INVOLVEMENT- Not seen

TOOTH MOBILITY- Not seen

II. HARD TISSUE EXAMINATION:

NUMBER OF TEETH PRESENT- 32

TEETH PRESENT- 87654321 | 12345678

87654321 | 12345678

IN INDIA TOBACCO WAS INTRODUCED IN LATE 16TH AND EARLY 17TH CENTURY BY THE PORTUGESE TRADERS

TEETH CLINICALLY ABSENT- Not seen

DENTAL CARIES- $\frac{8\,7 \mid 7\,8}{8\,6 \mid 7\,8}$

TENDERNESS ON PERCUSSION- Positive c 38

FILLED TEETH- Not seen

FRACTURED TEETH- Not seen

FLUOROSIS / ENAMEL HYPOPLASIA- Not seen

MALOCCLUSION- Angle's class I malocclusion

WASTING DISEASES-

Attrition: Not seen

Abrasion: Not seen

Erosion: Not seen

TRAUMA FROM OCCLUSION- Not seen

ANY PROSTHESIS- Not seen

STAINS AND CALCULUS- $\frac{2\,1 \mid 1\,2}{2\,1 \mid 1\,2}$

PROVISIONAL DIAGNOSIS: 1) Apical periodontitis c 38
2) Dental caries c $\frac{8\,7 \mid 7\,8}{8\,6 \mid 7\,8}$
3) Chronic generalized gingivitis

INVESTIGATIONS:
IOPA c 38

DIAGNOSIS: 1) Apical periodontitis c 38
2) Dental caries c $\frac{8\,7 \mid 7\,8}{8\,6 \mid 7\,8}$

REVERSE SMOKING IS FOUND PARTICULARLY AMONG FEMALES IN VISHAKAPATNAM AND SRIKAKALUM DISTRICT OF ANDHRA PRADESH

3) chronic generalized gingivitis

TREATMENT PLAN:

EMERGENCY TREATMENT:

LEVELS OF PREVENTION

1. **PRIMARY**

A .Health Promotion:
oral hygiene technique – modified bass technique
2–3 times a day

B. Specific Protection: oral prophylaxis

2. **SECONDARY:**

A. Early Diagnosis & Prompt Treatment:
Restoration $\bar{C}$ 17, 18, 27, 28, 36, 37, 38, 46, 47, 48
Scaling $\bar{C}$ 11, 12, 21, 22, 31, 32, 41, 42

3. **TERTIARY:**

A. Disability Limitation:
RCT $\bar{C}$ 38

B. Rehabilitation: Crown $\bar{C}$ 38

PERIODIC RECALL AND CHECK UP
After 3 months.

SMOKELESS TOBACCO IN INDIA

1) KHAINI
2) MAINPURI TOBACCO
3) MAWA
4) MISHRI
5) PAAN
6) SNUFF
7) ZARDA
8) GUTKA
9) PAN MASALA

ORAL HYGIENE INDEX – SIMPLIFIED (OHI-S)

By John. C. Greene and Jack. R. Vermillion (1964)

Name of the patient : Pravin Mote **Date:** 29-11-21

Occupation : Student **Age:** 27 **Gender:** Male

Oral hygiene habits : Tooth brush & tooth paste once in a day

Adverse habits (if any) :

Other relevant findings :

Teeth present : 28

Simplified Debris Index

16	11	26
1	0	1
0	0	0
46	31	36 37

Debris score = $\frac{2}{6}$ = 0·3

Good ☑ Fair ☐ Poor ☐

Simplified Calculus Index

16	11	26
1	0	1
0	0	2
46	31	36 37

Calculus score = $\frac{4}{6}$ = 0·6

Good ☑ Fair ☐ Poor ☐

Oral hygiene status of the patient is

OHI-S = DI-S + CI-S

0·3 + 0·6 = 0·9

Good ☑ Fair ☐ Poor ☐

Signature of staff

CIGARETTE ACT 1975 HAS MADE IT NECESSARY TO PRINT HEALTH RELATED WARNINGS ON CIGARETTE PACKETS

ORAL HYGIENE INDEX – SIMPLIFIED (OHI-S)

By John. C. Greene and Jack. R. Vermillion (1964)

Name of the patient : chaitanya Nakhale Date: 23/01/21

Occupation : student Age: 14 Gender: Male

Oral hygiene habits : Brushing teeth once a day

Adverse habits (if any) :

Other relevant findings :

Teeth present : 27

Simplified Debris Index

16	11	26
2	1	0
0	0	1
46	31	36

Debris score = 0.66

Good ☑ Fair ☐ Poor ☐

Simplified Calculus Index

16	11	26
2	0	1
1	1	0
46	31	36

Calculus score = 0.83

Good ☐ Fair ☑ Poor ☐

Oral hygiene status of the patient is

OHI-S = DI-S + CI-S 0.66 + 0.83 = 1.49

Good ☐ Fair ☑ Poor ☐

Signature of staff

THREE WEL-KNOWN APPROACHES FOR PREVENTING ORAL CANCER
1) REGULATORY 2) SERVICE 3) EDUCATIONAL

ORAL HYGIENE INDEX – SIMPLIFIED (OHI-S)

By John. C. Greene and Jack. R. Vermillion (1964)

Name of the patient : Shagila Ambes **Date:** 24/12/21

Occupation : Software engineer **Age:** 24 **Gender:** Female

Oral hygiene habits : Brushing twice a day

Adverse habits (if any) : -

Other relevant findings :

Teeth present : 29

Simplified Debris Index

16	11	26
0	1	0
1	2	1
46	31	36

Debris score = 5/6 = 0.8

Simplified Calculus Index

16	11	26
0	1	1
1	2	1
46	31	36

Calculus score = 6/6 = 1

Good ☐ **Fair** ☑ **Poor** ☐

Good ☐ **Fair** ☑ **Poor** ☐

Oral hygiene status of the patient is

OHI-S = DI-S + CI-S 0.8 + 1 = 1.8

Good ☐ **Fair** ☑ **Poor** ☐

Signature of staff

NATIONAL CANCER CONTROL PROGRAM WAS LAUNCHED IN 1985

ORAL HYGIENE INDEX – SIMPLIFIED (OHI-S)

By John. C. Greene and Jack. R. Vermillion (1964)

Name of the patient : Samiya Panchwani **Date:** 4/12/21

Occupation : Housewife **Age:** 37 **Gender:** Female

Oral hygiene habits : Brushing twice a day

Adverse habits (if any) : -

Other relevant findings : -

Teeth present : 32

Simplified Debris Index

16	11	26
1	1	1
2	0	2
46	31	36

Debris score = 7/6 = 1.1

Good ☐ **Fair** ☑ **Poor** ☐

Simplified Calculus Index

16	11	26
0	0	1
2	0	2
46	31	36

Calculus score = 5/6 = 0.8

Good ☐ **Fair** ☑ **Poor** ☐

Oral hygiene status of the patient is

OHI-S = DI-S + CI-S 1.1 + 0.8 = 1.9

Good ☐ **Fair** ☑ **Poor** ☑

Signature of staff

INDIA IS THE FOURTH LARGEST CONSUMER AND THIRD LARGEST PRODUCER OF TOBACCO

ORAL HYGIENE INDEX – SIMPLIFIED (OHI-S)

By John. C. Greene and Jack. R. Vermillion (1964)

Name of the patient : Abhishek Das **Date:** 4/12/21

Occupation : Private job **Age:** 46 **Gender:** Male

Oral hygiene habits : Brushing twice a day

Adverse habits (if any) : -

Other relevant findings : -

Teeth present : 32

Simplified Debris Index

16	11	26
0	0	1
1	0	1
46	31	36

Debris score = 3/6 = 0.5

Simplified Calculus Index

16	11	26
0	0	1
1	1	1
46	31	36

Calculus score = 4/6 = 0.6

Good ☑ Fair ☐ Poor ☐

Good ☑ Fair ☐ Poor ☐

Oral hygiene status of the patient is

OHI-S = DI-S + CI-S 0.5 + 0.6 = 1.1

Good ☑ Fair ☐ Poor ☐

Signature of staff

NNN (N-NITROSONORNICTONINE) WAS THE FIRST CARCINOGEN ISOLATED FROM SMOKELESS TOBACCO

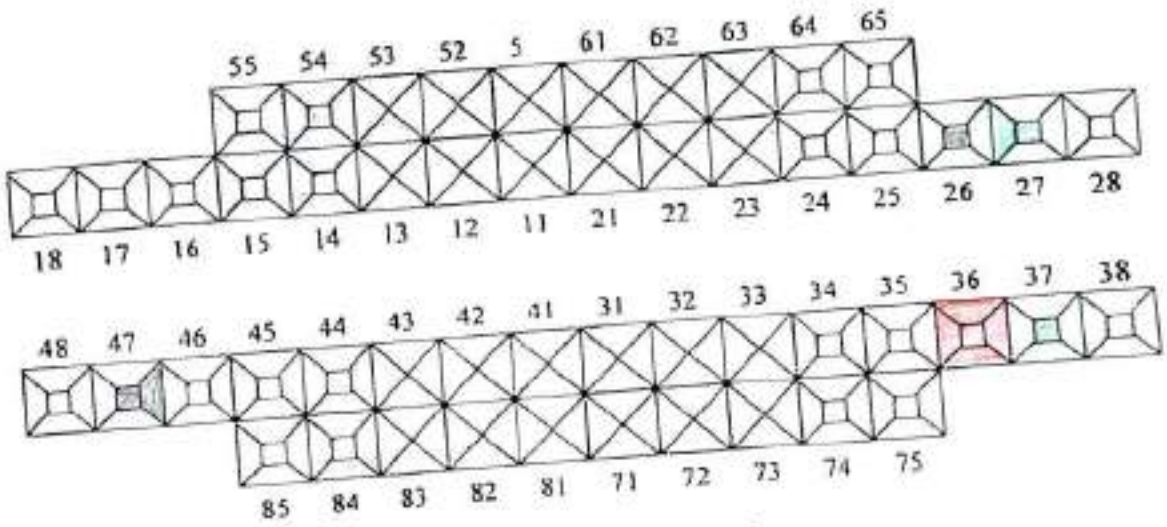
DECAYED, MISSING AND FILLED TEETH INDEX
(DMFT INDEX)

Name of the patient : Pravin Mali
Adverse habits (if any) : –

Date : 29-11-21
Age : 27
Gender: Male

Chief complaint : Patient complains of missing tooth in lower back region of the jaw

Oral hygiene practices : Tooth brush & tooth paste once in a day



DMFT / dft:

DT : 2

MT : 1 **dt:**

FT : 2 **ft:**

DMFT score : 5

DMFS / dfs:

DS : 3

MS : 5 **ds:**

FS : 3 **fs:**

DMFS score : 11

Signature of staff

PLAN = A PLAN IS A DECISION ABOUT A COURSE OF ACTION

DECAYED, MISSING AND FILLED TEETH INDEX (DMFT INDEX)

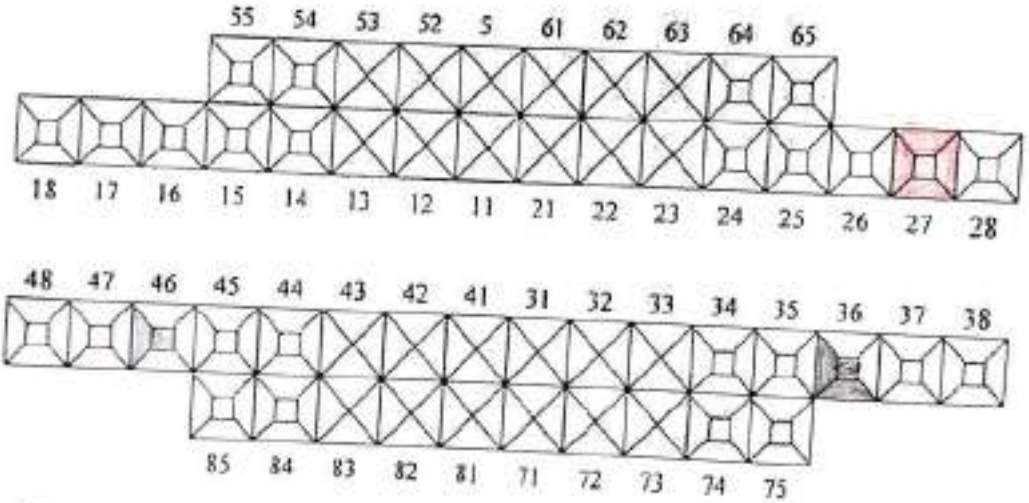
Name of the patient : Chaitanya Nakhale **Date:** 29/11/21

Adverse habits (if any) : – **Age:** 14

Gender: Male

Chief complaint : Patient complaint of pain in lower left region of jaw

Oral hygiene practices : Brushing once a day



DMFT / dft:

DT : 2

MT : 1 **dt:**

FT : 0 **ft:**

DMFT score : 3

DMFS / dfs:

DS : 5

MS : 5 **ds:**

FS : **fs:**

DMFS score : 10

Signature of staff

WHO FCTC = WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

DECAYED, MISSING AND FILLED TEETH INDEX
(DMFT INDEX)

Name of the patient : Shagila Ameen

Adverse habits (if any) : –

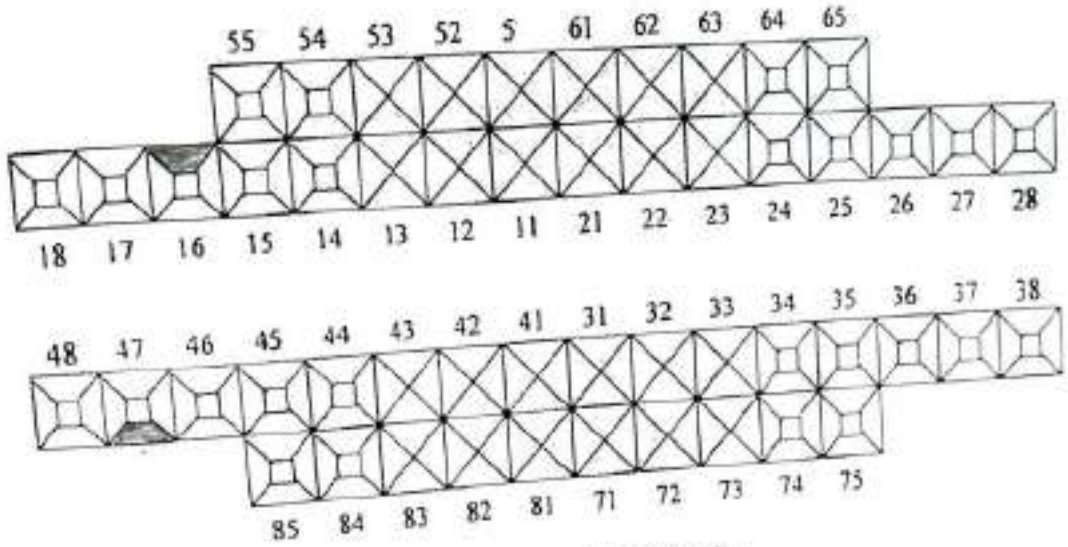
Date : 4/12/21

Age : 24

Gender: Female

Chief complaint : Patient complains of pain in lower right back region of jaw since 2 days

Oral hygiene practices : Tooth brush & tooth paste twice a day



DMFT / dft:

DT : 2

MT : 0 **dt:**

FT : 0 **ft:**

DMFT score : 2

DMFS / dfs:

DS : 2

MS : 0 **ds:**

FS : 0 **fs:**

DMFS score : 2

Signature of staff

CRITERIA USED IN EVALUATION
1) EFFECTIVENES 2) EFFICIENCY 3) APPROPRIATENESS
4) ADEQUACY

DECAYED, MISSING AND FILLED TEETH INDEX
(DMFT INDEX)

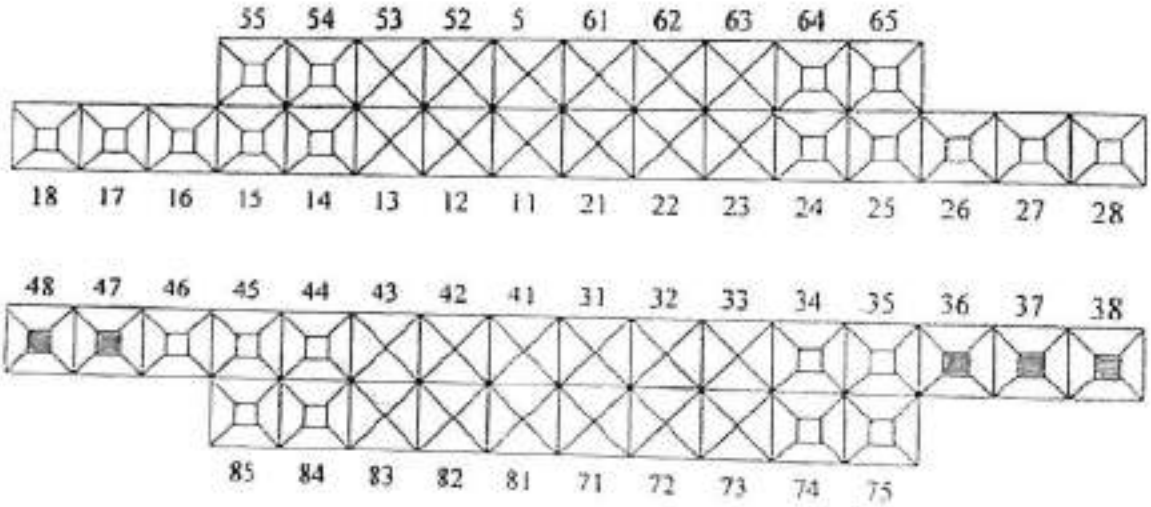
Name of the patient : Soniya Panchwani **Date:** 4/12/21

Adverse habits (if any) : – **Age:** 57

Gender: Female

Chief complaint : Patient complains of

Oral hygiene practices : Tooth brush & tooth paste twice a day



DMFT / dft:

DT : 5

MT : 0 **dt:**

FT : 0 **ft:**

DMFT score : 5

DMFS / dfs:

DS : 5

MS : 0 **ds:**

FS : 0 **fs:**

DMFS score : 5

Signature of staff

FORMATIVE EVALUATION - EXAMINATION OF ACTIVITIES OF A PROGRAM, AS THEY ARE TAKING PLACE

DECAYED, MISSING AND FILLED TEETH INDEX
(DMFT INDEX)

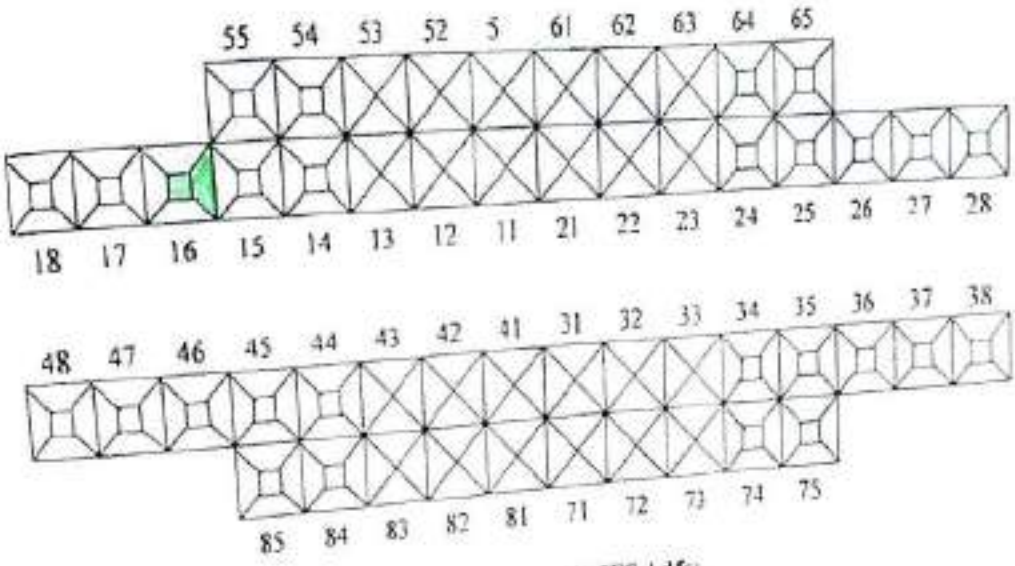
Name of the patient : Abhishek Das Date: 4/12/21

Adverse habits (if any) : - Age: 46

Gender: Male

Chief complaint : Patient complains of dislodged restoration & unclean teeth

Oral hygiene practices : Tooth paste + tooth brush twice a day



DMFT / dft:

DT : 0

MT : 0 dt:

FT : 1 ft:

DMFT score : 1

DMFS / dfs:

DS : 0

MS : 0 ds:

FS : 2 fs:

DMFS score : 2

Signature of staff

SUMMATIVE EVALUATION - IS AN ATTEMPT TO DETERMINE WHETHER A FULLY OPERAATIONAL PROGRAM IS MEETING THE GOALS FOR WHICH IT WAS DEVELOPED

DECAYED, MISSING AND FILLED TEETH INDEX
(DMFT INDEX)

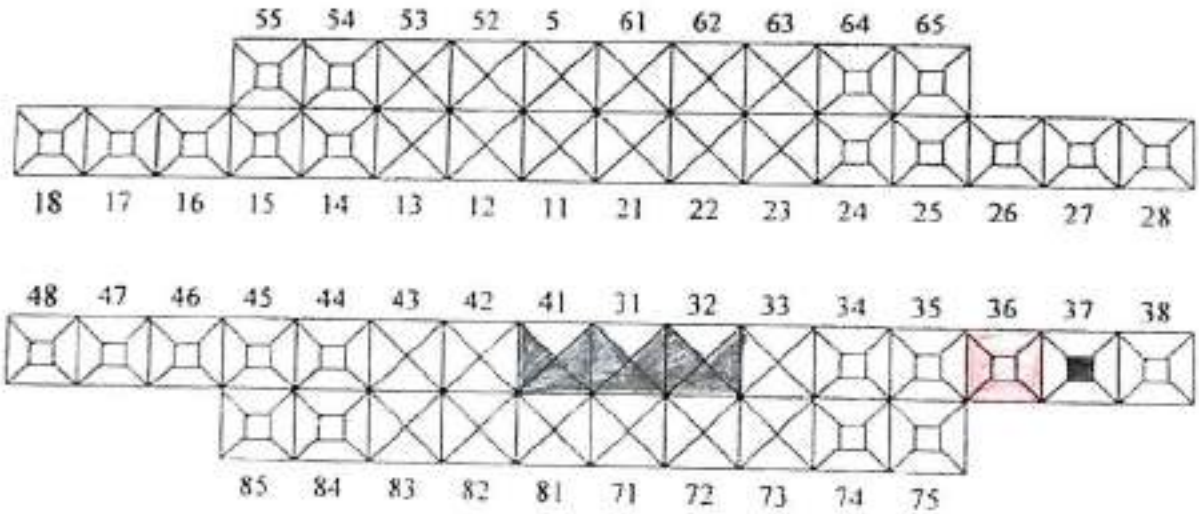
Name of the patient : Subhash Visave **Date:** 4/7/21

Adverse habits (if any) : **Age:** 62

Gender: Male

Chief complaint : Patient complains of pain in lower front region of jaw

Oral hygiene practices : Tooth brush & tooth paste once a day



DMFT / dft:

DT : 4

MT : 1 **dt:**

FT : 0 **ft:**

DMFT score : 5

DMFS / dfs:

DS : 10

MS : 5 **ds:**

FS : 0 **fs:**

DMFS score : 15

Signature of staff

INDEX AGE GROUP FOR SURVEY= 5, 12, 15, 35-44 AND 65-74 YEARS

RUSSEL'S PERIODONTAL INDEX

Name of the patient : Ram Shinde

Occupation : Unemployed

Oral hygiene habits : Brushes his teeth twice daily using toothbrush & toothpaste

Adverse habits (if any) : smokes thrice a day since 1 year

Other relevant findings : -

Teeth present : 32

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
0	0	0	1	6	0	0	0	0	6	1	0	0	0	0	0
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Total score : 17

Total No. of teeth examined : 31

Periodontal index score : 17/31 = 0.54

Periodontal health score : simple gingivitis

Staff Signature

12 YEARS = GLOBAL MONITORING AGE FOR CARIES FOR INTERNATIONAL COMPARISON AND MONITORING OF DISEASE TRENDS

RUSSEL'S PERIODONTAL INDEX

Name of the patient : Monika Raut

Occupation : Housewife

Oral hygiene habits : Brushes twice daily using toothbrush & tooth paste

Adverse habits (if any) : Habit since 5-6 yrs for 2-3 times a day

Other relevant findings :

Teeth present : 26

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Y	1	X	0	1	0	0	0	0	0	0	1	0	1	1	X
X	1	X	1	0	0	2	2	2	2	1	0	1	0	0	X
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Total score : 17

Total No. of teeth examined : 26

Periodontal index score : 17/26 = 0.6

Periodontal health score : Simple gingivitis

Staff Signature

DENTURIST = DENTAL LABORATORY TECHNICIANS PERMITTED TO FABRICATE DENTURE DIRECTLY FOR PATIENTS WITHOUT DENTIST PRESCRIPTION

DEAN'S FLOUROSIS INDEX

Trendley H. Dean (1942)

Patient name: Devi singh **Age:** 40yrs **Gender:** Female

Chief Complaint: Patient complains of stained teeth in upper teeth

Oral hygiene practices: Brushes her teeth twice daily using toothbrush & paste

CLINICAL CONDITION CODES:

TEETH MOST SEVERELY AFFECTED:

13	12
3	3

3

Staff signature

DR FONES IS CONSIDERED AS THE FATHER OF DENTAL HYGIENE

COMMUNITY PERIODONTAL INDEX (CPI)
WHO 1997

Patient name: Rahul Dagade **Age:** 26 **Gender:** Male

Chief Complaint: Complains of missing teeth in lower back region of jaw & front region since 3 years

Oral Hygiene Practices: Brushes once daily using tooth paste & tooth brush.

CLINICAL CONDITION CODES:

17-14	13-23	24-27
1	0	1
3	3	0
47-44	43-83	34-37

LOSS OF ATTACHMENT:

17-14	15-23	24-27
0	0	0
1	1	0
42-44	43-34	34-37

Staff signature

EFDA= EXPANDED FUNCTION DENTAL AUXILLARY

COMMUNITY PERIODONTAL INDEX OF TREATMENT NEEDS (CPITN)

Patient Name: Anmol Salunke **Age:** 26 years **Gender:** Male

Chief Complaint: Patient complains of missing teeth in lower front ~~teeth~~ region of jaw since 3 years

Oral hygiene practices: Brushes once a day in morning using toothpaste & toothbrush

CLINICAL CONDITION CODES:

17-14	13-23	24-27
2	2	2
3	3	2
47-44	43-33	34-37

TREATMENT NEEDS:

17-14	13-23	24-27
TN 2a	TN 2a	TN 2a
TN 2b	TN 2b	TN 2a
47-44	43-33	34-37

Staff signature

THE BEGINNING OF SCHOOL HEALTH SERVIC IN INDIA DATES BACK TO 1909 IN BARODA

COMMUNITY PERIODONTAL INDEX OF TREATMENT NEEDS (CPITN)

Patient Name: Sampada sonar **Age:** 30yrs **Gender:** Female

Chief Complaint: Patient complains of decayed teeth since 6 months on lower left back region

Oral hygiene practices: Patient ~~has~~ to uses toothbrush & toothpaste to clean teeth twice a day

CLINICAL CONDITION CODES:

17-14	13-23	24-27
3	3	4
4	4	3
47-44	43-33	34-37

TREATMENT NEEDS:

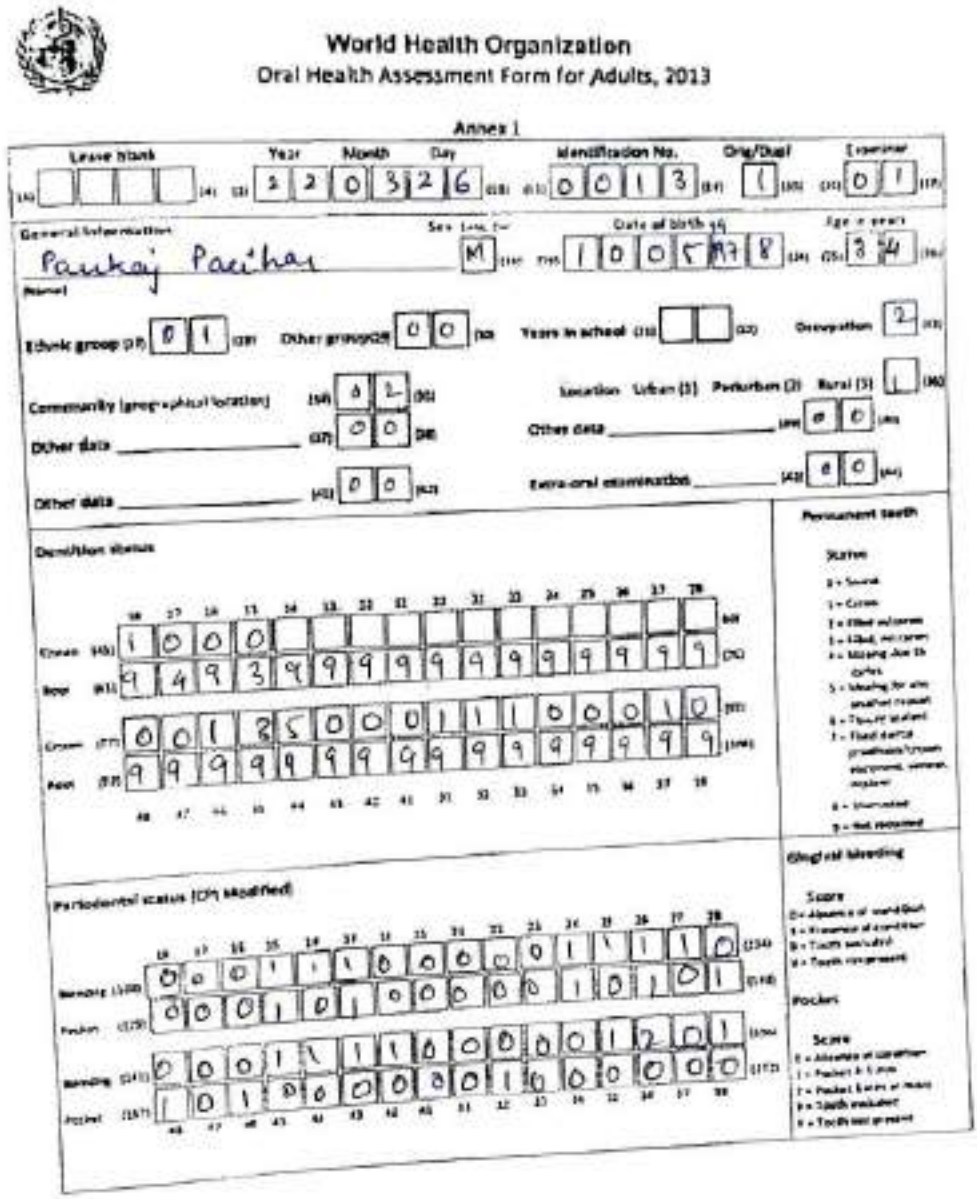
17-14	13-23	24-27
26	26	3
3	3	26
47-44	43-33	34-37

Staff signature

AMOUNT OF FLUORIDE IN SCHOOL DRINKING WATER=4.5 TIMES THE OPTIMUM CONCENTRATION

WORLD HEALTH ORGANIZATION

ORAL HEALTH ASSESSMENT FORM FOR ADULTS BY TOOTH SURFACE, 2013



SHARP = SCHOOL HEALTH ADDITIONAL REFERRAL PROGRAM

World Health Organization
Oral Health Assessment Form for Adults, 2013

Loss of attachment

Severity
0 = 0–3 mm
1 = 4–5 mm (cemento-enamel junction (CEJ) within black band)
2 = 6–8 mm CEJ between upper limit of black band and 8.5 mm ring
3 = 9–11 mm CEJ between 8.5 mm and 11.5 mm ring
4 = 12 mm or more CEJ beyond 11.5 mm ring
X = Excluded sextant
9 = Not recorded

* Not recorded under 15 years of age

Index teeth

17/16	11	26/27
0	0	0
0	1	0
47/46	31	36/37

Enamel fluorosis [0] (1.72)

Severity
0 = Normal
1 = Questionable
2 = Very mild
3 = Mild
4 = Moderate
5 = Severe
6 = Excluded (crown, restoration, "bracket")
9 = Not recorded (unerupted tooth)

Dental erosion

Severity [0] (1.40)

0 = No sign of erosion
1 = Enamel lesion
2 = Dentinal lesion
3 = Pulp involvement

Number of teeth affected
(1.83) [ ][ ] (1.87)

Dental trauma

Status [2] (1.88)

0 = No sign of injury
1 = Treated injury
2 = Enamel fracture only
3 = Enamel and dentine fracture
4 = Pulp involvement
5 = Missing teeth due to trauma
6 = Other damage
9 = Excluded tooth

Number of teeth affected
(1.94) [0][2] (1.98)

Oral mucosal lesions

[2] (1.44)
[0] (1.45)
[0] (1.46)

[4] (1.89)
[ ] (1.90)
[ ] (1.91)

Condition

0 = No abnormal condition
1 = Malignant tumour (oral cancer)
2 = Leukoplakia
3 = Lichen planus
4 = Ulceration (aphthous, herpetic, traumatic)
5 = Acute necrotizing ulcerative gingivitis (ANUG)
6 = Candidiasis
7 = Abscess
8 = Other condition (specify if possible)
9 = Not recorded

Location

0 = Vermillion border
1 = Commissures
2 = Lips
3 = Sulci
4 = Buccal mucosa
5 = Floor of the mouth
6 = Tongue
7 = Hard and/or soft palate
8 = Alveolar ridges/gingiva
9 = Not recorded

Denture(s)

Upper [0] (1.92) Lower [0] (1.93)

Status

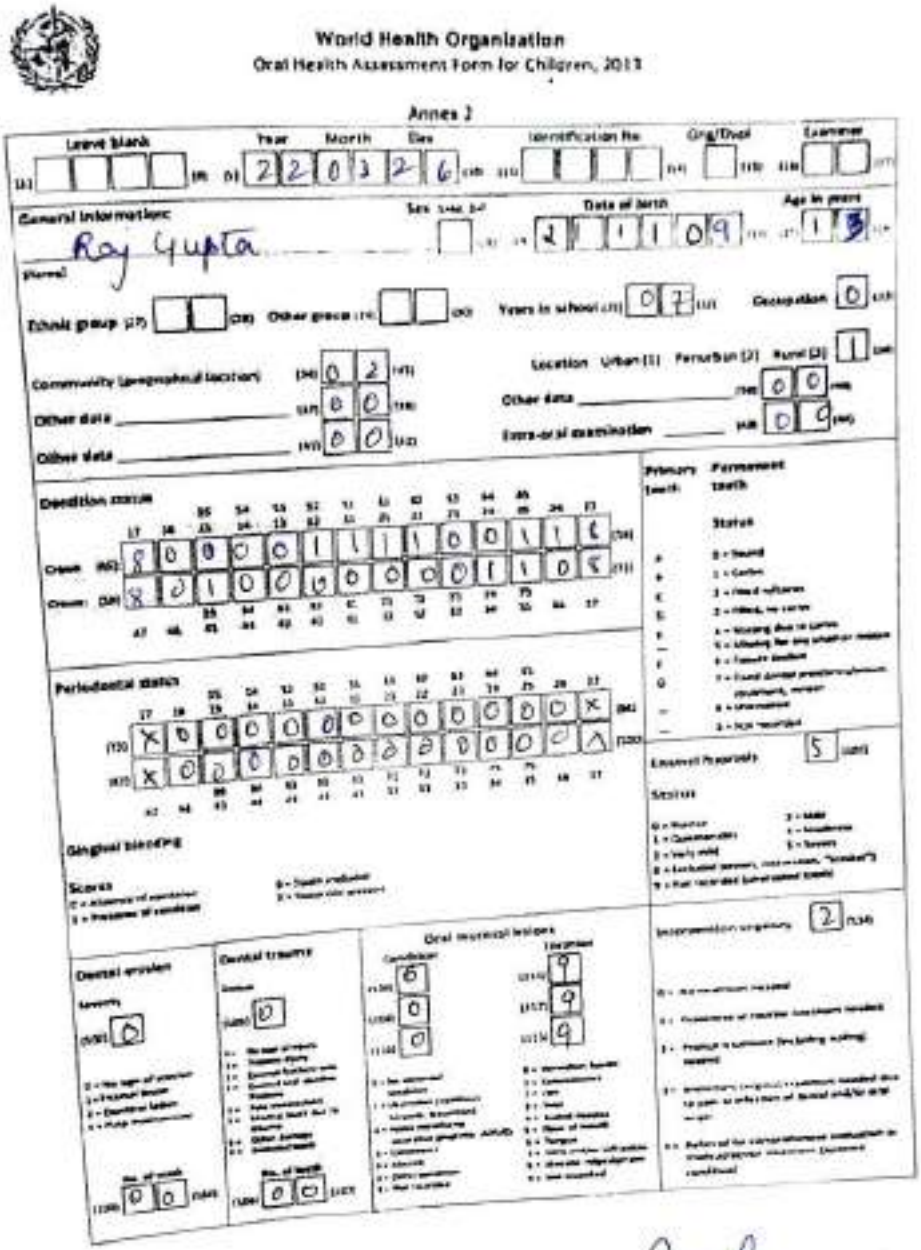
0 = No denture
1 = Partial denture
2 = Complete denture
9 = Not recorded

Intervention urgency [2] (1.94)

0 = No treatment needed
1 = Preventive or routine treatment needed
2 = Prompt treatment (including scaling) needed
3 = Immediate (urgent) treatment needed due to pain or infection of dental and/or oral origin
4 = Referred for comprehensive evaluation or medical/dental treatment (systemic condition)

WORLD HEALTH ORGANIZATION

ORAL HEALTH ASSESSMENT FORM FOR CHILDREN BY TOOTH SURFACE, 2013



HMO = HEALTH MAINTENANCE ORGANIZATIONS=A LEGAL ENTITY WHICH PROVIDES A PRESCRIBED RANGE OF HEALTH SERVICES TO EACH INDIVIDUAL WHO HAS ENROLLED IN THE ORGANIZATION ,IN RETURN FOR A PREPAID,FIXED AND UNIFORM PAYMENT

A VISIT TO A PRIMARY HEALTH CENTRE
A REPORT

Place of Visit Primary health centre; Wagholi Date 30/11/21

Our staff Dr Prakash sir and students reached D Y Patil dental school at 8:30 am

A set of autoclaved instruments and case papers were taken to free dental checkup and awareness of oral hygiene with taking all precautions against covid-19. The camp was initiated by a speech on dental awareness by staff

The main objective of this camp was to educate the people with lower socioeconomic status about common dental problem in brushing techniques, and how to take care in COVID-19 pandemic. About 60 patients including children were screened and brushing techniques were explained. The people were benefitted with the camp & PHC members were thankful to us for our efforts.

GUIDELINES TO COUNSELLING FOR TOBACCO CESSATION	
(5 A'S)	(5 'R' METHOD)
1) ASK	1) RELEVANCE OF QQUITTING
2) ADVISE	2) RISK OF CONTINUING TOBACCO
3) ASSESS	3) REWARD OF QUITTING
4) ASSIST	4) ROADBLOCKS TO QUITTING
5) ARRANGE	5) REPEAT THESE AT EACH VISIT



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3) ASSESS	3) REWARD OF QUITTING
4) ASSIST	4) ROADBLOCKS TO QUITTING
5) ARRANGE	5) REPEAT THESE AT EACH VISIT

OUT REACH PROGRAMS

Venue
Primary health centre, Wagholi

No of patients
60

Date of visit - Vishrantwadi Krishna, Temple, Pune

Our respected Staff - Dr Prakash sir gave us this wonderful opportunity of conducting free dental check up camp in Vishrantwadi temple, Pune. We batch of 11 students accompanied our interns of same 3rd year student to this place.

Main note of counselling his camp creating awareness of oral health & hygiene among student and making them aware of existing problem and also teach them importance of maintaining oral health.

We teached camp by 10:00 am and freshly our respected staff was facilitated by school staff & village head our staff introduced the student about today camp & its important our staff introduced them gave a present to student about diet modification to present carries and then also demonstrated the correct brushing techniques (modified bass technique).




SHRANTWADI
Google
Pune, Maharashtra, India
Jai Ganesh Vishwa Complex, Jai Ganesh Vishwa, Dhanori Rd, Kasturba B, Kasturba Housing Society, Vishrantwadi, Pune, Maharashtra 411015, India
Lat 18.572969°
Long 73.878634°
06/12/21 10:40 AM

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

PRE-CLINICAL
PROSTHODNTICS

NAME : Shubhanyu Sudesh Pudale

ROLL NO.: 67 BATCH : B

YEAR: 2022 - 23

MUSH Seat No.: 37093

External Examiner's Signature:

Internal Examiner's Signature:

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune [illegible]

PRE-CLINICAL PROSTHODONTICS

CERTIFICATE

THIS IS TO CERTIFY THAT :

MS/MR ..Shubhanyu Sudesh Pudale.....

Roll No. ....67..... (I B.D.S.) Year 20..21 to 20..22

Roll No. ....67..... (II B.D.S.) Year 20..22 to 20..23

HAS COMPLETED SATISFACTORILY

COMPLETED THE EXERCISE IN **PRE-CLINICAL PROSTHODONTICS** PROGRAM IN B.D.S. COURSE

AS PRESCRIBED BY THE MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

17/10/23

Page No. 10, 13, 176, 114,

19/10/23

(INSTRUCTOR IN-CHARGE, I B.D.S.) **(INSTRUCTOR IN-CHARGE, II B.D.S.)**

Head of Department of Prosthodontics
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohegaon, Pune - 412105

PRE-CLINICAL PROSTHODONTICS

(HEAD OF DEPARTMENT)

Date 25/10/23

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

PRE-CLINICAL PROSTHODNTICS

P Dagchi 12.01.24.

INTERNAL EXAMINER

12/1/24

EXTERNAL EXAMINER

UNIVERSITY ROLL NO.
37093

INTERNAL EXAMINER

EXTERNAL EXAMINER

UNIVERSITY ROLL NO.

RULES AND REGULATIONS FOR STUDENTS

1) Punctuality and descipline is mandatory through out the clinical sessions.
2) Minimum of 85% attendance in clinics is mandatory to be eligible for examinations as per M.U.H.S. regulations.
3) Each students wear clean well buttoned apron.Shirts Sleves should be folded properly above the elbow.
4) Ornamental rings , bagles , and wrist-watches should not be worn while working. Students shouldnot wear slippers in clinics.
5) Students should pay attention to personal hygiene and personality.
6) Nail should be trimmed and without nail polish on them.
7) Hair should be tied up and tucked in to the apron for personal safety.
8) The use of face mask and hair cap while working in the clinics is mandatory.
9) Each student must possess all the instruments. Lending and borrowing of instruments is strictly prohibited.
10) During each clinical session , the student must bring this record book.
11) No page should be torn from the record book. The record book should be updated regularly and duly signed by the instructor.
12) Any damage/ breakage must be immediately reported to the concerned staff member for the needful action.
13) Wastage of material should be strictly avoided.
14) Cleanliness of the work station and clinical area is - the responsibility of the students. Timely action will be taken if not heeded to.

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INSTRUCTIONS TO THE STUDENTS

1. Students should be in the preclinical laboratory on time for every class. (Compulsary 80% attendance)
2. Students should wear clean and neatly ironed apron with name plates and head cap.
3. Students should observe silence in the Laboratory.
4. Students should Carry Clean instruments in enamel tray.
5. Students should have the relevant instruments for the specific practical exercise.
6. Students should spread Mackintosh sheet on the working table before starting work.
7. Students should avoid wastage of the material and conserve the use of water electricity & gas.

   Students should not put plaster, wax or other waste material in the sink.

9. Students should share the Bunsen burner & turn it off when not required.
10. This record book should be covered & kept neat and in good condition for submission during university exams.
11. This record book should be handed in for progress reports as and when required to the instructor.

ARMAMENTARIUM FOR PRECLINICAL EXERCISES

1. Mackintosh sheet -
2. Rubber bowls : a) Flexible rubber bowl
   b) Stiff rubber bowl.
3. Straight Plaster spatula
4. Curved spatula (for mixing alginate)
5. Plastic spatula
6. Wax spatula
7. Wax knife
8. Lecron carver
9. Plaster knife
10. Mean value articulator
11. Glass slab
12. Cement spatula / Broad bladed stainless steel spatula (for mixing ZnOE paste)
13. Half round file
14. Dental Flasks with Clamps
15. Plastic scale - 6 inch
16. Scissors - straight
17. Porcelain cup with lid
18. Soft Tooth brush
19. Impression tray : Stock Metal Trays (Maxillary & Mandibular)
    - Dentulaous - Perforated Nos. - 1 to 4
    - Edentulous - Nonperforated Nos. - 1 to 4
20. Camel hair brush

INTRODUCTION TO PROSTHODONTICS

DEFINITION OF PROSTHETIC DENTISTRY :-

Prosthetic dentistry is that branch of dentistry pertaining to the Diagnosis, Treatment Planning, Rehabilitation & Maintainence of the Oral function, Comfort, Appearence & Health of patients with clinical conditions associated with missing or deficient teeth & or maxillofacial tissues using biocompatible substitutes.

AIMS OF PROSTHETIC DENTISTRY :-

The aim of Prosthetic Dentistry is restoration of missing or lost dentition and associated structures with a view to preserve what remains of masticatory apparatus, restore function and aesthetics.

BRANCHES OF PROSTHETIC DENTISTRY -

1.	REMOVABLE PROSTHODONTICS	:-	Complete dentures Partial dentures Complete overdentures Partial overdentures
2.	FIXED PROSTHODONTICS	:-	Crowns Bridges Laminates
3.	MAXILLOFACIAL PROSTHODONTICS	:-	Obturators Stents Splints Extraoral prostheses- Eyes, ear, nose, etc.
4.	IMPLANT PROSTHODONTICS	:-	Removable Prosthesis Fixed Prosthesis

REMOVABLE PROSTHODONTICS :-

It is the branch of Prosthodontics concerned with the replacement of teeth and contiguous structures for edentulous or partially edentulous patients by artificial substitutes that are removable from the mouth

FIXED PROSTHODONTICS :-

It is that branch of Prosthodontics concerned with the replacement and / or restoration of teeth by artificial substitutes that are not readily removed from the mouth

IMPLANT PROSTHODONTICS :-

It is that branch of Prosthodontics concerning the replacement of missing teeth and / or associated structures by restorations that are attached to dental implants.

MAXILLOFACIAL PROSTHODONTICS :-

It is that branch of Prosthodontics concerned with the restoration and / or replacement of the stomatognathic and craniofacial structures with prosthesis that may or may not be removed on regular or elective basis.

QUESTIONS :-

1. Removable Prosthodontics includes

complete dentures | Partial denture | complete over denture | Partial over denture

2. A Fixed restoration on a single tooth covering all the tooth surfaces is

full veneev crown

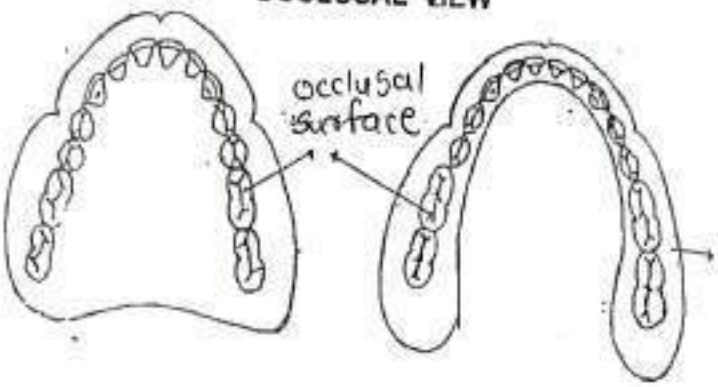
3. Fixed restoration that replaces a missing tooth is Implant prosthodontics/ bridge

Date	Nature of Work Done	Sign of Instructor
24/9/22	cube of dental plaster (PoP) of measurement 1:1:1 inches	

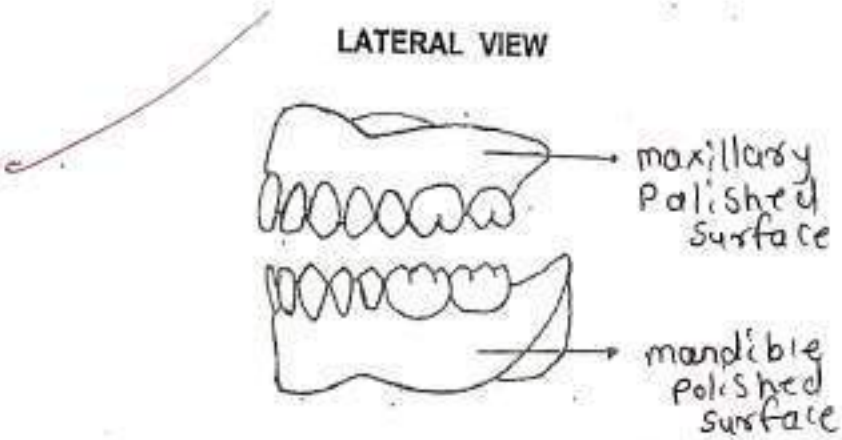
COMPLETE DENTURE

COMPLETE DENTURE

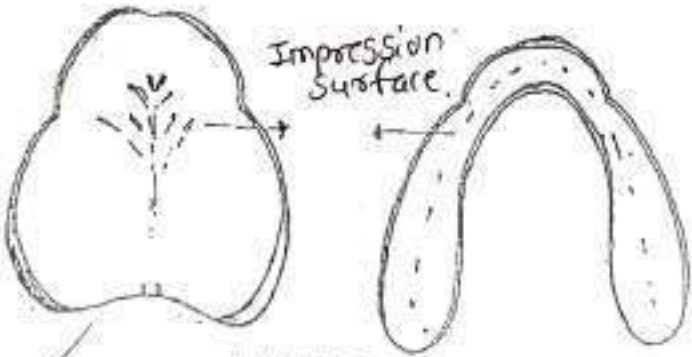
OCCLUSAL VIEW



LATERAL VIEW



IMPRESSION SURFACE VIEW / TISSUE SURFACE VIEW



Label the Diagrams

EXERCISE NO. 1

COMPLETE DENTURES

DEFINITION :-

A removable dental prosthesis that replaces the entire dentition & associated structures of the maxilla & / or mandible is called complete dental prosthesis.

SURFACES OF COMPLETE DENTURES :-

1. Impression surface / Tissue surface :-

The portion of the denture surface that has its contour determined by the impression & is in contact with the denture benture bearing, denture stabilizing and border seal areas present in the eduntulous mouth.

2. Polished surface :-

It is the portion of the surface of the denture that extends in on occlusal direction from the border of the denture & includes the palatal surfaces & is polished & also includes the buccal & lingual surfaces of the teeth.

3. Occlusal surface :-

It is the occluding surface of the denture that is intended to make contact with an opposing occlusal surface.

QUESTIONS :-

1. The surface of a complete denture that contacts the tissue is called as surface
impression surface / tissue surface / intaglio surface

2. A Prosthesis that replaces all the missing and associated structure is called as complete denture prosthesis

Date	Nature of Work Done	Sign of Instructor

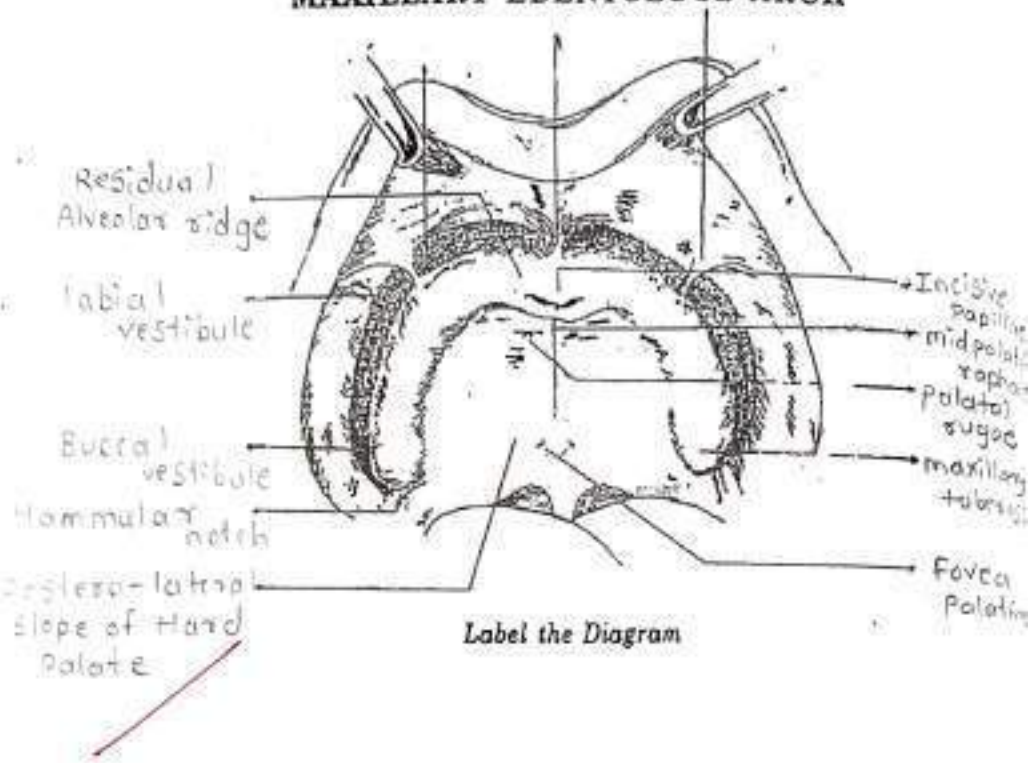
EXERCISE NO. 2

CLINICAL AND LABORATORY STEPS IN FABRICATION OF COMPLETE DENTURE

1. Examination, Diagnosis, Prognosis and Treatment Planning
2. Primary impression -
3. Primary Cast
4. Speacial / Custom try
5. Final impression -
6. Final casts
7. Temporary record base with occlusal rims.
8. Jaw relation and selection of teeth. -
9. Transfer of jaw relation to the articulator.
10. Arrangement of artificial teeth.
11. Waxing and Carving
12. Try-in of waxed up dentures -
13. Processing of dentures
    a) Sealing of waxed up dentures to cast.
    b) Flasking -Base flasking
       -Counter flasking
    c) Dewaxing
    d) Application of separating media
    e) Packing
    g) Bench curing
    h) Heat curing
    I) Bench cooling
14. Laboratory remounting and Selective grinding
15. Finishing and Polishing
16. Denture delivery and Instruction to the patient -
17. Patients Recall -

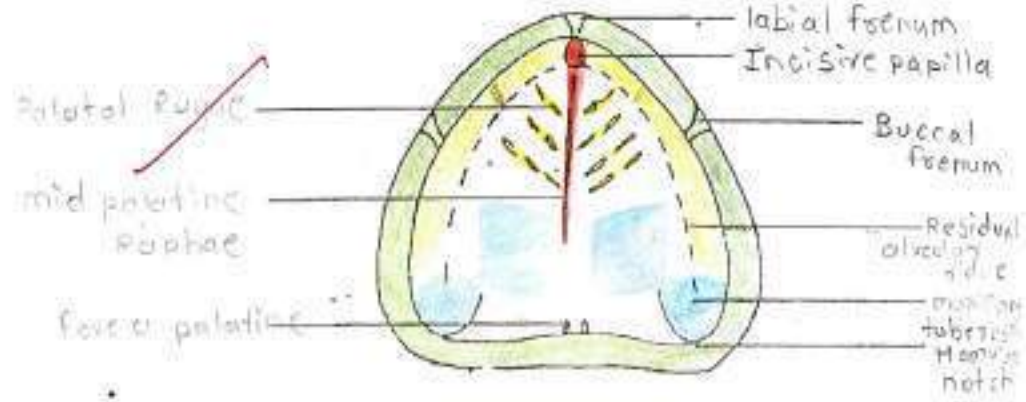
UNDERLINE THE LABORATORY STEPS IN RED

INTRA-ORAL ANATOMICAL LANDMARKS OF THE MAXILLARY EDENTULOUS ARCH



Label the Diagram

SURFACE LANDMARKS OF THE MAXILLARY EDENTULOUS CAST



Colour & Label the Diagram
Refer to the Chart

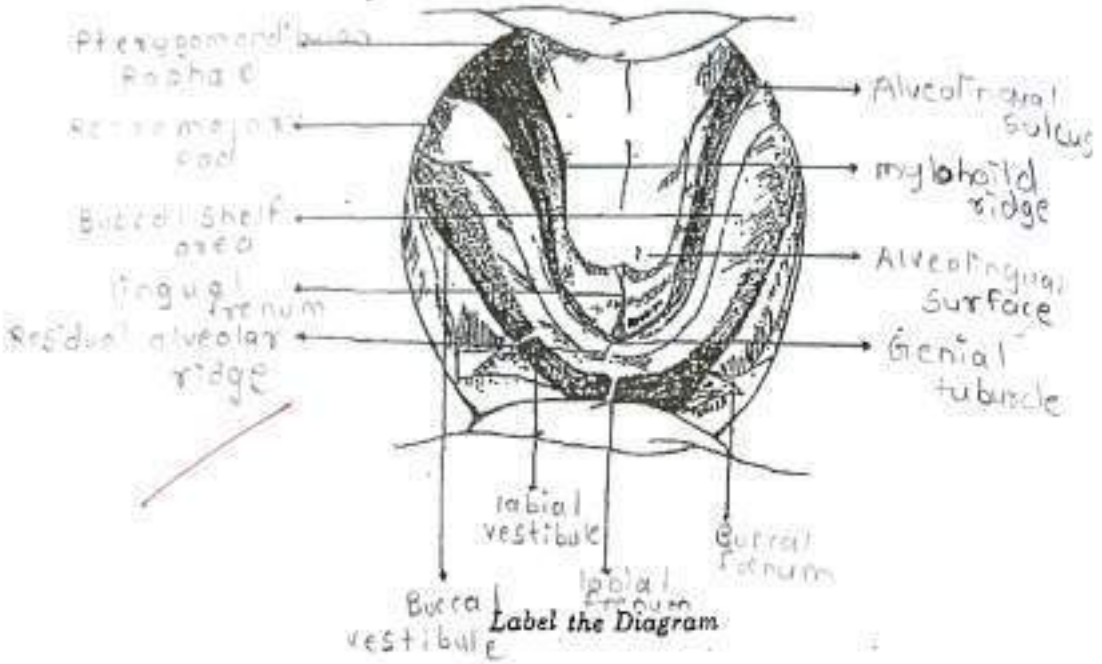
EXERCISE NO. 3(A)

ANATOMICAL LANDMARKS

ANATOMICAL LANDMARKS OF PATIENT'S MAXILLARY EDENTULOUS ARCH AND THEIR CORRELATION WITH THE MAXILLARY EDENTULOUS CAST

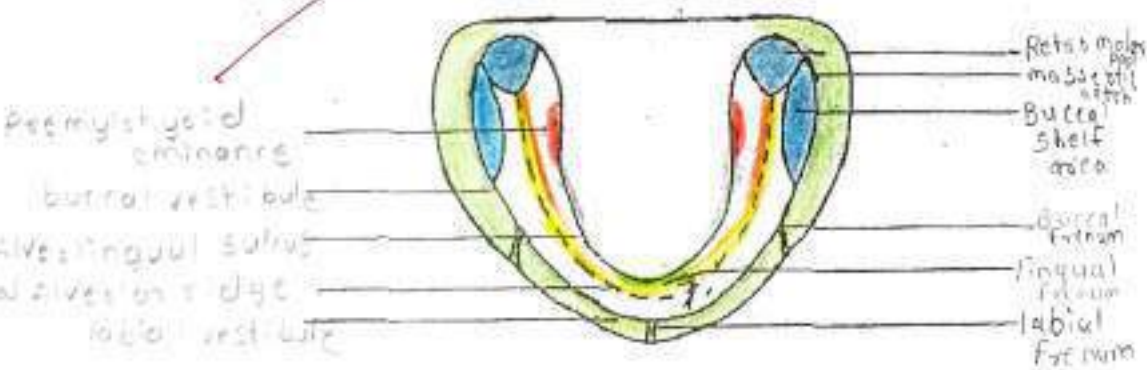
1. LABIAL FRENUM
2. LABIAL VESTIBULE
3. BUCCAL FRENUM
4. BUCCAL VESTIBULE
5. DISTOBUCCAL AREA
6. MAXILLARY TUBEROSITY
7. HAMULAR NOTCH
8. FOVEA PALATINE
9. INCISIVE PAPILLAE
10. RESIDUAL ALVEOLAR RIDGE
11. POSTERIOR PALATAL SEAL
12. MIDPALATINE RAPHAE
13. PALATAL RUGAE

INTRA-ORAL ANATOMICAL LANDMARKS OF THE MANDIBULAR EDENTULOUS ARCH



Label the Diagram

SURFACE LANDMARKS OF THE MANDIBULAR EDENTULOUS CAST



Colour & Label the Diagram
Refer to the Chart

EXERCISE NO. 3(B)

ANATOMICAL LANDMARKS OF PATIENT'S MANDIBULAR EDENTULOUS ARCH AND THEIR CORRELATION WITH THE MANDIBULAR EDENTULOUS CAST

1. LABIAL FRENUM
2. LABIAL VESTIBULE
3. BUCCAL FRENUM
4. BUCCAL VESTIBULE
5. RESIDUAL ALVEOLAR RIDGE
6. RETRO-MOLAR PAD
7. PTERYGOMANDIBULAR RAPHAE
8. RETROMYLOHYOID FOSSA
9. ALVEOLINGUAL SULCUS
10. LINGUAL FRENUN
11. BUCCAL SHELF AREA
12. PREMYLOHYOID EMINENCE
13. MASSETERIC NOTCH AREA
14. TONGUE

QUESTIONS - Exercise No.3(A) :-

1. Which are primary stress bearing areas in maxillary foundation ?

primary stress bearing areas in maxillary foundation includes

1) maxillary tuberosity
2) postero-lateral slopes of hard palate

2. Which are primary relief areas in maxillary foundation ?

primary relief areas in maxillary foundation includes

1) Incisive papillae
2) mid palatine Raphae
3) Fovea palatine

3. Which are denture limiting areas in maxillary foundation ?

Denture limiting areas in maxillary foundation includes

1) labial frenum
2) labial vestibule
3) buccal frenum
4) buccal vestibule
5) Hamular notch
6) Posterior palatal seal

Date	Nature of Work Done	Sign of Instructor
6/6/22	Marking of maxillary anatomical	
	landmark on a edentulous cast &	
	colouring it.	

QUESTIONS - Exercise No.3(B) :-

1. Which are primary stress bearing areas in mandibular foundation ?

Buccal shelf area
Residual alveolar Ridge

2. Which are primary relief areas in mandibular foundation ?

mylohoid Ridge
mental ~~mantle~~ foramen
genial tubercle
knife edge shaped crest of ridge.

3. Which are denture limiting areas in mandibular foundation ?

labial frenum
labial vestibul
Buccal frenum
Buccal vestibule
lingual frenum
Alveolingular Sulcus → Anterior, middle, Posterior

Date	Nature of Work Done	Sign of Instructor
27/6/24	Marking of mandibular anatomical	
	landmarks on an edentulor cast	
	and colouring it.	29/6/24

EXERCISE NO. 4

PRIMARY IMPRESSION OF EDENTULOUS CAST

DEFINITION OF IMPRESSION :-

A complete denture impression is a negative registration of entire denture bearing, stabilizing and border seal areas present in the edentulous mouth which is recorded when the plastic material becomes relatively hard on set while in contact with tissues .

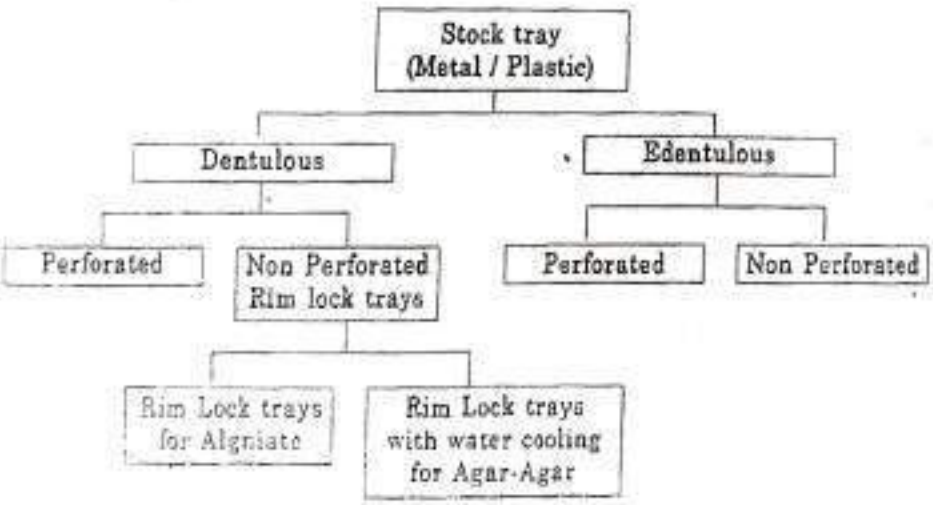
DEFINITION OF PRIMARY IMPRESSION :-

A negative likeness made for the purpose of diagnosis, treatment planning or the fabrication of a tray

DEFINITION OF TRAY:-

A Receptacle ,usually, made from metal ,that holds , directs and confines an impression material while an impression is being made .

TYPES OF STOCK TRAYS :-



MATERIALS AND INSTRUMENTS :-

1. 1½ Cake of medium fusing impession compound
2. Vaseline
3. Large rubber bowl
4. Hot water (not more than 65°C)
5. Wax knife
6. Edentulous stock non perforated trays
   a) Maxillary
   b) Mandibular
7) Kidney Tray
8) Macintosh Sheet
9) Heavy Plier
10) Enamel Tray

A] PROCEDURE OF MAXILLARY IMPRESSION

1. Select a maxillary edentulous stock metal tray which covers most of the anatomical portion of the cast and away from tissue by 2mm
2. Lightly grease the surface of the cast with Vaseline
3. Coat the inside surface of hard rubber bowl with Vaseline to prevent the softened compound from sticking to the bowl.
4. Break the impression compound into small pieces and place it in the bowl with warm water to soften it.
5. Knead the material and load it on the tray
6. Place the loaded tray on the cast and press it until material extends into the sulcus of the cast. Press the extruded material over the tray
7. Allow the material to harden
8. Remove the impression from the cast

B] PROCEDURE OF MANDIBULAR IMPRESSION :-

Follow the similar procedure for the mandibular impression in mandibular stok metal tray.

QUESTIONS :-

1. What material have you used for making primary impression of the edentulous die ?

→ medium fusing impression compound

2. What do you mean by fusion temperature of impression compound ?

→ The Temperature at where there is definite reduction in plasticity of material compound during fusion temperature. Also fusing temperature the material remains softened or plastic impression is made at this temperature

3. What is the temperature of water used for manipulating impression compound during primary impression making ?

→ 55°C - 65°C

Date	Nature of Work Done	Sign of Instructor
	making of preliminary maxillary edentulous impression with impression compound making of preliminary mandibular edentulous impression with impression compound	A B++

EXERCISE NO. 6

CAST

DEFINITION OF CAST :-

The positive reproduction of the form and shape of the maxilla / mandible usually made in a gypsum product. A Cast is made from an impression (negative replica) of these tissues.

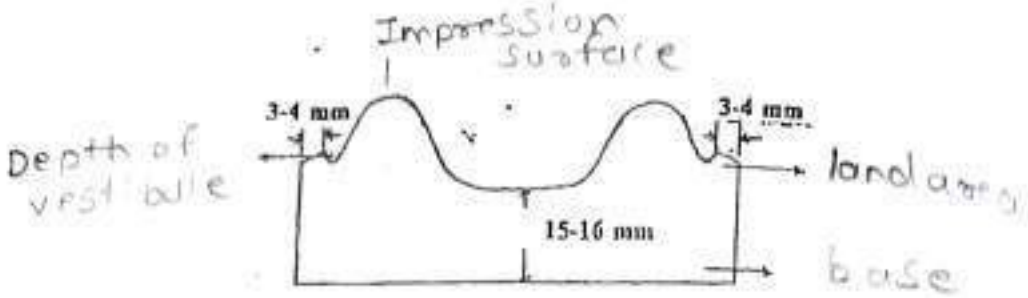
TYPES OF CASTS:-

1. Diagnostic Cast / Primary cast (Type II Gypsum)
2. Master Cast / Final Cast (Type III Gypsum)

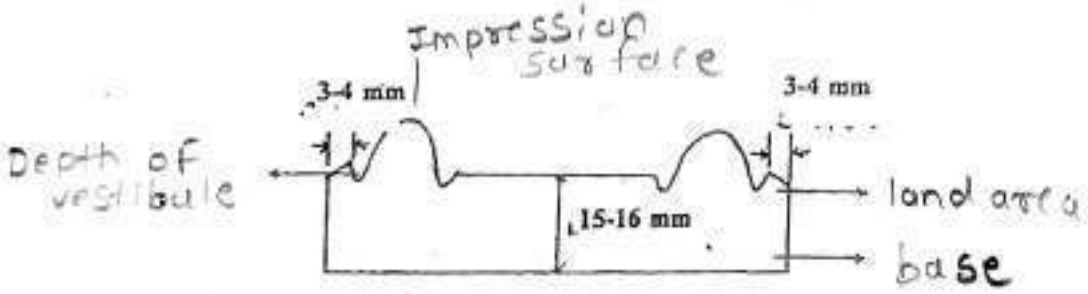
PARTS OF A CAST:-

1. Impression surface
2. Base
3. Land area /Ledge

PRIMARY CAST - MAXILLARY



PRIMARY CAST - MANDIBULAR



Label the Diagram

PREPARATION OF PRIMARY CAST FROM PRIMARY IMPRESSION

MATERIALS AND INSTRUMENTS :-

1. Edentulous Primary Impression of the Primary Cast.
2. Dental Plaster (Type II)
3. Large Black Stiff Rubber Bowl
4. Straight Plaster spatula
5. Wax knife
6. Plaster knife
7. Ceramic tile
8. Cotton
9. Coping Pencil

PROCEDURE :-

STEP I: POURING OF THE IMPRESSION

1. In a large black stiff rubber bowl, take measured of water (one measure water 6 scoops of dental plaster) add dental plaster by sprinkling it gradually till no free water is visible and water is completetely saturated with dental plaster.
2. Spatulate the mix with a straight plaster spatula and vibrate the bowl, to release air entrapped in it. Spatulate till you get a creamy mix.
3. Pour the dental plaster from one end of the impression. Tap the impression while pouring to avoid entrapment of air. Continue to add plaster till it fills the impression.
4. Pile the remaining plaster in the bowl onto the tile and invert the poured impression over the pile of plaster.
5. Mould plaster around the impression to cover the borders of impression.
6. Allow initial set to take place. Remove the excess material beyond the borders of the impression and allow the material to set completely.

STEP II: RETRIEVAL OF THE CAST

1. Take warm water (not more than 65° C) in a black stiff rubber bowl.
2. Immerse the poured impressions in warm water for 5 minutes.
3. Allow the compound to soften and remove the softened material from the set cast.
4. Check the cast for anatomical details or defects.
5. Retrieve the mandibular cast in same manner.

STEP III: FINISHING OF THE CAST

1. Using a purple copying pencil, outline the depth of sulcus (labial and lingual) of the mandibular cast. The posterior end of the maxillary cast, should be marked, from the depth of hamular notch on one side through the fovea palatine, to the hamular notch on the other side.
2. Mark the depth of sulcus (labial and lingual) of the mandibular cast. The posterior end is marked beyond the retromolar pads including these pads on both the sides of the arch.
3. After marking the depth of the sulcus,the cast is trimmed,using a plaster knife in such a way that the ledge of the cast is 3-4 mm high and 3-4 mm wide.
4. The base of the cast is 15 mm thick and such that the ridge crest is more or less horizontal, anteriorly and posteriorly.
5. Using a plaster knife , the cast is trimmed and smoothened.

QUESTIONS :-

1. **What is the purpose of the primary cast ?**

To aid in selective pressure secondary impression by making custom tray with space wax. To measure depth & extent To determine path of insertion of denture To evaccute size & contar arch . To identify plan & treatment for interference like for mandibular arch to get an idea about retention & stability offered by tissue

2. **Primary Cast is poured in which material .**

Dental plaster (Type II gypsum product)

3. **What should be the dimensions of the base of the cast ?**

Base should have a minimum thickness of 10mm at its thin portion
10mm at centre of hard palate is maxilla
10mm at depth of lingual sulcus in mandible

Date	Nature of Work Done	Sign of Instructor
5/4/21	preparation of primary cast	(A)
	from impression compound	Late
	1) maxilla 2) mandible	(BH) (SW)

EXERCISE NO. 6

SPECIAL TRAY

DEFINITION OF SPECIAL TRAY:

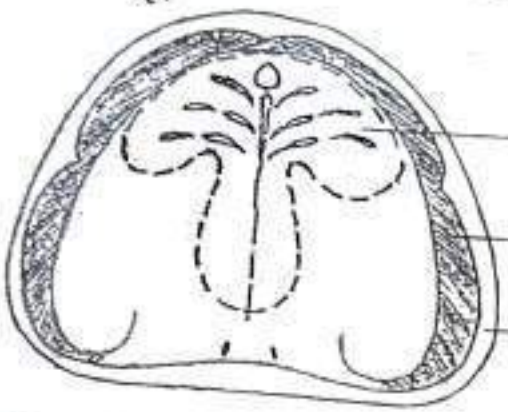
Special Tray is a Customized tray made on a Primary cast, that holds, directs and confines an impression material, to make a Definitive / Final impression.

MATERIALS USED FOR SPECIAL TRAY:-

1. Base Plate (Shellac)
2. Base Plate Reinforced with
   a) Compound
   b) Wire
   c) Self-cured acrylic resin
3. Acrylic Resin—
   a) Self cured
   b) Heat cured
4. Polyvinyl Material

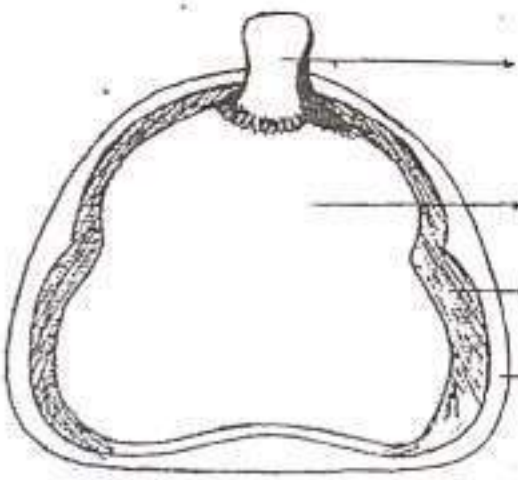
SPECIAL TRAY - MAXILLARY

'T' SHAPED SHELLAC SPACER



Label the Diagram

SPECIAL TRAY IN SHELLAC BASE REINFORCED WITH IMPRESION COMPOUND



Label the Diagram

EXERCISE NO. 6 (A)

SPECIAL TRAY IN BASE PLATE REINFORCED WITH IMPRESSION COMPOUND

MATERIALS AND INSTRUMENTS :

1. Primary Cast
2. Shellac base plate
3. Wax knife
4. Small scissors
5. Half round file
6. Wax spatula

PROCEDURE :

1. Mark the midline of the cast coinciding with labial frenum.
2. Mark the outline on the maxillary primary cast for the special tray i.e. 2 mm short of the sulcus.
3. Draw a 'T' shape spacer to outline the rugae and mid-palatal raphae.
4. Immerse the cast in water for 5 mins; to prevent the base plate from sticking to it.
5. Soften and adapt the base plate, as a spacer on the cast, cut to the marked spacer outline. Apply french chalk on the spacer to prevent the next layer of base plate from adhering.
6. Soften another sheet of base plate, place it over the spacer and cast.
7. Press the base plate to intimately contact the cast. Commence the adaptation from the centre of the palate. Press the base plate at the periphery into the labial and buccal sulci.
8. Cut excess of base plate at the periphery beyond the sulcus outline and roll it. In the posterior area the base plate is not rolled. It is filed to maintain a thin periphery in the posterior area.
9. After the adaptation of the base plate is completed, check the peripheries to confirm the outline and provide enough relief in the frenum area.
10. Use the excess base plate to make the handle. Prepare a handle 15mm high,10mm wide and 5mm thick.Attach the handle to the special tray in the midline with slight labial tilt.
11. Remove the tray from the cast and check the border extentions and place it back on the cast.
12. Reinforce the impression compound is done by spreading the softened compound on the special tray. Take care to keep the compound at least 3mm short of the peripheries. Once the compound hardens the tray is reinforced.

QUESTIONS :-

1. **What is the drawback of a Shellac Special Tray ?**

- lack of dimensional stability specially during application of Heat when border mouldeling with green stick
- brittle matterial so chances of breakage while impression making & fabrication of cast tray
- overheating special tray will produce smoke bubbles, blocking & leaching of shellarwax

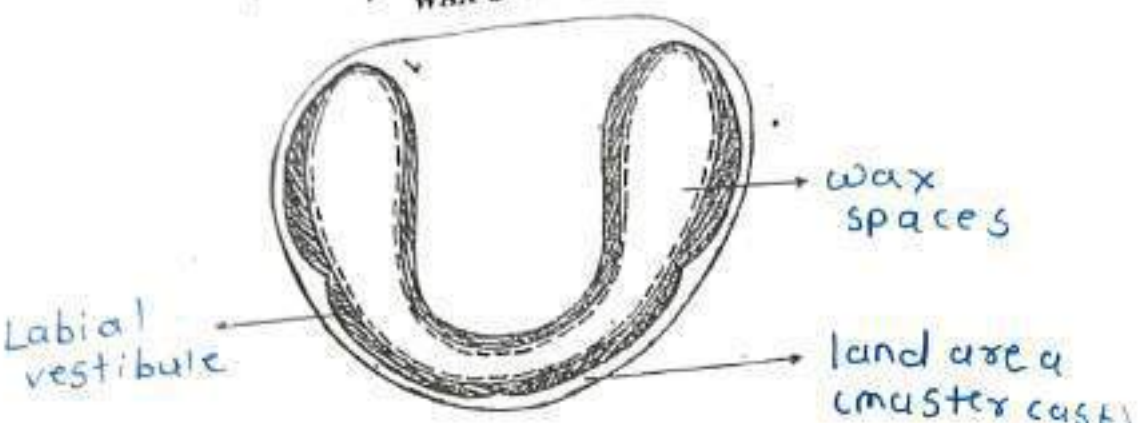
2. **Why do you reinforce a Shellac special tray with impression compound ?**

- To support shellac base plate to reduce breakage
- To support to minimize deformation as it gives adequate adaptation & rigidity to base plate

Date	Nature of Work Done	Sign of Instructor

SPECIAL TRAY - MANDIBULAR

WAX SPACER



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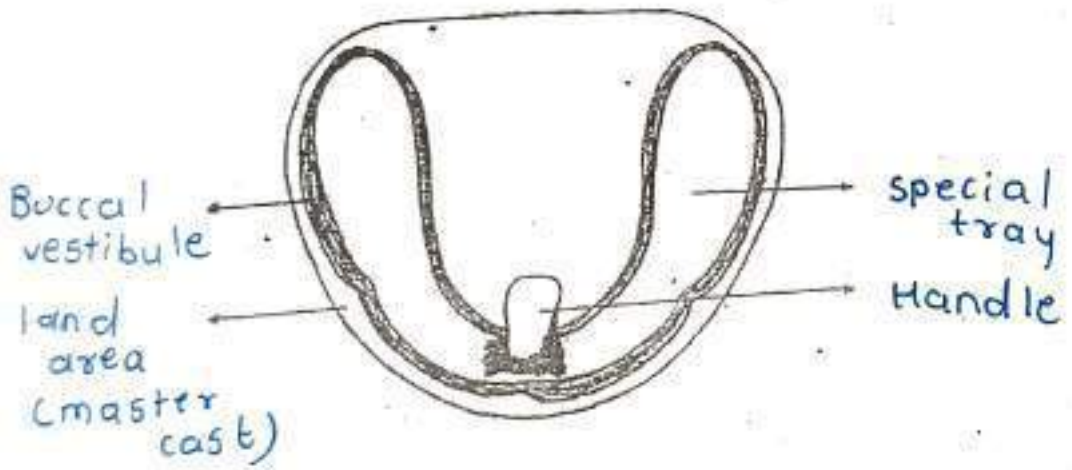
SPECIAL TRAY IN SELF CURED ACRILIC RESIN



Label the Diagram

EXERCISE NO 6(B)

SPECIAL TRAY IN SELF CURED ACYLI RESIN

MATERIALS AND INSTRUMENTS:-

1. Primary cast
2. Spacer wax
3. Wax knife
4. Wax spatula
5. Camel hair brush
6. Separating media-Sodium alginate
7. Container for mixing self cured acrylic resin- cup and saucer
8. Self cured acrylic resin / Tray material - 50% self cured powder
   50% French chalk
9. Self cured acrylic resin monomer
10. Tin foil
11. Acrylic trimmer
12. Scissors

PROCEDURE:-

1. Mark the midline on the labial surface of the base of the cast.

2. Mark the outline on the mandibular primary cast for the special tray , i.e 2mm short of the sulcus.

3. Draw a full spacer outline 2mm short of the outline marked.

4. Soften the wax spacer in lukewarm water and adapt it on the cast within the outline marked. Place a sheet of tin foil over the wax spacer. The foil facilitates the removal of wax spacer and also prevents the wax spacer from melting due to the exothermic heat generated during the polymerization of the acrylic resin.

5. Apply separating media with the camel hair brush on the exposed portion of the cast to form a layer which will prevent the acrylic resin from adhering to the cast.

6. Take measured quantity of self cured resin monomer in the cup. The self cured/tray powder is added to the liquid till it saturates. It is mixed using a wax knife to get a homogeneous mix. The cup is covered with the saucer, to prevent evaporation of monomer.

7. The mix is allowed to lose its stickiness before it is removed from the container. Remove the material knead and adapt well on the cast to form a tray. Take care to limit the material within the outline marked to prevent trimming of tray later on. Cut away any excess material beyond the peripheral outline with a sharp carver or scissors.

8. Mold the excess material to prepare a handle of 12mm height 10mm width and 5mm thickness and attach it in the centre of the tray coinciding with the midline. No tilt is given to the handle.

9. During the polymerization there is heat generation which melts the wax spacer. To prevent this, apply pressure on intial set tray on the cast by holding it and immersing it in a bowl of cold water.

10. Once the material is set, the tray is removed and if trimming is required, carry out with an acrylic trimmer; such that the tray borders are smooth and just short of the peripheral outline.

11. The tray is placed back on the cast.

QUESTIONS :-

1. Why is a special tray required to be fabricated.

1. for making a secondary impression in complete denture
2. for selective pressure impression making
3. To make accurate impression less wastage of impression material accurate border moulding impression.

2. What spacer material is used for fabrication for :-

a) A Shellac Special Tray - Non Asbestor casting linear/ Shellac Space wax

b) A self-cured Acrylic Resin Tray - wax spacer.

3. What is the composition of self-cured tray material ?

powder
1) PMMA - polymer (powder)
2) Benzoyl peroxide (initiation)
3) organic filler

liquid
1) monomethyl - methacyrlate
2) N-N dimethyl para toludine polymerisers
3) Di butylphalate - plasticizer activator
4) Hydroquinone - inhibitor

4. What is the need for placing a spacer ?

1) To provide relief for relief area
2) provides room for impression material
3) prevents tray from excretory excessive pressure on these areas during impression making.

Date	Nature of Work Done	Sign of Instructor

EXERCISE NO. 7

PREPARATION OF FINAL CAST (DEMONSTRATION)

DEFINITION OF FINAL CAST :-

An accurate replica of the residual ridge area and associated structures, reproduced from a final impression, upon which a dental prostheses will be fabricated.

CASTS ARE POURED IN DENTAL STONE BY TWO METHODS:-

A] BOXING IN METHOD

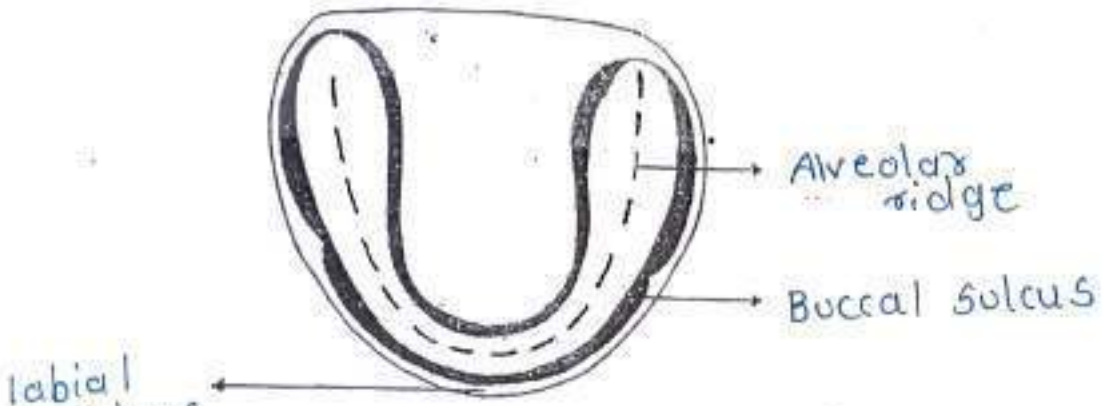
B] TWO STAGE POURING METHOD

MATERIALS AND INSTRUMENTS:-

1. Final impression in special tray
2. Stiff black rubber bowl
3. Straight Plaster spatula
4. Plaster knife
5. Beading wax
6. Boxing wax
7. Dental stone plaster (Type III Gypsum)

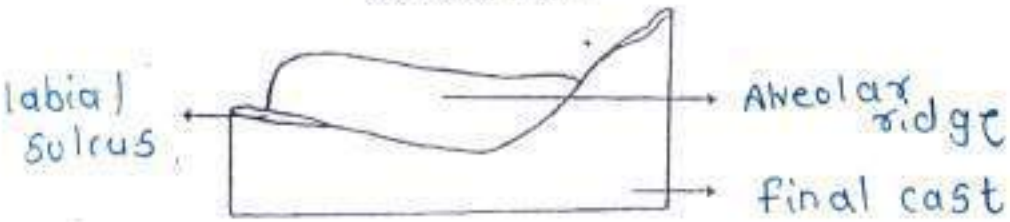
FINAL CAST - MANDIBULAR

OCCLUSAL VIEW



Label the Diagram

LATERAL VIEW



Label the Diagram

PROCEDURE:

A] BOXING IN METHOD

1. The border of the impression are beaded with thin strips of beading wax which is placed 2mm beyond the sulcus extension. It is kept 4mm wide.
2. Boxing wax sheets are sealed to beading wax such that the entire impression is enclosed to form a box (Boxed-in).
3. Dental stone plaster (type IV Gypsum) is mixed in a stiff rubber bowl to form a creamy mix. It is poured from one end of the impression to gradually fill the impression to the height of the boxed wax. The assembly is vibrated to avoid air entrapment.
4. The dental stone is allowed to completely set.
5. In addition to the above mentioned procedure, In case of mandibular impression a tongue shaped form is placed along the lingual border to provide the tongue space.

B] TWO STAGE POURING METHOD :-

1. Dental stone is mixed in a stiff rubber bowl to form a creamy mix
2. A small quantity is poured from one end of the impression to gradually cover the entire impression surface. The assembly is vibrated to prevent air entrapment.
3. Remaining stone is poured to cover the border of the impression. Few elevations are made over the stone for anchorage of the base. ALLOW STONE TO SET COMPLETELY.
4. Prior to pouring the base, the dental stone is made wet with water to allow the dental stone to adhere to it while forming the base. Mix the dental plaster / dental stone and pile it on the tile. The impression with the set dental stone is inverted over the plaster.
5. Shape the soft plaster/ stone to the desired height and width to form the base
6. Once the base is set the cast along with the impression is immersed in warm water to retrieve the cast.
7. Trim the cast to get the desired height of the base and height and width of ledge.

QUESTIONS :-

1. What are the methods of pouring a final cast ?

1. Beading and Boxing method
2. 2 stage pouring method are 2 method used to pour final cast

2. What material is used to pour the final cast ?

Dental stone (type II) in used to pour the final cast for edentulous patient.

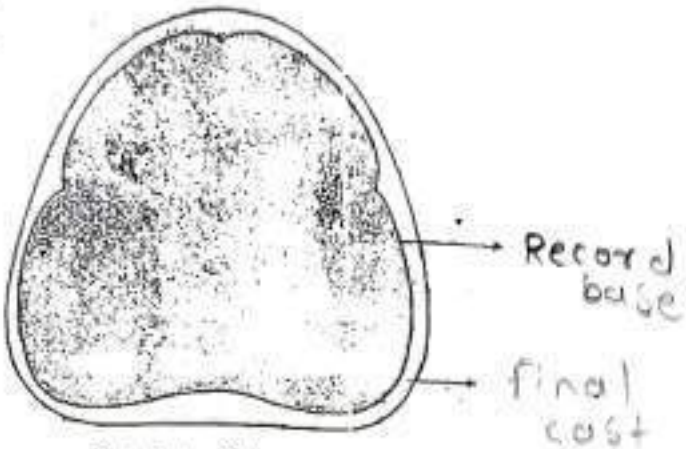
3 Why is it important to have a proper height and width of the ledge of the cast ?

It is important to have a proper height and width of edge of cast to attain proper depth and width of vestibule and subsequently in the denture broder Height is required to prevent undercasts in ridge area and proper width to attain uniformly around the cast.

Date	Nature of Work Done	Sign of Instructor

TEMPORARY RECORD BASE

MAXILLARY



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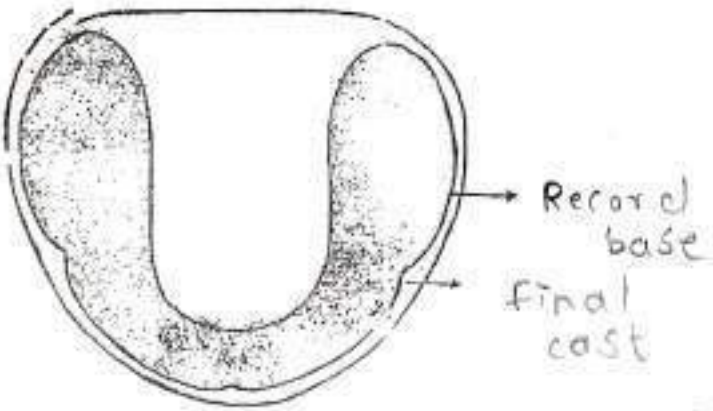
MANDIBULAR



Label the Diagram

QUESTIONS :-

1. What is the purpose of making a record base ?

It is used to support wax rims
To determine the centric relation
used to make trial dentures

2. Which area of the base plate should be filed and flushed ?

Border of Base palate should be filled
& flushed same as final denture

3. What are the materials used for making record bases ?

light cure acrylic resin
vaccum formed vinyl or polysterene
Heat cure Acrylic resin

4. What are the requirements of temporary record bases ?

It should be rigid
Accurately adapt to cast
fully cover the supporting tissues
of arches aesthetics

Date	Nature of Work Done	Sign of Instructor
15/3/23	preparation of Record Base (maxilla)	
15/3/23	preparation of record Base (mandible)	

EXERCISE NO.9

FABRICATION OF OCCUSAL RIMS

DEFINITION:-

Occlusal Rims are provisional substitutes with occluding surfaces fabricated on interim or final denture base for the purpose of making maxillomandibular relation records and arranging teath Also called as Record Rims.

PURPOSE OF OCCLUSAL RIMS:

They are used to establish:

a. The level of occlusal plane.

b. The arch form.

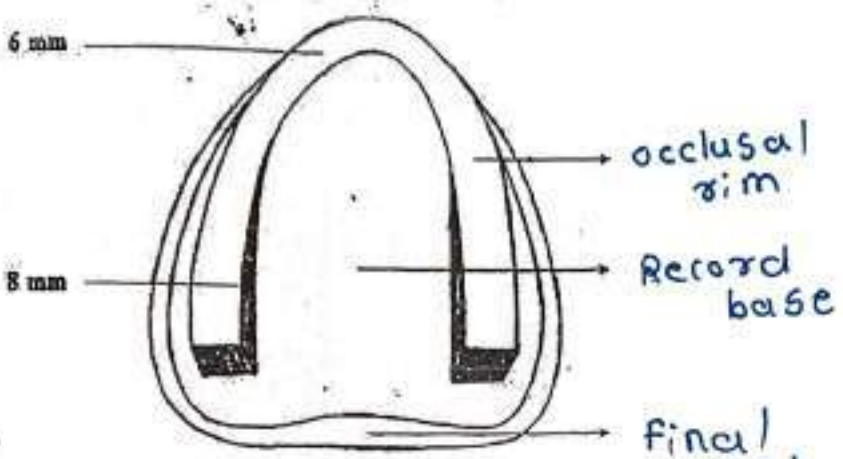
c. The maxillomandibular relation records
(vertical and horizontal jaw relationship and estimated interocclusal distance)

MATERIAL AND INSTRUMENTS :

1. Final casts with record bases
2. Modeling wax sheets
3. Wax knife
4. Straight plaster spatula
5. Large stiff rubber bowl

OCCLUSAL RIMS MAXILLARY

OCCLUSAL VIEW



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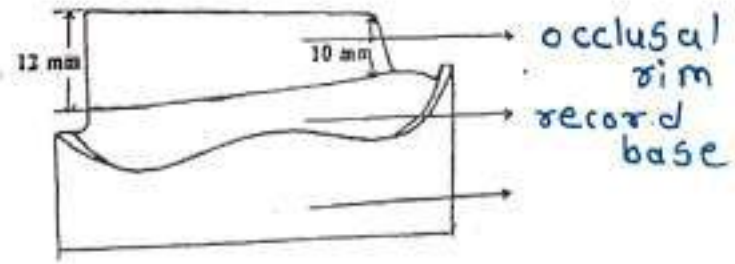
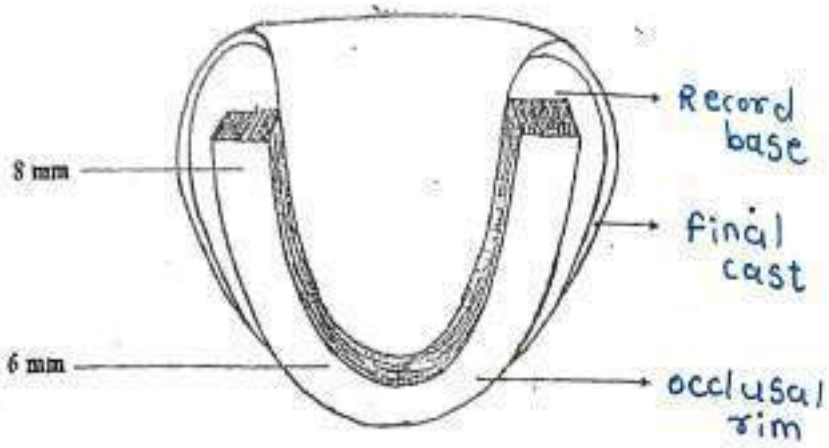
LATERAL VIEW



Label the Diagram

OCCLUSAL RIMS - MANDIBULAR

OCCLUSAL VIEW



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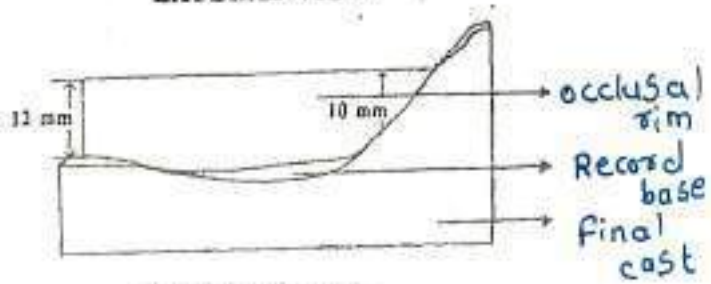
LATERAL VIEW



Label the Diagram

PROCEDURE:-

1. Use full length of the wax sheet for maxillary wax rims and 3/4th length of wax sheet for mandibular wax rims.

2. Soften the wax sheet from the edge and roll it gradually to form a soft roll.

3. Bend the soft roll of the wax into a 'U' shaped form and place it over the ridge crest area of the record bases. Mould the wax onto the slopes of the ridge. Seal the wax all around the record bases with a wax knife.

4. Mark a vertical line at the base of both (maxillary and mandibular) casts at the midline and 2cms behind the buccal frem on both the sides. Measure and mark the height of the wax rim along these lines. Adjust the wax rims to get the specified height for normal teeth arrangement

5. After the mandibular rim is prepared in the similar manner and its height adjusted to the specification, take care to see that the height of the rim is not higher than 2/3rd of retromolar pad.

6. The maxillary rim has a labial tilt. The mandibular rim is straight anteriorly

7. Polish the wax with soap and water to obtain a shine.

	ANTERIOR		POSTERIOR	
	HEIGHT	WIDTH	HEIGHT	WIDTH
MAXILLARY	12mm	6mm	10mm	8mm
MANDIBULAR	10mm	6mm	10mm	8mm

QUESTIONS :-

1. What wax is used for fabrication of occlusal rims ?

→ modelling wax sheets are used for fabrication of occlusal rims

2. What is the purpose of occlusal rims ?

→ They are used to establish
- level of occlusal plane
- arch form
- maxillo-mandibular relation record

3. What should be the height of the upper wax rim ?

maxilla	anterior	Posterior
Height	12 mm	10 mm

Date	Nature of Work Done	Sign of Instructor
29/3/23	Fabrication of maxillary &	
	mandibular wax rim	A
	by modelling wax	

EXERCISE NO. 10

ARTICULATORS

DEFINITION:-

An Articulator may be defined as a mechanical device that represents the tempero-mandibular joint and jaw members to which maxillary and mandibular casts may be attached to simulate some or all jaw movements.

CLASSIFICATION:-

A. Based on theories of occlusion:

1. Bonwill Theory — W. G Bonwill
2. Conical Theory — R J Hall
3. Spherical Theory — manson

B. Based on adjustability of articulators:

1. Non-adjustable
   a. Simple hinge
   b. Hinge with fixed condylar control
      - Mean value articulator
        by Gysi

2. Semi-adjustable
   a. Arcon : Arcon articulators are those which contains the condylar path elements within its upper member and the condylar elements within the lower member.
      - Bergstorm derived the name ARCON from ARticulator and CONdyle.
      - examples: Hanau Arcon H2
        Whip mix.

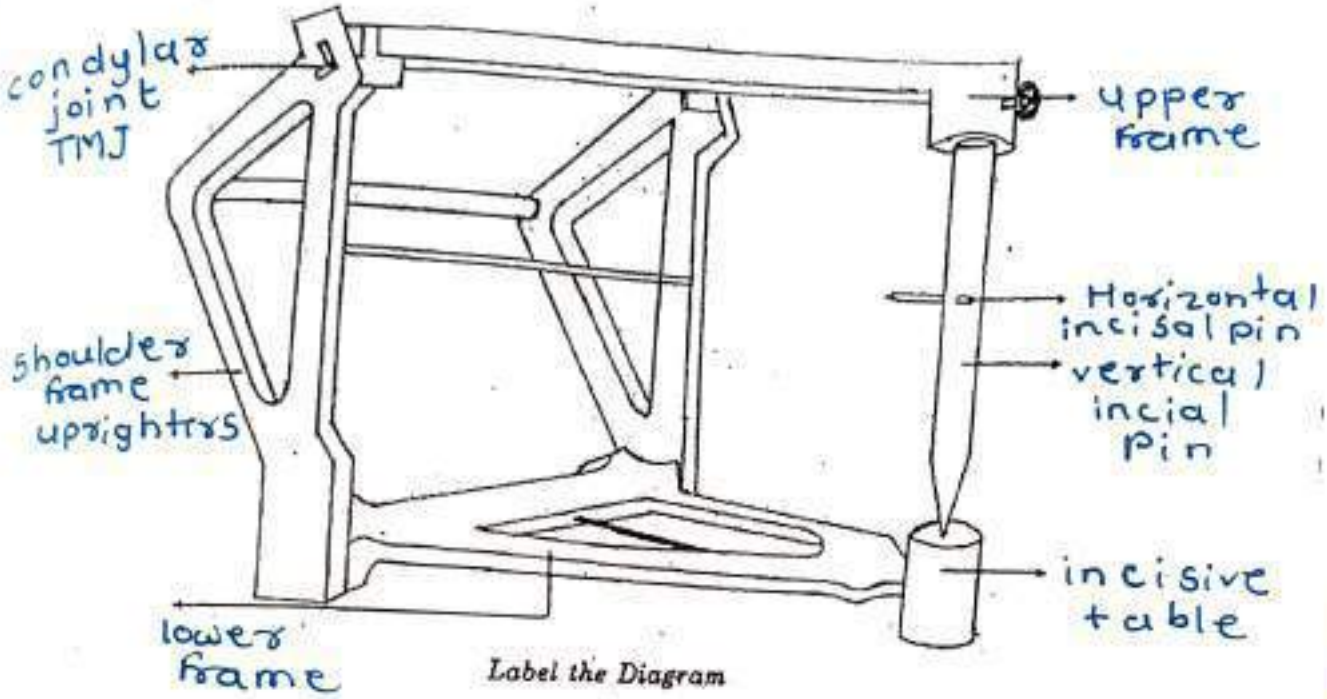
   b. Non Arcon: Non Arcon articulators contains condylar elements in its upper member.
      - examples: Hanau H2,
        Dentatus.

3. Fully-adjustable
   - examples: Denar
     TMJ

PARTS OF MEAN VALUE ARTICULATORS:

1. Upper member
2. Lower member
3. Vertical incisal pin
4. Horizontal incisal pin
5. Incisal table
6. Condylar joints :
   a. Condylar guidance slots
   b. Condylar elements
7. Condylar posts

MEAN VALUE ARTICULATOR



Label the Diagram

QUESTIONS :-

1. What is the type of articulator you are using, classify it ?

I) based on theory of occlusion → Bownwill Theory
4inch distance beth condyle & incis
II) based on instrument function - only verticle & horizontal motion .
III) based on location condyle

2. Is the condylar and incisal guidence fixed or adjustable for the articulator you are using ?

→ The condylar & incisial guidence is fixed /non - adjustable having 3 fixed mean values

i) inter condylar distance - 4 inch (10cm) distance occured beth condyle & between each condyl & incisal pin

ii) condylar guidance - 30°

iii) angle of incisal guidance = 10°-15°

EXERCISE NO. 11

TRANSFER OF JAW RELATION TO THE ARTICULATOR

MAINTAINANCE OF THE ARTICULATOR:

1. Clean and oil the articulator.
2. Check the position of the vertical incisal pin.The upper end of the incisal pin. should flush with the upper arm of the articulator.
3. The lower end of the incisal pin should touch the incisal table.
4. The horizontal incisal pin should be in its position.

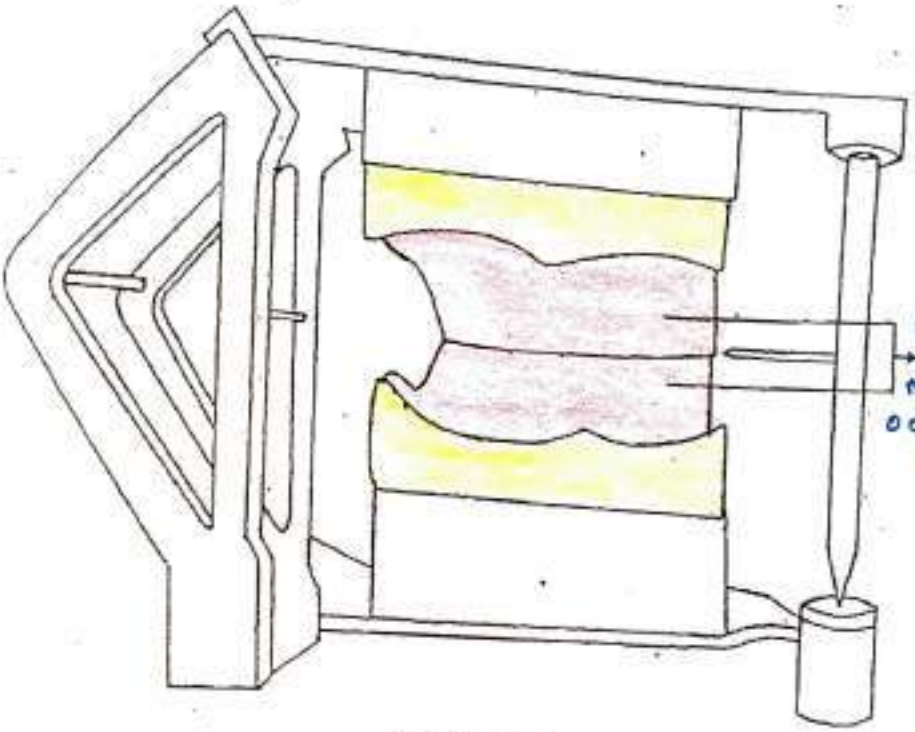
MATERIALS AND INSTRUMENTS:-

1. Final casts with occlusal rims
2. Dental plaster (Type II Gypsum)
3. Petroleum jelly- Vaseline
4. Hard modelling clay
5. Straight plaster spatula
6. Black stiff rubber bowl
7. Mean value Articulator
8. Half round file
9. Copying Pencil

PROCEDURE:

1. Prepare V- shaped notches in the base of the cast using a half round file to facilitate laboratory remounting procedures.The notches should be wide, shallow and sharp.
2. Seal the occlusal rims in a Class I relationship.Mark the midline, canine line and high lipline.
3. Seal the temporary bases to the cast to prevent the movement of the record base on the cast.
4. Lubricate the bases of both maxillary and mandibular casts with a thin layer of petroleum jelly.
5. Place lumps of hard modelling clay at three points on the lower member and place the cast with sealed wax rims on the wax support on the them such that they are centered when viewed from the top. When viewed from the side, the occlusal plane of the occlusal rims should be at the midplane of the articulator. The horizontal incisal pin should touch the midline marked on the occlusal rims.
6. Mix plaster and place it over the base of maxillary cast to attach it to the upper member of the articulator (one measure water : 7 Scoops of dental plaster)
8. Remove the excess plaster after the initial set of the plaster. Do the further contouring after final set.
9. Invert the articulator and remove the wax lumps. Mix the plaster and place it between the mandibular cast and lower member of the articulator in the same manner as that for the maxillary cast.
10. Clean the articulator.
11. Check the articulator after mounting for the following:
    a. The upper end of the incisal pin is flush with the upper arm of the articulator.
    b. The lower tip of the incisal pin is touching the incisal table.
    c. The horizontal incisal pin is touching the midline marked on the occlusal rim.
    d. The occlusal plane of the occlusal rims coincides with the mid plane of the articulator.
12. Seperate the two occlusal rims by breaking the seal. Transfer the midline onto the plaster attaching the cast to the articulator.
13. Inscribe your name and roll no. on plaster with copying pencil.

TRANSFER OF JAW RELATION TO MEAN VALUE ARTICULATOR



Label the Diagram

QUESTIONS :-

1. What is the type of articulator you are using ?

Non ~~Arcon~~ Arcon non adjustable mean value Articulator [permits Horizontal and vertical motion.]

2. What points do you check prior to mouting to wax occlusal rims on the articulator ?

1. check position of vertical incisal pin it should be at the centre of incisal Table
2. The upper end of vertical pin should flush with upper axis of articulator
3. Horizontal incisal pin should be in position touching midline marked on occlusal rims
4. Rim's occlusal plane considered as the midplane of articulator

3. Is this articulator you are using a arcon or non-arcon type of articulator ?

Non acron type in which condylar element are located on upper member and condylar guidance on lower member of articulator.

Date	Nature of Work Done	Sign of Instructor
	Transfer of maxillary and mandible jaw relation to an articular.	

EXERCISE NO. 12

SELECTION OF TEETH FOR COMPLETE DENTURES

MATERIALS USED FOR ARTIFICIAL TEETH

1. Acrylic
2. Composite
3. Ceramic

CUSP ANGULATION OF POSTERIOR TEETH

1. Anatomical (Above 30°)
2. Semi anatomical (20°)
3. Non anatomical (0°)

SELECTION OF TEETH FOR PRECLINICAL SET UP:-

Anterior teeth: Mesio-distal width- To fit within the canine line.

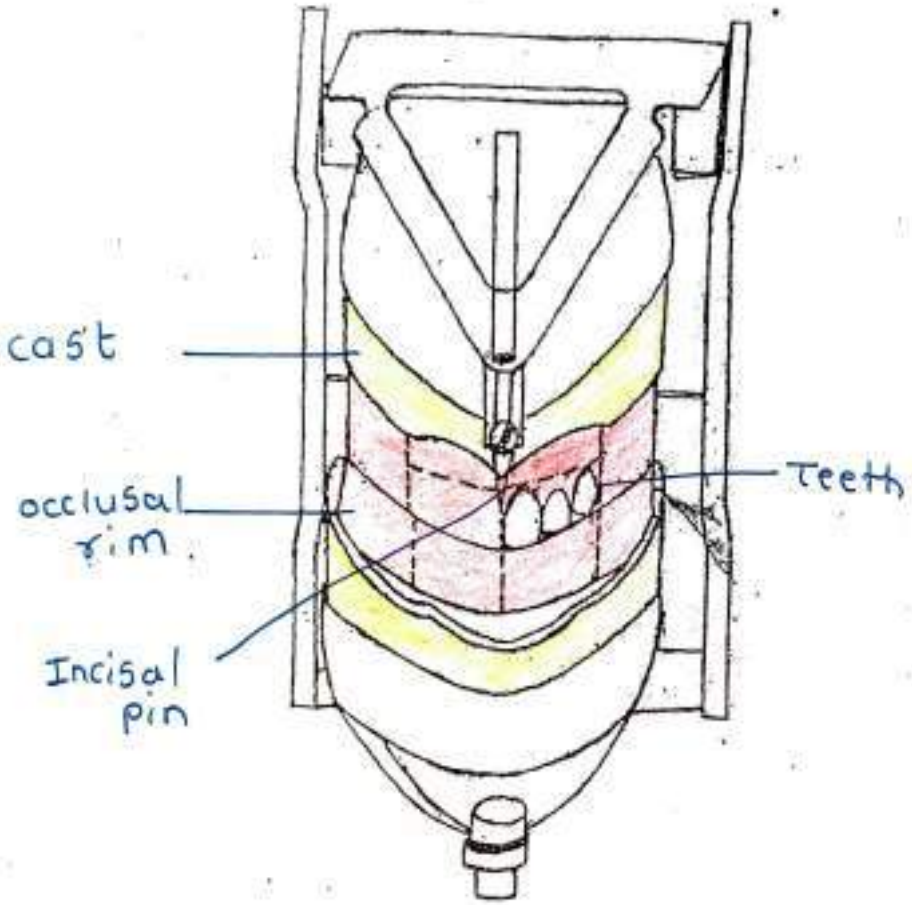
Inciso-cervial length- To fit within the high lip line and occlusal surface of the rim.

Posterior teeth: Mesio-distal width- To fit between distal surface of canine to

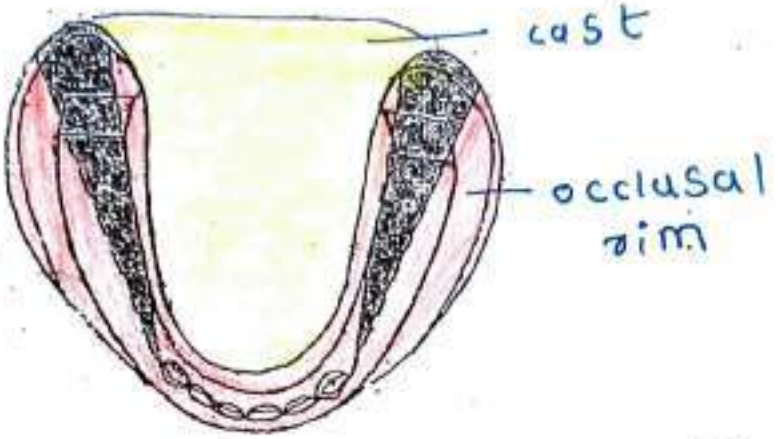
- Anterior portion of maxillary tuberosity in maxillary arch.
- Retromolar pad in mandibular arch.

Bucco-lingual width- Within the Pound's triangle which is from canine at apex. and retromolar pad at the base of triangle.

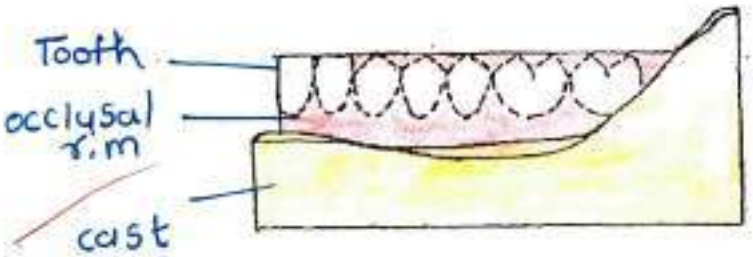
ANTERIOR VIEW OF THE MOUNTED OCCLUSAL RIMS ON MEAN VALUE ARTICULATOR



POUND'S TRIANGLE



MAINTENANCE OF HEIGHT OF THE MANDIBULAR POSTERIORS UPTO 2/3rd OF RETROMOLAR PAD



EXERCISE NO. 13

ARRANGEMENT OF ARTIFICIAL TEETH

MATERIAL AND INSTRUMENTS:

1. Teeth set
2. Bowl with cold water
3. Wax knife
4. Wax spatula
5. Lacrons carver

SEQUENCE OF ARRANGEMENT OF TEETH

1.	Maxillary anteriors	Right side
2.	Maxillary anteriors	Left side
3.	Maxillary posteriors	Right side
4.	Maxillary posteriors	Left side
5.	Mandibular posteriors	Right side
6.	Mandibular posteriors	Left side
7.	Mandibular anteriors	Right side
8.	Mandibular anteriors	Left side

PROCEDURE:-

1. Place the articulator with the mounted casts in cold water for 5 mins.
2. Remove the vertical incisal pin from the articulator and place it in a reverse position for clearer view while arranging the anterior teeth.
3. Remove half the height of the occlusal rim and half of the labial aspect of each quadrant with a carver as you progress with teeth arrangement.
4. Soften the wax with a warm spatula to pool the wax in specific area.

5. Arrange the anterior teeth to follow the contour of occlusal rim.

6. Position the central, lateral and canine keeping in mind their individual positions as shown in the chart.

7. Fix the position of each tooth by dipping it in cold water.

8. In the same manner arrange central, lateral and canine on the other side.

9. Check the individual position of the teeth in relation to the glass slab.

10. Reposition the incisal pin, such that the upper end of incisal pin is flush with the upper arm of the articulator and tip is in contact with incisal table.

11. Arrange the maxillary posterior teeth following the positions as per the chart.

12. Arrange all the upper posteriors in a straight line with their central grooves following on the crest of mandibular ridge with the articulator in closed position.

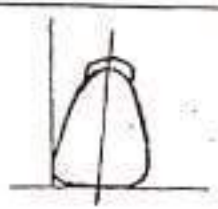
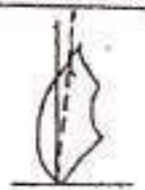
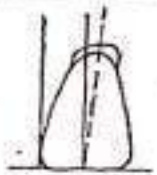
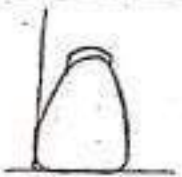
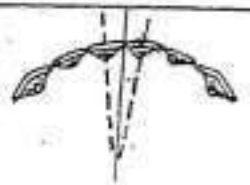
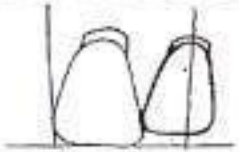
13. Check the mesio-distal and bucco-lingual relation of the posterior teeth as per the chart.

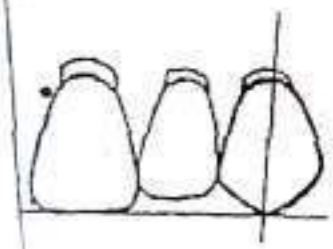
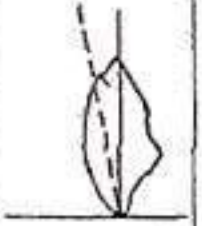
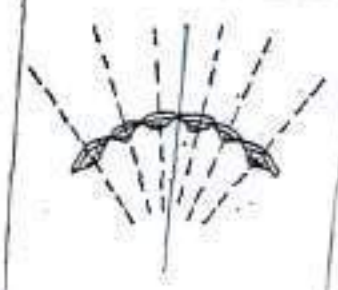
14. In the same manner arrange the posterior teeth on the other side.

15. Arrange the mandibular 1st molar with it's mesio-buccal groove coinciding with the mesio-buccal cusp of the maxillary 1st molar. Arrange the mandibular 2nd molar in relation to maxillary 2nd molar followed by the arrangement of 2nd premolar and lastly the 1st premolar. Occlusion of the maxillary posteriors is checked to see the maximum intercuspation from both buccal and lingual aspect.

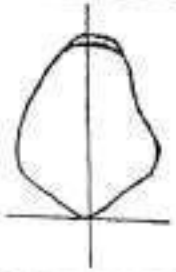
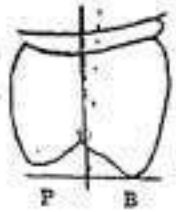
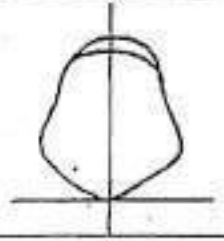
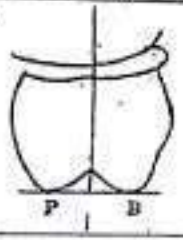
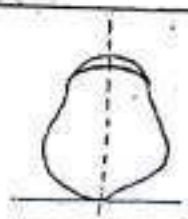
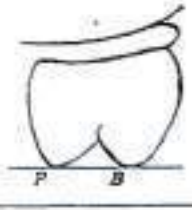
16. Arrange the mandibular anteriors with the minimum of 2mm of vertical and 2mm of horizontal overlap following the arch form of the maxillary anteriors. Follow the position of the teeth according to the chart.

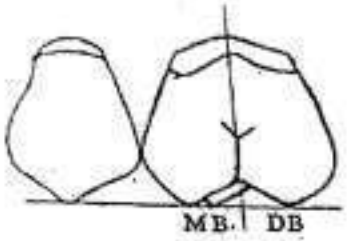
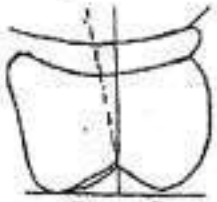
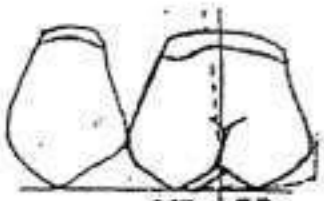
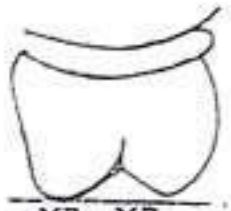
CHART OF NORMAL INDIVIDUAL POSITIONS OF TEETH : MAXILLARY ANETERIORS

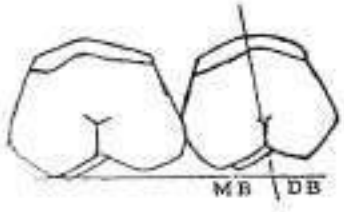
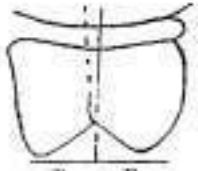
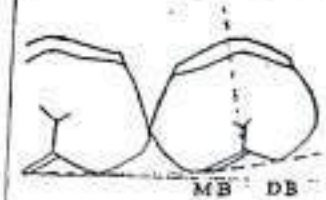
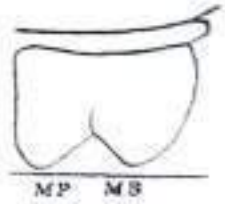
	LABIO-LINGUAL INCLINATION	MESIO-DISTAL INCLINATION	RELATION TO OCCLUSAL PLANE	ROTATIONAL RELATIONSHIP
MAXILLARY CENTRAL 1.1	NO DEPRESSION AT THE NECK	PERPENDICULAR	ON THE OCCLUSAL PLANE TOUCH THE GLASS SLAB.	FOLLOW THE ARCH - FORM
				
MAXILLARY LATERAL 2.2	DEPRESSED AT THE NECK	DISTALLY TILTED	1mm ABOVE THE OCCLUSAL PLANE.	FOLLOW THE ARCH FORM.
				

MAXILLARY CANINES 3|3	PROMINENT *NECK*	STRAIGHT WITH *NO TILT.*	TIP OF CANINE CONTACTS *THE OCCLUSAL PLANE*	DISTAL HALF OF LABIAL *FACE POINTING* POSTERIORLY. ROTATED WITH MESIAL HALF IN LINE WITH THE LABIAL SURFACE OF LATERAL AND DISTAL HALF IN LINE WITH THE WAX RIM DISTALLY.
				

MAXILLARY POSTERIORS

	BUCCO-LINGUAL INCLINATION	MESIO-DISTAL INCLINATION	RELATION TO OCCLUSAL PLANE
MAXILLARY 1ST PREMOLAR 4/4	PALATALLY INCLINED	STRAIGHT	BUCCAL CUSP TOUCHES THE OCCLUSAL PLANE PALATAL CUSP 1 mm ABOVE THE OCCLUSAL PLANE
			
MAXILLARY 2ND PREMOLAR 5/5	PALATALLY INCLINED	STRAIGHT	BOTH THE CUSPS TOUCH THE OCCLUSAL PLANE
			

MAXILLARY 1ST MOLAR 6/6	BUCCALLY INCLINED	DISTALLY TILTED TO FOLLOW THE COMPENSATING CURVES	BUCCALLY TILTED. MESIOPALATAL CUSP TOUCH THE OCCLUSAL PLANE
			

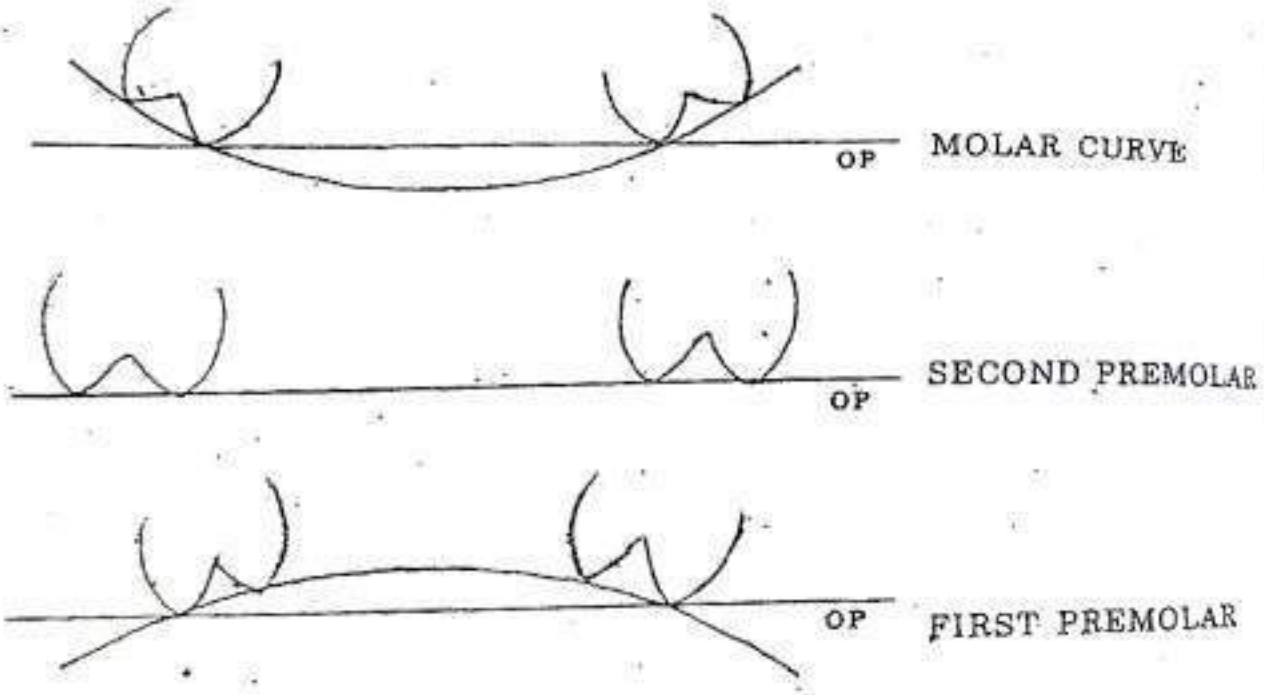
MAXILLARY 2ND MOLAR 7/7	BUCCALLY INCLINED SLIGHTLY MORE THAN 1ST MOLAR	DISTALLY TILTED TO FOLLOW THE COMPENSATING CURVES	*BUCCALLY TILTED. - NO CUSP TOUCHES THE OCCLUSAL PLANE - BUCCAL CUSPS ARE HIGHER THAN PALATAL CUSPS - DISTAL CUSPS ARE HIGHER THAN MESIAL CUSPS - MESIO-PALATAL CUSP IS THE LOWEST ON THE OCCLUSAL PLANE*
			

COMPENSATING CURVE is the anteroposterior curve (in the median plane) and the mediolateral curve (in the frontal plane) within the allignment of the occluding and the incisal edges of artificial teeth that is used to develop Balance Occlusion.



ANTERO POSTERIOR CURVE : (CURVE OF SPEE)

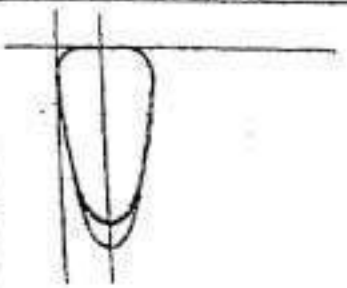
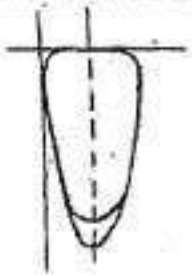
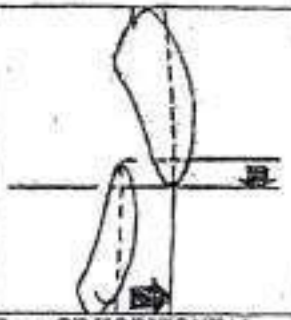
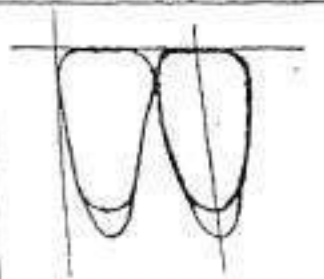
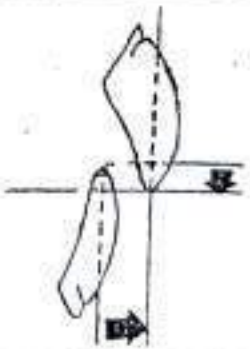
The anatomic curve established by the occlusal allignment of the teeth, as projected on to the median plane, beginning with the cusp tips of the mandibular canine and following the buccal cusp tips of the premolar and molar teeth, continuing through the anteior border of the mandibular ramus, ending with the anterior most portion of the mandibular condyle.

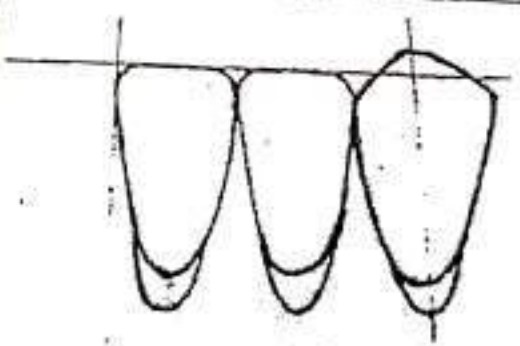
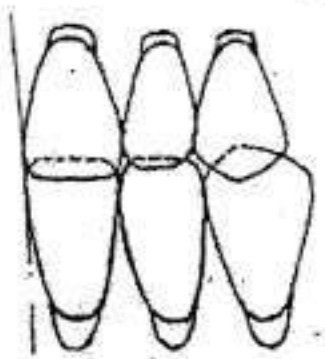


LATERAL CURVES : (CURVE OF MONSON)

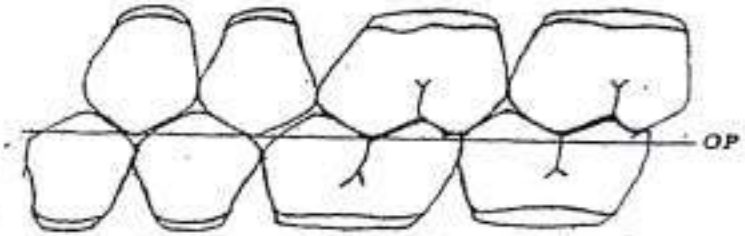
The proposed ideal curve of occlusion in which each cusp and incisal edge touches or conforms to a segment of surface of a sphere eight inches in diameter with its centre in the region of glabella.

MANDIBULAR ANTERIORS

	LABIO-LINGUAL INCLINATION	MESIO-DISTAL INCLINATION	RELATION WITH CORRESPONDING MAXILLARY TEETH	ROTATIONAL RELATIONSHIP
MANDIBULAR CENTRAL $\overline{1\|1}$	DISTINCT LABIAL TILT	PERPENDICULAR	2mm OF HORIZONTAL AND VERTICAL OVERLAP.	FOLLOWS THE CURVE OF ARCH
				
MANDIBULAR LATERAL $\overline{2\|2}$	SLIGHT LABIAL TILT	SLIGHTLY TO THE DISTAL AT NECK	2mm OF HORIZONTAL AND VERTICAL OVERLAP	FOLLOWS THE CURVE OF ARCH
				

MANDIBULAR CANINE $\overline{3\|3}$	PROMINENT AT THE NECK	MESIAL TILT OF INCISAL TIP	2mm OF HORIZONTAL AND VERTICAL OVERLAP MANDIBULAR CANINE SHOULD BE HALF A CUSP MESIAL TO THE MAXILLARY CANINES	FOLLOWS THE ARCH FORM AND THE POSITION OF THE MAXILLARY ANTERIOR.
				

MANDIBULAR POSTERIORS

MANDIBULAR POSTERIORS 7654|4567	MESIOBUCCAL GROOVE OF MANDIBULAR 1ST MOLAR COINCIDING WITH MESIOBUCCAL CUSP OF MAXILLARY 1ST MOLAR. MADIBULAR SECOND MOLAR, SECOND PREMOLAR AND FIRST PREMOLAR OCCLUDE HALF CUSP MESIAL TO ITS OPPOSING CORRESPONDING TEETH. THERE SHOULD BE MAXIMUM INTERCUSPATION FROM BOTH BUCCAL AND LINGUAL ASPECT.
	

QUESTIONS :-

1. Why should you soak the articulator with mounted casts in cold water prior to the arrangement of teeth?

Articulator with mounted cast in cold water prior to the arrangement of teeth soaked in cold water to avoid spilling of wax on mounted cast

2. What is the position of the maxillary 1st molar?

slightly placed bucally than maxillary 2nd PM teeth will have mesial inclination by mounting compensating curve established mandibular molar and distolingual cusp contour.

3. What is Pound's triangle?

The Triangle that extend from mesial proximal contact of mandibular canine to buccal & lingual This triangle is used as guide for positioning mandible teeth The lingual surface of posterior teeth should be within triangle

4. What is vertical overlap?

overlap vertical plane in measured between incisal edge but maxillary incisor and laterally labial of mandibular incisor known as vertical overlap -0.5mm

5. What is horizontal overlap?

overlap in horizontal plane measured between gap maxillary and mandibular incisor. It is generally 2mm also known as overjet.

Date	Nature of Work Done	Sign of Instructor
13/4/22	Teeth arrangemrnt of	
	maxillary and mandibular	
	wax rim	

EXERCISE NO. 14

WAXING, CARVING AND POLISHING

DEFINITION:-

Waxing is the contouring of a wax pattern or the wax base of a trial denture into the desired form to aid in retention, speech and aesthetics.

MATERIALS AND INSTRUMENTS:-

1. Modelling wax sheet
2. Wax spatula
3. Lacrons carver
4. Guaze piece
5. Soft tooth brush
6. Muslin cloth
7. Cotton
8. Soap

PROCEDURE:-

1. Place softened wax using a wax spatula around the artificial teeth and over the base plate to wax up the denture.
2. Contour the wax using a wax spatula and carve to form the matrix around each tooth to depict the gingival contour.
3. Contour the wax on the buccal flanges to form smooth concave surfaces.
4. Contour the palatal surfaces to be smooth and carve the rugae in the anterior region.
5. Smoothen the wax with a soft tooth brush, guaze and muslin cloth.
6. Polish with wet cotton and soap solution.

CAUTION: Do not place the waxed denture on the flame for polishing it as it would burn the acrylic teeth.

QUESTIONS :-

1. What is the purpose of waxing, carving and polishing of the trial denture ?

waxing aids countering the wax root and the trial denture into desentared from the aid in dentition speech esthetics.

polishing is done to minimise the large crack and make smooth surface and also make smile presentable

2. At what stage should you complete the waxing, carving and polishing of waxed trial denture ?

waxing and carving should be done after placing all teeth at proper landmarks and at proper occlusion. polishing to be done after carving to finish contour.

Date	Nature of Work Done	Sign of Instructor
3/7/23	waxing and carving of maxilla and mandible	(A) GN

EXERCISE NO. 15

FLASKING OF WAXED DENTURE

DEFINITION OF FLASK:-

A Metal case, usually made up of brass , used in the investing procedure for dental prosthesis.

DEFINITION OF FLASKING:-

The process of investing the cast and a wax replica of the desired form in a dental flask.

MATERIALS AND INSTRUMENTS:-

1. Large black stiff rubber bowl
2. Straight plaster spatula
3. Wax knife
4. Upper and lower dental flask and clamps
5. Cotton

PROCEDURE:-

1. Check the fit of three components of the dental flasks. The base, body and lid should fit snuggly into each other with rim to rim contact without being to tight.
2. Apply Vaseline on the inner surfaces and edge of flask.
3. Apply Vaseline to the base of flask.
4. Seal the waxed-up dentures to their resepctive cast to prevent ingress of plaster during flasking.
5. Pour mixed dental plaster in the base of the flask and place the cast with waxed up denture on it such that the ledge of the cast is at the level of the rim of the flask once in its final position. Make sure that the heals of the mandibular cast is well supported with plaster.

6. After the initial set of the plaster remove the excess and produce a slightly surface. Smoothen the plaster surface with a wet ball of cotton. Clean any remnants of plaster adhering to the teeth surface .

7. Apply Vaseline on the plaster and any exposed surface of stone.

8. Place the body of flask in position and check for clearance all around the walls of the flask body.

9. Pour a creamy mix of dental plaster into the flask. Tap it gently to prevent air entrapment .

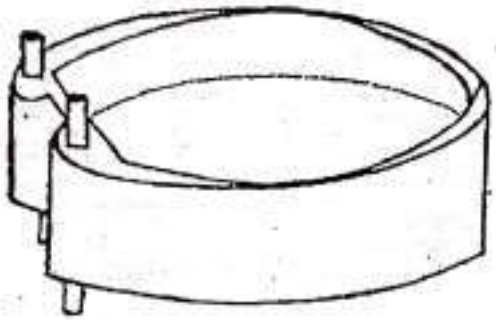
10. Place the lid and position it under a bench press/ clamp and allow the dental plaster to set completely.

11. Clean the outer surface of flasks.

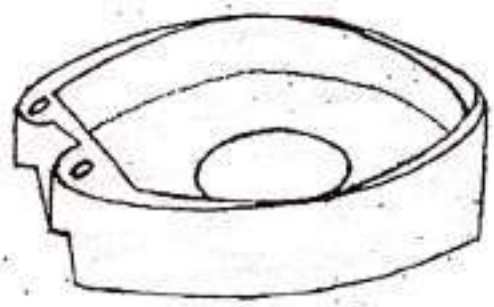
MAXILLARY FLASK



Lid



Body

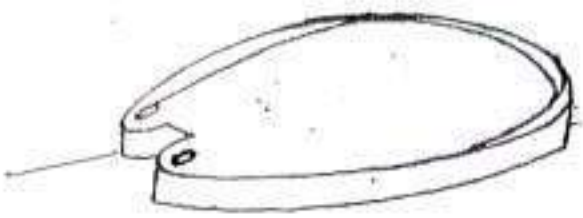


Base

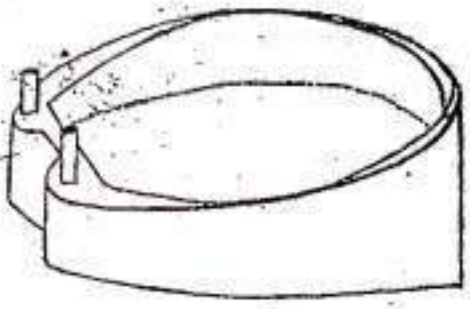
Label the Diagram

MANDIBULAR FLASK

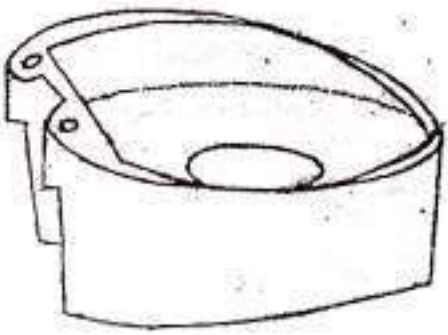
flask lid



counter flask

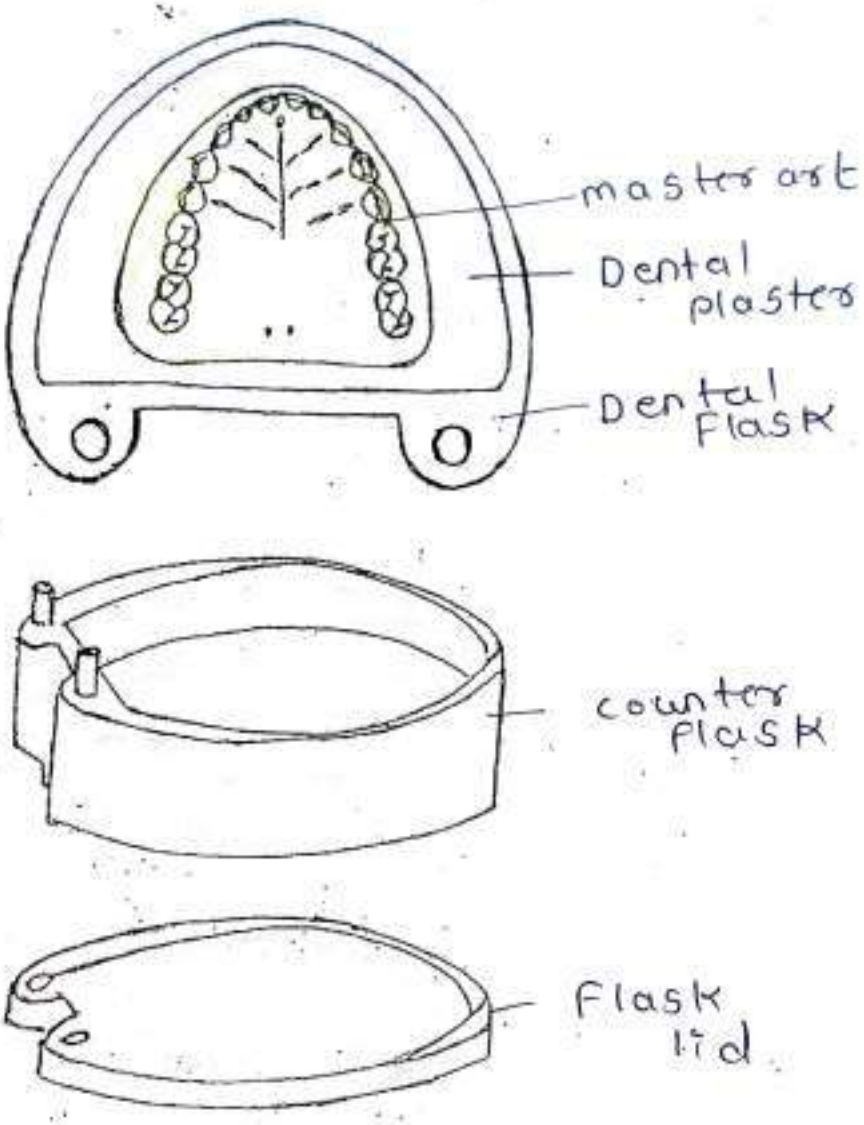


Base flask



Label the Diagram

BASE FLASKING



Colour & Label the Diagram

QUESTIONS :-

1. What are the parts of the flasks?

Dental flask consists of three component namely Base, body and the lid.

2. What material is used for investing (flasking) the waxed up denture in the flask?

Type - II dental plaster → dental plaster
Type III dental plaster → dental stone

3. What should be the position of the cast in base of the flask?

Position it to centre of base of flask keep the occlusal plane approx parallel to the base of flask make sure the heel of lower cast should be at 45° angle relation to rim of line flask

4. What is the seperating medium used between the dental plaster of base flasking & the counter flasking dental plaster ?

cold mould seal as separating medium

Date	Nature of Work Done	Sign of Instructor

EXERCISE NO. 16

DEWAXING OF THE DENTURE MOULDS

DEFINITION OF DEWAXING :-

Procedure of removal of softened wax and base plate to get a mould space for packing the acrylic resin.

MATERIALS AND INSTRUMENTS:-

1. Plaster knife
2. Wax knife
3. Lacrons carver
4. Napkin
5. Camel's hair brush
6. Separating medium (Sodium alginate)

PROCEDURE:-

1. Allow the water to boil. Place the flask in the flask carrier and immerse them in boiling water for 5mins only. If prolonged heating is carried out the molten wax may soak into the mould plaster and shellac may adhere to tooth surface.

2. Remove the hot flask from the water bath and place it on the table top. Place flask upside down i.e. flask base on the upper side.

3. Grip flask by its sides with a napkin. Ply between rims of the base and body with tip of plaster knife on any one side. Insert wax knife to slightly lift the base on another side and leave the tip of knife in position between base and body of flask.

4. Grip the entire base of flask with the napkin and with a very gentle wriggling action lift up the base vertically.

5. Lift the softened shellac base plate from the mould. Grip the body of flask with a napkin and tilt it to allow the molten wax to be drained.

6. Hold the flask under hot running water to flush the wax from the mould and the cast.

7. With the camel's hair brush apply sodium alginate as a separating medium.

8. Do not allow the separating medium to pool on the teeth. Allow the separating medium to dry to form an impervious layer on the plaster

QUESTIONS :-

1. **What is the separating medium used between**

cold mould seal separating medium

a) **Plaster and Plaster :-**

water soulble alginate solution (cold mould seal)

b) **Plaster and Acrylic resin:-**

- water soluble alginate soln
- Tin foil substitutes

2. **Why should you apply separating medium ?**

To facilitate easy deflasking after processing and separating media is applied to prevent direct contact between portion of flask to prevent them from flasking to prevent water from passing into denture base resin which may effect physical properties of processed dm

3. **What is the reaction of sodium alginate with plaster?**

water soluble alginate soln when applied to denture base surface they produce thin relatively insoluble calcium alginate film They prevent direct contact of denture base resin of the & dental stone

Date	Nature of Work Done	Sign of Instructor
		Verified

EXERCISE NO. 17

PACKING OF HEAT CURED ACRYLIC RESIN IN THE DEWAXED PLASTER MOULD

DEFINITION OF PACKING :-

The act of pressing a denture base material into a mould within a flask.

MATERIALS AND INSTRUMENTS:-

1. Separating medium (sodium alginate)
2. Heat cured acrylic resin - polymer
   - monomer
3. Camel's hair brush
4. Ceramic cup and saucer- for mixing heat cured acrylic resin.
5. Wax knife
6. Wax spatula
7. Lacrons carver
8. Small rubber bowl
9. Cellophane sheets

PROCEDURE:-

1. Pack one mould at a time.
2. Take the heat cured acrylic liquid (monomer) in the ceramic cup. Sprinkle the acrylic powder (polymer) into the liquid till it is saturated. Mix the powder and the liquid thoroughly with the rounded end of a clean wax knife. Cover the mix in the cup with a saucer.

   Check the consistency of the mix for the following –

   a. Wet sand consistency
   b. Cob-web stage (Sticky)
   c. Dough stage (Stickiness lost)

3. Pack the mould with heat cured acrylic resin in the dough stage.
4. Place a moist cellophane sheet over the acrylic.
5. Place the base of the flask over it. Close the flask and place it under a Bench Press.
6. Apply gradual pressure while tightening as the clamp tightens over the flask , excess material flows out from between the rims of flask. Avoid rapid closure of flask as it may result in fracture of the cast.
7. Release the Bench Press , remove the flasks and open them.
8. Peel off the cellophane sheet. Trim away the excess material, i.e. the Flash, beyond the denture borders using a Iacrons carver or a wax knife.
9. Repeat the procedure of trial closure with a fresh moist cellophane sheet.
10. After the second trial closure, keep the cellophane sheet in position to prevent evaporation of monomer.
11. Apply a fresh layer of separating medium (sodium alginate) on the casts and surrounding plaster surface using a soft camel's hair brush. Remove the cellophane sheet.
12. Close the flask base and place the entire assembly in it's clamp with flask base resting on the base of the clamp.
13. Close the clamp as tight as possible and make sure that the two rims of the flask are in complete contact.
14. After the final closure of the flasks, keep them at room temperature for 30-60 mins. This is called as 'BENCH CURING'.

QUESTIONS :-

1. **Why is the monomer kept in amber coloured bottle?**

The monomer is kept in amber coloured bottle because the component may undergo change when exposed to visible light which affect working properties of resin

2. **Why do you cover the container after mixing the polymer powder and monomer liquid?**

To prevent evaporation of monomer which can adversely affect physical properties of resin

3. **What stage do you pack heat cured acrylic resin?**

→ Dough stage of acrylic resin

4. **Why do you place the cellophane sheet after placing the acrylic resin in the mold ?**

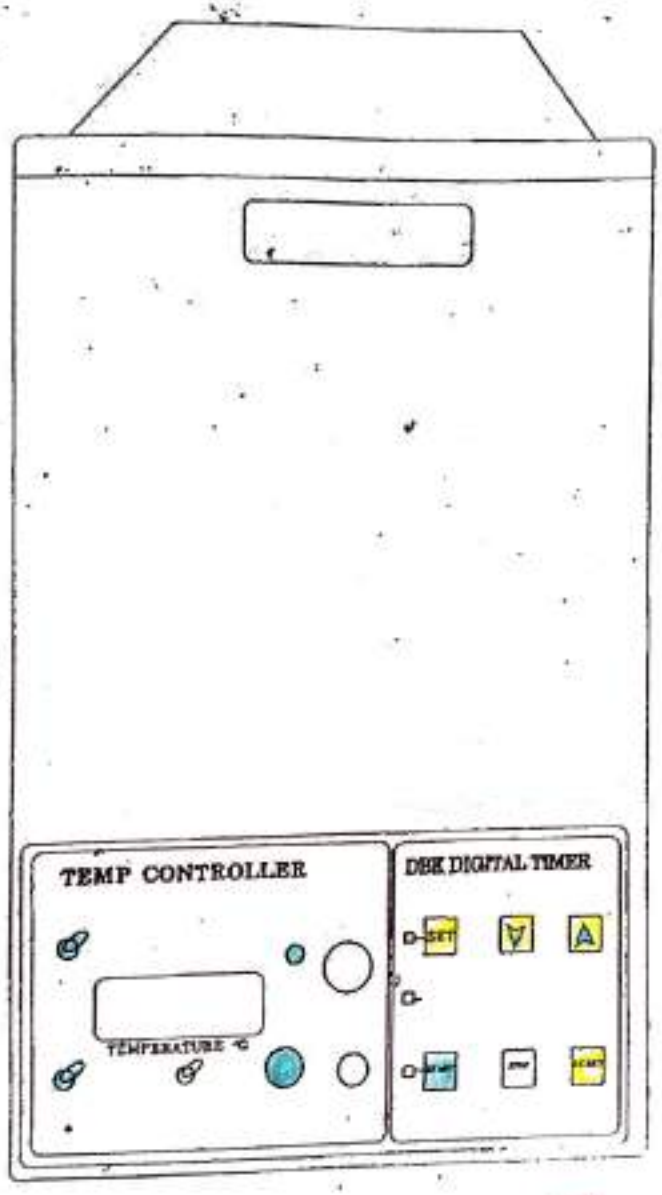
1) To trim away excess material flown beyond denture border using ~~a~~ knief
2) To prevent evaporation of monomer

5. **Why the trial closure is necessary ?**

1) To ensure ~~period~~ removal of excess material
2) To ensure definitive closure of mould to accomplised

Date	Nature of Work Done	Sign of Instructor
	packing of heat cured	
	acrylic resin in dewaxed	
	plaster mould	

ACRYLISER



EXERCISE NO. 18

CURING OF DENTURES

DEFINITION OF CURING :-

The process by which the denture base materials are hardened to the form of a denture.

DEFINITION OF CURING CYCLE:-

Curing or polymerization cycle is the technical name for the heating process employed to control the initial propagation of polymerization in the denture mould.

The curing cycle selected should depend on the thickness of the resin.

- Curing is done in an ACRYLIZER, where temperature can be adjusted for the various curing cycles .

- Curing Cycles :-
  1. SHORT CURING CYLCE: Heat the flask in water at 65° C for 90 mins then boil the water for 1 hour for adequate polymerization in thinner portions.
  2. LONG CURING CYCLE : Heat the flask in water at 60° C to 70°C for 9 hours.

PROCEDURE:-

1. Place the flask in an acrylizer to carry out the curing following the short curing cycle.
2. After curing remove the flasks from the acrylizer and 'Bench Cool' them for 30 mins, to prevent warpage of denture.

QUESTIONS :-

1. Why is curing done ?

curing is done for application of thermal energy for initiation of it's component benzoyl peroxide to produce free radicles and complete polymer process

2. Which curing cycle do you follow ?

curing cycle of 74°c and 2hrs and temp of water bath to 100 processing for 1hr

3. Why should you Bench Cool the flasks after curing ?

1) To ensure continued residual polymerisation reaction
2) for recovery of residual stress

Date	Nature of Work Done	Sign of Instructor
	curing of maxillary and mandibular denture Base	

EXERCISE NO. 19

DEFLASKING

DEFINITION:-

Retrieval of the cured denture from the flask.

INSTRUMENTS:-

1. Plaster knife
2. Wax knife
3. Mallet or small hammer
4. Saw

PROCEDURE:-

1. Once the flasks have cooled to room temperature remove them from their respective clamps.
2. Tap the flasks on the outside using a hammer to release the plaster from the sides of the flasks. Remove the lid and eject the plaster block with the acrylised denture out of the flasks.
3. Break the plaster carefully to retrieve the denture alongwith the casts. You could use a saw for sectioning the plaster.
4. Clean the occlusal and polished surface off any investing plaster. Take care that the dentures do not separate from their respective casts.

EXERCISE NO. 20

LABORATORY REMOUNT

Processing of the dentures may lead to occlusal discrepancy which requires to be corrected prior to denture insertion.

This is accomplished by carrying out LABORATORY REMOUNT procedure.

DEFINITION OF LABORATORY REMOUNT:-

To place a prosthesis back on the articulator to perfect the occlusal harmony by Selective Grinding.

MATERIALS AND INSTRUMENTS:-

1. Micromotor
2. Straight handpiece
3. Suitable abrasive points
4. Articulating paper
5. Sticky wax

PROCEDURE:-

1. Reposition the maxillary and mandibular casts on the articulator mounting to see that the notches on the cast fit accurately on the elevations of the articulator mounting.
2. Fix them with the sticky wax.
3. Close the articulator to check for occlusal discrepancy and vertical pin position.

4. If the vertical pin does not contact the incisal table, it shows that there is an increase in vertical relation which requires to be corrected by selective grinding.

5. Place the articulating paper over the mandibular teeth. Close theupper member of the articulator over it and tap on the articulating paper keeping the condylar elements in its anterior position, i.e. in the correct centric relation.

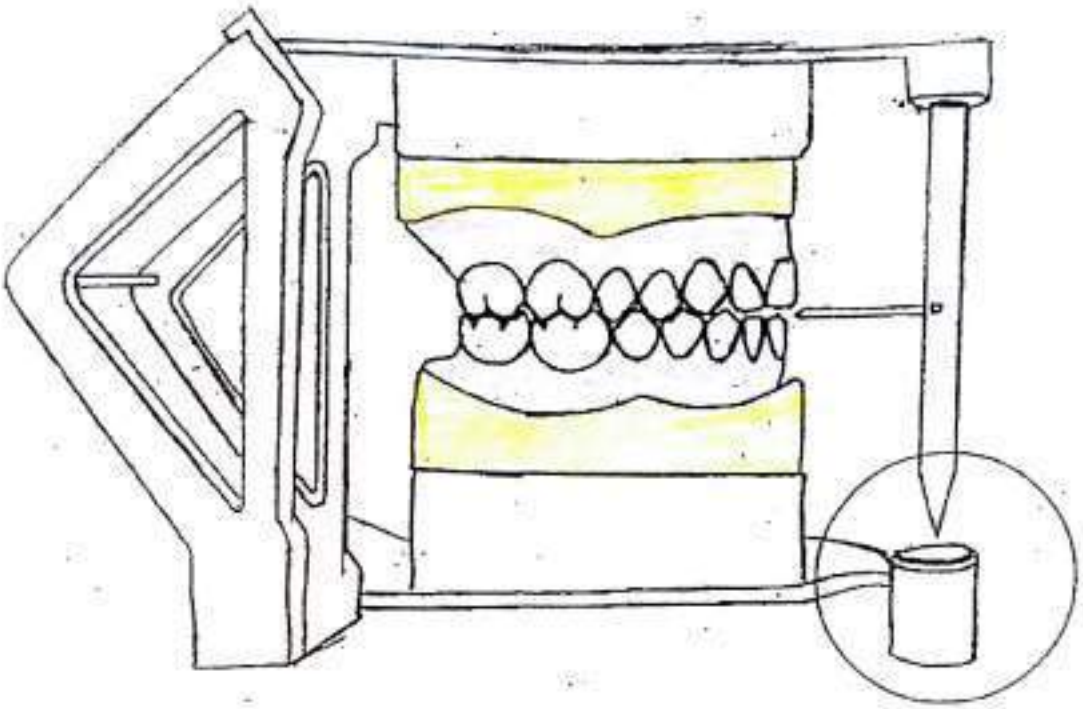
6. Open the articulator to check for the high points on the occlusal surfaces of the teeth.

7. Modify these high points by grinding with abrasive points. This process of correcting the occlusion is called ' SELECTIVE GRINDING'.

8. Repeat the procedure until the vertical incisal tip comes in contact with the incisal table.

9. Lightly polish the abraded cusps and surfaces.

REMOUNTED CAST PRIOR TO SELECTIVE GRINDING



Pin not touching the incisal table

SELECTIVE GRINDING

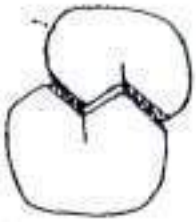
CORRELATION OF ERRORS IN CENTRIC OCCLUSION



A) Grind shaded areas if teeth are too long



B) If teeth are too nearly end to end



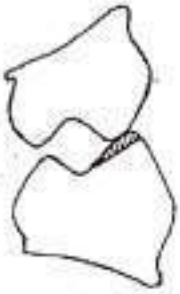
C) There is too much horizontal overlap

CORRELATION OF ERRORS IN WORKING SIDE

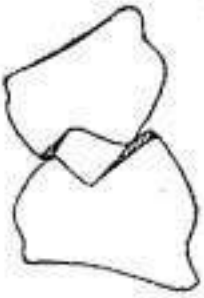
(The interfering cusps are shortened as indicated by shaded area)



A) Both buccal & lingual cusps are too long



B) Buccal cusps are too long



C) Lingual cusps are too long



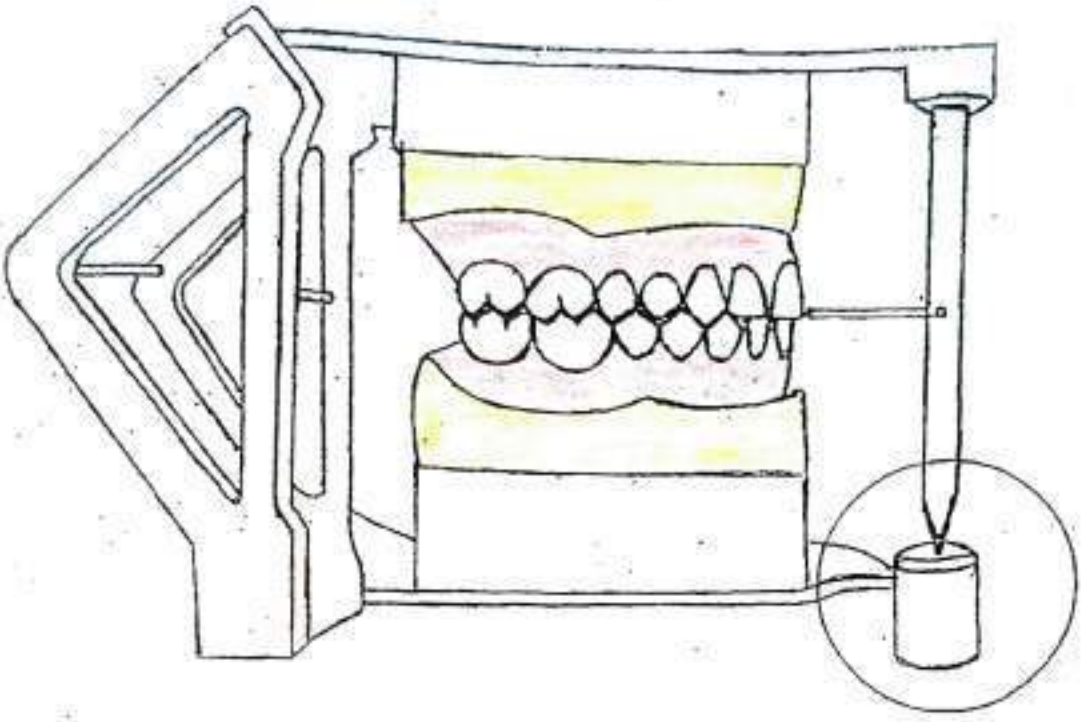




To correct errors in mesio-distal relationship of the teeth, grind where areas are shaded.
M - Mesial surface
D - Distal surface

To eliminate deflective occlusal contacts on balancing side, grind lingual inclines
L - Lingual surface
B - Buccal surface

REMOUNTED CAST AFTER SELECTIVE GRINDING.



Pin touching the incisal table after selective grinding

QUESTIONS :-

1. What are the processing errors ?

- imperfectly finished record base
- unpoigthed wax rim
- movement of tooth which Flasking
- underfilled flask

✓

2. What is selective grinding ?

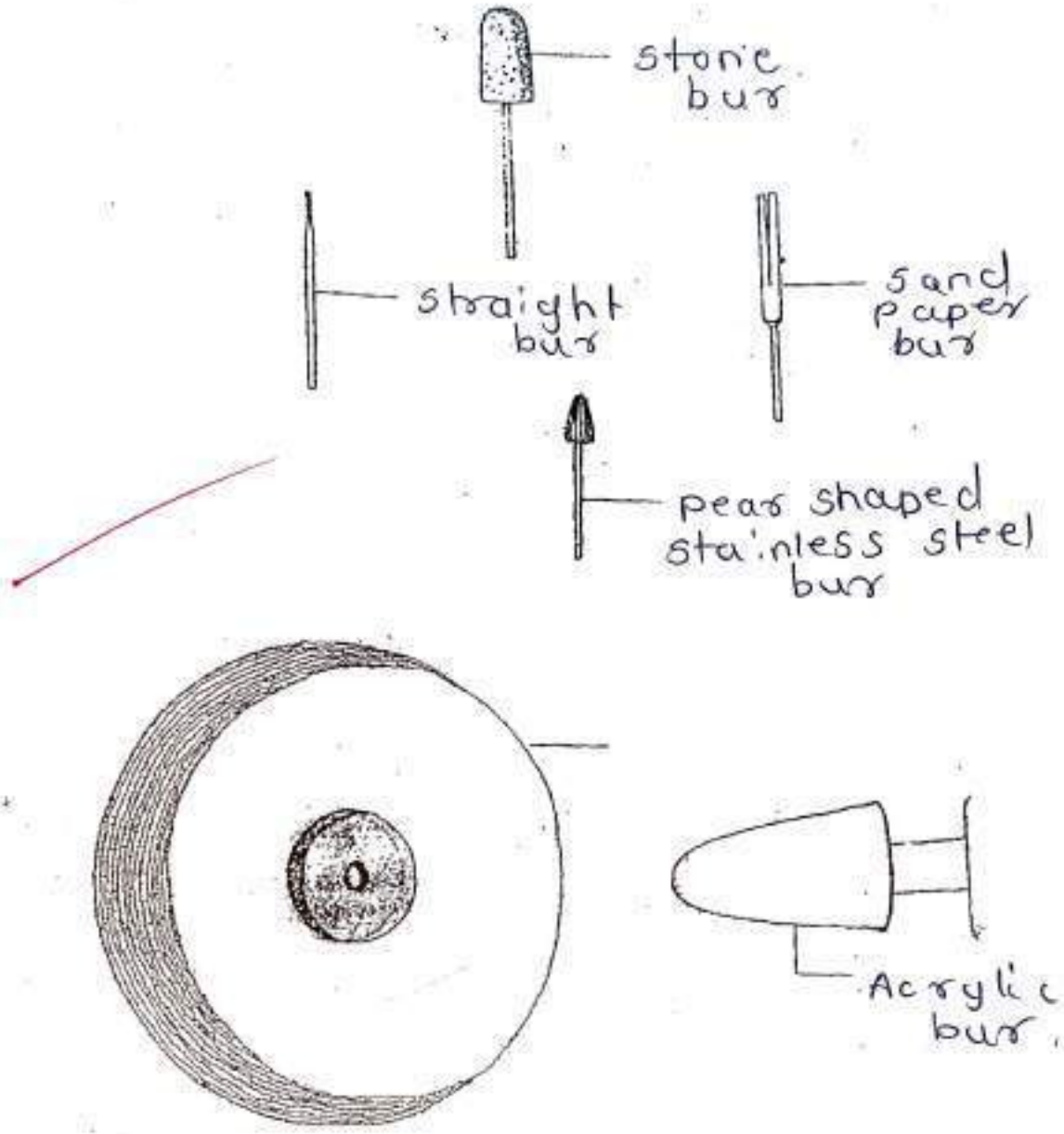
- selective grinding the high point are modified by grinding with abrasive the process caused selective grinding. This is done to overcome occlusal error are

1) Too much horizontal overlap
2) If teeth are newly placed
3) Too long areas also can be grinded
4) If the buccal and lingual cusp are long
5) mesio-distal correction

✓

Date	Nature of Work Done	Sign of Instructor

FINISHING AND POLISHING KIT



Label the Diagram

EXERCISE NO. 21

FINISHING AND POLISHING OF ACRYLIC COMPLETE DENTURES.

FINISHING:-

Process of achieving the final perfection of the form of the polished surafaces of a denture.

POLISHING:-

Act or process of making a denture smooth and glossy.

INSTRUMENTS:-

1. Steel or Carbide Acrylic trimming metal burs
2. Carborundum abrasive points of different shapes and sizes
3. Strip Mandrils
4. Sand paper strips- Rough and Fine
5. Polishing Felt Cone- Pumice with water
6. Polishing Mop Wheel (buff)- French chalk with Vaseline

PROCEDURE :-

1. Gross trim the irregular borders with metallic trimmer.
2. Carry out finer reduction and contouring using carborundum points and alpine stone to get a surface which is ground glass in appearance.
3. Finish by smoothening with a dry sand paper followed by wet sand paper.
4. Polish the dentures in <u>three steps</u> using :
   a. Felt cone with pumice and water
   b. Mop Wheel with French chalk and Vaseline or polishing cake.
   c. Dry buff
5. Keep the finished and polished dentures fully immersed in clean cold water in a closed box.

QUESTIONS :-

1. **What is the purpose of finishing and polishing ?**

finishing is done to achieve final perfection of polished surface while polishing procedure makes it smooth and glossy.

2. **What material do you use with a felt cone ?**

pumice and water is used with field cone

3. **What are the other polishing materials used for acrylic denturs ?**

The other polishing material used for acrylic denture

1) mop wheel with french chalk and vaseline
2) polishing cake
3) Dry buff

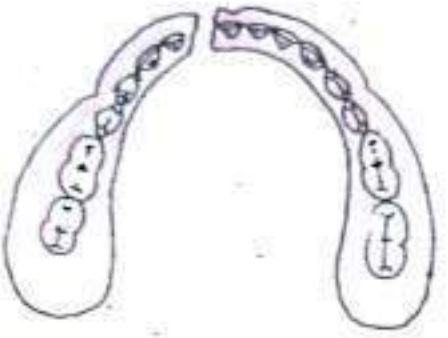
Date	Nature of Work Done	Sign of Instructor

EXERCISE NO. 22

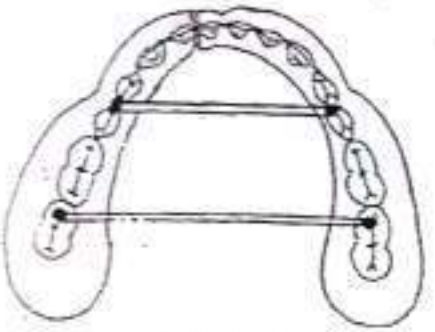
REPAIR OF ACRYLIC DENTURES

1. Align the broken pieces together. Observe that they fit accurately without any space between the broken parts.
2. Join the broken pieces with sticky wax or low fusing compound. Stabilize the broken pieces with a match stick across the fracture line using sticky wax or low fusing compound.
3. Apply vaseline to the impression surface to prevent plaster from sticking to the denture
4. Pour dental plaster into the impression surface of the denture.
5. Allow the plaster to set to form a cast.
6. Remove the denture from the cast
7. Using an acrylic trimmer prepare the broken surfaces, reducing 2mm on either side of the fracture line. Form a step for the addition of acrylic resin on either sides of the prepared portion. With a fissure bur prepare grooves in the broken portions for anchorage (this increases the surface area for contact with the self cure acrylic resin)
8. Sprinkle self cure acrylic powder in the space between the fracture portion of the denture and add this until the space is completely filled with the resin. Slightly overfill the space to allow bulk for polishing.
9. Allow the self cure acrylic resin to set.
10. Finish and polish following the same procedure as that of complete denture.

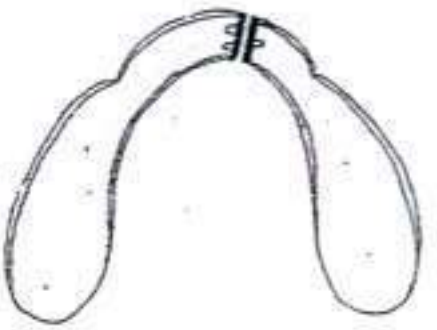
REPAIR OF DENTURE



FRACTURED MANDIBULAR DENTURE



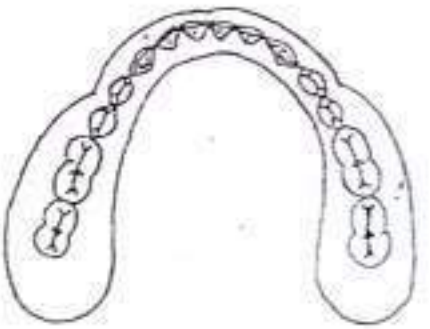
ALIGNMENT OF THE FRACTURED DENTURE



PREPARATION OF BEVELS AND SLOTS



STEP PREPARATION



REPAIRED DENTURE

QUESTIONS :-

1. **What is used to align and stabilize the broken pieces of the complete denture ?**

The broken pieces of complete denture are stabli shed by placing match stick across the fracture line the fracture line using sticky wax or low Falsing compound. (or acrylic gelly)

2. **Why do you apply vaseline to the impression surface of the denture ?**

- we apply vaseline (acrylic gelly to the temp surface to prevent plaster from sticking to surface
- it separate plaster from sticking to the denture surface

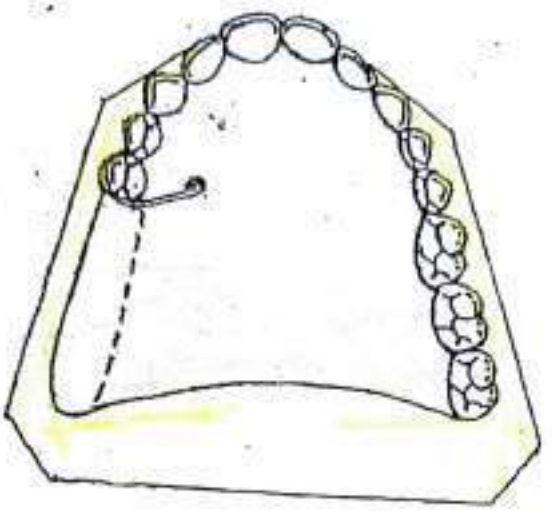
3. **How and why do you increase the surface area of the broken pieces of the denture ?**

- Surface area of broken pieces of in denture can be increased by preparing groon with a fissure bur. The surface area of pieces of denture increased to maintain the contact with the self cure acrylic resin and proper technique

Date	Nature of Work Done	Sign of Instructor

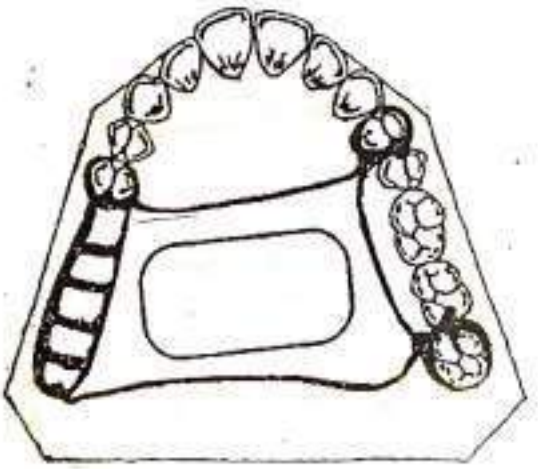
REMOVABLE PARTIAL DENTURE

ACRYLIC PARTIAL DENTURE



Colour & Label the Diagram

CAST PARTIAL DENTURE METAL FRAME WORK



Colour & Label the Diagram

REMOVABLE PARTIAL DENTURE

DEFINITION :-

A removable partial denture is a prosthesis that replaces some teeth in a partially dentate arch, which can be removed from the mouth and replaced at will.

TYPES OF REMOVABLE PARTIAL DENTURES:-

1. Acrylic partial denture.
2. Cast partial denture.

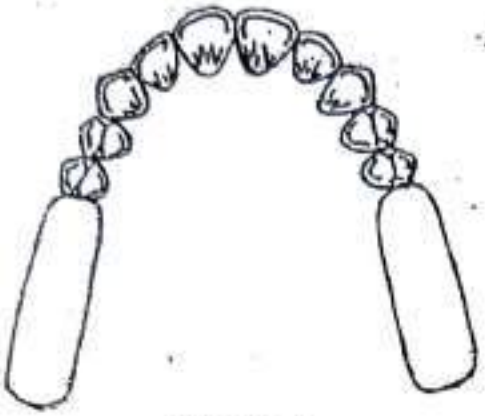
PARTS OF AN ACRYLIC PARTIAL DENTURES:-

1. Artificial teeth
2. Denture base
3. Clasp

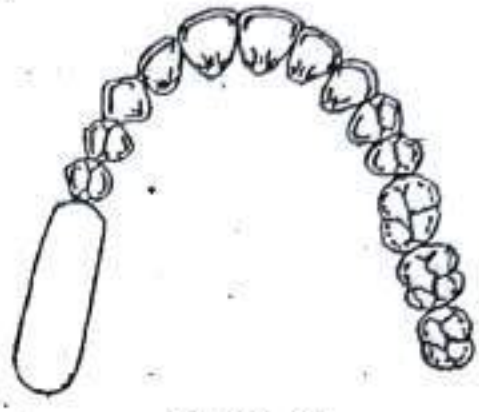
COMPONENTS OF CAST PARTIAL DENTURE :-

1. Direct Retainer
2. Indirect Retainer
3. Auxillary Rests (Cannine, Incisal and occlusal)
4. Minor Connector
5. Major Connector
6. Denture Base
7. Artificial Teeth

KENNEDY'S CLASSIFICATION



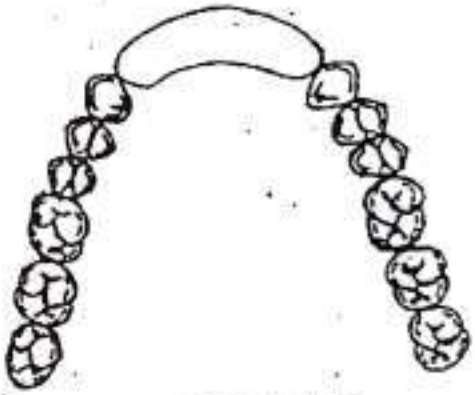
CLASS - I



CLASS - II



CLASS - III



CLASS - IV

KENEDDY'S CLASSIFICATION

CLASS I - **Bilateral edentulous areas located posterior to the remaining natural teeth.**

CLASS II - **A unilateral edentulous area located posterior to the remaining natural teeth.**

CLASS III - **A unilateral edentulous area with natural teeth remaining both anterior and posterior to it.**

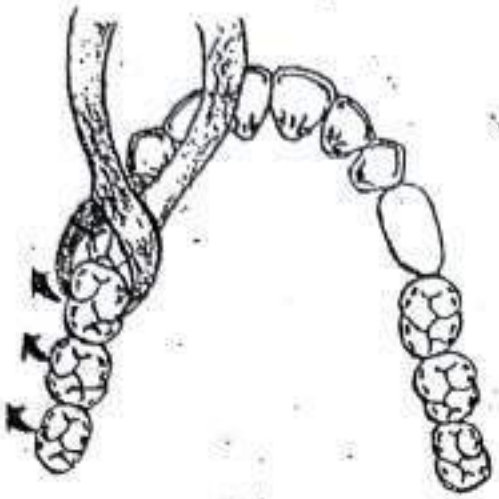
CLASS IV - **A single, but bilateral (crossing the midline), edentulous area located anterior to the remaining natural teeth.**

Appelgates modification

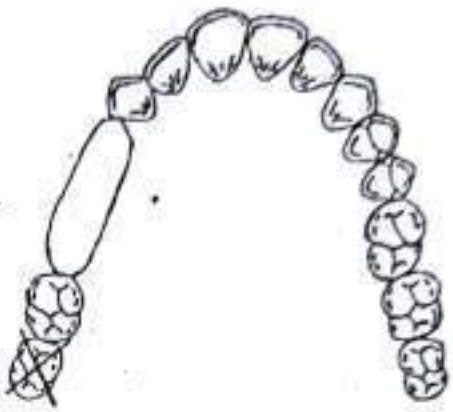
class V → class III ∵ weak anterior teeth

class VI → class III ∵ only tooth support

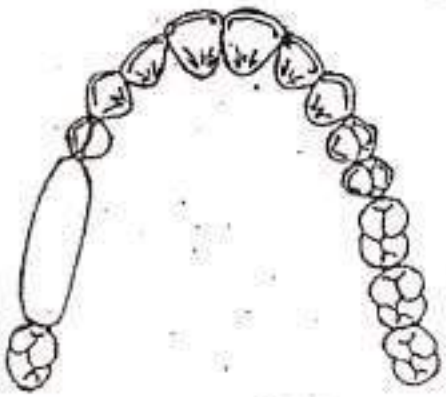
RULES GOVERNING THE KENNEDY'S CLASSIFICATION



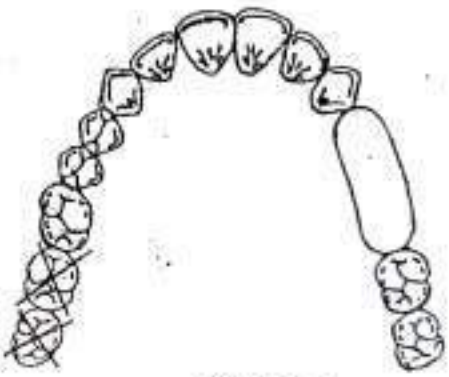
RULE - 1



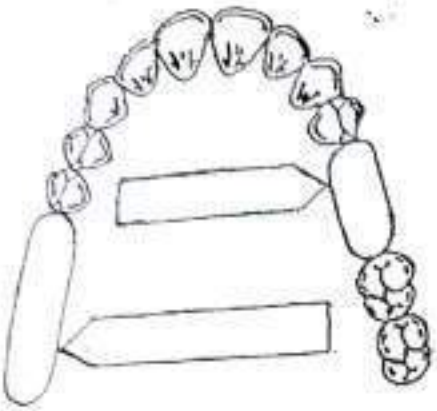
RULE - 2



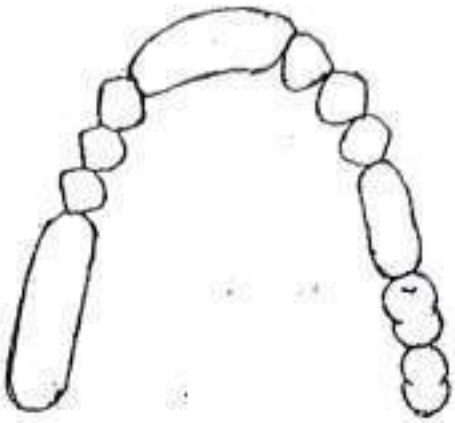
RULE - 3



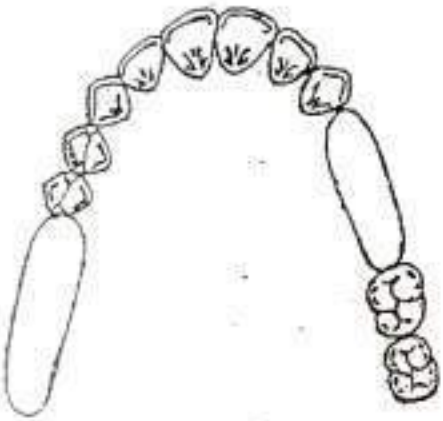
RULE - 4



RULE - 5



RULE - 6



RULE - 7



RULE - 8

RULES GOVERNING THE APPLICATION OF THE KENNEDY'S METHOD OF CLASSIFICATION

Applegate provided 8 rules governing the application of Kennedy's method of classification :-

RULE 1 :- Classification should follow rather than precede any extractions of teeth that might alter the original classification.

RULE 2 :- If a third molar is missing and not to be replaced , it is not considered in the classification.

RULE 3 :- If a third molar is present and is to be used as an abutment it is considered in the classification.

RULE 4 :- If a second molar is missing and is not to be replaced, it is not considered in the classification. (e.g., if the opposing second molar is likewise missing and is not to be replaced for occlusion)

RULE 5 :- The most posterior edentulous area (or areas) always determines the classification.

RULE 6 :- Edentulous areas other than those determining the classification are modification areas.

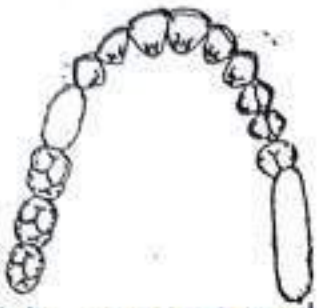
RULE 7 :- The extent of the modification is not considered, only the number of additional edentulous areas.

RULE 8 :- There can be no modification area in class IV arches.

(Other edentulous areas lying posterior to the single bilateral areas crossing the midline would instead determine the classification)

CLASSIFY THE FOLLOWING CONDITION

(1)



Kennedy's class-II mod-1

(2)



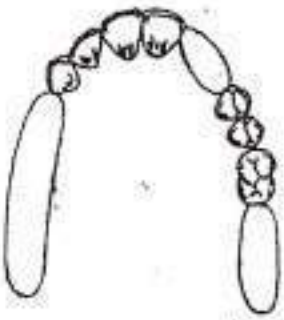
Class IV

(3)



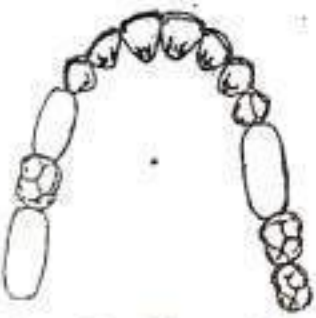
class-III mod-1

(4)



class-I mod-1

(5)



class-II mod-2

(6)



class-II

CLASSIFY THE FOLLOWING CONDITION

(7)



class III mod-1

(8)



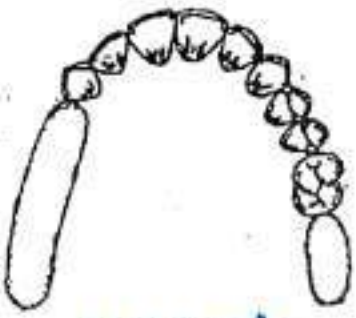
class III mod 2

(9)



class III mod 1

(10)



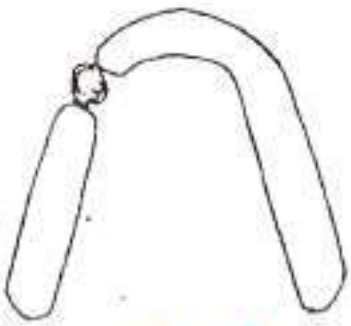
class - I

(11)



class III mod 1

(12)



class - I

COMPONENTS OF CAST PARTIAL DENTURE

DIRECT RETAINER :- A direct retainer is that component of a removable partial denture that engages an abutment tooth to resist displacement of the prosthesis away from basal seat tissues and to provide retention, stability and support.

INDIRECT RETAINER : An Indirect Retainer is that component of aremovable partial denture that assists the direct retaine in preventing displacement of the distal extension denture base away from the tissue along the fulcrum line.

There is a lever action on the opposite side of the fulcrum line when the denture base moves away from the tissues in pure rotation around the fulcrum line.

REST :- A component of a removable partial denture on a tooth surface that provides vertical support is called Rest.

Rests should always be located on properly prepered tooth surfaces. The prepared surface of an abutment to receive the rest is called the Rest Seat.

REST SEAT :- The prepared recess in a tooth or restoration created to receive the occlusal, cingulum or lingual rest.

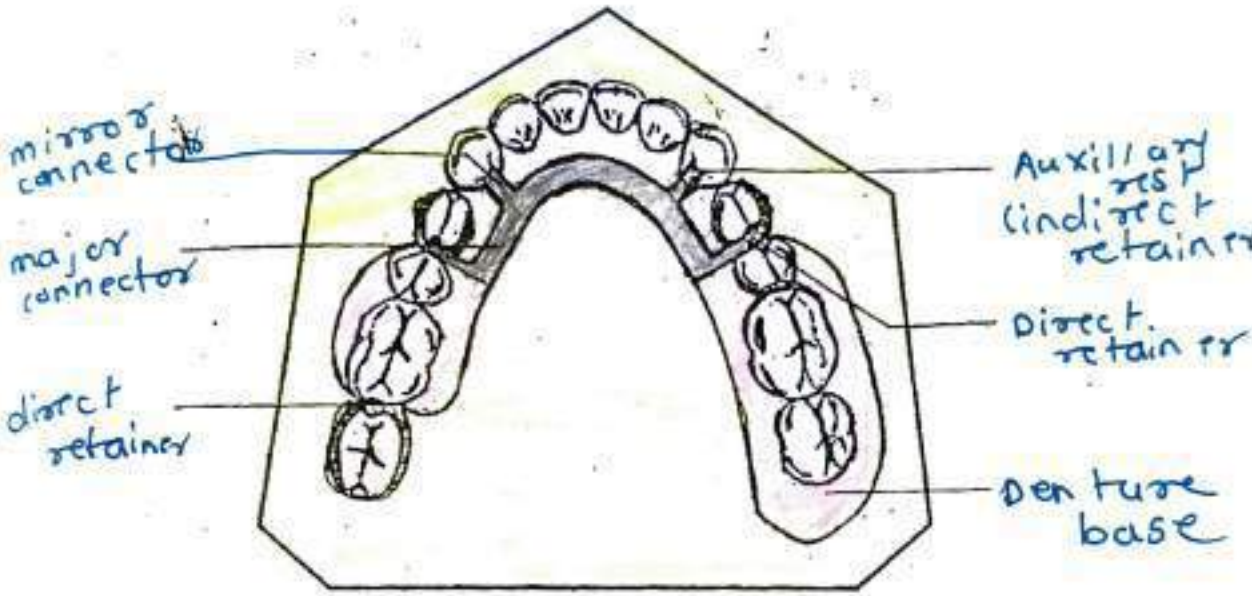
MAJOR CONNECTOR :- A major connector is that component of a removable partial denture that connects the parts of the prosthesis located on one side of the arch with those on the opposite side.

MINOR CONNECTOR :- A Minor connector is that component of a removable partial denture that serve as the connecting link between the major connector or base of a removable partial denture and the other componente, indirect retainer, occlusal rests, or cingulum rests etc.

DENTURE BASE :- Denture base is that component of a removable partial denture that rests on the foundation tissues, supports the artificial teeth and consequently receives the functional forces from occlusion and transfers functional forces to supporting oral structures.

ARTIFICIAL TEETH :- Teeth thatare replaced on partial denture which fulfill the function of mastication, aesthetics and phonetics.

COMPONENTS OF REMOVABLE CAST PARTIAL DENTURE

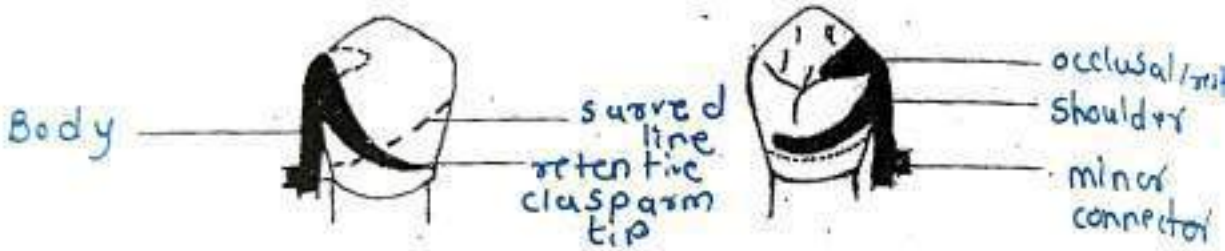


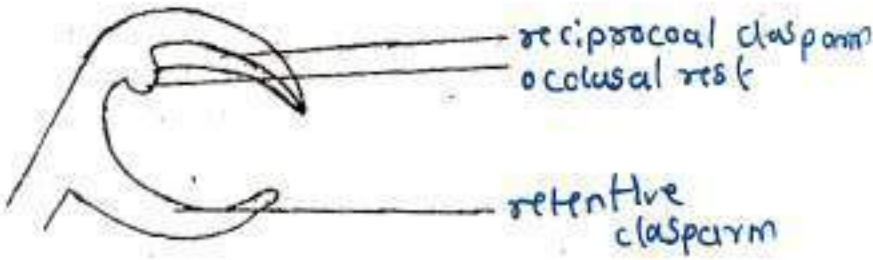
Colour & Label the Diagram

REST



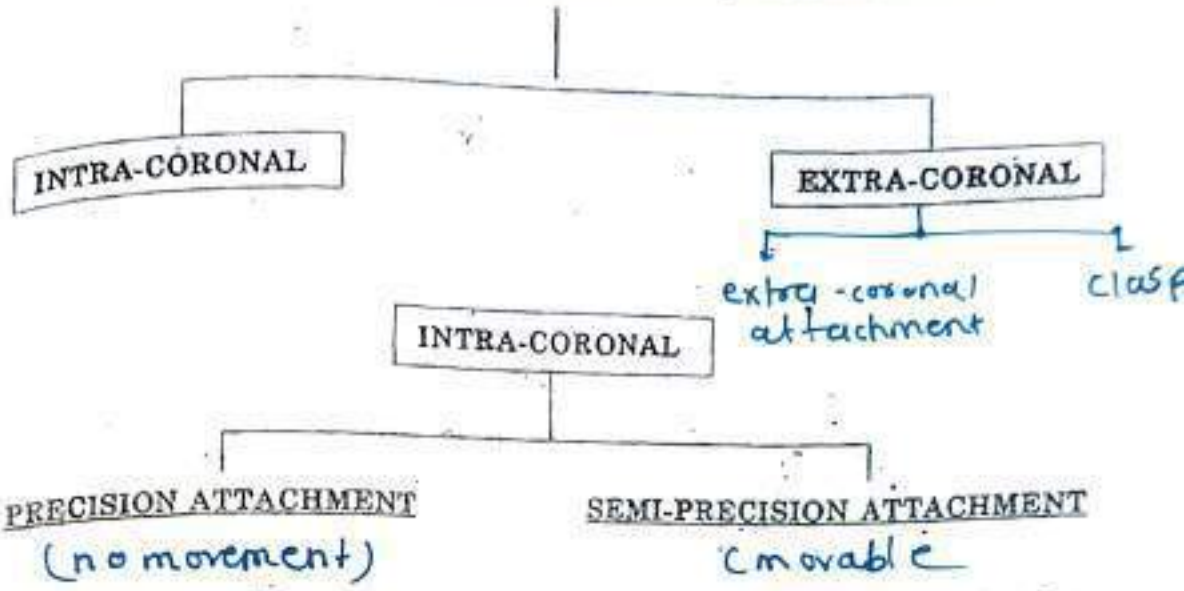
DIRECT RETAINER

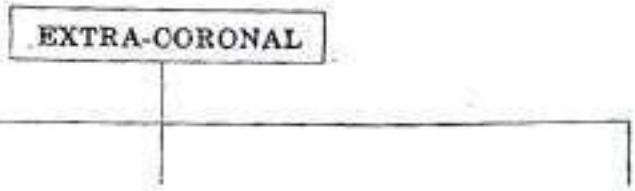




Label the Diagrams

CLASSIFICATION OF DIRECT RETAINERS





OCCLUSALLY APPROACHING

1. Circumferential clasp
2. Back action clasp
3. Reverse action clasp
4. Embrasure clasp
5. Ring clasp
6. Multiple clasp
7. Onlay clasp
8. Combination clasp (Cast & wrought)

GINGIVALLY APPROACHING

1. T Bar
2. I Bar
3. Y Bar

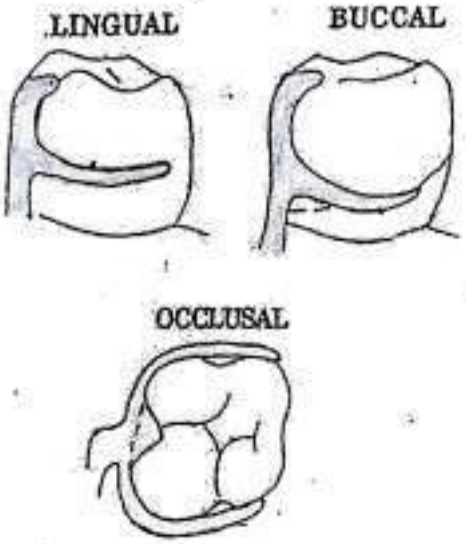
MODIFIED

1. RPI
2. RPA

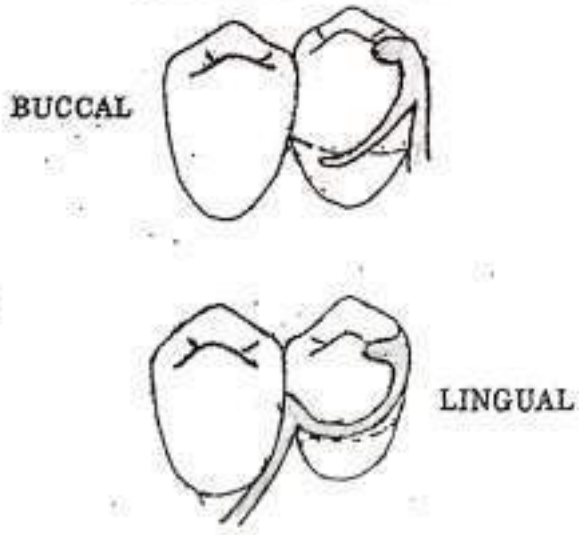
EXTRA-CORONAL DIRECT RETAINERS

OCCLUSALLY APPROACHING

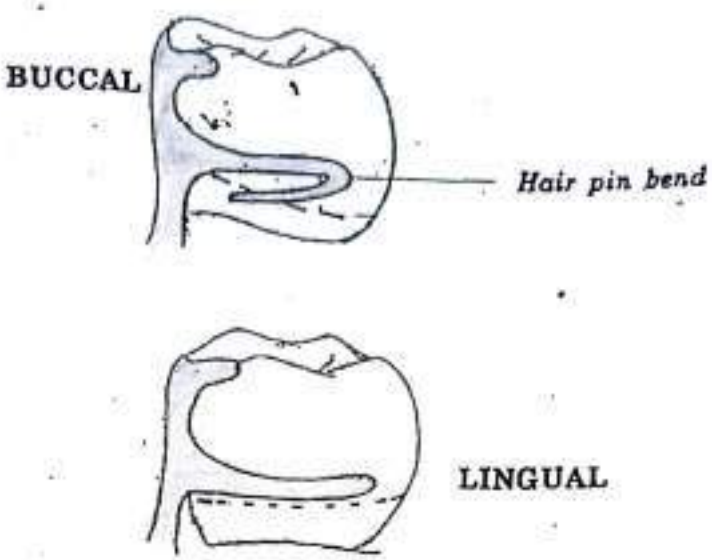
CIRCUMFERENTIAL CLASP
(AKERS CLASP)



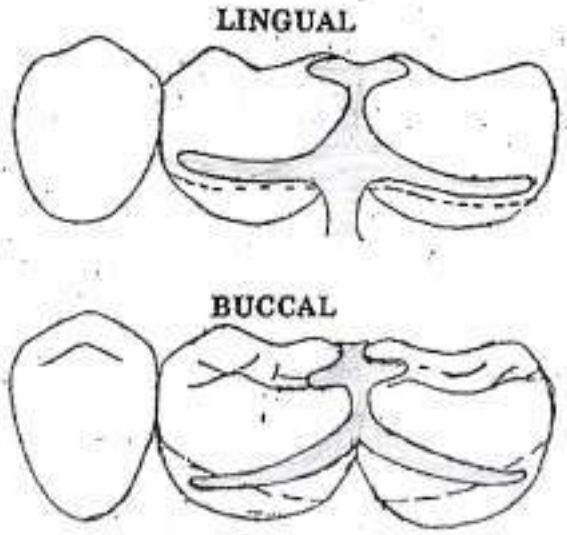
BACK ACTION CLASP



REVERSE ACTION CLASP



EMBRASURE CLASP



RING CLASP

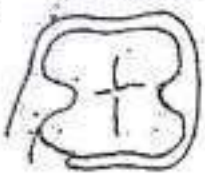
BUCCAL



LINGUAL

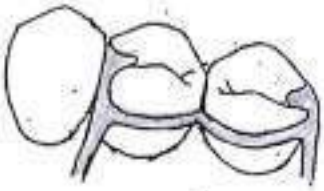


OCCLUSAL



MULTIPLE CLASP

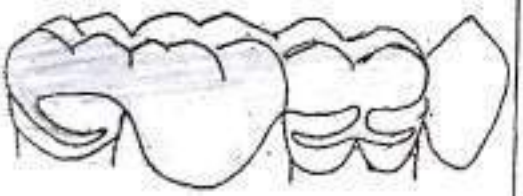
LINGUAL



BUCCAL



ONLAY CLASP



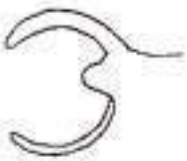
COMBINATION CLASP

BUCCAL



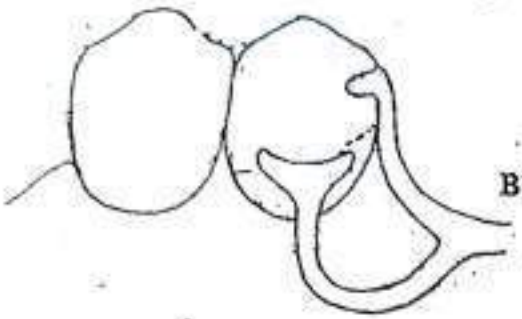
LINGUAL





GINGIVALLY APPROACHING

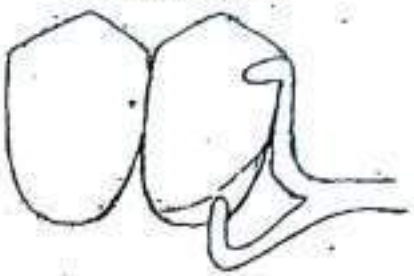
T BAR

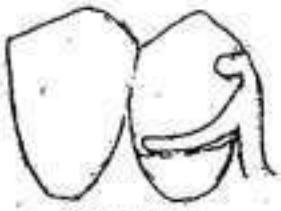


BUCCAL

I BAR

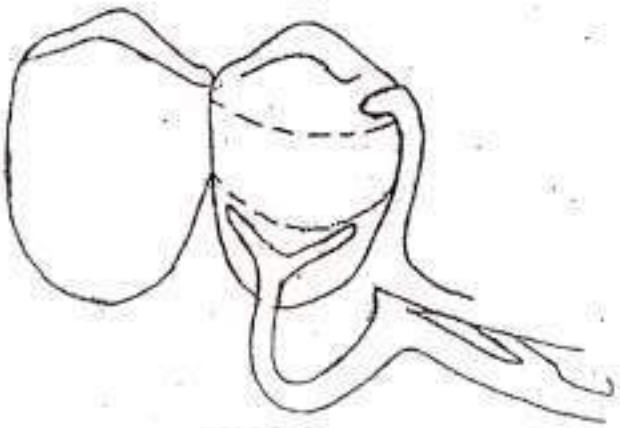
(ROACH / VERTICAL PROEJCTION)





LINGUAL

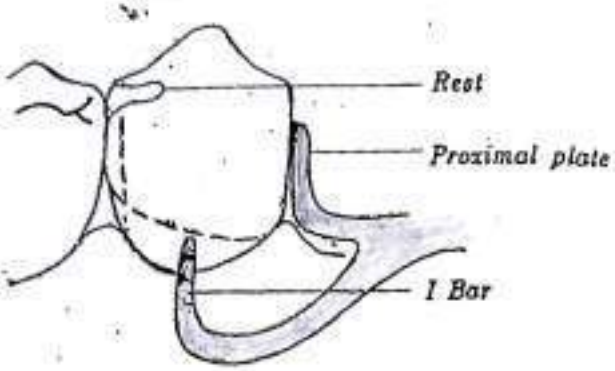
Y BAR



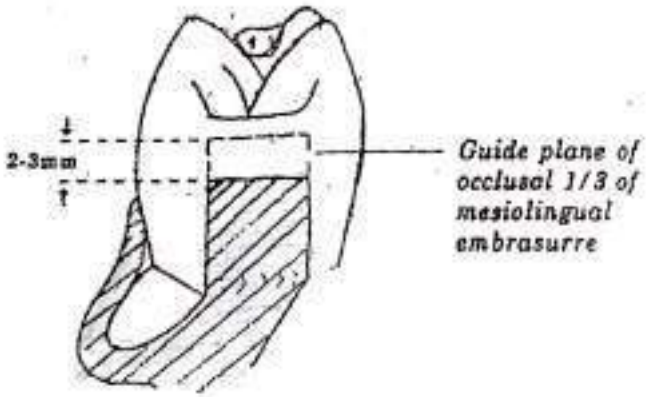
BUCCAL

MODIFIED CLASPS

RPI SYSTEM



PROXIMAL VIEW OF RPI



CLINICAL AND LABORATORY STEPS OF ACRYLIC PARTIAL DENTURE

1. *Examination, diagnosis, treatment plan & prognosis.*
2. *Mouth preparation - recontouring of teeth*
3. *Making the impression and teeth/tooth selection*
4. Pouring the cast
5. Marking the outline on the cast.
6. If required fabricating special tray for final impression.
7. *Making the final impression*
8. Pouring the final cast.
9. Temporary record base and wax rims.
10. *Jaw relations.*
11. Transferring the jaw relation to the articulator
12. Teeth arrangement & establishing occlusal relation
13. *Try-in of waxed denture*
14. Processing of acrylic denture base & finishing and polishing
15. *Denture insertion - initial placement, adjustment of denture & instructions*
16. *Recall.*

UNDERLINE THE LABORATORY STEPS IN RED

CLINICAL AND LABORATORY STEPS OF CAST PARTIAL DENTURE

1. *Examination, diagnosis, treatment plan - evaluation of the case & impression of Diagnostic casts.*
2. Surveying of the Diagnostic cast
3. Designing & marking mouth preparation on the cast.
4. *Mouth preparation & impression for Master cast.*
5. Master cast
6. Surveying of the Master cast & transfer of design to the Master cast.
7. Wax block-out of i) undercuts
   ii) relief
8. Duplication of master cast to obtain Refractory cast.
9. Surface Hardening of Refractory cast.
10. Wax pattern on refractory cast.
11. Spruing, Investing, Burn-out & casting of the framework
12. Finishing & Polishing of the framework
13. Fitting of framework on the master cast.
14. *Trial of framework in the mouth & adjustments*
15. Making acrylic resin impression trays on the framework for functional impression.
16. *Functional impression*
17. Altered cast
18. Making of temporary record base for jaw relation.
19. *Jaw relation*
20. Transferring the jaw relation record to the articulator
21. Arrangement of teeth & establishing occlusal relationships.
22. *Try-in of waxed dentures*
23. Processing of acrylic denture base & its finishing and polishing
24. *Denture insertion - Initital placement, adjustment of denture & instructions*
25. *Recall.*

UNDERLINE THE LABORATORY STEPS IN RED

EXERCISE NO. 1

FABRICATION OF ACRYLIC SINGLE ANTERIOR TOOTH PARTIAL DENTURE (SELF CURED ACRYLIC RESIN)

MATERIALS AND INSTRUMENTS :-

1. Modelling wax
2. Base plate
3. Artificial tooth
4. Separating media (sodium alginate)
5. Vaseline
6. Dental plaster (Type IV)
7. Self cured acrylic powder(in a bottle)
8. Monomer(in a syringe/ dropper)
9. Hard Rubber bowl
10. Wax knife
11. Wax spatula
12. Acrylic trimming bur
13. Polishing stone
14. Polishing buff and cone
15. Half round file

PROCEDURE:-

1. Draw the outline of the denture base extension for the removable partial denture.
2. Select the artificial tooth according to the tooth form of the adjacent teeth of the given stone cast.

3. Soak the cast in water for 5 mins.

4. Soften and adapt the Base plate/Modeling wax on the cast .File the baseplate / cut the wax with the help of wax knife upto the denture base outline . Shape the wax in the edentulous area according to arch form.

5. Pool the wax in the edentulous area with the help of a wax spatula, Place the selected artificial tooth on it.

6. Arrange the tooth to follow proper alignment of the arch form.

7. Seal the tooth in position and immerse the cast in cold water to fix the tooth position.

8. Recheck the position of artificial tooth in relation with the arch form for vertical and horizontal relation with the opposing arch.

9. Apply vaseline on the artificial tooth and the adjacent stone teeth.

10. Mix dental plaster to form INDEX around the artificial tooth and adjacent teeth.
INDEX: Place the dental plaster on the labial aspect of the artificial tooth and the adjacent stone teeth on either side of it. Cover the incisal edges of the respective teeth with plaster. Extend the plaster upto the sulcus depth. Allow the plaster to set completely.

11. Immerse the stone cast in boiling water for 7 mins to soften the wax/ baseplate.

12. Remove the residual wax with running hot water and wash the cast.

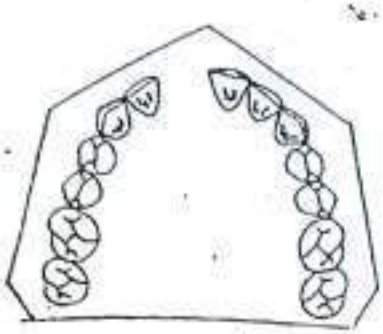
13. Apply separating media on the cast and the adjacent stone teeth and the inner surface of the plaster index.

14. Acrylization with Self Cured Acrylic Resin by Sprinkle-on method
Sprinkle the self cured acrylic powder in increments on the cast. Add monomer drop by drop through a syringe/dropper on the sprinkled powder. Keep on adding acrylic powder and monomer until the entire denture base is built up. Smoothen with monomer , remove the excess and allow it to polymerize for atleast 5 hours, keeping it covered to prevent evaporation of monomer.

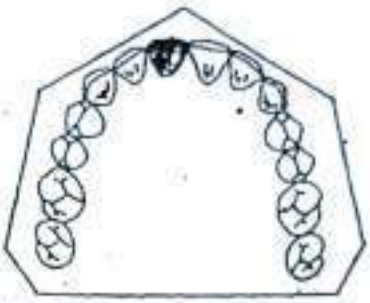
15. After 5 hours, place the cast with acrylised denture in cold water for 5 mins to separate the denture from the cast.

16. Finish and Polish the denture as followed for complete denture prosthesis.

FABRICATION OF ACRYLIC ANTERIOR SINGLE TOOTH PARTIAL DENTURE



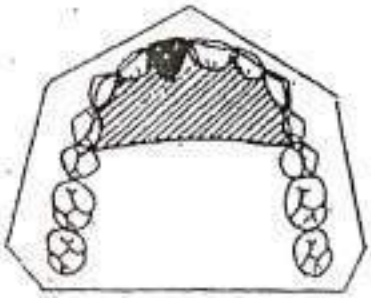
ANTERIOR TOOTH MISSING



POSITIONING OF ARTIFICIAL ANTERIOR TOOTH



FORMATION OF INDEX



SELF-CURED ACRYLIC REMOVABLE PARTIAL DENTURE

QUESTIONS

1. **Enumerate the components of Cast Partial Denture ?**

The component of cast partial denture are
a) major connector b) minnor connecter
c) direct retainer d) Indirect retainer
e) denture base f) artifical teeth

2. **_____ does not have any modification.**

Kennedy's class IV does not have any modification

3. **Enumerate the Component of a Direct Retainer ?**

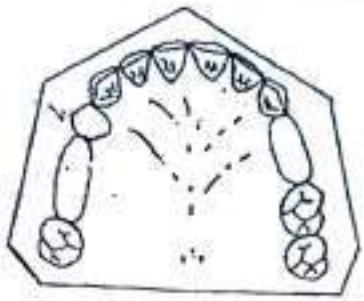
1) retentative clasparm
2) shoulder clasp terminal
3) reciprocal clasparm
4) rest
5) Body
6) shoulder
7) minor connector
8) approach arm (in case of IB as)

4. **What is the function of a Major Connector ?**

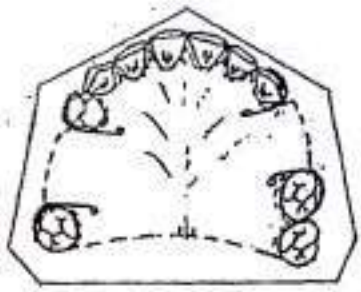
→ function of major connector are
1) unitecation · partial denture act as as one unit connects various parts of prosthesis
2) stress distribution distributes functional load to tooth teeth and mucosa across the arch
3) cross arch stability
4) support
5) Indirect retention in case of certain mandibular major connector

Date	Nature of Work Done	Sign of Instructor

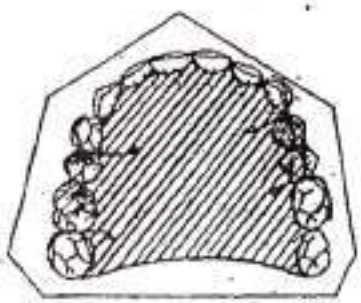
FABRICATION OF ACRYLIC PARTIAL DENTURE



POSTERIOR MISSING TEETH



MARKING OUTLINE AND POSITIONING OF
WROUGHT WIRE CLASP



HEAT-CURED ACRYLIC
REMOVABLE PARTIAL DENTURE

PROCEDURE:-

1. With a copying pencil draw the outline of the denture base and the position of the clasp on the teeth adjacent to the edentulous area(Abutment Teeth) on the cast.

2. Use a Stainless steel wires of 21 guage thickness for preparation of the clasps. Adapt the clasps in position on the cast.

3. Adapt the base plate on the cast according to the outline drawn. Use a half round file to get the interdental contouring of the base plate.

4. Add modeling wax on the edentulous area and place the artificial teeth on it following the alignment of the adjacent teeth. In maximum intercuspation with opposing teeth seal their position and immerse the cast in cold water for 2 mins. Later seal the baseplate to the cast to prevent the ingress of plastey while flasking.

5. Complete the Waxing and Carving procedure.

6. Prepare cast for Flasking.

7. Trim the stone teeth to the level of the base plate .

8. Trim the stone below the clasps with a bur to make space for the plaster to hold the the positon of theclasp while flasking.

9. Flasking :-

Pour a creamy mix of plaster in the base of the flask and place the cast such that the ledge of the cast is in line with rim of flask. Cover all the stone teeth with plaster keeping the artificial teeth and the wax exposed both on lingual and buccal side.

Check that there are no undercuts.

Allow the plaster to set completely.

Apply Vaseline on all exposed portion of plaster and cast.

Place the counter and pour mixed plaster into it to fill it completely and place the lid. Keep it under the clamps until the plaster sets completely.

10. Carry out Dewaxing, Packing, Curing, Deflasking, Finishing and Polishing procedures as followed for the complete denture prosthesis.

QUESTIONS

1. **What is the material you have used for fabrication of the Single tooth Anterior Partial Denture ?**

Self cured acrylic resin is used for fabrication of anterior partial denture

2. **Why is the Index prepared during the fabrication of the Partial Denture with self cured acrylic resin ?**

Index prepared during the fabrication of partial denture with self cured acrylic resin stabilize and contain the final portion of artificial teeth during acrylisation by sprinkle on method

3. **What is the guage of wire used for the fabrication of Acrylic Partial Denture ?**

Stainless steel wire of 21 gauge used fabrication of acrylic partial denture.

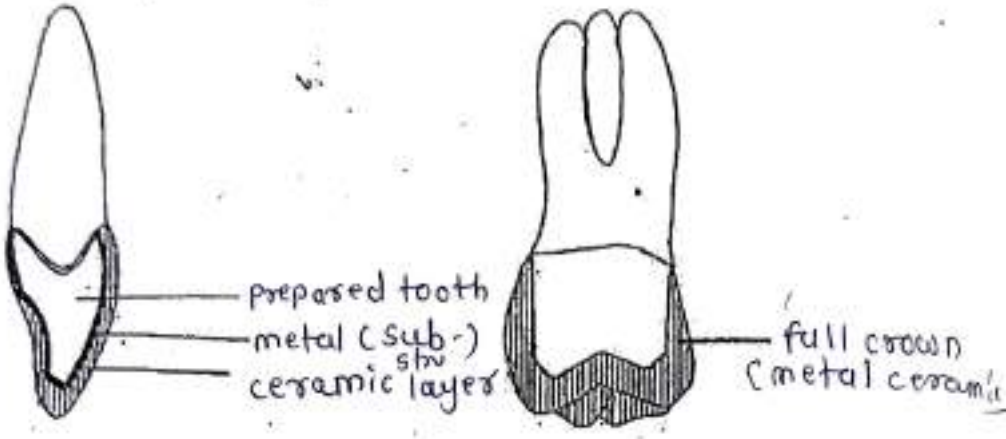
4. **Why do you trim below the clasp during the flasking of the waxed-up denture?**

During flasking of waxed up denture we below clasp to make space for plaster hold the portion of flask

Date	Nature of Work Done	Sign of Instructor

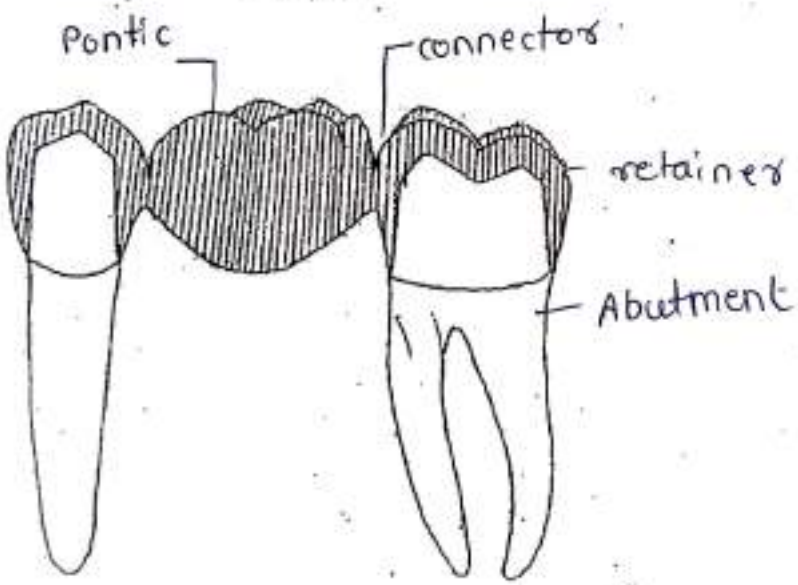
FIXED PARTIAL DENTURE

CROWN



Label the Diagram

BRIDGE



Label the Diagram

FIXED PARTIAL DENTURES

DEFINITION:-

Any dental prosthesis that is luted, screwed or mechanically attached or otherwise securely retained to natural teeth, tooth roots, and / or implant abutments that furnish the primary support for the dental prosthesis.

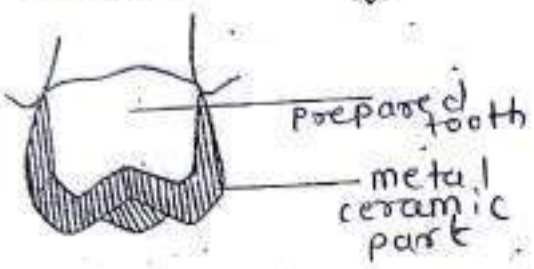
TYPES OF FIXED PARTIAL DENTURE:-

1. CROWNS :- A crown is cemented extracoronal restoration that covers, or veneers, the outer surface of the clinical crown which reproduce the morphology and contours of the damaged coronal portions of a tooth while performing it's function and also protecting the remaining tooth structure from further damage.

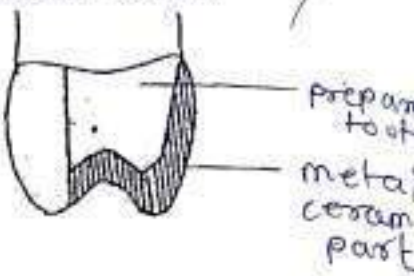
2. BRIDGES :- It may be defined as a partial prosthesis cemented to one or more teeth and replacing one or more but not all natural teeth.

TYPES OF CROWN

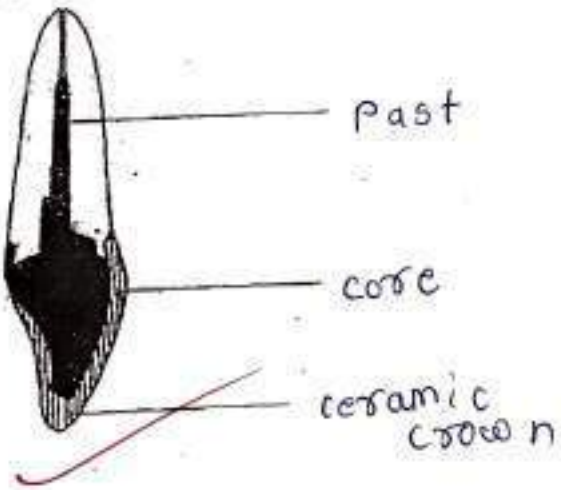
FULL CROWN



PARTIAL CROWN



RADICULAR CROWN



Label the Diagram

TYPES OF CROWN

1. ANTERIOR CROWNS

a) Partial
- Metal
- Ceramic
- Composite
- Ceromer

b) Complete
- Ceramic
- Composite
- Metal Ceramic
- Metal Composite

2. POSTERIOR CROWNS

a) Partial
- Metal
- Ceramics
- Composite
- Ceromer
- Metal Ceramic
- Metal Composite

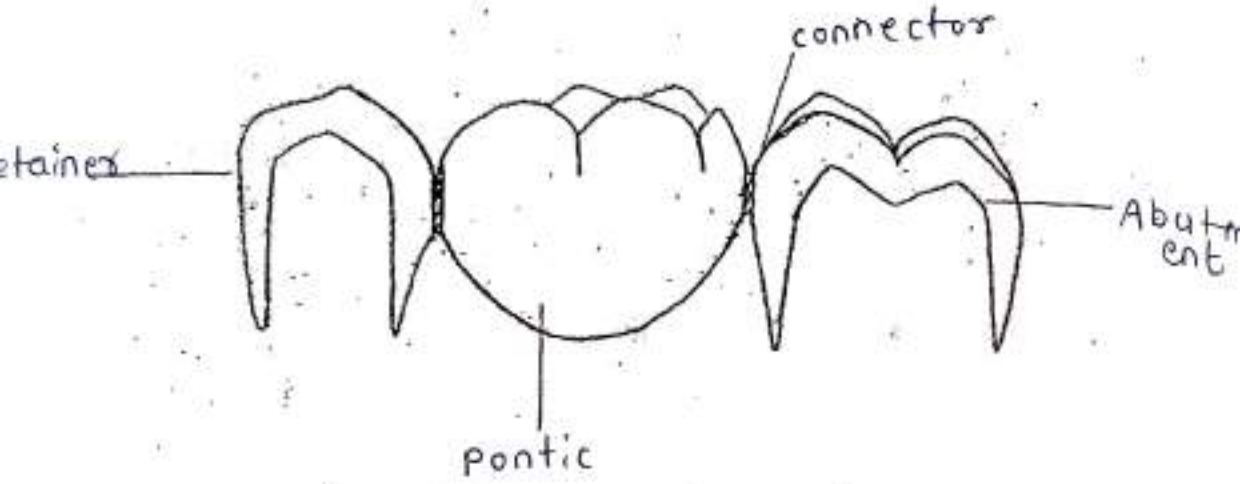
b) Complete
- Metal
- Ceramics
- Composite
- Ceromer
- Metal Ceramic
- Metal Composite

3. RADICULAR / DOWEL CROWNS

TYPES OF BRIDGES :-

1. Fixed-Fixed
2. Fixed Movable
3. Cantilever
4. Compound
5. Adhesive
6. Spring

COMPONENTS OF FIXED PARTIAL DENTURE



Colour & Label the Diagram

COMPONENTS OF A FIXED PARTIAL DENTURE

RETAINER :-

Retainer is that part of a Fixed Partial Denture which is used for retention of a prosthesis by taking support from the abutment.

PONTIC :-

A pontic is defined as the suspended member of Fixed Partial Denture replacing, the lost natural tooth, restoring it's function and usually occupying the space of the missing natural tooth.

CONNECTOR :-

A Connector is that part of a Fixed Partial Denture that unites it's components parts i.e. the pontic and retainer.

ABUTMENT :-

An abutment is a tooth, a portion of a tooth, or that portion of a dental implant that serves to support and / or retain a prosthesis

PIER ABUTMENT :-

A pier abutment is a natural tooth or root without other natural teeth in proximal contact, which is used as an abutment in addition to terminal abutment to support a fixed or removable partial denture.

STEPS IN FABRICATION OF FIXED PARTIAL DENTURE - SINGLE TOOTH CERAMOMETAL CROWN

1. *Examination, Diagnosis, Evaluation and Treatment Planning .*
2. *Impression for Diagnostic cast and Shade selection.*
3. Diagnostic cast.
4. *Intra occlusal record and face Bow.*
5. Cast Transfer to the Articulator
6. Duplication of Diagnostic cast and Mock Preparation
7. Preparation of Provisional Restoration (if desired at this stage)
8. *Impression for Provisional Restoration prior to tooth preparation.*
9. *Tooth preparation.*
10. *Gingival Retraction*
11. *Final Impression, Interocclusal record & Work Authorization.*
12. Preparation of Provisional Restoration.
13. *Cementation of Provisional Restoration*
14. Preparation of Working Model
15. Application of Die spacer and fabrication of Wax pattern, Investing and Casting.
16. Finishing of casting

UNDERLINE THE LABORATORY STEPS IN RED

17. *Metal Trial.*

18. Ceramic Buildup

19. *Bisque Trial*

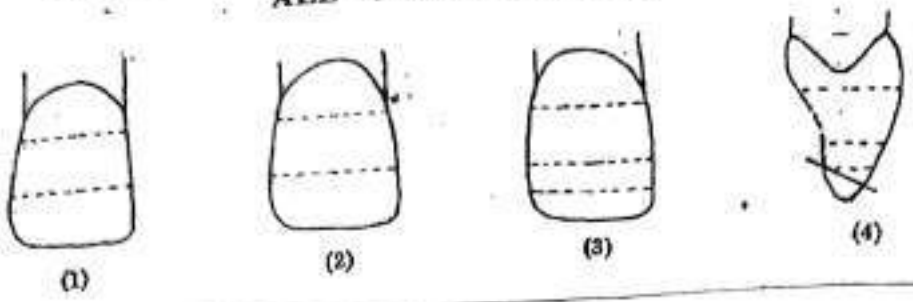
20. Final Firing and Glazing.

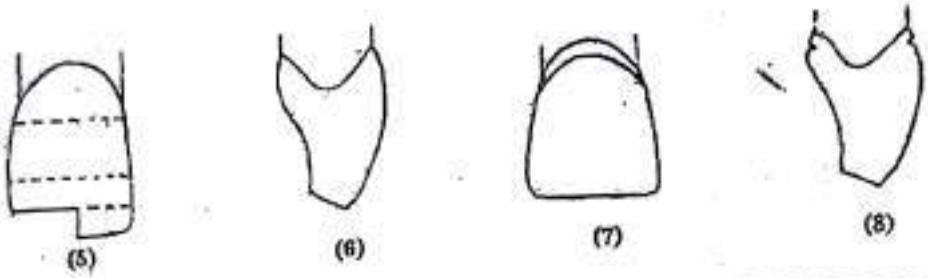
21. *Cementation of Prosthesis and Instructions.*

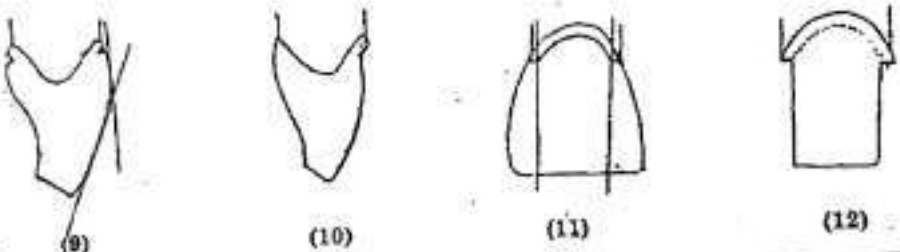
22. *Recall.*

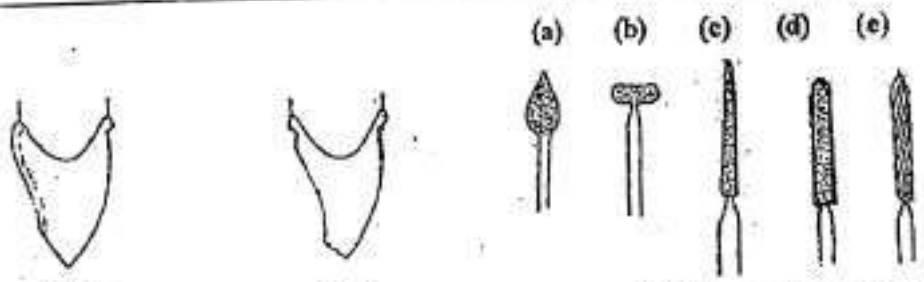
UNDERLINE THE LABORATORY STEPS IN RED

PREPARATION OF CENTRAL INCISOR TO RECEIVE ALL - CERAMIC CROWN









(a) Flame shaped diamond
(b) Wheel shaped diamond
(c) Long needle diamond
(d) Round End Tapered
(e) Finishing bur

EXERCISE NO. I

PREPARATION OF CENTRAL INCISOR TO RECEIVE ALL - CERAMIC CROWN

ARMAMENTARIUM:-

1. Micromotor
2. Contrangular handpiece
3. Round End Tapered Diamond
4. Long needle
5. Small wheel Diamond / Football / Pear

STEPS IN PREPARATION:-

1. Mark the labial surface of the tooth with a 0.5 lead pencil, dividing it into three equal parts.
2. Place depth orientation grooves 2.0 mm deep on the incisal surface with a flat-end tapered diamond.
3. Prepare half of the incisal third of the incisal edge using a small diamond wheel. The incisal plane should be at 45° angulation to the long axis of the tooth.
4. Mark the position of the gingival finish line on the labial surface with a pencil following the gingival contour, keeping it 1mm away from the cemento-enamel junction.
5. The labial surface is prepared in two planes to maintain the contour of the tooth.
   a. Gingival Half
   b. Incisal Half

6. Prepare the gingival half of the labial surface, placing a round-end tapered diamond in positon, following the mesio-distal contour of the tooth.

7. Change the position of the round-end tapered diamond to make it parallel to the incisal half of the labial surface and prepare the surface. The labial surface should be prepared atleast 1.5 mm for an all ceramic crown.

8. Mark a gingival line on the lingual surface following the contour of the cemento-enamel junction and keeping it 1mm away from it.

9. Use the same diamond (round-end tapered) to reduce the cingulum of the tooth following the contour of the lingual surface.

10. With a wheel/pear shaped diamond, prepare the lingual fossa to define the finishing line, thus preparing deep chamfer / rounded shoulder.

11. Finish the preparation and round off the line angles with a smooth diamond point.

QUESTIONS

1. How much of preparation is required at the incisal surface ?

2mm of incisal portion is required for all ceramic crown

2. Which two diamond points are used for preparing the lingual surface ?

a) small wheel diamond bur for preparation of di

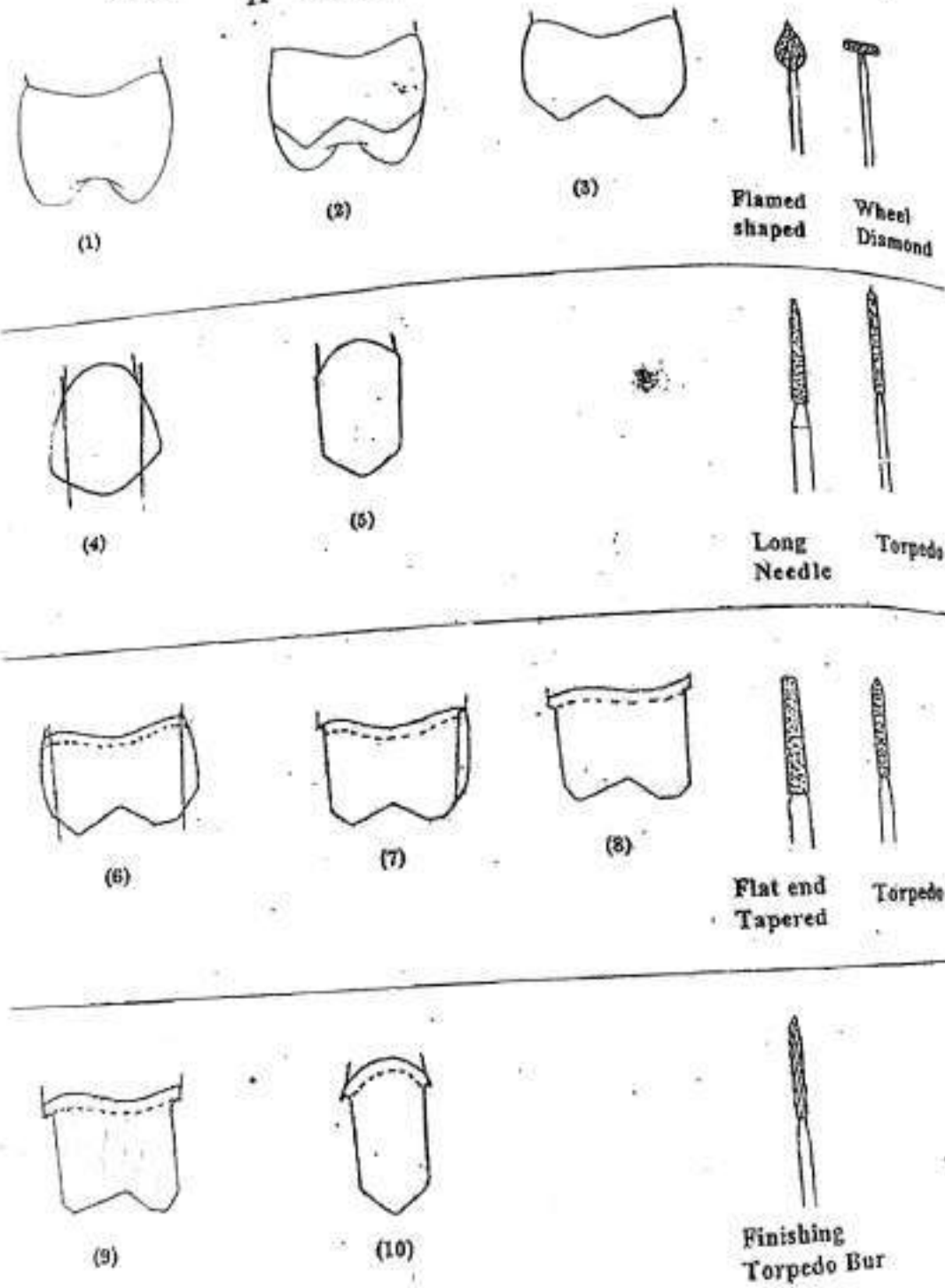
b) flat end tapered diamond bur for lingual axis reduce

3. What type of finish line is prepared for all ceramic crown ?

→ shouldet type of finish line is prepared for all ceramic crown.

Date	Nature of Work Done	Sign of Instructor

PREPARATION OF A PREMOLAR TO RECEIVE A CERAMO-METAL CROWN



EXERCISE NO. 2

PREPARATION OF A PREMOLAR TO RECEIVE A CERAMOMETAL CROWN

1. Use a flame shaped diamond to gradually prepare the occlusal surface. Follow the anatomy of the tooth i.e. the slopes and fissures.

2. Define the occlusal preparation with a tapered diamond. Check that overall 1mm preparation is done.

3. Use a rounded end tapered diamond to prepare the buccal surface. Move it mesiodistally following the contour of the gingival and contour the buccal surface of the tooth.

4. Use a thin tapered diamond to prepare the provisional chamfer with a 6° taper, maintaining the proximal walls parallel to each other.

5. Use a rounded end tapered diamond to prepare the lingual surface moving it mesiodistally following the contour of the gingival and contour of the lingual surface of the tooth.

6. Round off all the line and point angles with a chamfer bur.

7. Simultaneously refine the finishing line i.e. chamfer.

8. Use a round end tapered diamond to prepare the functional bevel on the functional cusp to get a clearance of 1.5mm. The functional cusp is the palatal cusp of the maxillary teeth and the buccal cusp of the mandibular teeth.

QUESTIONS

1. How much of preparation is required at the occlusal surface ?

→ for functional cusp occlusal reduction of 1-5-2mm for non functional cusp, 1-1.5 preparation is required

2. Why do you round off all the line and point angles of the preparation ?

→ All the line and point angle of preparation are rounded off in order to prevent concentration of stress into there areas.

3. What type of finish line is required for a ceramometal crown ?

→ facial surface of ceramo-metal crown has shoulder finish line and lingual surface of ceramometal crown has chamber finish line

Date	Nature of Work Done	Sign of Instructor

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

DEPARTMENT OF PROSTHODONTICS

CROWN AND BRIDGE & IMPLANTOLOGY

REORD BOOK

CLINICAL PROSTHODONTICS

FOR III B.D.S. AND IVB.D.S. COURSE

Name : Aditya Shingade.

Roll No.: 67.

Batch No.: C.

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

DEPARTMENT OF PROSTHODONTICS

CROWN AND BRIDGE & IMPLANTOLOGY

CERTIFICATE

THIS IS TO CERTIFY THAT :

~~MS~~/MR Aditya Raghu Shingade

Roll No. 70 (III B.D.S.) Year 20.21 to 20.22

Roll No. 67 (III B.D.S.) Year 20.22 to 20.23

HAS COMPLETED SATISFACTORILY

THE CLINICAL B.D.S. PRACTICAL PROGRAM IN PROSTHODONTICS

AS PRESCRIBED BY THE MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

21.04.23

(INSTRUCTOR IN-CHARGE, III B.D.S.)

(HEAD OF DEPARTMENT)

21/4/23

21/04/23

(INSTRUCTOR IN-CHARGE, IV B.D.S.)

(HEAD OF DEPARTMENT)

Head of Department of Prosthodontics
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohegaon, Pune - 412105

Date .....

UNIVERSITY ROLL NO.
49618

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412 105

DEPARTMENT OF PROSTHODONTICS

CROWN AND BRIDGE & IMPLANTOLOGY

24/07/2023

INTERNAL EXAMINER

24/7/23

EXTERNAL EXAMINER

UNIVERSITY ROLL NO.
49618

INTERNAL EXAMINER

EXTERNAL EXAMINER

UNIVERSITY ROLL NO.

INTERNAL EXAMINER

EXTERNAL EXAMINER

UNIVERSITY ROLL NO.

RULES AND REGULATIONS FOR STUDENTS

1) Punctuality and descipline is mandatory through out the clinical sessions.
2) Minimum of 85% attendance in clinics is mandatory to be eligible for examinations as per M.U.H.S. regulations.
3) Each students wear clean well buttoned apron.Shirts Sleves should be folded properly above the elbow.
4) Ornamental rings , bagles , and wrist-watches should not be worn while working. Students shouldnot wear slippers in clinics.
5) Students should pay attention to personal hygiene and personality.
6) Nail should be trimmed and without nail polish on them.
7) Hair should be tied up and tucked in to the apron for personal safety.
8) The use of face mask and hair cap while working in the clinics is mandatory.
9) Each student must possess all the instruments. Lending and borrowing of instruments is strictly prohibited.
10) During each clinical session , the student must bring this record book.
11) No page should be torn from the record book. The record book should be updated regularly and duly signed by the instructor.
12) Any damage/ breakage must be immediately reported to the concerned staff member for the needful action.
13) Wastage of material should be strictly avoided.
14) Cleanliness of the work station and clinical area is - the responsibility of the students. Timely action will be taken if not heeded to.

INDEX FOR CLINICAL EXERCISES

Sr. No.	Name of the patient	Case record no.	Page no.	Date of completion	Signature of staff
A)					
1.	Chandrakant Jain.			25/2/23	
2.					
3.					
4.					
5.					
B)	Removable Partial Dentures (Interim)				
1.	Ramesh Bondge.			7/10/22	
2.	Sangram Shinde.			27/4/22	
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

COMPLETE DENTURE THERAPY

OPD No.
Date

Department of Prosthodontics
DY Patil Dental School, Lohegaon
Pune

Case Record
Complete Denture Therapy

I. Name of the Student : Aditya Shingade.

Roll No. : 67

Patient Data

Name : Chandrakant Jain.

Age : 65.

Sex : M

Address : Lohegaon, Pune.

Phone No : –

Occupation : Retired

II. Chief Complaint Patient complains of the faulty denture since 4-5 months.

III. Systemic Status

NAD

Medications if any –

IV. Personal History –

Diet : Veg.

Habits: NAD.

V. Dental History

I. History of Dental Extraction

a) Maxillary:

Reason for extraction - pulpal/perio/trauma

Sequence of extraction -

Duration of extraction - 8-9 years

b) Mandibular:

Reason for extraction - pulpal/perio/trauma

Sequence of extraction -

Duration of extraction - 8-9 years.

ii. Number and type of previous denture

Type	Maxillary	Mandibular	Duration
Acrylic complete Denture	✓	✓	8 years.

iii. Earlier denture experience : Good.
iv. Evaluation of previous denture : Attrition of Teeth.
v. Pre extraction Records :

VI. Mental Attitude (House Classification) – Philosophical

*General Examination:- Gait - Normal
Nutritional status - Normal

VII. Extra Oral Examination

i. Facial form

Outline for : Square/Tapering/Sq.tapering/Ovoid

Profile : Straight/Convex/Concave

ii. Lips(Static Position)

a) Length : Short/Medium/ Long

b) Thickness: Thin

c) Support : Adequately supported / Unsupported

d) Mobility : Normal / Reduced mobility/Paralysis

e) Commissure: Present

iii. Temporomandibular joint

a) Tenderness : Non-tender

b) Mouth opening : Adequate

c) Deviation No - Deviation.

d) Clicking/Crepitus : No-Clicking sound present.

e) Any other : —

iv. Neuromuscular evaluation

a) Speech : Normal / Affected

b) Co-ordination : Excellent / Fair / Poor

VII. Intra Oral Examination

i. Arch form : Square / Tapering / Sq. tapering / Ovoid

Maxillary – ovoid
Mandibular – Tapering

ii. Rresidual Ridge Form (Atwood's clasification)

Maxillary :

Mandibular :

iii. Inter arch space : Ideal / Excessive / Insufficient

iv. Ridge Parallelism : Class I / Class II / Class III

v. Ridge Relation : Class I / Class II / Class III

vi. Soft Palate : Class I / Class II / Class III

vii. Palatal Sensitivity : Presence / Absence of gaging

ix. Mucose Condition : Healthy / Inflamed/ Pathologic

x. Attachment

Labial Buccal

Frenal : Maxillary

: Mandibular

xi. Saliva

Quality : Serous Mucous ✓

Quality : Adequate / Inadequate ✓

xii. Tongue

Size : Normal / Enlarged ✓

Quality : Normal / Retracted ✓

Provisional Diagnosis – Complete edentulous Maxillary & Mandibular arch

ix. Investigation

Final Diagnosis – complete edentulous arch.

Prognosis – Fair

x. Treatment Plan

A. Surgical / Non Surgical Preparation of tissues/ Systemic / Local

treatment :

– Education & motivation for treatment.

Prosthetic treatment :-

- complete denture.

B. Clinical Step and Laboratory Procedures , Materials, and Techniques used:

No.	Step	Date	Materials & Technique	Grade / Sign
1.	Primary Impression : Maxillary Mandibulor	13/2/23	- Primary Impression of Maxillary & Mandibular arch using Impression compound. Technique :- - Mucocompressive Impression.	A
2.	Primary cast perparation	13/2/23	Making of primary cast using Dental plaster, using two pour technique.	B++
3.	Custom tray fabrication	13/2/23	Making of custom tray using cold cure. using Dough Method.	A
4.	Final Impression: Maxillary Mandibulor	14/2/23	Making Border Moulding of Maxillary & Mandibular arch using green-stick material. Making Final Impression with zinc oxide eugenol paste.	A B++
5.	Master Cast	15/2/23	Master cast using dental stone. using two pour technique	B+
6.	perparation of Wax occiusal rims	15/2/23	Making of occlusal wax rims using modelling wax - using Roll wax method	B+
7.	Jaw relation record	16/2/23	Vertical & H2+JR using Niswonger's method centric JR by physiologic method	A
8.	Transfer of sealed Jaw relation record to the articulator	16/2/23	Articulation done with dental plaster.	B
9.	Selecation of teeth	16/2/23	selection of teeth with acrylic teeth.	B
10.	Teeth arrangement	17/2/23	Teeth arrangement with acrylic teeth in class I relation.	B

11.	Try-in and Verification of jaw relation record	22/2/23	Try-In Done.	B
12.	Perparation of mould, wax elimination, processing	20/2/23	Flasking is done using Dental plaster Heat cure is used for packing Acrylization done. Technique:- short curing cycle.	B
13.	trimming, regovery of the denture, finishing and polishing	24/2/23	Finishing & Polishing done using Pumice stone & buffing	
14.	Denture insertion	25/2/23	Denture Insertion done & Instructions are given	25/2/23
15.	Recall checkup			

Accomplishment : Satisfactory / Unsatisfactory

Patient's Signature :

Staff Incharge Signature :

HOD Signature

REMOVABLE PARTIAL DENTURE THERAPY

OPD No.
Date

Department of Prosthodontics
DY Patil Dental School, Lohegaon
Pune

Case Record
Removable Partial Denture Therapy

I. Name of the Student : Aditya shingade.

Roll No. :

I. Patient Data

Name : Ramesh Bondge.

Age : 70

Sex : Male.

Address : Nirgudi Road, Lohegaon, Pune, 411047

Phone No : -

Occupation : Worker.

II. Chief Complaint Patient complains of missing teeth on upper left & right back region & Lower front region of the jaw since 2 years.

III. Systemic Status

Medications if any

No any systemic condition seen.

IV. Dental History

Extraction $\bar{c}$

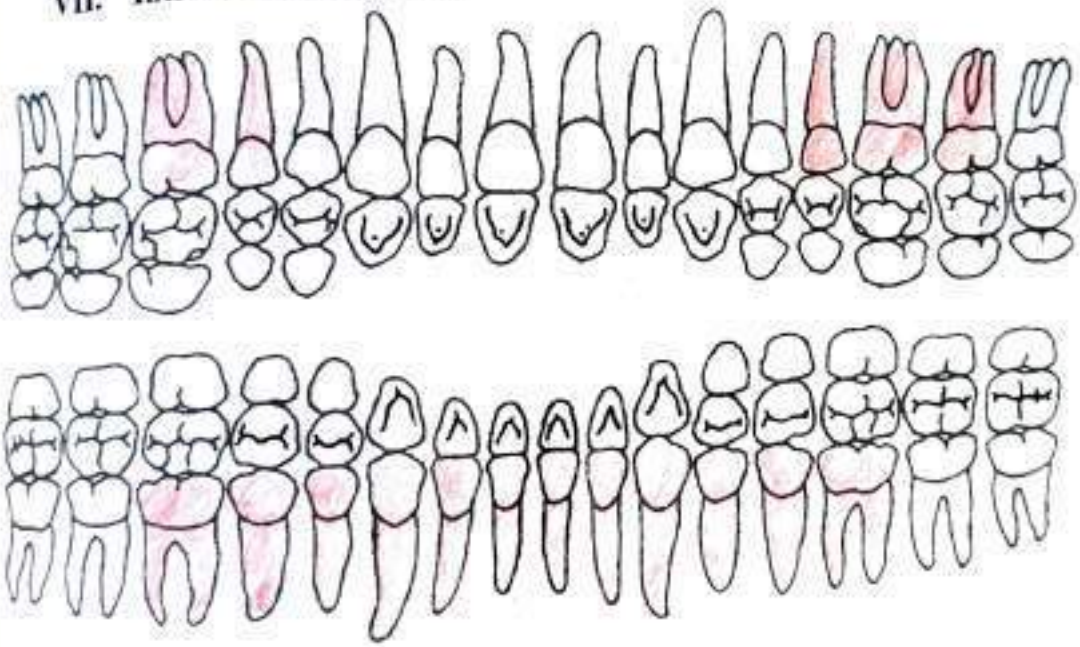
65	567
654321	123456

V. **Mental Attitude** Philosophical Patient

VI. **Tempormandibular Joint Examination :**

No clicking sound
No Deviation

VII. **Intra oral Examination**



Missing : Red
Root Canal Therapy : Blue
Restoration : Light Blue
Root Pieces : Brown
Crowns / F.P.D : Green
Plaque/ Calculus / Stains : Yellow
Caries : Black
Impacted teeth : Light green

Any other relevant findings :

VIII. Investigations: OPG Advice

IX. Diagnostic Casts :

a. Occlusion :
b. Occlusal Plane :
c.. Supraeruptions :
d. Drifting :
e. Interarch Space :

X. **Kennedy's Classification :**

	Maxillary	**Mandibular**
Initial	class II Mod 1	class IV
Final		

XI. Surveying of the Diagnostic Cast :

a. Retentive undercuts :
b. Guiding Planes :
c. Tripod points :
d. Interferences :

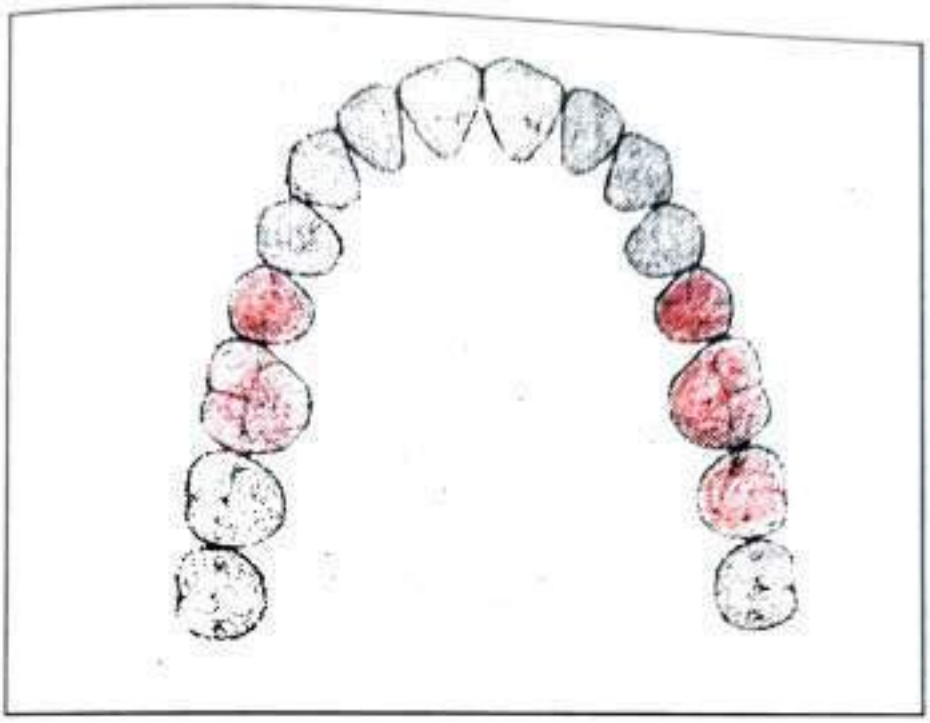
XI. Radiographic evaluation of Abutment teeth :

a. Crown / root ratio :
b. PDL space :
c. Quality of bone :
d. Root anatomy :
e. Infections/furcation involvement :

XIII. Treatment Plan for Definitive Partial Denture.

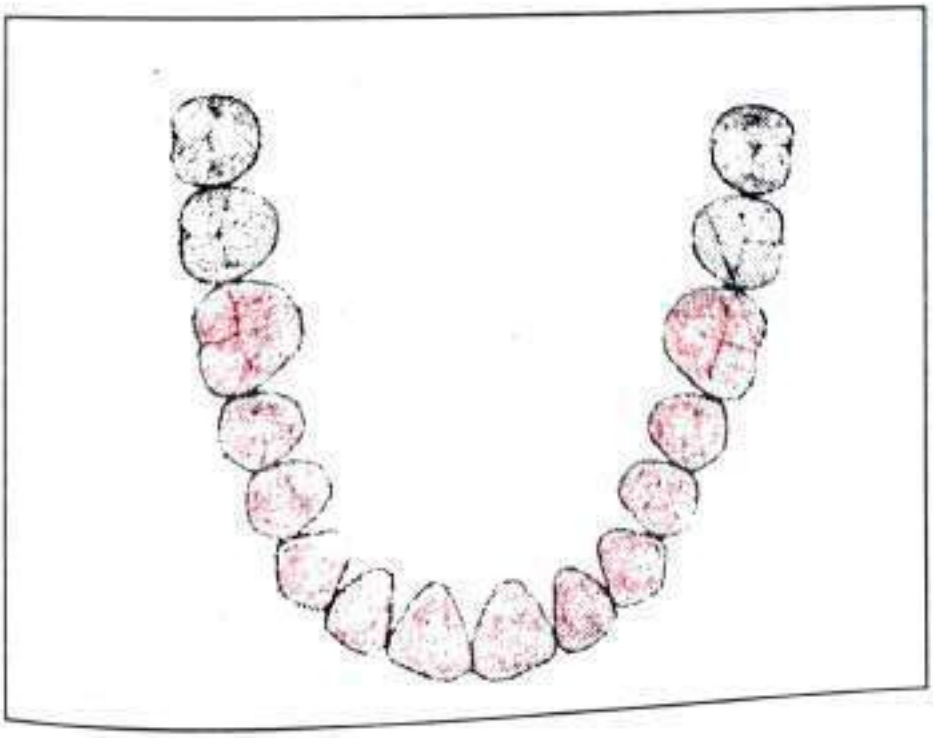
Maxillary :

Treatment Plan



Mandibular :

Treatment Plan



XIV. Treatment Plan for Interim Partial Denture :

Clinical Step and Laboratory Procedures , Materials, and Techniques used:

No.	Step	Date	Material & Technique. Sign	Grade	Sign
1.	Diagnostic Impression : Maxillary Mandibulor	20/9/22	Primary impression of Maxillary & Mandibular arch using alginate. Technique :- Mucostatic impression.		
2.	Diagnostic cast Working cast fabrication	20/9/22	Primary cast using dental plaster & stone using two pour technique.		
3.	Custom tray fabrication (if required)	23/9/22	Coustom tray using cold cure with dough method.		
4.	Final Impression: Maxillary Mandibulor	23/9/22	Final impression of mandibular arch using border moulding & zoe. & pick up impression using alginate.		
5.	Working cast fabrication	23/9/22	Master cast using dental stone using two pour technique.		
6.	Surveying				
7.	Blockout of working cast	23/9/22	Block out using modelling wax.		
8.	Jaw relation record (if required)	27/9/22	Jaw relation Recorded using fox plane.		
9.	Transfer of sealed jaw	27/9/22	Arch articulation done using dental plaster		

	relation record to the articulator			
10.	Selection of teeth	27/9/22	selection of acrylic teeth.	
11.	Teeth arrangement	1/10/22	Teeth arrangement done using acrylic teeth in class I	
12.	Try - in and verification of jaw relation record	3/10/22	Try-in done.	
13.	Preparation of mould, wax elimination, processing	3/10/22	Flasking is done using dental Plaster & heat cure used for packing. Technique :- short curing cycle	
14.	Trimming, recovery of the denture, finishing and polishing		Finishing & polishing using pumice stone & buffing.	
15.	Denture insertion	7/10/22	Denture insertion.	
16.	Recall checkup			

Accomplishment: Satisfactory / Unsatisfactory

Patient's Signature

Staff Incharge Signature:

HOD Signature

REMOVABLE PARTIAL DENTURE THERAPY

OPD No.
Date

Department of Prosthodontics
DY Patil Dental School, Lohegaon
Pune

Case Record
Removable Partial Denture Therapy

I. Name of the Student : Aditya shingade.

Roll No. : 67.

I. Patient Data

Name : Sangram Solanki.

Age : 22

Sex : M

Address : Porwal Road, Pune.

Phone No : —

Occupation : Job.

II. Chief Complaint Patient complains of missing teeth upper front & lower right back region of the jaw since 1 years.

III. Systemic Status

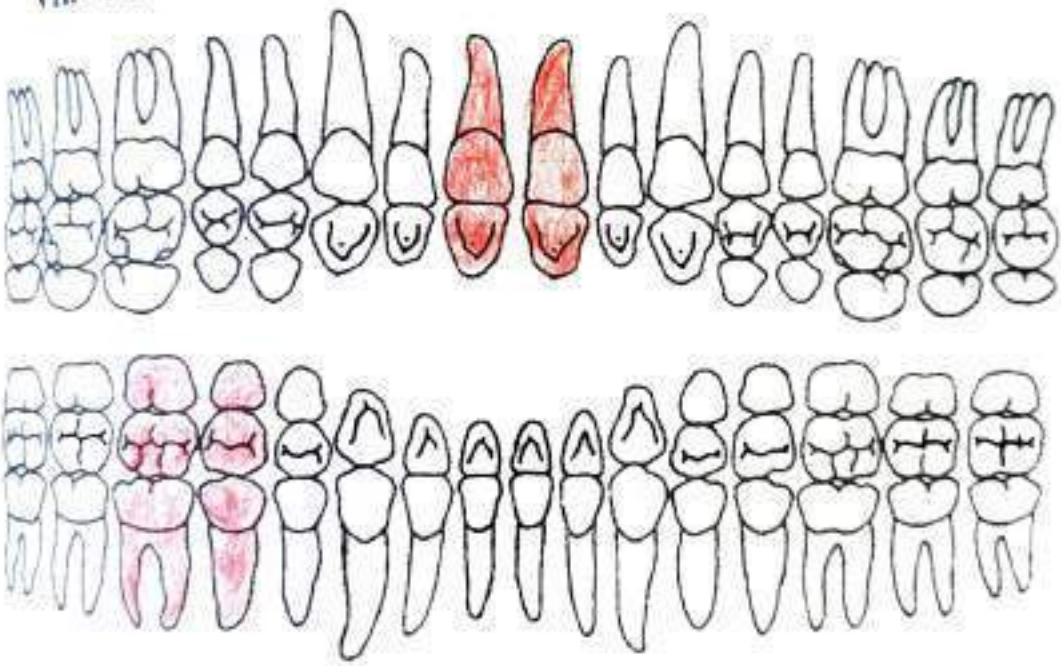
Medications if any No any systemic condition is seen.

IV. Dental History NRH.

V. **Mental Attitude** Philosophical patient.

VI. **Tempormandibular Joint Examination :**
- No clicking sound.
- No deviation.

VII. **Intra oral Examination**



Missing : Red
Root Canal Therapy : Blue
Restoration : Light Blue
Root Pieces : Brown
Crowns / F.P.D : Green
Plaque/ Calculus / Stains : Yellow
Caries : Black
Impacted teeth : Light green

Any other relevant findings : NAD.

VIII. Investigations: Nil

IX. Diagnostic Casts :

a. Occlusion : —
b. Occlusal Plane :
c. Supraeruptions : - Absent.
d. Drifting : - Absent.
e. Interarch Space : class I

X. **Kennedy's Classification :**

	Maxillary	Mandibular
Initial	class IV	class I
Final		

XI. Surveying of the Diagnostic Cast :

a. Retentive undercuts : NAD.
b. Guiding Planes : NAD.
c. Tripod points : NAD
d. Interferences : NAD.

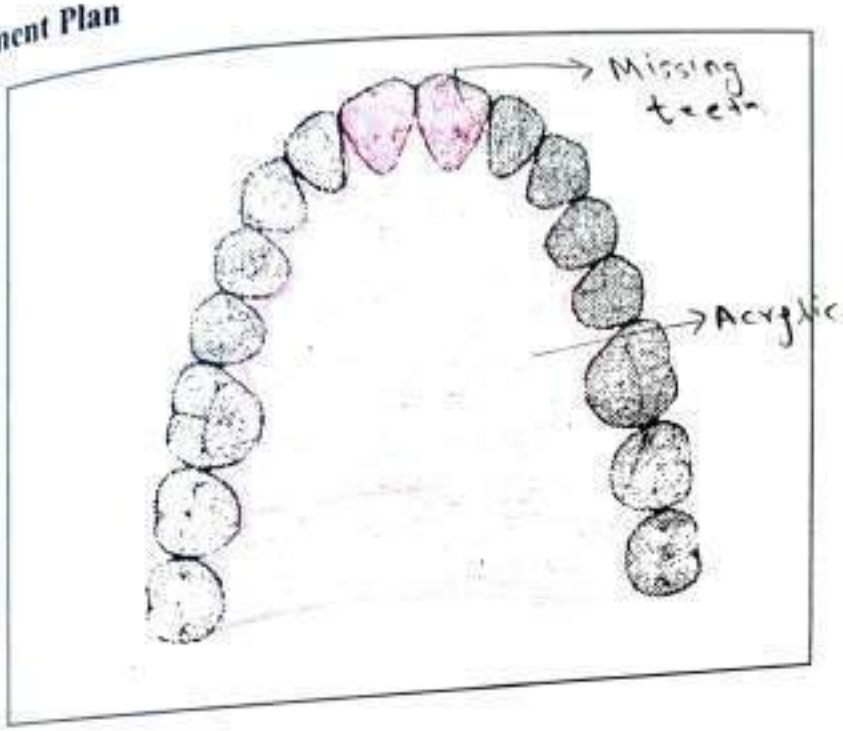
XI. Radiographic evaluation of Abutment teeth :

a. Crown / root ratio : NAD.
b. PDL space : NAD,
c. Quality of bone NAD
d. Root anatomy : NAD
e. Infections/furcation involvement : NAD

VIII. Treatment Plan for Definitive Partial Denture.

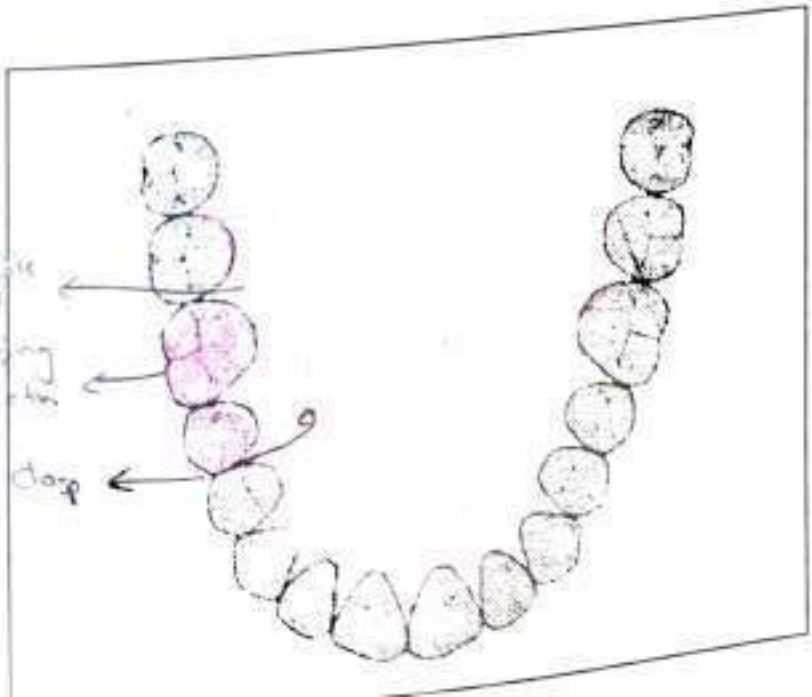
Maxillary :

Treatment Plan



Mandibular :

Treatment Plan



XIV. Treatment Plan for Interim Partial Denture :

Clinical Step and Laboratory Procedures , Materials, and Techniques used:

No.	Step	Date	Materials & Technique	Sign	Grade
1.	Diagnostic Impression : Maxillary Mandibulor	19/4/22	- Primary impression of Maxillary & Mandibular arch using alginate Technique :- Mucostatic impression.		
2.	Diagnostic cast Working cast fabrication	20/4/22	Primary cast using dental plaster & stone using two pour technique.		
3.	Custom tray fabrication (if required)		Go —		
4.	Final Impression: Maxillary Mandibulor				
5.	Working cast fabrication	21/4/22	Master cast using dental stone using two pour technique		
6.	Surveying				
7.	Blockout of working cast	22/4/22	Blockout using Modelling wax.		
8.	Jaw relation record (if required)	22/4/22	Bite mark registration.		
9.	Transfer of sealed jaw	23/4/22	Arch articulation done using dental plaster		

	relation record to the articulator			Guide sign.	
10.	Selection of teeth	23/4/22	selection of acrylic teeth.		
11.	Teeth arrangement	23/4/22	Teeth arrangement ~~By to done~~		
12.	Try - in and verification of jaw relation record	25/4/22	Try-in done		
13.	Preparation of mould, wax elimination, processing	26/4/22	Flasking is done using dental plaster. Heat cure used for packing. Technique:- short curing cycle		
14.	Trimming, recovery of the denture, finishing and polishing	27/4/22	Finishing & polishing using pumice stone & buffing.		
15.	Denture insertion	27/4/22	Denture insertion.		
16.	Recall checkup				

Accomplishment: Satisfactory / Unsatisfactory

Patient's Signature

06/05/22

Staff Incharge Signature:

HOD Signature

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK), Via - Lohegaon, Pune - 412 105

SECOND YEAR B.D.S

PRE-CLINICAL CONSERVATIVE DENTISTRY JOURNAL

NAME: KHANDEKAR RUSHIKESH UMESH

ROLL NO: 41 **BATCH :** A

YEAR: 2019-20

MUHS Seat No.: 43765

External Examiner's signature: 5/12/2020

Internal Examiner's signature: 5/12/2020

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics
D Y Patil Dental School
Charholi (BK), Via Lohegaon

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VARIOUS EXERCISES ON PLASTER TOOTH MODELS AND IVORINE TEETH FOR LEARNING BIOMECHANICAL PRINCIPLES OF TOOTH PREPARATION AND RESTORATION

CLASS I

EXERCISES ON PLASTER MODELS EMPLOYING PRINCIPLES OF TOOTH PREPARATION FOR AMALGAM RESTORATION

Sr. No.	Date	Plaster Tooth Model	Outline	TOOTH PREPARATION		RESTORATION	
				Grade	Sign	Grade	Sign
1	20/8/19	Class I cavity Mandibular First Mdar		B^+	26-9-19	B^+	20/11/20
2	20/9/19	Class I cavity Maxillary First Molar.		B^+	27/9/19	B^+	20/11/20
3	27/9/19	Class I cavity Mandibular premdar		B^+	S	B	11/11/20
4	3/10/19	Class I cavity Maxillary premolar		B^+	13/11/20	B	20/11/20
5	3/10/19	Class I cavity Maxillary Molar		B^+	S 17/11/20	B^+	3/11/19
6	3/10/19	Class I cavity Mandibular Molar		B^+	17/11/20	B^+	11/11/20

Class II

EXERCISES ON PLASTER MODELS EMPLOYING PRINCIPLES OF TOOTH PREPARATION FOR AMALGAM RESTORATION

Sr. No.	Date	Plaster Tooth Model	Outline	TOOTH PREPARATION		RESTORATION	
				Grade	Sign	Grade	Sign
	28/1/20	Mandibular Molar Mesio occlusal		A	28/1/21		
	28/1/20	Maxillary Molar (First) Mesio Occlusal		A	28/1/21	B	6/2/21
	28/1/20	Mandibular premolar Mesioocclusal		A	28/1/21	A	6/2/21
	28/1/20	Maxillary premolar Mesio occlusal		A	28/1/21	B+	6/2/21

Class I

EXERCISES ON IVORINE TEETH FOR TOOTH PREPARATION AND RESTORATION WITH DENTAL AMALGAM

Sr. No.	Tooth no. and description of the preparation	TOOTH PREPARATION		PULPAL PREPARATION		RESTORATION	
		Grade	Sign	Grade	Sign	Grade	Sign
1	Class I Mandibular first Molar (36)	B+	13/2/20 K	B	25/1/21 S		
2	Maxilary first Molar (26)	B+	9/3/20 K	B	25/1/21 S		
3	Maxillary first Malar (16)	B+	17/2/20 K		6/2/21 R		
4	Mandibular first Malar (46)	B	S				
5	Maxillary Premolar (24)	B+	9/3/20 K		6/2/21 R		
6	Mandibular Premolar (44)	B+	9/3/20 K		6/2/21 R		

EXERCISES ON IVORINE TEETH FOR TOOTH PREPARATION AND RESTORATION WITH DENTAL AMALGAM

Sr. No.	Tooth no. and description of the preparation	TOOTH PREPARATION		PULPAL PREPARATION		RESTORATI	
		Grade	Sign	Grade	Sign	Grade	Sign
1	Class I Maxillar First Molar (extension) (16)		S				
					20		
2.	Class I Mandibular First Molar (extension) (36)		R				

Class II

EXERCISES ON IVORINE TEETH FOR TOOTH PREPARATION AND RESTORATION WITH DENTAL AMALGAM

Sr. No.	Tooth no. and description of the preparation	TOOTH PREPARATION		PULPAL PREPARATION		RESTORATION	
		Grade	Sign	Grade	Sign	Grade	Sign
1.	Maxillary first Molar (MO)(26)	B+	10/1/21				
			10/1/21		12/1/21		
2.	Mandibilar first Molar (MO) (46)	B+		B+			
			10/1/21		15/1/21		
3.	Mandibular Premolar (MO)(45)	B+		B+			
			10/1/21		20/2/21		
4.	Maxillary Premolar(MO)(25)	B+		B+			

BIOMECHANICAL PRINCIPLES, ARMAMENTARIUM AND PROCEDURES EMPLOYED IN THE TREATMENT OF TEETH AFFECTED WITH DENTAL CARIES

INDEX

SR. NO.	TOPIC	DATE	PAGE NO.	GRADE	SIGN./ REMARK
1	Introduction and definition		1		
2	G V Black classification		9		
3	Fundamental of cavity preparation		10		
4	Class I cavity preparation		22		
5	Class II cavity Preparation		27		
6	Pulp protection		30		
	i) Indired pulp capping		38		
	ii) Direct pulp capping		39		
7	Instrument in operative dentistry		41		
	i) Hand instrument		43		
	ii) Rotatory instrument		52		
8	Matricing & Wedging seppration of teeth		58		
9	Inlay cavity preparation		70		

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK), Via - Lohegaon, Pune - 412 105

THIRD AND FOURTH YEAR B.D.S

DEPARTMENT OF CONSERVATIVE DENTISTRY, ENDODONTICS & ESTHETIC DENTISTRY

CLINICAL RECORD BOOK

NAME: Sakshi . S. Ambatkar.

ROLL NO: 01 BATCH: A

YEAR: 2022 - 2023

MUHS Seat No:

External Examiner's signature: 1.8.23

Internal Examiner's signature:

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK), Via - Lohegaon, Pune - 412 105

DEPARTMENT OF CONSERVATIVE DENTISTRY, ENDODONTICS AND ESTHETIC DENTISTRY

CLINICAL RECORD BOOK

CERTIFICATE

This is certify that Mr./Ms. Sakshi S. Ambatkar .

Examination No. _____ *has successfully completed all the exercises in Pre-Clinical Conservative Dentistry And Endodontics as per the Maharashtra University of Health Sciences requirements for third and fourth year B.D.S course*

INCHARGE
Department of Conservative Dentistry
Endodontics and Esthetic Dentistry

DATE: _____

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics
D Y Patil Dental School
Knowledge City
Pune-412105.

PROFESSOR & H.O.D.
Department of Conservative Dentistry
Endodontics and Esthetic Dentistry

DATE: 23/03/23

INSTRUCTIONS

1. Discipline and punctuality is expected throughout the clinical postings.
2. Each student should wear a clean white apron. Shirt sleeves should be folded properly above the elbow.
3. Long hair should be tied at the back and the head cap should be worn.
4. Long nails, nail polish and mehendi are strictly prohibited.
5. Use of facemask, protective eyewear and head cap is mandatory.
6. Remove all jewellery including wristwatches and rings before wearing gloves.
7. Each student must possess two sets of instruments during their practical posting and examinations. Lending or borrowing of instruments will never be allowed.
8. Each student should possess adequate knowledge about instruments and all equipments and working of the dental chair before handling them. No procedure should be carried out without taking permission and guidance from the staff.
9. Report any damage/breakage of equipment immediately to the concerned staff member.
10. Maintain cleanliness during work and avoid wastage of dental materials. Remember that each patient deserves skillfully performed procedures.
11. Fundamentals of operative dentistry must be well understood and reviewed periodically by the student.
12. Conservation of tooth structure, clean-cut tooth preparation, isolation of operating field, proper pulp protection and good aesthetics are important aspects of clinical procedures carried out in the department.
13. Students should bring their record book on each day of their posting and record book should be regularly updated and duly signed by the instructor.
14. Approval of each procedure performed by the student from the instructor and immediate entry in the record book is imperative.
15. Marks will be credited for this record book at the University Examination.

RULES TO BE FOLLOWED IN THE CLINICS

1. Disinfect your working area by using spray-wipe-spray technique.
2. Pleasantly greet the patient in the reception area by name and request that he or she follows you to the treatment area.
3. After the patient is seated in the chair, bring the chair into position, drape the patient, turn on the operating light.
4. Scrub your hands with soap and thoroughly wash them, dry them and put on the gloves. Discard the gloves after single use. Replace torn or damaged gloves immediately.
5. Clinical examination of every patient is mandatory. Record your findings in the patient's record paper and also in your journal. Get it approved by your instructor.
6. Clearly communicate to the patient about his/her dental diagnosis and the procedure(s) required. Explain the treatment plan to the patient; take an informed consent before commencement of the operative procedure.
7. Get each and every step of the operative procedure approved by your instructor.
8. After the completion of operative procedure, give proper post operative instructions and schedule the next appointment for him/her.
9. Check the patient's face for smudges or debris, gently remove them with moist cotton / tissue
10. Bring the chair to the (rest) position before asking the patient to leave the chair.
11. Used instruments should be cleaned and rinsed in tap water before placing them in the ultrasonic cleaner.
12. Students are expected to dry the instruments retrieved from ultrasonic cleaner, neatly pack them in their sterilization pouches These pouches should be handed over to the staff nurse for sterilization.

LIST OF INSTRUMENTS

Diagnostic Instruments: (2 sets each)

1) Mouth mirror with handle
2) Straight probe
3) Williams graduated probe
4) Double ended explorer
5) Tweezer

Instruments for tooth preparation:

A) Hand Instruments: (2 sets each)

1) Single ended straight enamel chisel (2mm)
2) Double ended unibevelled enamel Hatchet (2mm)
3) Double ended Gingival Marginal Trimmer 77/78 and 79/80
4) Double ended spoon excavator -Small & Medium size

B) Rotary Instruments:

Sr. No.	Instruments	
1.	Contra - angled handpiece for Micromotor (Slow speed)	
2.	Contra - angled handpiece for Airotor (High speed)	
3.	Diamond points - (FG & Latch type) (2 sets each)	Size -10/12 Shape - Round, Straight, Inverted Cone, Tapered Fissure (short and long), Pear shaped.
4.	Carbide burs (latch type)	Round (Small and Medium size) ;

Plastic Filling Instruments: **(2 sets each)**

1) Cement Spatula - Short & stiff blade
   - Long & flexible blade
2) Agate Spatula.
3) Cement Carrier - Double ended instrument with one end rounded
4) Double ended round Amalgam Condenser (small)
5) Double ended parallelogram Amalgam Condenser 155/153
6) Amalgam Carrier No. 5
7) Double ended ball Burnisher
8) Amalgam carvers
   - Wards
   - Frahms
   - Hollenbeck
9) Composite filling instruments (plastic)

Finishing and Polishing instruments:

1) Hand
   1. Finishing Strips - Fine, Medium and Coarse.
2) Rotary
   1. Finishing burs or points for silver Amalgam restoration (round and flame shape).
   2. Polishing brush and rubber cup.
   3. Composite finishing and polishing kit.
   4. Impregnated finishing disks - Assorted.

SUPPLEMENTRY INSTRUMENTS

1. Stainless steel tray with lid - 8" 3"
2. Enamel tray - 18" 18"
3. Mackintosh sheet - 18" 18"
4. Rubber bowl - Small and Large
5. Plaster spatula - Straight
6. Plaster knife
7. Wax spatula & knife
8. Glass slab - Thick
9. Chip syringe with bulb
10. Dappen dish - 2 Different Colours
11. Cotton Holder - Stainless steel
12. Waste receiver - Stainless steel
13. Matrix band retainer - Ivory No.1, Ivory No.8
14. Matrix bands - Ivory No.1 (Assorted Pk.)
(Premolar and Molar bands 0.038mm & 0.05mm)
Ivory No.8 (Assorted Pk.)
(Premolar and Molar bands 0.038mm & 0.05mm)
15. Celluloid/Mylar strips.
16. Wooden wedges - Assorted sizes
(Blades to shape the wedges)
17. Mortar & pestle - Ground glass
18. Curved stainless steel surgical scissors. - Small
19. 0.5 mm pencil marker
20. Ruler (6")
21. Hand gloves size. – As per individual size.
22. Face mask

CLASS I TOOTH PREPARATIONS

Sr. No.	Case No.	Name of Patient	Gender	Age
1		Shweta Jadhav	Female	18yrs
2		Gyanlata Pandey.	Female	30yrs
3		Kavita Chavan	Female	42yrs

DENTAL AMALGAM RESTORATIONS

Date	Tooth No.	Tooth Preparation		Pulp Protection/ Base and Matricing		Restoration		Total (30)
		Marks (15)	Sign	Marks (5)	Sign	Marks (10)	Sign	
03/02/22	36	[signature] 9/3/22			[signature] 9/3/22		[signature] 9/3/22	
29/09/22	36	14/20	[signature]	5/10	[signature]	14/20	[signature] 28/9/23	
01/10/22	46	15/20	[signature]	7/10 1/10/22	[signature]	15/20	[signature] 1/10/22	

CLASS II TOOTH PREPARATIONS

Sr. No.	Case No.	Name of Patient	Gender	Age
1		Ranchan Arota	Female	24 yrs.
2		Ravita chavan	Female	42 yrs.
3		Ankush Warghade	Male	36 yrs.
4		Mohammad shaikh.	Male.	22 yrs.
5		Sameer mahbdi.	Male	

DENTAL AMALGAM RESTORATIONS

Date	Tooth No.	Tooth Preparation		Pulp Protection/ Base and Matricing		Restoration		Teacher's Sign
		Marks (15)	Sign	Marks (5)	Sign	Marks (10)	Sign	
24/09/22	24							
03/10/22	47	15/20	4/10/22	8/10	4/10/22	14/20		
17/02/23	16			-	-			
22/02/23	46		22/2/23		22/2/23		22/2/23	
23/02/23	25	14/20	24/2/23	5/10	24/2/23	14/20	24/2/23	

CASE RECORDS

Diagnosis & Treatment planning in Conservative Dentistry

Name of the patient: Rajkumar Chauhan

Age: 31 yrs

Address: Pune

Tel. No. 7841949832

Occupation: Service.

Registration No. 4223

Date: 23/09/22.

Gender: Male.

Emergency Contact: 9841949832

DENTAL RECORD

Chief Complaint: Patient complains of pain after food lodgement in upper right Back region of Jaw since 2-3 months.

History of present illness: Patient was apparently asymptomatic 3 months back until he experienced pain after food lodgement in maxillary left posterior region of Jaw. Pain is sharp, shooting & localized in nature. It is lingering & lasting for about 5 to 10minutes pain aggravates on pressure on mastication & relieves on its own. Patient has no history of nocturnal pain, swelling & pus discharge.

Past Dental Experience:

Tooth coloured Restoration $\frac{\bar{C}}{6|}$ (4 yrs ago)

Subjective symptoms:

Tooth / Region

Pain:	Present ✓		Absent
Location:	Localized ✓	Diffused	Referred
Duration:	Seconds	Minutes ✓	Hours
Quality:	Sharp ✓	Dull	Throbbing
Onset:	Stimulated ✓	Spontaneous	
Increased by:	Cold	Heat	Pressure ✓
	Postural Change	Sweet	Sour
Relieved by:	Cold	Heat	Medication ✓

Medical History:

A) Record of any present illness: NO Relevant History

i) Cardiac disease
- Anginal / Coronary
- Pacemaker
- Congenital heart disease
- Rheumatic fever

ii) Abnormal bleeding
- Blood dyscrasias

iii) High blood pressure

iv) Anemia

v) Diabetes

vi) Hepatitis

vii) AIDS / HIV

viii) Asthma

ix) Tuberculosis

x) Arthritis

xi) Sinus trouble

xii) Epilepsy

xiii) Stroke

xiv) Psychiatric treatment

xv) Cancer treatment / Radiation therapy

B) Any medicines or drugs taken in the past or current medication → 1) Amoxicillin 2) Aceclofenac 3) Pantoprazole

C) Allergy to any drug/drugs – NRH

D) Any prosthesis inserted into the body NRH

E) Any Surgery in the past with or without blood transfusion NRH

F) For Women Pregnancy Y/N
Nursing Y/N

G) Any other relevant findings NRH

EXAMINATION

A) General Examination:

Built
Stature
Gait
Posture

} No Abnormality detected.

B) Extraoral Examination:

- Symmetry Grossly Bilaterally symmetrical
- Swelling: Hard Soft Diffused Localized
  Dimension and extent
- TM Joint No clicking sound, No deviation
- Lymph nodes Not palpable, Non tender
- Sinus/Fistula Absent

C) Intraoral examination

i) Soft tissue examination: No Abnormality detected.

Tongue Mucosa Palate Floor of mouth Gingiva

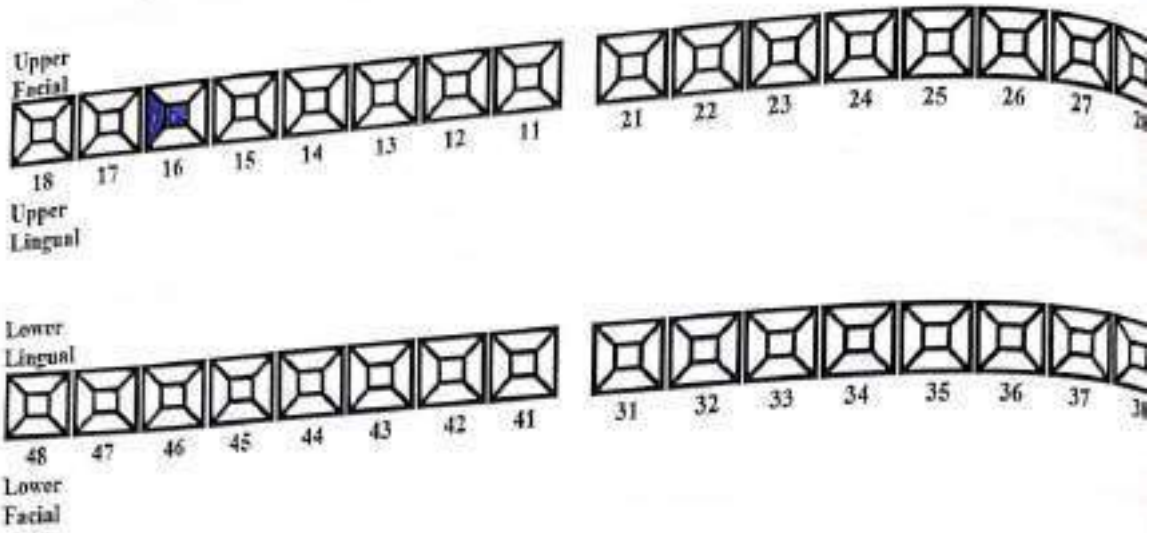
ii) Swelling: Present Absent ✓

iii) Sinus tract opening: Absent

iv) Oral hygiene: Good Fair ✓ Poor

v) Occlusion: Harmonious ✓ Non-harmonious

vi) Current status of dentition



Notation:

Caries -

Restoration present -

Secondary caries -

Tooth missing - A

Discoloration -

Tooth fracture - F

R.C. treated – R.C.

Attrition -

Abrasion / Erosion – ^

Crown present – C

Vertical fracture – #

Distoocclusal caries $\bar{c}$ 6/

Pit & fissure caries $\bar{c}$ 7

occlusal caries $\bar{c}$ 4

Occlusal fault $\bar{c}$ 6

(14)

CLINICAL EXAMINATION OF AMALGAM RESTORATIONS:

- Amalgam blues
- Proximal overhangs
- Marginal ditching
- Voids
- Fracture lines
- Improper anatomic contours
- Marginal ridge incompatibility
- Improper proximal contacts
- Recurrent caries
- Improper occlusal contacts

} NO Relevant Finding.

CLINICAL EXAMINATION OF CAST RESTORATIONS NRF

⇨ Defective, Proximal overhang, Improper contours, Fractured tooth/Restoration, Secondary caries.

CLINICAL EXAMINATION OF TOOTH COLORED RESTORATION.

1) Improper contour
2) Proximal contact
3) Overhanging proximal margin
4) Recurrent caries
5) Marginal staining.
6) Fracture

} NRF

EXAMINATION OF NON-CARIOUS LESIONS

ATTRITION

ABRASION

EROSION

ABFRACTION

} NO Relevant Finding

EXAMINATION OF AREA OF CHIEF COMPLAINT:

a. Tenderness on palpation Positive

b. Pain on percussion Positive

c. Mobility Absent

d. Furcation involvement Absent

e. Pulp vitality tests

Thermal test: Heat Cold ✓

i. No response
ii. Moderate transient response
iii. Painful response which subsides quickly after removal of stimulus
iv. Painful response that lingers after removal of stimulus

f. Electric pulp test Control tooth Response at number Test tooth Response at number

Caries Diagnosis:

1. Clinical Examination for caries:
   a) Visual changes - Surface Texture - soft consistency
   - Colour Blackish discolouration
2. Tactile sensation
3. Radiographs Radiolucency involving enamel, dentin & approaching pulp. ROPA 6/7
4. Transillumination.

Categorization of Adults According to Caries Risk indicators:

Caries Risk Category

Low: - No carious lesions in last 3 years.

Adequately restored surfaces

Good oral hygiene

Regular dental Visits

Fluoride dentifrice use

Medium: -

Presence of two of the following indicators:

Current orthodontic treatment or removable appliance or several exposed root surface or poor oral hygiene or frequent fermentable carbohydrate intake or inadequate exposure to topical Fluoride.

High:- Presence of one of the following indicators:

Any carious lesion in previous 2 years or inadequate salivary flow or initial enamel interproximal radiolucencies or presence of >2 of the risk indicators shown in the medium risk category.

Provisional Diagnosis:

Chronic Irreversible Pulpitis c̄ 6|

Region - Maxillary right post. Region
Teeth completely seen - 765|. Teeth partially seen are 14. most pathologic tooth is 16.
Crown - Diffused radiolucency involv enamel, dentin reaching pulp.
2 intact Roots with patent Root can PDL space is widen with discontinuou lamina Dura. No Periapical Radiolucency seen. Intact interdental area seen.

Investigations and interpretations :

i) Radiographs: Intraoral periapical

Bitewing

O.P.G.

Any other

ii) **Blood tests:**

iii) Any other:

Final Diagnosis:

Pulpal — Reversible / Irreversible ✓

Periapical Pathology: 1) Acute apical periodontitis

2) Chronic apical periodontitis

3) Periapical granuloma

4) Periapical cyst

5) Acute dentoalveolar abscess

Radiographically - loss of lamina dura & widen of PDL space.

Prognosis: fair.

Treatment Plan:

i) Urgent phase

Access opening c 6/

ii) Control phase

Oral prophylaxis.

iii) Re-evaluation phase

iv) Definitive phase

1) Cleaning & shaping c 6/

2) Obturation c 6/

3) Post Endodontic Treatment c 6/

4) Prosthesis c 6/

v) Maintenance phase

Recall after 6-8 months.

Signature of instructor :- **Date:-**

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

FIRST AND SECOND YEAR B.D.S

DENTAL MATERIAL SCIENCE

RECORD BOOK

NAME : Chavan Gayatri Dnyaneshwar

ROLL NO.: 15 **BATCH :** A

YEAR: 2022 - 23

MUHS Seat No.: 37032

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

FIRST AND SECOND YEAR B.D.S

DENTAL MATERIAL SCIENCE

RECORD BOOK

CERTIFICATE

Mr. /Ms. : Chavan Gayatri Dnyaneshwar

Roll No. 37032 *has Attended and Completed all*

the Practicals Recorded in this Journal.

Date : 18/10/23

18/10/23 18/10/23

Signature of The Staff In-charge

DEPARTMENT OF PROSTHODONTICS : DMS

Head of Department of Prosthodontics
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohegaon, Pune-412105

Signature of The Head of Dept.

9/1/24

Signature of The External Examiner

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

FIRST AND SECOND YEAR B.D.S

DENTAL MATERIAL SCIENCE

RECORD BOOK

9.1.23

a/1/24

INTERNAL EXAMINER

EXTERNAL EXAMINER

UNIVERSITY ROLL NO.
37032

INTERNAL EXAMINER

EXTERNAL EXAMINER

UNIVERSITY ROLL NO.
37032

RULES AND REGULATIONS FORSTUDENTS

1) Punctualityanddisciplineismandatorythroughoutthepracticalsessions.

2) Minimum of 85 % attendance in practicals is mandatory to be eligiblefor examinationsasperM.U.H.S.regulations.

3) Each student should wear a clean, well-buttoned apron. Shirtsleeves shouldbe foldedproperlyabovetheelbow.

4) Ornamentalrings,bangles,andwrist-watchesshouldnotbewornwhileworking. Studentsshouldnotwearslippersinclinics.

5) Studentsshouldpayattentiontopersonalhygieneandpersonality.Nailsshould betrimmedandwithoutnailpolishonthem.Hairshouldbetiedupandtuckedinto theapronforpersonalsafety.

6) Theuseofafacemaskandheadcapwhileworkinginthelaboratoryismandatory.

7) Eachstudentmustpossessalltheinstruments.Lendingandborrowingof instrumentsisstrictlyprohibited.

8) Duringeachpracticalsession,thestudentmustbringthisrecordbook.Nopage shouldbetornfromtherecordbook.Therecordbookshouldbeupdated regularlyanddulysignedbytheinstructor.

9) Anydamage/breakagemustbeimmediatelyreportedtotheconcernedstaff memberfortheneedfulaction.

10) Wastageofmaterialshouldbestrictlyavoided.

11) Cleanliness of the workstation and laboratory is the responsibility ofthe students.Timelyactionwillbetakenifnotheededto.

GYPSUM PRODUCTS

GYPSUM : **It is a mineral mined in various parts of the world. Various Gypsum products are widely used in dentistry.**

CHEMICAL FORMULA : $CaSO_4 2H_2O$

CLASSIFICATION :

As per A. D. A. Specification No. 25

	APPLICATIONS
TYPE I Impression plaster	- For making impression in complete denture + maxillofacial prosthesis. - Bite registration material for
TYPE II Dental plaster	- For making study cast + models For investment of complete denture - For mounting casts on articulators.
TYPE III Dental stone	- For preparation of master cast + study models for casing.
TYPE IV Dental Die stone high strength, expansion.	- For making dies for inlay crown + bridge
TYPE V Dental Die stone high Strength, High expansion	- To prepare dies for inlay, crown + bridges + cast partial denture

MODE OF SUPPLY : powders of various colours in small

COMPOSITION :

IMPRESSION PLASTER :

- Dental plaster + K_2SO_4 + Borax + colouring & flavouring agents.

BALANCED STONE :

- Alpha - hemihydrate + 2-3% colouring agents
  K_2SO_4 - accelerator + borax = retarder
  (Potassium Sulphate)

DIVESTMENT :

- Powder - combination of dia stone + investment material
- Liquid - colloidal silica

MANUFACTURING PROCESS : (CALCINATION)

CHEMICAL REACTION :

1. **DENTAL PLASTER :**

$$CaSO_4.2H_2O \xrightarrow[110^\circ-130^\circ C]{A} CaSO_4.1/2\,H_2O$$
(β-Hemihydrate)

2. **DENTAL STONE :**

$$CaSO_4.2H_2O \xrightarrow[17\text{ lbs/sq inch pressure}]{120^\circ-130^\circ C} CaSO_4.1/2\,H_2O$$
(α-Hemihydrate)

3. **IMPROVED STONE :**

$$CaSO_4.2H_2O \xrightarrow[30\%\ CaCl_2]{120^\circ-130^\circ C} CaSO_4.1/2\,H_2O$$
(α-Hemihydrate)

SETTING REACTION :

$(CaSO_4)_2 \cdot H_2O + 3H_2O \longrightarrow 2CaSO_4 \cdot 2H_2O$ + unused $(CaSO_4)_2 \cdot H_2O + H_2O$

(Hemihydrate) + Water ⟶ (Dihydrate)

THEORIES OF SETTING :

a. Crystalline theory

b. Colloidal theory

c. Dissolution — precipitation theory

SETTING TIME :

Initial - 1 - 3 minutes.

Final - 4 - 7 minutes.

MEASUREMENT OF SETTING TIME :

1. **Penetration Tests -** By using penetrometers such as Vicat needle & Gillmore needle.

2. **Loss of Gloss** As reaction proceeds the glass disappears from surface of plaster mix.

3. **Exothermic Reaction -** The temperature raise of the mass may also be used for measurment of setting time as the setting reaction is exothermic.

FACTORS AFFECTING SETTING TIME :

manufacturing process.
mixing + spatulation.
water/powder ratio.
Temperature
medifiers

ACCELERATORS : finally powdered gypsum (upto 1%) is added by manifacturers to accelerate setting time acts by providing additional nuclei of crystalization. one source of gypsum is slurry water.

RETARDERS : Act by forming a layer on the hemihydrate to reduce its solubility. It also inhibits the growth of gypsm crystals.
Eg. Borax (1-2%)

SETTING EXPANSION : liner expansion during setting due to outward thrust of the growing crystals during setting.
- 0.05 — 0.5 %

a. **Normal Setting Expansion** : liner expansion during setting due to outward thrust of the growing crystals during setting.

- 0.05 — 0.5 %

b. **Hygroscopic Setting Expansion** : when a gypsum product is placed under water before the initial set step, a greater expansion is seen.

FACTORS AFFECTING SETTING EXPANSION :

- Mechanical mixing reduces setting expansion when compared to hand mixed stone.
- Increase in w/p ratio reduces the setting expansion.
- Modifiers generally reduce the setting expansion pottassium sulfate (4%) solution reduces setting expansion from 0.5 to 0.06%.
- Sodium chloride + borax decrease the setting expansion.

MANIPULATION :

EXPERIMENT :

AIM : To study the manipulation of dental plaster and preparation of a block.

INSTRUMENTS AND MATERIALS :

1. Flexible Large Rubber Bowl
2. Stiff Bladed S. S. Spatula
3. Plaster Knife
4. Stop Clock
5. Scale
6. Porcelain Tile
7. Sand Paper
8. Dental Plaster
9. Water

PROCEDURE :

- Water is taken first to prevent adhesence of dry powder to the sides of the bowl.
water & powder are dispended according to the recommended w/p. The powder is sifted into water in the rubber bowl.
Plaster/stone dispensers are also available.
- Allowed to settle for 30 sec. to minimize air entrapment.
- mix is started vigouresly. periodically inside of the bowl with a spatula to ensure setting of powder & breaking up of lumps. Continue till a smooth creamy mix is obtained.
- Vibrate the mix & pours it into impression.

GRADE : [ ]

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DEMONSTRATION :

2. **AIM : To study the manipulation of Dental Stone**

Gauging water : W/P - 30 ml. / 100 gms.

PROCEDURE :

- Water is taken first & then powder is dispensed according to recommended w/p ratio.
- Allowed to settle for 30 sec. to minimize air entrapment.
- Mix is stirred vigorously. spatulation should be completed in 15-60 seconds.
- Mix is vibrated & powdered into the impression.

DEMONSTRATION :

2. **AIM : To study the manipulation of Die Stone**

Gauging water : W/P - 25 ml. / 100 gms.

PROCEDURE :

- Water is taken first & the powder is dispensed according to the recommended w/p ratio.
- Allowed to settle for 30 sec.
- Mix is stirred vigorously spatulation should be completed in 45-60 sec.
- Mix is vibrated & poured into the impression.

DEMONSTRATION :

a. **Dental Plaster :** **Pouring a Compound Impression**

b. **Denal Stone :** **Pouring an Alginate Impression**

c. **Die Stone :** **Pouring a Elastomeric Impression**

MICROSCOPIC STRUCTURE :

a. **Dental Plaster :** Entangled aggregation of crystals of gypsum having length of 5-10 μ.

b. **Denal Stone :** Entangled aggregation of crystals of gypsum having length of 5-10 μ

c. **Die Stone :** Entangled aggregation of crystals of gypsum having length of 5-10 μ.

d. **Investment :** Entangled aggregation of crystals of gypsum having length of 5-10 μ.

DIAGRAM OF CRYSTALS :

Dental Plaster :



Dental Stone :



Die Stone :



Investment :



PROPERTIES	TYPE I	TYPE II	TYPE III	TYPE IV	TYPE V
Common Names (Classification)	Impression plaster	model plaster	Dental Stone	Dental Stone strength	
Crystal Structure	Irregular in shape	orthorhombic shape	prismatic	Cuboidal Structure	
Setting Reaction	$(CaSO_4)_2 + H_2O$	$3H_2O \rightarrow CaSO_4 \cdot 2H_2O$	$CaSO_4 \cdot 2H_2O$	$(CaSO_4)_2 \cdot H_2O$	
Gauging Water	12 ml	15 ml	10 ml	7-8 ml	
Setting Time : ---Initial ---Final	1-3 mm 4±1 min	1-3 mm 12±4 min	1-3 mm 12±4 min	1-3 mm 12±4 min	
Setting Expansion	0.15 %	0.30 %	0.10 - 0.20 %	0.10 %	
Wet Strength	12.5 290	31 1300	45 3000	67 5000	
Dry Strength	520	1300 moderate (9 mpa)	High 3000 (20 mpa)	High 7000 (35 mpa)	
Surface Hardness	White/ Low Brown	moderate White	High Yellow	High Yellow	
Colour	White/ Brown	White	Yellow	Yellow	
Applications	For making				

CARE OF GYPSUM PRODUCTS :

- If the Gypsum cast has to be soaked in water it must be placed in a water bathing with plaster debris is allowed to remain constantly on the bottom of the container to provide a saturated solution of calcium sulphate.
- As plaster is hygroscopic it should be kept in air-light containers when the relative humidity is more than 2%, plaster starts taking up moisture initiating a setting reaction.

INFECTION CONTROL :

Can be disinfected by —

- immersing cast in the disinfectant solution.
- Addition of disinfectant into the stone.
- overnight ethylene oxide gas sterilization while treating patient known to have injection.

GRADE : [ ]

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IMPRESSION MATERIALS

DEFINITION OF IMPRESSION : It is a negative record of tissue. a mouth. It is used to reproduce the form of tooth + surrounding tissue.

CLASSIFICATION :

	RIGID	ELASTIC
Set by chemical reaction (irreversible)	• plaster of paris (impression plaster) • zinc oxide Eugenol	• Alginate • polysulfide • polyether • condensation silicon. • Addition silicon.
Set by temperature change (reversible)	– Impression compound	– Agar.

IDEAL REQUIREMENTS :

- Should no to harmful to the oral tissues, biocompatible
- Material should have cohesive + not adhesive property
- When exposed to Fluoring after removal from mouth it should exhibit a smooth glassy surface.
- Fluide enough to record oral tissues accurately + viscus enough to remain contained in the tray during loading of tray + making of impression.

IMPRESSION COMPOUND

CLASSIFICATION :

As per A.D.A. Specification No. 3

Type I - low fusing compound.
- medium fusing compound.

Type II - High fusing compound.

As an impression material it is classified as

- **Rigid**
- **Sets by physical change (reversible)**
- **Used for edentulous impressions.**

APPLICATIONS :

Type I
- **Stick** - for peripheral trimming / muscle trimming and moulding. before making of final impression
- **Cake** - for completely edentulous patient.
- **Cones** - for making 1° impression of completely edentulous patient for individual tooth preparation
- to check undercuts in inlay preparation
- to make special tray.

Type II - Tray - to make special tray.

IDEAL REQUIREMENTS :

- Should harden after heat treatment when brought to mouth temp. & be stable after hardening & removal form.
- When softened it should have uniform consistency to help reproduce fine details of oral tissue.
- Should have become uniform throughout with discrepancies & distortion.
- Should not be harmful to oral tissue when in plastic state.

MODE OF SUPPLY :

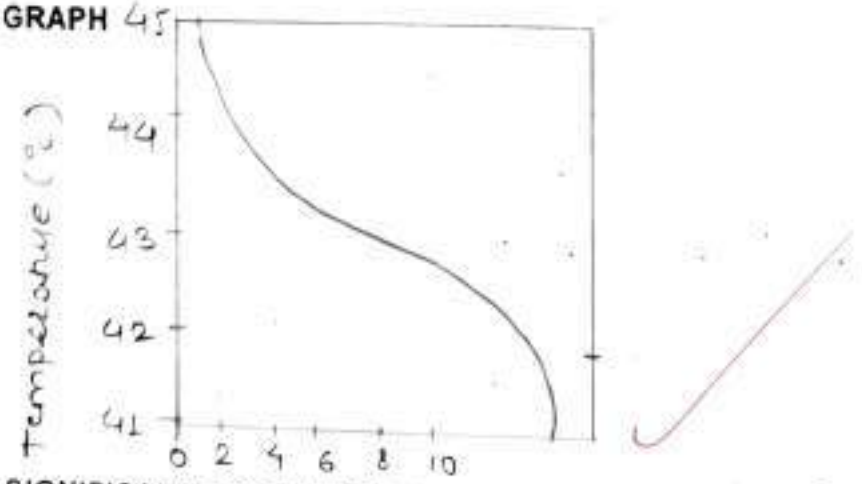
- sticks, cakes & cones.
- In colours such as green, brown, red.

COMPOSITION :

Ingredients	Function
1) Resin (30%)	— Thermoplastic properties
2) Copal Resin (30%)	— Thermoplastic properties
3) Carnouba wax (10%)	— Thermoplastic properties
4) Stearic acid (5%)	— plasticizer
5) Talk (25%)	— fillers
6) Colouring agent.	—

FUSION TEMPERATURE : 43.5°C

GRAPH



SIGNIFICANCE OF FUSION TEMPERATURE :

It indicates a definite reduction in plasticity during cooling. Above this temperature, fatty acids are liquid and form a smooth, plastic mass while the impression is being obtained. Thus every detail of the mouth tissues is more likely to be reproduced. The tray is seated and held firmly until the fusion temperature is reached. Below this temperature an accurate and detailed impression cannot be expected.

MANIPULATION :

Expt. No.

AIM : To study the manipulation and properties of impression compound.

Method of manipulation when used in :

a. **Large quantity -** Thermostatically controlled water bath (Wet kneading)..

b. **Small quantity -** Dry heat over gas flame

INSTRUMENTS AND MATERIALS :

1. Stock tray
2. Impression compound
3. Thermostatically controlled water bath
4. Gauze pieces
5. Wax knife
6. Bard-Parker knife
7. Rubber Bowl.

PROCEDURE :

- Compound coke is softened in a thermostatically controlled water bath usually in the range of 65-75°C
- After the compound is removable from the water bath, it is kneaded & moulded with fingers in order to obtain uniform plasticity throughout the mass.
- A slightly oversized tray is selected & softened material is loaded on the tray & quickly seated upon the tissue to be recorded.

GRADE : [ ]

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PROPERTIES :

Thermal properties :

a. **Thermal conductivity : Low thermal conductivity.**

Its significance :

i) During softening -

—The outside layer will softened first & inner layer will soften later, ∴ to ensure uniform softening of the material. it should be kept immersed in the water bath for long duration.

ii) During hardening -

—The layer adjacent to oral tissues will remain soft for longer period because of oral temperature.
∴ it is important to allow coiling of impression compound throughly before it is removed from oral cavity.

b. **Dimensional changes -**

i) Coefficient of thermal expansion - Very high.

ii) Thermal contraction (on cooling)

Average linear contraction - 0.3 to 0.4 %

Volume expansion - 1.38 to 2.29 %

Contracts from mouth temperature to room temperature. Not under the control of the operator. Special techniques required to minimize dimensional changes while cooling and hardening. Can be minimized by reheating surface of the impression in flame and remaking the impression.

FLOW :

a. **Definition : Time dependent plastic deformation.**

b. **Determination :**

A cylinder of the material, 10 mm in diameter and 6 mm in height, is loaded at a definite temperature with a weight of 2 kg for 10 minutes. The flow is designated as the shortening in length of such specimens during the test.

As per A.D.A. Specification No. 3

	37°C	45°C
Type I	< 3% at 37°C	< 80-85% at 45°C.
Type II	< 2% at 37°C	< 70-85% at 45°C.

CAUSES OF DISTORTION :

overheating
prolonged heating
Ecally removed before material hoosel.
Repetitive use of some material loading of teaching out of Stearic acid.

PRECAUTIONS :

a. **Overheating :** makes compound sticky & difficult to handle.

b. **Prolonged heating :** causes the compound to become brittle & grainy because some of the ingredient (plasticizer) may be reached out.

c. **Overkneading : Incorporation of air and water in compound which act as plasticizers and increase the flow of the hardened compound at mouth temperature.**

d. **Cooling with water spray :**

- It causes inlorportion of Water.

POURING OF CAST :

- The cast should be poured without delay. The cast is seperated from the impression by immersing it in warm water until it is soft enough. Excessively hot water is avoided as it can make the material sticky & difficult to remove from the cast.

LIMITATIONS :

- As it is mulocompressive impression material. it compresses soft tissue during impression making.
- Records less detail because of its high viscosity
- Distortion may occur due to its poor dimensional stability.
- Difficult to remove if there are severe undercuts.
- There is always a possibility of overextension especially in the periphery

ZINC OXIDE EUGENOL IMPRESSION PASTE

CLASSIFICATION

As per A. D. A. Specification No. 16

Type I - Hard

Type II - Soft

As an impression material, it is classified as

- **Rigid**
- **Sets by chemical change (irreversible)**
- **Used for edentulous impressions.**

APPLICATIONS :

MODE OF SUPPLY :

COMPOSITION :

	Ingredients	Function
Base Paste	- zinc oxide - 87 % - fixed vegetable oil/mineral - 13%	- main ingredient to react with catalyst. - plasticizer.
Catalyst Paste	- oil of clove - 12% - gum resin - 50% - canada - 10% - calcium chloride / zinc acetate - 5% - colorant - 5% - filler - kaolin, talc / diatomaceous earth - 20%	- major ingredient. - increased rate of reaction - increase flow, improves mixing. - Accelerator. - colouring agent. - provides proper consistency of mix.

SETTING REACTION :

$ZnO + 2HE \rightleftharpoons Zn(OH)_2$

$Zn(OH)_2 + 2HE \rightleftharpoons ZnE_2 + 2H_2O$

Base — Acid (Eugenol) — Zinc Eugenolate — water.

SETTING TIME :

	Initial	Final
Type I -	3-5 minutes	10-minutes
Type II -	3-5 minutes	15-minutes.

WORK DONE

Sr.No.	Manipulation	Remarks	Signature
1.	manipulation of type II Gyp		
	product (Dental plaster) - Init	A	SD
	Setting time - 4 min 10 sec.		
	Final setting time - 14 min		
2.	Manipulation of Type-III	A	SD
	Gypsum product (Dental stone)		
	Initial setting time - 12 min		
	Final setting time - 17 sec.		
3.	manipulation of impression	B+++	
	compound to make impression		
4.	Manipulation of type II		
	Gypsum product using	A	SD
	Nacl (salt) as an accelerat - ed		
	Initial setting time 1 min 7 s.		
	Final set - 7 min 20 sec.		
5.	manipulation of type-II	A	SD
	gypsum product using		
	Nacl as one retarder.		
	Initial time - 14 min 1 sec.		
	Final setting time - 31 min 7 s	B+++	SD
6.	manipulation of type-III		
	Gypsum product using Nacl		
	as accelerate. Initial setting		
	time 4 min 5 sec.		
7.	Final setting time - 4 mins.	A	
	manipulation of zinc oxide		
	Eugenol - of impression paste		
	Initial - 3 m 25 sec.		
	Final - 9 min 30 sec.		

MANIPULATION :

Experiment

AIM : To study the manipulation and properties of impression paste.

INSTRUMENTS AND MATERIALS :

1. Glass slab or Oil-impervious Paper pad.
2. S. S. Broad bladed, stiff spatula.
3. Vaseline.
4. Special tray (Custom tray)
5. Zinc Oxide-Eugenol paste.

PROCEDURE :

- The mixing of two paste is done on an oil impreciows paper / clean cold glass slab.
- Equal length of base & accelerator paste is dispensed on the Glass slab.
- A flexible stainless steel spatula is used for mixing
- Accelerator paste is mixed with the base paste & mixing is continued for approximately 30min. until a uni colour is achieved.
- The mix is then added to the custom tray & the impression is made.

GRADE : [ ]

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PROPERTIES :

Hard : **Bite registration paste -**

- **Setting time - 10 mins.**
- **More fluid in consistency.**
- **Shorter final setting time.**
- **Higher resistance to penetration when set.**

Soft : **Impression paste -**

- **Setting time - 15 mins.**
- **Initial setting time - 3 to 5 mins.**
- **Buttery consistency when mixed.**

Accuracy :

It registers surface details with very high accuracy.

Dimensional Stability :

i) Dimensional stability of zinc oxide eugenol impression paste is very satisfied.

ii) Negligible shrinkage of less than 0.1% may occur during hardening.

iii) The impression can be preserved for some time as dimentionally it is a stable material & it does not undergo distortion.

Compatibility with Cast Materials :

- It does not stick to the gypsum products & hence doesn't requires separating medium.

ADVANTAGES :

i) Dimensionally stable material.
ii) Record surface details with great accuracy.
iii) Economical material.
iv) Does not require any special expensive, intensive armamentarium for its manipulation.

LIMITATIONS :

i) Requires special tray for making impression.
ii) Due to presence of eugenol, it causes burning sensation to some patient.
iii) It cannot be used for making impression of teeth & undercut areas, as it is inelastic in nature.
iv) Handling may be messy at time.

NON EUGENOL PASTE :

- The chief dis-advantages of ZOE paste is the burning sensation caused by eugenol. When it comes in contact with the soft tissue, hence non-eugenol paste were developed, Eugenol is replaced by EBA / Carboxylic acid.

SURGICAL PASTE :

- After certain periodontal surgery. eg → gingivectomy i.e. surgical removal of diseased gingival tissue where sutures cannot be placed. ZOE surgical paste may be placed over the wound to aid in the retention of the medicament & to promote healing.

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HYDROCOLLOIDS

These are elastic, gel-like substances extensively used as impression materials.

COLLOIDS : Colloids are often classed as 4th state of matter known state – Colloid is a substance microscopically dispersed throughout another substances. A colloid is a two phase system. The colloidal solution or colloidal set is somewhere bw the smaller molecules of a solution & larger particle of a suspension.

HYDROCOLLOIDS : Hydrocolloids is defined as colloidal system where in the colloid particles are hydrophillic polymers. dispersed it water they consist of gelatin particles suspended in waters (1450) since water is the dispersion medium, it is known as hydrocolloids.

Types : (I) Irreversible hydrocolloids.
(II) Reversible hydrocolloids.

GEL : Colloids with a liquid as the dispersion medium can exist in two different form known as 'Sol' & 'gel'
Gel is a network of fibrills that form a weak slightly elastic brush structure.
A gel is a jelly like elastic semisolid & is produced from a sol by a process called gelation.

SOL : A sol is a colloid which is relatively fluid when the solute particles present are dispersed throughout the liquid.

GELATION :

SYNERESIS : since hydrocolloids use water as dispersion medium they are pure form dimensional change due to loss of water. Syneresis is a property of a hydrocolloid to lose water resulting in shrinkage, if hydrocolloids are left in a dry atmosphere.

IMBIBITION :

- Imbition is a property of a hydrocolloid to absorb water resulting in expansion, when hydrocolloids are immersed in water.

HYSTERSIS :

- A physical phenomenone whereby a material passes from a solid to gel state at one temperature from & a gel to solid state at another temperature.
- It is the difference between gelation & liquifaction tempelature.
- Gelation occurs at 37°c approximately. whereas liquifaction occurs at 60 – 70°c.
- Thus hysteesis occur approximately at 10° – 20°c.

REVERSIBLE HYDROCOLLOIDS : AGAR

A. D. A. Specification No. 11

CLASSIFICATION :

As an impression material it is classified as :-

- **Elastic.**
- **Sets by physical change (Reversible)**
- **Used for dentulous impressions.**

APPLICATIONS :

- Used as a cast duplicating material
- for full mouth impression without deep undercuts.
- Used for crown & bridge impression.
- Used as tissue conditioners.

MODE OF SUPPLY :

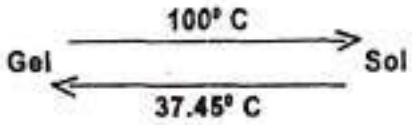
- Gel in collapsible tube (used with tray)
- multiple cylinders in a glass jar (syringe material)
- In bulk container (For duplication)
- As cartridges or gel sticks.

COMPOSITION :

Ingredients By wt.%	Function
1) Agar — 13 - 17 %	- It is basic constituent.
2) Borates — 0.2 - 0.5%	— Improve to strength of gel.
3) potassium sulfate — 1-2%	— Retarder
4) wax, hard — 0.5 - 1%	— filler
5) Thixotropic — 0.3 - 0.5%	— Acts as plasticizer.
6) Alkyl benzoate — 0.1%.	— for patient comfort & acceptance.
7) Coloring & flavouring agent.	
8) water	— As dispersion medium

SETTING REACTION

Reversible



GELATION TIME :

- 3 to 5 minutes.

GELATION TEMPERATURE :

- Gelation temperature is approximately between 37°C & 50°C

GEL STRENGTH : The gel can withstand great stress. particularly shear stress without flow provided the stress is applied rapidly.

It depends on the concentration or density of the fibrillar structure & the concentration of added fillers.

Factors affecting Gel strength :

1) Composition – Agar concentration borate & filler content etc.

2) The temperature – The lower the temperature, the greater the strength.

MANIPULATION :

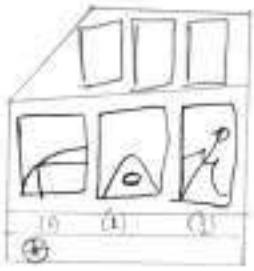
INSTRUMENTS AND EQUIPMENT :

(I) HYDROCOLLOID CONDITIONER :

Description : It consist of

1) Boiling section or – 10 min. in boiling water (100°C) The liquifaction section sol should homogenous & free of lump. Every time the material is liquified 3 min is added.
2) Storage section – 65°-68°C temp. is ideal. It can be stored in sol.

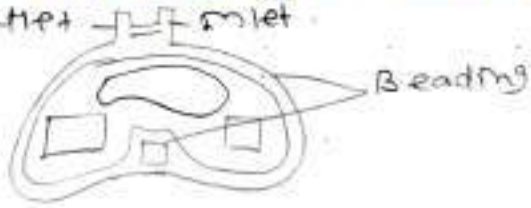
Diagram :



(II) TRAY :

Description : Rim lock tray with water circulating devices are used. The rim lock is beading on the inside edge of the tray border which helps to retain the material. It also has an inlet & an outlet for connecting the water tube. The tray should allow a space of 3mm occlusally & laterally & extend distally to cover all teeth.

Diagram :



(III) SYRINGE:

The syringe gives better details than alginate.

- The agar impression material supplied in syringe is comparatively less viscous.

PROCEDURE : 1) The liquifaction & gelation temp. for agar hydrocolloid are different.

2) The gel to sol & sol to gel transformation are depend on time & temp. This is known as hysteresis.

3) Steps involved in manipulation of the agar are follow
   a) The 1st step in using agar material is to liquify & store it as a sol.
   b) The tray is loaded with this liquified agar material
   c) Immediately before making the impression, the loade tray is cooled to lower & the temp. to iterate by oral tissue.
   d) Final step occurs once the impression is created agains the oral tissues, to enable the sol to be converted to ge circulating water around the impression tray chills the tray & hardness the material.
   e) Equipment for liquifying & storing agar impression material is called conditioning unit.

PROPERTIES :

Mechanical

(i) **Compressive strength -**

0.5 – 0.99 / cm2

(ii) **Tear strength -**

0.8 - 0.9 kn/m.

Dimensional stability :

Some contraction take place during gelation. Agar impression are highly accurate at the time of removal from mouth, but shrink when stored in air & expand. When stored in water. Dimensional stability of the material is disturbed by the property of syneresis & imbibition.

CARE OF IMPRESSION :

When the gypsum product has set, the agar impression must be removed properly, since the impression will dehydrate, became stiff & difficult to remove.

COMPATIBILITY WITH GYPSUM CAST & DIE MATERIALS :

- the water content of the hydrocolloid impression inhibits the setting of the gypsum at the surface.
- A gypsum retarder such as borax, is used as filler in agar impression be too soft for use as dies.
- It is aries to seperate the cast from the impression within a period of time so that desication of the hydrocolloid does not occure thereby causing abrasion of the gypsum cast during its removal.

HARDENING SOLUTION :

- Gypsum model material shoud be mixed with hardening solution, otherwise a cast with chalk easily abraded surface will result
- Examples of hardening solution- pottassium sulphate, pottassium aumniate.

STORAGE OF MATERIAL :

- Storage of Agar impression is to be avoided at all cost the cast should be poured immediately storage in air result in dehydration & storage in water result in swelling of impression.

DUPLICATING MATERIAL : It is popular as duplicating material
- When liquifaction. it flow readily over the cast to be duplicated, this makes it an ideal mould material.
- large quantities can be prepared relatively easily
- It is economical because it can be reused.

MOULD MATERIAL FOR FLUID RESIN TECHNIQUE :

IMPRESSION DISIN FECTION

- Most manufacture recommend a specific disinfectant
- The agent may be 2% glutaraldehyde.
- Appeal little distoration feature of the recommended impression time is followed & if immpression is pressed properly.

WET FIELD TECHNIQUE :

- In this technique the areas to be recorded are flooded with warm water.
- Then the syringe material is introduced quickly literally & in talk to cover the occlusal or incisal areas only.
- the hydrophillic pressure of the tray material force the fuid syringe hydrocolloids
- This material displace the syringe materials as well as test & debris brought the result.

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IRREVERSIBLE HYDROCOLLOIDS : ALGINATE

CLASSIFICATION :

As per A. D. A. Specification No. 18

Type I Fast setting

Type II Normal setting.

As an impression material it is,

- **Elastic**
- **Sets by chemical change (Irreversible)**
- **Used for dentulous and edentulous impression.**

APPLICATIONS :

1) As a preliminary impression for fixed partial dentures As a preliminary impression for complete denture to construct a custom tray for a more accurate secondary impression
2) It is used for impression making.
   a) when there are undercuts.
   b) In mouth with excessive flow of saliva.
   c) ~~you~~ removable partial denture with cusps.
3) ~~d)~~ you obtain study casts & models for orthodontics purposes.
4) To make impression for fabrication of temporaries for indirect restorations.

MODE OF SUPPLY :

1) Single compound System – It is supplied as powder to which water has to be added to initiate the reaction.
2) Two component system/modified alginate – one compound is alginate in the form of sol & the other compound contains the calcium reactor. It is supplied both in syring viscosity & inlay viscocity form.

WORK DONE

Sr.No.	Manipulation	Remarks	Signature
	manipulation of Irrevesible		
	Hydrocolloid	(A)	
	-Alginate powder		
	Settingtime- 2min 35sec.		
	manipulation of zinc oxide		
	Eugenol Impression paste	(A)	
	using water (2drops) as		
	an accelerator		
	Initial setting time- 9min		
	final setting time- 3min/72	(A)	
	manipulation of zinc oxide		
	Eugenol - Impression		
	paste using vaseline as	(A)	
	retarder. Initial setting		
	time - 4min 40sec		
	Final setting time - 13mins		
	7sec.		

COMPOSITION :

Ingredients	Function
1) sodium or pottassium salt of algnic acid - 15%	main reactive substances they form sol with water & gel with Ca^{2+} to form gel.
2) calcium sulphate dihydrate 16%	controls the rate at which cross linking cation are released.
3) Diatomaceous earth & zno 60% + 4%	Increase the stiffness & strength of the alginate gel.
4) Trisodium phosphate - 2%	Retarder to control the setting reaction.
5) potassium titanium fluoride - 3%	Accelerator to control the setting reaction.

SETTING REACTION :

When powder is mixed with water to obtain a paste, two main reactions occur during setting when the alginate powder is mixed water, the sodium & pottassium salts of alginate acid readily dissolve to given an alkaline solution.

1) $2Na_3PO_4 + 3CaSO_4 \longrightarrow Ca_3(PO_4)_2 + 3Na_2SO_4$

2) $K_2nAlg + n\,CaSO_4 \longrightarrow nK_2SO_4 + Ca_n \cdot Alg$

GELATION TIME : optimal gelation time at room temp. of 20°C is between 3-4 minute.

FACTORS AFFECTING GELATION TIME :

1) Gelation time is best controlled by addition of retarder which depends on the composition & the manufacture
2) The dentist can best control the gelation time by altering the temp. of water for mixing alginate material.
   → Colder the water - longer is the gelation time.
   → Warmer the water, shorter is the gelation time.
3) Even mixing bowl & spatula can be cooled to prolong the gelation time.

GEL STRENGTH :

Factors affecting Gel strength :

The final gel consist of a brush – help at Ca-alginate fibril network endosing unreacted sodium alginate sol, excess water, filler particles & reaction by-products. The fibrils are held by primary bonds rather than by intermolecular forces :–

The strength of alginate gel depends on a number of factors :–

1] Composition —

a) Type & amount of soluble sodium alginate

b) Type & amount of reactor.

c) Nature & proportion of other ingredients.

2] water / powder ratio — TO much or too little water reduce gel strength.

3] mixing time – over mixing & under mixing both result in reduced gel strength.

4] Time of removal of impression – strength increase, if time of removal is developed. Is held for too long, it may result in distortion & less strength.

MANIPULATION :

EXPERIMENT

AIM: To study the manipulation and properties of Alginate impression material.

INSTRUMENTS AND MATERIALS :

1. Alginate impression material
2. Flexible rubber bowl
3. Stainless steel spatula- (curved and flexible)
4. Perforated impression tray
5. Water and powder measures
6. Water

PROCEDURE :

1) The alginate powder in a closed metal can is aerated. pulled up to ensure uniform distribution of constituents. before mixing. The lid of the can should be taken off carefully to prevent very fine particles form being distributed around the room & thus preventing silica aerosols from being inhaled as it is a potential health hazard.

2) For mixing, we need — A clean flexible plastic/rubber bowl.
— A clean wide bladed, reasonably stiff curved metal spatula.

3) A proper water/powder ratio as specified by the manufacturer should be used.

4) The mixing is started with a stirring motion to wet the powder with water. Once the powder has been moistened, rapid spatulation against the side of bowl is done.

5) A vigourous Figure— of eight motion is used. with the mix being swiped or stropped against the sides of the rubber mixing bowl. This helps to:—
i) remove most of air bubbles.
ii) wipe dissolved algin from the surface of an undissolved algin thereby promoting complete dissolution.

GRADE :

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PROPERTIES :

Mechanical :

(i) **Compressive strength -** 5000 – 8000 g/cm2

(ii) **Tear strength -** 350 – 700 g/cm2

Dimensional stability : Alginate impression loses water by evaporate & shrinks on standing in air (Syneresis). IF it is placed in wate it absorbs water & swells (imbibition) ∴ cast should be pou immediately after making the impression. IF storage is unavoidable, keeping in humid atmosphere of 100% relativ humidity results in least dimensional change.

Shelf life : a short shelf-life. They deteriorate rapidly they have should stored at elevated temperature in humid envi ∴ it is better not stock more than 1 yr. supply & to stor the material in a cool, dry environment.

REMOVAL OF IMPRESSION

The strength of the material (gel) increases after set. The elastic properties improve with increase in strength. The impression is removed 2 to 3 minutes after set.

CARE OF IMPRESSION :

1) After removal from mouth, the impression should be washed with cold water to remove saliva
2) covered with a damp napkins to prevent syneresis.
3) cast should be poured as soon as possible by, preferable not more than 15 min. after making impression.
4) keep the impression in plastic bag.

COMPATIBILITY WITH GYPSUM CAST AND DIE MATERIALS : Gypsum cast is not compatible with both types of hydrocolloid impression to ensure maximum surface hardness method employed are :-

i) immerse the impression in solution containing an accelerator for setting of gypsum products before pouring impression with gypsum. This acts by two ways -

a) Acceleration setting of gypsum.

b) Reacts with gel to produce a surface layer that reduce or prevents syneresis & elimination the retarding action of gel.

c) potassium sulfate, zinc sulfate, magnesium sulfate etc. chemically used in hardening of solution.

IMPRESSION DISINFECTION :

The irreversible hydrocolloid may be disinfected by 10 min. immersion in or spraying of some antimicrobial agent eg. sodium hypochloride, glutaraldehyde without significant dimensional change.

LAMINATE TECHNIQUE : It is a technique of combining agar with alginate for impression procedure. The tempered low viscosity agar is syringe over the teeth & alginate is used as tray material. It is cost effective & less time consuming.

Drawbacks - i) Bond between agar & alginate is not very strong.
ii) There is displacement of agar by alginate during setting of the tray due to its higher viscosity.

MODIFIED ALGINATES :

1) In the form of a sol. containing the water to react with of a plaster of paris

2) As a two paste system : one contains the alginate sol. While the second contains the ca-reactor. They may be supplied in both tray & syringe viscosity.

TYPES OF FAILURES :

Type	Cause
1) Grainy material	- Improper mixing - prolonged mixing - w/p - too low
2) Tearing	- moisture contamination - premature remove from mouth. - Prolonged mixing.
3) Bubbles	- under gelation, preventing flow - Air incorporated during mixing.
4) Irregularity	- moisture or debris on tissue shaped.
5) Rough/Chalky Stone cast	- Inadequate cleaning of DI - Premature removal of
6) Distortion	- movement of tray during gelation - Premature or improper removal from mouth.

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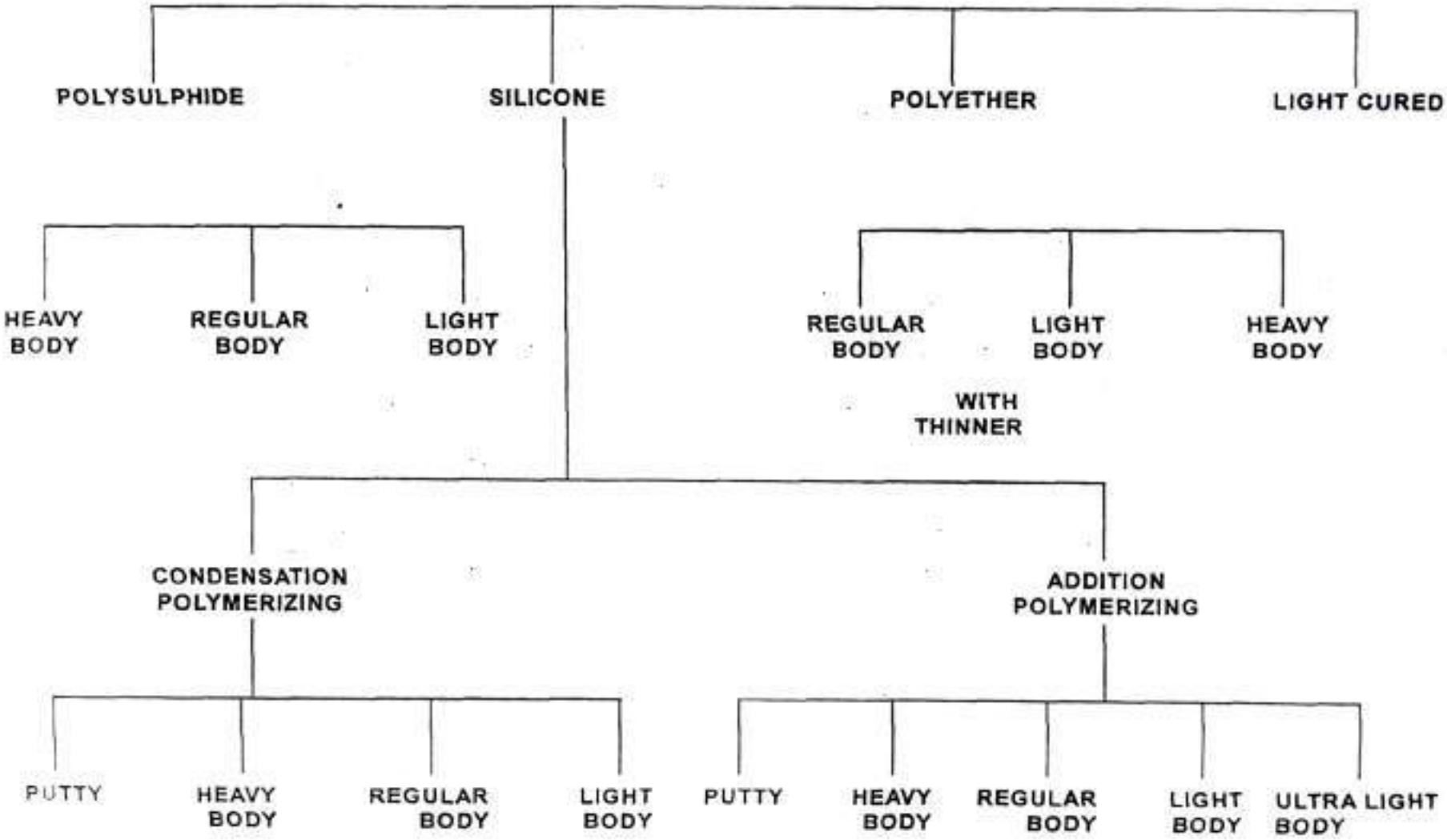
ELASTOMERIC IMPRESSION MATERIALS



ELASTOMERIC IMPRESSION MATERIALS

These are elastic impression materials which are rubber like in nature and are referred to as Nonaqueous Elastomeric dental impression materials.

Chemically there are four kinds : Polysulfide, Condensation polymerizing silicone, Addition polymerizing silicone, and Polyether, Recently, a fifth class of elastomeric impression materials was added, known as Visible light-curable polyether urethane dimethacrylate.

CLASSIFICATION :

As per A. D. A. Specification No. 19

Based upon selected elastic properties and dimensional change :

TYPE	MAXIMUM PERMANENT DEFORMATION	MAXIMUM FLOW IN COMPRESSION	MAXIMUM DIMENSIONAL CHANGE IN 24 HRS.
I	2.5	0.5	- 0.5
II	2.5	0.5	- 1.0
III	5.5	2.0	- 0.5

Each is further divided into four viscosity classes :

CLASS 1	HEAVY BODY	HIGH VISCOSITY
CLASS 2	REGULAR BODY	MEDIUM VISCOSITY
CLASS 3	LIGHT BODY	LOW VISCOSITY

A VERY HIGH VISCOSITY - PUTTY LIKE CONSISTENCY.

As impression materials, they are

- Elastic

- Sets by chemical change

- Used for dentulous and edentulous impressions.

GENERAL CHARACTERISTICS :

1. Excellent reproduction of tissue detail because of its free flowing nature.
2. Generally acceptable odor and colour (except polysulfide - dark brown, unpleasant sulfide odor).
3. No special equipment required, easy to handle (except polysulfide messy to handle)
4. Generally hydrophobic in nature (except polyether).
5. Does not adhere to the trays, so adhesives are required.
6. Excellent elastic properties.
7. Good dimensional stability (except polysulfide and condensation silicone)
8. Can be electroplated.
9. Can be disinfected by immersion in chemicals (except polyether disinfected by spraying)

POLYSULFIDE

APPLICATIONS

1] For making impression for fixed partial dentures.
2] Impression of edentulous patient for complete denture.

MODE OF SUPPLY :

- As two paste system → Base paste + catalyst paste
- Each paste is supplied in a dispensing tube with appropriate size bore diameters at tip.

COMPOSITION :

	Ingredients	Functions
Base paste -	1) polysolphide polymer	– polymer.
	2) Lithopone or titanium dioxide	– Filler provide strength.
	3) Dibutyl phthalate	– plasticizer
	4) Sulfur (approx 0.5%)	– Accelerator.
Catalyst paste -	1) Lead dioxide	– Initiator
	2) dibutyl phthalate	– plasticizer
	3) oleic / steamic acid	– Retarder.
	4) Sulfur	– Accelerator.

SETTING REACTION : mercaptan $\xrightarrow{PbO_2 + S}$ polysulfide + H_2O

[$(HS-R-SH) \xrightarrow{PbO_2 + S} (HS-R-S-S-R-SH) + H_2O$]

This reaction is slightly exothermic with 3°-5°C increase in temperature & water is formed as by-product

There is crosslinking and continued polymerization, therefore, the material should be held in the mouth for a longer time for better properties.

SETTING TIME : 12.5 minutes at 37°C
16 minutes at 23°C

PROPERTIES :

(i) Colour & odour :
- characteristics brown colour due to lead oxide
- unpleasant odour.

(ii) Working characteristics :
- polysulfides has lowest viscosity & it is least stiff of the elastomeric impression materials.
- Hot & humid conditions accelerates the setting.

(iii) Working & setting time :
- working time — 45 seconds.
- setting time — 12.5 minutes (at 37°C)

(iv) Dimensional changes :
1) contraction of about 0.40 - 0.45 %.
2) curing shrinkage is upto 0.3 - 0.4 % in first 24 hours.
3) permanent deformation 0.2 - 0.5 % & is higher than other elastomers.

(v) Elastic recovery :
- least stiff of elastomeric impression materials
- Elastic reactivity is less rapid than other elastomers.

(vi) Tear strength
- It has the highest tear strength of about 2500 - 4000 N/m.

CONDENSATION SILICONE

APPLICATIONS :

1) Duplication of models for making of a refractory cast.
2) For making impression for complete denture & fixed partial denture.

MODE OF SUPPLY :

- Based paste & catalyst paste.
- Two putty system (supplied in a single plastic jar)

COMPOSITION :

	Ingredients	Functions
Base paste -	1) α,ω hydroxyl - terminates polydimethyl siloxane.	- supplies reactive OH group to improve strength.
	2) colloidal silica	- To enhance homogenicity.
Catalyst paste -	1) Stannous acetate	- Acts a catalyst accelerator.
	2) Tetraethyl orthosilicate	- cross linkage agent.

STRUCTURAL FORMULA :

SETTING REACTION : Cross linkage between terminal groups of silicon polymers & the tri & tetrafunctional alkyl silicate takes place in the presence of stannous octate. ethyl-alcohol (ethanol) is the by product of this reaction.

α-ω - hydroxy terminated + tetraethyl → polymer + Ethanol.
or thiosilicate

SETTING TIME :

Setting time is - 6-8 minutes.

PROPERTIES :-

(i) Dimensional stability :

- It is comparatively less because of high curing shrinkage (0.4 to 0.6%)
- permanent deformation is high as 1-3%.

(ii) Hydrophobic nature :

- wettability is less because of its hydrocholic nature.

(iii) Electroplating :

- Electroplating is not possible usually copper or silver are used for plating.

(iv) Shelf life :

- It is limited due to unstable nature of orthoethyl silicate.

ADVANTAGES

- Clean & pleasant odour
- Adequate surface details produced.
- Good working time
- putty consistency for custom tray.

DISADVANTAGES

- Has to be poured immediately
- High polymerisation shrinkage
- low tear strength.
- By product is volatile which affects the dimensional stab
- Hydrophobic

ADDITION SILICONE

APPLICATIONS :

i) impression of denture patient for fixed partial denture & removable partial denture.

ii) impression of edentulous patient for complete denture.

MODE OF SUPPLY :

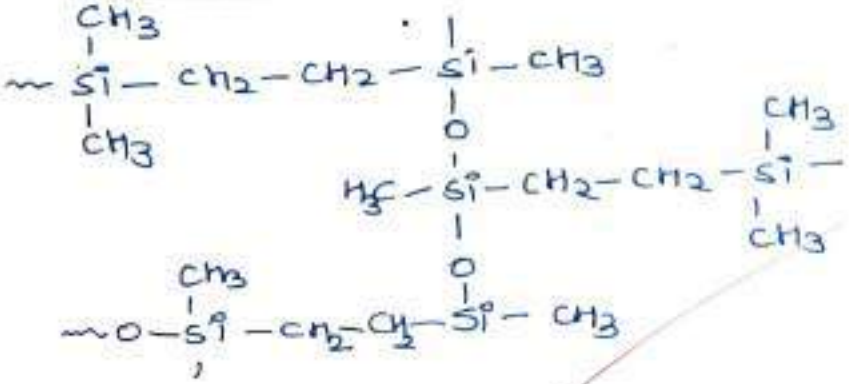
- Two paste forms (accelerator & base) in cylinder of plastic cartilage.
- viscosities – light body, regular body & heavy body.

COMPOSITION :

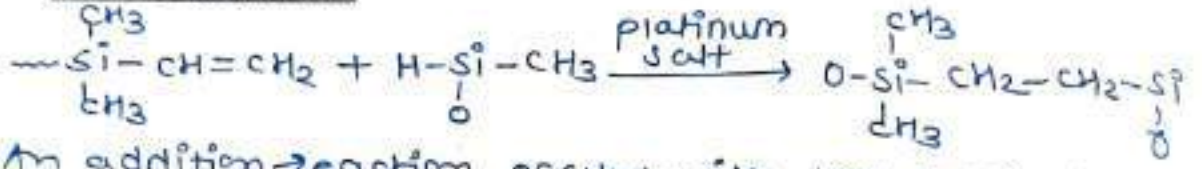
	Ingredients	Functions
	1) Polymethyl hydrogen siloxane polymer	polymers.
Base paste -	2) Siloxane prepolymers	
	1) Vinyl-terminated polydimethyl siloxane	– cross linkage.
Catalyst paste -	2) platinum salt – chloroplastic acid	– Accelerator.

Release of hydrogen causes dimensional problems so palladium is added as a hydrogen absorber.

STRUCTURAL FORMULA :



SETTING REACTION :



An addition reaction occurs with the terminal vinyl groups & cross-linking with hydride group.

SETTING TIME :

- 2-8 minutes.

PROPERTIES :

(i) Working time :

- 2-3 minutes.

(ii) Dimensional stability :

- most dimensionally stable material when compared with other impression materials.

(iii) Flexibility :

- Poor flexibility, extremely hard & stiff.

(iv) Hydrophobic nature :

- Distortion or loss of detail at the margin of the impression may be caused by moisture/saliva present in the areas where impression is being made.

(v) Electroplating :

- It is possible using copper, silver, platinum.

ADVANTAGES

- Accurate reproduction of details
- Good dimensional stability

DISADVANTAGES

- Hydrophilic nature.
- Sulfur contamination (From latex gloves)
- Expensive.

POLYETHER :

APPLICATIONS :

1) impression of dentulous patient for fixed partial denture or removable partial denture.
2) Impression of completely edentulous patient for complete denture.

MODE OF SUPPLY :

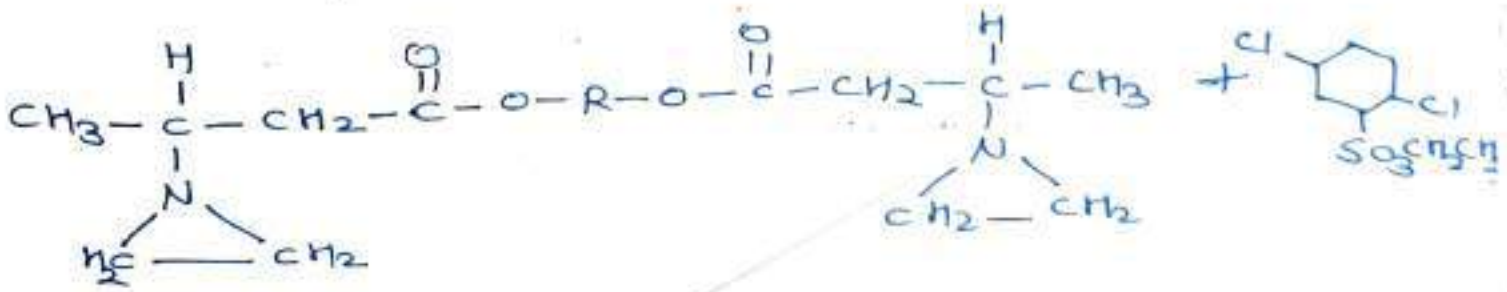
- 2 paste forms (base & accelerator) in cylinders of plastic cart.
- viscosities – low body, medium body & heavy body.

COMPOSITION :

	Ingredients	Functions
Base paste	1) Polyether polymer	– polymer
	2) Colloidal silica	– acts as a filler.
	3) Glycol ether or pthalate	– Acts as plasticizer.

Catalyst paste - 1) Aromatic sulfonate esters – Initiation
2) Colloidal silica – filler
3) Glycol ether or pthalate – plasticizer.

STRUCTURAL FORMULA :



SETTING REACTION :

When the base & the catalyst are mixed together, a cationic ring opening polymerisation occurs. Setting reaction is initiated by sulfonate ester produce cross linking by cationic addition polymerisation via the imeme end groups.

SETTING TIME : 3-8 minutes.

PROPERTIES :

1. **Working and setting time :**
   - Working time - 3min.
   Setting time - 3 to 8 min.
2. **Dimensional stability :**
   - They have lower dimensional change with a shrinkage of about 0.2%.
3. **Flexibility :**
   - Tear strength range form 2.4 to 2.9 kN/m
   - least flexible of all material.
4. **Hydrophilic nature :**
   - polyether contains polar oxygen ahm that have affinity to water, hence have better wettability than all other elastomers.
5. **Water absorption :**
   - presence of highly polar sulfonate salts, numerous tert. amines & the oxygen ahm in the polymer chain itself makes the polyether easily & readily absorb water upto 1.5% by mass.
6. **Hypersensitivity :**
   - The sulfer ester may cause allergic reactions like contact dermatitis Avoid skin contact.

ADVANTAGES	DISADVANTAGES
- Accurate & fine details	- stiff
- Good elastic recovery	- Expensive
- Good wettability.	- Absorbs water & changes dimension.
- Good dimensional stability.	

VISIBLE LIGHT CURED POLYETHER URETHANE DIMETHACRYLATE :

- Its polymerisation reaction is activated by intensified visible light - therefore the on demand set allows operators to work at their speed.

MANIPULATION :

DEMONSTRATION :

AIM : To study the manipulation and properties of the various elastomeric impression materials.

1. MULTIPLE MIX (DOUBLE MIX) TECHNIQUE :

MATERIALS AND INSTRUMENTS :

1. Mixing pad - 2 Nos.
2. Stiff bladed S. S spatula - 2 Nos
3. Syringe
4. Custom tray Acrylic or tray resin
5. Gauze pieces
6. Tray adhesive
7. Heavy bodied impression material
8. Light bodied impression material

PROCEDURE :

a. **Preparation of the tray :**

- perforated stock metal tray or custom tray acrylic is used for putty consistency.
- Two operate mixtures are required with two seperate mixing pads & spatulas.
- syringe is used for loading of light body materials.

b. **Tray adhesive - application :**

- The tray adhesive improves adhesion of the impression material to the tray so as to improve the accuracy.
- specific tray adhesive is provided with every material.

The adhesives furnished with the various types of rubber impression materials are not interchangeble.

Polysulphide - Butyl rubber or styrene/acrylonitrile dissolved in chloroform of a ketone.

Silicone - Poly dimethyl siloxane, or a similar reactive silicone, and ethyl silicate.

c. **Proportioning mixing, and loading the tray :**

- The two groups of materials i.e. putty & light body material should be mixed seperately & simultaneously according to the manufactures instructions.
- The tray is filled with a uniform thickness of putty body whereas syringe is loaded with light body materials.

d. **Making of impression :**

- The light body is injected from the filled syringe within & around the tooth preparation.
- The putty loaded tray is then inserted in the mouth & seated over the syringe material.
- The tray is held in position until the material set.

II. **RELINE TECHNIQNE :**

MATERIALS AND INSTRUMENTS :

1. Glass slab/paper pad
2. Perforated stock tray
3. Tray adhesive
4. Syringe
5. Polyethylene sheet
6. Stiff bladed S.S. Spatula
7. Putty & light bodied impression material

PROCEDURE :

a. **Tray adhesive - application**

- The tray adhesion improves the adhesion of impression material to the tray so as to improve the accuracy.

b. Proportioning, mixing, and loading the tray :

- The base paste + catalyst paste of putty material is mixed according to the manufacturers instructions by the process of kneading & is loaded onto the impression tray.
- light body materials is loaded into the syringe.

c. Making of impression :

- The impression tray loaded with putty material is inserted in the mouth & an impression is made.
- The light body material is syringed into the primary impression tray whereas impression has been made with putty & is also introduced on the prepared surface.
- It is seated in the same position to make the final impression.

REMOVAL OF IMPRESSION :

- Inject some of the syringe material onto a space not in the field of operation, this material can be proved with an instrument from time to time, when it is from, the impression is sufficiently elastic to be removed.
- The impression should be removed from the mouth with a quick snap (rather than slow motion)

AUTOMATIC MIXING DEVICES :

- The extruder gun contains two plunges on which the cylinders are placed.
- It is also consist of a mixing tip which has a static plastic internal spiral that bring together the correct volume of both the base & the catalyst.

Its advantages :

1) uniform mix.
2) less air bubbles incorporated in the mix.
3) Reduced mixing time.

PROPERTIES :

	POLYSULFIDE	CONDENSATION SILICONE	ADDITION SILICONE	POLYETHER
Working Time	4-7	2.5-3	2-3	
Setting Time	7-10	6-8	4.6-5	
Adhesive	Butyl rubber	Dimethyl siloxichre	Ethyl silicate.	
Tray	Resin custom	Resin, custom tray material	Resin, custom perforated	
Dimensional Stability	0.45 %.	0.4-0.6 %.	0.14-0.17 %.	
Permanent Deformation	3.5 %.	1-6 %.	0.05-0.2 %.	
Flow	Good	Good	Good	
Accuracy	Good	Good	Good	
Flexibility & Thickness of Spacer	7 %. Flexibility	low	low	
Elastic Recovery	very good	Good	Good	
Compatibility with cast & die				
- Gypsum				
- Electroplating	Agtransient	Agtransient	Agtransient	
Tear Strength	2500-7000	2300-2500	1500-4300	
Shelf life	2 years.	< 2 years.	1-2 years	

DISINFECTION OF IMPRESSION :

- Depending on the material's tendency to absorb mixture the impression is either sprayed with disinfectant & stored in plastic bag or immersed in disinfectant soln.
- A satisfactory soln for most elastomers is 2% glutaraldehyde for 10 min. or 1:10 dilution of sodium hypochloride.
- other solutions used are complex phenolic & phenol. glutaraldehyde compounds..

TYPES OF FAILURES :

TYPE	CAUSE
1) Rough or uneven surface on impression	– i) Incomplete polymerisation. ii) To rapid polymerisation.
2) Bobbles	– i) Air incorporated during mixing. ii) Too rapid polymerisation. – i) moisture or debris on surface of tooth.
3) Irregularly shaped voids	– i) Inadequate cleaning of impression ii) Excess water left on surface of impression. iii) premature removal of cast
4) Rough or Chalky stone cast	– i) Lack of mechanical retention. ii) Development of elastic properties in material. iii) Excessive bulk of material iv) Delay in pouring of the cast.
5) Distoration	– Tray adhesive not applied. - improper repositioning of primary. – putty impression on the tooth surface.
6) material separates away from the tray.	
7) Step Formation in impression between putty & light body in double impression teethnique.	

Signature of Instructor.

SYNTHETIC RESINS

INTRODUCTION :

- Synthetic resins are blend of monomers & macromolecules with other components, which form a material with a set of useful properties.

POLYMERS : polymers are chemical compounds formed through a chemical reaction that consist of large, very high molecular weight loss macromolecules formed by union of many smaller repeating low molecular weight molecules known as monomers.

STRUCTURE OF POLYMERS :

i) Linear

ii) Branched

iii) Cross linked.

MONOMER :

- monomer is a chemical compound that is capable of reacting form a polymer.

POLYMERIZATION :

- polymerisation is a chemical reaction in which two low molecular weight are converted into of polymers with high molecular weight.

TYPES OF POLYMERIZATION :

i) Addition polymerization.

ii) Step / group / condensation polymerisation.

CHEMICAL STAGES OF POLYMERIZATION :

i) Induction
ii) propagation
iii) Chain transfer.
iv) Termination.
v) Inhibition of polymerisation.

COPOLYMERIZATION :

- Two or more chemically different monomer, each with some desirable property, can be combined to yield specific physical properties of a polymer.
- the polymer formed is a co-polymer & the process of formation is known as co-polymerization.

TYPES OF COPOLYMERS :

Copolymers.

linear

Branched.



random Block

[ABBA BAAB] [AAABBBAAABBB]

CROSS LINKING :

Cross linked polymers consist of homo-polymes with cross linking agent cross linkage provides sufficient numbes of bridges between linear macromolecules to form a three dimensional network. This decreases the water soeption & solubility & increases the strength & rigidity of the resin.

Example – cross linked acrylic teeth.

The cross linking agent used in heat cure acrylic resin is glycoldimethacrylate.

PLASTICIZERS :

Plasticizers are the absorbed molecules that may spread the polymer chains apart, facilitating a slip between chains resulting in lubricating effect. They reduce the fusion temperature of the resins they prolong polymerisation reaction by increasing the solubility of monomer. may further reduce the strength by extending the softening temperature plastisizers may be internal or external, example – tissue conditioners.

- The plasticizer used in heat cured acrylic resins dibutyl phtalate.

DENTAL RESINS :

CLASSIFICATION :

A] Based on durability → Temporary (shellac, cold cure, acrylic...
→ Permanent (light and heat cure acrylic resin)

B] Based on mode of activation. (ISO classification)
→ Heat activated resin
→ chemically activated resin.
→ light activated resin.

TYPES : Based on thermal behavior.

i) Thermoplastic — They can be repeatedly softened & molded under heat & pressure.
Eg:- polymethyl methacrylate, polystyrene.

ii) Thermosetting — They can be molded only once & set when heated.
Eg:- polyethylene, cross-linked PMMA.

IDEAL REQUIREMENTS :

Dental resin must be —

i) Biocompatible.
ii) Esthetically satisfactory.
iii) Dimensionally stable.
iv) Economical.
v) Have enough strength, resilience & abrasion resistance.
vi) Insoluble & impermeable to oral fluids.
vii) Be easy to fabricate & repair.
viii) Tolerate oral temperature.

POLY METHYL METHACRYLATE RESINS :

A. D. A. Specification No. 12

TYPES : Based on the method used for activation
i) Heat activated resins.
ii) chemically activated resins.
iii) Light activated resins.

HEAT CURED ACRYLIC RESINS :

APPLICATION :
- for fabrication of complete dentures.

MODE OF SUPPLY : i) powder - (tooth coloured, transparent or pink coloured)
ii) liquid - supplied in tightly sealed amber coloured bottle.

COMPOSITION :

	Ingredients	Function
Powder	i) Polymethyl methacrylate	major constituents.
	ii) Benzoyl peroxide	initiation.
	iii) mercuric sulfide / calcium sulfide	color pigments.
	iv) Dibutyl phthalate	plasticizer.
	v) zinc oxide, Titanium oxide	opacifier.
Liquid	i) methyl methacrylate	major constituent
	ii) Dibutyl phthalate	plastizer.
	iii) Hydroquinone (0.006% Vol)	inhibitor.
	iv) Glycol dimethacrylate (1% - 2%)	cross linkage agent.

MANIPULATION :

EXPERIMENT :

AIM : To study the various steps of processing of a wax block.

MATERIALS & INSTRUMENTS :

Wax, Dental flask
Dental stone or plaster.
clamp
Separating medium
polymer.
monomer
vaseline.

PROCEDURE :

1. **Preparation of a wax block -**

- The structure to be created (denture) is first constructs in wax which will later be replaced by acrylic.

2. **Preparation of a split mould -**

Flasking is done & after the stone or plasters sets, dewaxing done by placing flask in boiling water. The molten wax is flushes out with hot water. This creates a mould into which soft acrylic is packed

3. **Wax elimination & application of separating medium -**

- Dewaxing is done to creat mould space. Seperating medium used usually is sodium algin (point on seperating medium)
- seperating medium is used to prevent water from mould enter into acrylic resin, to prevent monomer from penetrating into mould material & for easy retrieval of denture from the mould.

4. **Packing of mould cavity :**

a. **Proportioning and mixing -** Polymer/monomer ratio - 3-3.5/1 by volume or 2.5/1 by weight. measured liquid is poured into a clean, dry mixing jar powder is slowly added allowing it to become wetted by dry monomer. The mixture is then stirred & allowed to stand in close container.

Physical stages of reaction :

Stage 1. Wet sand stage – polymer is wetted & dissolved by monomer the mix has sandy consistency.

Stage 2. Sticky stage – mix become a sticky mass & forms strings when manipulated.

Stage 3. Dough or gel stage – It is the working stage of the resin.

Stage 4. Rubbery stage – The mass become resilient & rubber like.

stages. stiff stage – this is achieved when curing cycle is completed. The mass is a set, rigid & stable structure.

b. **Packing -**

Trial closure : It is repeated opening & closing of dental flask in stage by gradually increasing closure pressure to maximum of 1500 psi. The excess dough material is allowed to flow out which is known as flash.

Final closure :
Before final closure, separating film is removed & discarded. The final closure of flask halves is completed in a press & then the flask is transferred to holding clamp which maintains pressure through -out curing process.

5. **Processing :**

Prior to processing, the flask is kept aside for 15 to 30 minutes. This allows better penetration of the monomer into the polymer. (Sometimes referred to as 'bench curing)

Curing cycles -

The curing or polymerization cycle is the technical name for the heating process used to initiate, control & complete the polymerization of the resin in the mold. The curing cycle selected depends on the thickness of the resin. long curing cycles are recommended for thicker resins to avoid thermal porosity. The processing is done in a time temperature controlled water bath.

Recommended curing cycles.

1] Long cycle – a) 74°c for 8 hours with no terminal boiling treatment.

b) 74°c for 8 hours, then increasing the temp. & time to 100°c for 1 hour.

2] short cycle – 74°c for 2 hours, then increasing the temperature of water bath to 100°c & processing for 1 hours.

Bench cooling :

The flask should be cooled slowly, i.e. bench cooled that cooling can result in warpage of the denture due to differential thermal contraction of the resin. & gypsum mold. cooling overnight is ideal. However bench cooling it for 30mins & then placing it in cold tap water for 15 min. is satisfactory.

6. **Deflasking :** The cured acylic resin denture is retrieved from the flask. This is called deflasking. The flask is opened & the mold is removed. The mold separates easily, because the surrounding plaster was poured in wet (3 hours technique). plaster was poured cutting for this may be used to break up the plaster deflasking has to be done with great care to avoid flasking & breaking of the acylic denture.

7. **Finishing and Polishing :**

- The denture is finished with various grades of carbide abrasive burs (gross trimming) to fine grade alpine stone.
- The denture is smoothened using progressive grades of sand paper. finely ground pumice in water is commonly used for final polishing (abrasive property)

GRADE : [ ]

Signature of Instructor.

INJECTION MOULDING : In addition to compression molding techniques, denture bases can be fabricates via infection is filled using specially designed flasks. one half of the flask is setted into the mixture the dental stone, & master cast contoured & permitted to set. subsequently, spread or wax are attached to the waxdenture base, which leads to an flask is positioned, & the investment process is completed.

PROPERTIES :

a. **Liquid monomer**

1. **Colorless and volatile liquid, organic solvent, phenolic smell.**
2. **Effect of U. V. light** - keep in ombee coloured bottle to avoid early polymerisation.
3. **Melting point** - - $-48^{\circ}C$
4. **Boiling point** - $-100.8^{\circ}C$
5. **Specific gravity at 20° C** - 0.945 gm/ml
6. **Volumetric shrinkage** - 21%

1. Heat cured acrylic resin :

1. **Density** - 1.19 gm/cm^3

2. **Compressive strength** - 75 mpa

3. **Tensile strength** - 48-62 mpa

4. **Modulus of elasticity** - They have sufficient stiffness (2400 mpa) for use in complete denture

5. **Proportional limit** -

6. **Co-efficient of thermal expansion** - The CTE for polymethylmethacrylate is $81 \times 10^{-6}/^{\circ}C$

7. **Thermal conductivity** - 5.7×10^{-7} cal/sec/cm^3 ($\theta^{\circ}C$/cm)

8. **Residual monomer content** - The amount of residual monomer decreases rapidly & later more slowly. Before the start of curing 26.2%. In 1 hr. at 70°C it decreases to 4.6%. & at 100°C is on 2%.

9. **Solubility** -
Initially insoluble in water & oral fluids.

10. **Creep** - Denture resin exhibit creep. When an initial load is applied an initial deflection is observed. If the load is sustained additional deformation is observed over time. The additional deformation is called creep. Denture resin display viscoelastic behaviour.

11. **Biocompatibility** -
completely polymerized acrylic resin is biocompatible

CHEMICALLY CURED ACRYLIC RESINS

APPLICATION :

i) For making temporary crowns & FPDs.
ii) construction of special trays (This type contains more filler.)
iii) For denture repair, relining & rebasing.
iv) For making removable orthodontics appliances
v) For adding a post-dam to a adjusted upper denture.
vi) For making temporary record base for complete dentures.
vii) For making inlay & post core pattern (Specialised material is available)

MODE OF SUPPLY :

Chemically activated resins are supplied as powder & liquid. The powder may be clear pink veined or both coloured.

COMPOSITION :

	Ingredients:	Function:
Powder -	i) Polymethyl methacrylate & other co-polymers.	- Forms the resin matrix.
	ii) Benzoyl peroxide	- Initiator.
	iii) Dyed organic fillers & sulfides	- Dyes
	iv) Tin or titanium oxide	- opacifiers
	v) Dibutyl pthalate	- plasticizer
	vi) Dye organic filler & inorganic particles like glass	- Esthetics.
Liquid -	i) methyl methacrylate monomer	- Dissolves / plasticizer polymer.
	ii) Dimethyl-p-toluidine	- Activator.
	iii) Dibutyl phtalate	- plasticizer
	iv) Glycol dimethacrylate (1-2%)	- Cross linking agent.
	v) hydroquinone (0.006%)	- Inhibitor

MANIPULATION :

1. **SPRINKLE ON TECHNQUE :** Also known as salt & paper technique, separating media is applied first on cast. powder & liquid is applied alternatively from dropper / dispensas. powder & liqui is sprinkled on cast & then wet with monomer. The appli- prosthesis is constructed section by section until completio The improve the strength, the appliance is further cure in pot water water under pressure for around 20 mins using a pressure pot.

2. **DOUGH METHOD :** powder & monomer liquid is proportioned & mixed in a glass or porcelain jar, when it reaches the dough stage, it is quickly removed & adapted on to shaped an alternative technique uses a add template the resin is prevented using rollers & a template. before adap- ting it to the cast curing is complete in a pressure pot.

3. **FLUID RESIN TECHNIQUE (POUR TYPE) :**
The fluid resin technique employes a porcable, chemi activated resin for the fabrication of the denture base the material is supplied in the form of powder + liqu when matrix in the proper proportions, those compon a mold cavity. subjected to increased atmospheric pres sure. & allowed to polymerize at ambient temper-

PROPERTIES :

- Strength - self cured resins generally have lower strength values.
- Impact strength - chemically activated resin : 13J/m
- modulous of elasticity - self cured acrylic resin have slightly lower values.
- creep :- chemically activated resins have higher creep rates.
- colour stability - The colour stability of self cure resin is slightly lower (yellowish slightly)
- Residual monomer - 1-4-1. just after processing after less than 1 hr in boiling water 1-3.5. If long cured it may be less than 0.4%.

MISCELLANEOUS RESINS :

REPAIR RESINS : An acrylic denture fractured in service can be repaired. Repair resin may be -

i) Heat cured, they are cured at 74°c for 8 hours or more. The use of heat cure will tend to warp the denture during processing.

ii) Self cure resin - Although the repair with a self cured resin invariably has a lower transverse strength than that of the original heat cured denture base resin. self cured resins are usually preferred because warpage is insignificant as curing is done at room temperature.

DENTURE RELINERS :

Relining involves replacement of the tissue surface of an existing denture for relining a low polymerization temperature desirable to minimize distortion of the remaining denture base. Hence a chemically activated resins is usually chosen. The selected material is mixed according to the manufacturer's recommendation placed in the mold, compressed & permitted to polymerize.

TISSUE CONDITIONERS :

- Tissue conditioners are soft elastomers used to treat irritated mucosa, their useful function is very short generally a matter of few days, they are replaced every 3-5 days. their hardness ranges from 14-49 shore A hardness with 24 hrs. after mixing. They lose alcohol over time resulting in weight loss of 5-9%. these materials shows both viscous & viscoelastic behaviour which leads to both adaptation to tissue & cushioning of masticatory forces.

MATERIALS IN MAXILLOFACIAL PROSTHESIS :

The materials used are -

i) Acrylics - Auto polymerizing acrylic resin

ii) Latexes - They are soft, inexpensive material that can be used to create life like prosthesis

iii) Vinyl elastosols.

iv) Silicone Rubbers.

v) polyurethane polymers.

vi) chlorinated polyethylene.

DENTAL CASTING ALLOYS

Dental casting alloys are used for the fabrication of cast metal restorations. Which are fabricated outside the mouth. There are different types of casting alloys used in dentistry.

CASTING ALLOYS

Precious Metal Alloys

Eg. Gold, silver
Palladium
Platinum

Non. precious Metal Alloys

Eg. Chromium
Cobalt, Nickel,
Iron, Copper,
Manganese.

DEFINITIONS :

Noble Metals : The nobel metals have been basic of inlays crowns & bridges because of their resistance to corrosion in the oral cavity. Gold, Platinum, Palladium, rhodium, ruthenium, Iridium, osmium, & silver are the 8 nobel metals. However in the oral cavity, silver is more reactive & ∴ is not considered as a noble metal.

Precious Metals : The term precious indicates the intrinsic value of the metal. The eight noble metal are also precious metals & are defined so by major metallurgical societies & federal government agencies eg. national institutes of Standard & technology & National material Advisory board. All nobel metals are precious but all precious metals are not noble eg. gold, platinum silver.

Base Metals :

There are non-noble metals. They are invaluable components of dental casting because of their influences on physical properties control of the amount & type of oxidation & their strengthening effect such metals are reactive with their environment & are referred to as base metals eg. chromium cobalt.

Alloy : An alloy is defined as a metal containing two or more elements at least one of which is metal & all of which are mutually soluble in the molten state.

DENTAL CASTING GOLD ALLOYS

KARAT: It refers to the parts of pure Gold present in 24 parts of alloys, eg.
-24 Carat Gold is pure Gold.
-22 carat Gold is 22 parts pure Gold + 2 parts of other metal.

Note:- In current dental alloys, the term karat is rarely used

FINENESS: Fineness of Gold alloy is the parts per thousand of pure Gold. pure Gold is 1000 fine. Thus if 3/4 of the Gold alloy is pure Gold. It is stated to be 750 fine.

Note- The term fineness is also rarely used to actual Gold content in current alloys (however, it is often used to describe Gold alloy solders)

PERCENTAGE: The percentage composition of Gold alloy is preffered over Carat + fineness. Since 1977, ADA has required manufactures to specify the presence Gold, palladium + platinum on all dental alloy packaging

$\frac{\text{Carat}}{24} \times 100 =$ Percentage Gold. Similarly, fineness multiplied by 10 time the % Gold composition i.e

$\frac{\text{fineness}}{10} =$ percentage Gold.

CLASSIFICATION BY FUNCTION:

As per A. D. A. Specification No. 5

				Applications
TYPE I	'A'	Soft		small inlays, class III + V cavities they are not subjected to great stress. They are cavity burnished.
TYPE II	'B'	Medium		Inlay subject to moderate stress thick 3/4 crowns, retainers, pontics, full crowns + sometimes soft saddles
TYPE III	'C'	Hard		Inlays, crowns + bridges, situations where those may be great stress involved. They usually can be age hardens.
TYPE IV	'D'	Extra Hard		Inlays subjected to a very high stress particle denture frameworks + long span bridges. They can be age hardens
METAL CERAMIC		Hard		They are compatible for veneers with dental porcelin. three walled crowns short span bridges.
METAL CERAMIC		Extra Hard		They are compatible for veneers with dental porcelain copings three walled crowns. long span bridges.
R. P. D. ALLOYS				removable partile denture framework + denture bases.

COMPOSITION :

Alloys	Au %	Cu %	Ag %	Pd %	In, Sn, Fe, Zn, Ga %
TYPE I	83	6	10	0.5	Balance
TYPE II	77	7	14	1	Balance
TYPE III	75	9	11	3.5	Balance
TYPE IV	69	10	12.5	3.5	Balance.

METAL CERAMIC HARD

METAL CERAMIC EXTRA HARD

FUNCTION OF EACH INGREDIENTS :

Ingredients — **Function**

GOLD – provides tarnish & corrosion resistance, ha desirable appearance, also provides ductility & malleability.

SILVER – It whiten the alloy, thus helping to counteract radish colour of copper. It is a slight extent. It increases streng & hardness. In large amount. It reduces tarnish resi stance.

COPPER – It is the principle hardener. It reduces the melt point & density of gold. reddish colour alloy. helps toge harder gold alloy – reduce resistance. It also incr the melting point & has whitening effect on the alloy

PLATINUM – It is similar to platinum strength & corrosion resistance It also increase melting point & has a whitening effect on the alloy. help to reduce grain.

PALLADIUM – It is similar to platinum in its effect. It hardens well as whitens the alloy & raises has whitening effect on the alloy & rise fusion temp. & provides tarnish corr stance. less expensive than platinum, thus reducing cost

ZINC – It acts as scavengers for oxygen without zinc. the silver in the alloy causes absorption of oxygen during melting later during solidification. the oxygen is rejected producing gas porosities in the casting.

	GOLD ALLOYS	METAL CERAMIC ALLOYS
1. Fusion temperature	Low, 870°-943°C	High -: 1149° - 1304° C 350° C above that of Porcelain
2. Coefficient of therml expansion	HIGH	Low - To be compatible with dental porcelains.
3. Copper content	Present	Absent.

HEAT TREATMENT

Need: Heat treatment of alloy is denes to alter its mechanic properties gold alloys can be heat treated if it contains surficient amount of copper. only type III & type IV can be heat treated.

a. Softening Head Treatment (Annealing):

(i) Temperature: 700°c for 10 min.

(ii) Alteration of properties :

Increases - Duchility.

Decreases - strength, proportional limit & hardness.

(iii) Indicated - It is indicated for appliances that are to be ground, shaped or otherwise cold worked in or outside the mouth.

b. Hardening Heat treatment (Age Hardening) :

(i) Temperature : Between 200 & 450°c

(ii) Alteration of properties :

Increases - strength, proportional limit & hardness.

Decreases - Duchility.

(iii) Indicated - For strengthening metallic dentures, Suddle FPDs & other similar structures before use in the mouth. It is not employed for smaller structure such as inlays.

FUNCTIONAL CHARACTERISTICS :

1. **Melting Range :** Ranges between 920 4-960°. The indicates It indicates the type of investment required & the type of heating source needed to melt the alloy.

2. **Density :** It gives an indication of the number of dental castings that can be made from a white weight of metal gold alloys are lighter than pure gold (19.3m/cm³)
   Type III - 15.59m/cm³ Higher den
   Type IV - 15.29m/cm³ lower density alloy.

3. **Yield Strength :**
   Type III - 207mpa.
   Type IV - 275 mpa.

4. **Hardness :** The hardness indicates the ease with which these alloy can be cut, glow or polished Gold alloys are generally more user friendly than those metal alloys which are extremely hard - the hardness value -
   Type III - 121mpa
   Type IV - 149mpa.

5. **Elongation (Ductillity) :** It indicates the ductility of alloy. A reasonable amount is required especially if the alloy is to be deformed during clinical use. eg. dup adjustment for removable partial denture margin adjacement & burnishing of crown & inlays. Alloys with low elongation are very brittle. Age hardening decreases duchility. Type III - 30-40%. Type IV - 30-5%.

6. **Modulus of Elasticity :**
   Glod alloy are more flexible than base metal alloy
   Type IV - 80×10^3 mpa.

7. **Fusion Temperature:**
   870°c - 9430°c is range of fusion temperature.

8. **Casting Shrinkage :** Air alloys shrink when they change from liquid to solid state. The shrinkage occurs in thes stage. a) Thermal contraction of liquid metal. b) contraction of the metal while changing from liquid to solid states. (c) Thermal contraction of solid metals. It reaches room temperature the casting shrinkage in gold alloys is less when compared to base metal alloys. Its ranges from 1.25 to 1.65%.

9. **Type of Investment used** Gypsum - bonded investments are used for gold-base crown & bridge alloys because of their lower Fusion temperature.

DENTAL CASTING BASE METAL ALLOYS

A.D.A. Specification No.

TYPES :

COBALT- CHROMIUM

NICKAL- CHROMIUM :

COBALT- CHROMIUM- NICKEL :

APPLICATIONS :

i) Denture Base.
ii) cast removable partical denture framework
iii) Crowns & fixed partical dentures
iv) Bar connector.

COMPOSITION :

INGREDIENTS	FUNCTION
Cobalt	Imparts hardness, strength, to alloy (rigidity).
Chromium	Directly proportional to tarnish & corrosion, & reduces melting points.
Nickel	Decrease strength, hardness, modulus of elasticity & fusion.
Iron & Berylium	They are used as hardeners.
Molybdenum & Tungsten	They are effective hardeners
Carbon	Strengthening the alloy.
Manganese& Silicone	primarily oxide scavengers to prevent oxidation of other element.
Boron	Deoxidises & hardeners and reduces ductility.

PHYSICAL PROPERTIES :

1. **Melting Range :** A typical melting range is 1155°c to 13...
2. **Density :** lighter than half of gold alloy. They are lig... in weight. (7.8 – 8.9 gm/cm3)
3. **Yield Strength :** higher than that of gold alloy (710Mpa)
4. **Hardness :** 50% harder than gold alloy (432 KHN). It wears off the cutting instrument.
5. **Elongation (Ductility) :** lower than that of gold alloy. Elongation value = 1 - 12%.
6. **Fusion Temperature :**
   type-I (high fusing) – temperature : > 1300°c
   type-II (low fusing) – temperature : < 1300°c.
7. **Casting Shrinkage :** much greater (2-3%) than that of gold alloy to be high shrinkage is due to high fusing temperature.
8. **Modulus elasticity :** Twice as stiff as gold alloy (225×10^3 m...
9. **Type of Investment used :** phosphate bonded investment or silica bonded investment are used.
10. **Type of Flame used :** oxyacetylate torches — gas ... torch

COMPARISON OF PROPERTIES OF COBALT-CHROMIUM AND GOLD ALLOYS

PROPERTIES	COBALT- CHROMIUM	TYPE IV GOLD
Strength -	Adequate	Adequate
Density -	8 gm/cm (light)	15 gm/cm (heavier)
Hardness -	Harder than enamel	Softer than enamel
Stiffness -	Stiff	more Flexible
Melting Temperature -	1300°C	900°C
Casting Shrinkage -	2-2.5%.	1.25 – 1.65%.
Heat Treatment -	Complicated	simple
Tarnish Resistance -	Adequate	Adequate
Colour -	Silver/White	Gold
Cost -	Reasonable.	High for large casting

Signature of Instructor.

WAXES

Waxes are used widely in the intermediate stages of the fabrication of many of the restorations and prosthsis used in dentistry. There are many varieties of waxes and each has particular properties depending on the purpose for which it is used.

CLASSIFICATION :

PATTERN WAX	PROCESSING WAX	IMPRESSION WAX
Inlay casting RPD casting Base plate	Boxing utility stidy carding shellac	Corrective Bite registration.

I. **PATTERN WAX :** many dental restorations. or posthesis are first made with pattern waxes, the wax is later replaced with permanent material eg. cast gold alloy cobalt. chromium-nickel alleys, or polymethyl methamyl. resin. All pattern waxes have to major problems. a) Thermal changes in dimension 4 tendency to wrap or distort on standing (eg- Inlay) casting wax, RPD casting wax 4 base plate.

II. **PROCESSING S WAX :**

These are waxes used mainly as accessory aiding the categories of restorative 4 appliances, either clinically in laboratory eg. boxing wax, beading wax, utility wax, blockout wax, carding wax 4 sticky wax.

III. **IMPRESSION WAX :**

These are used to record non-undercut edentulous portion of the mouth, 4 are generally used in combination with other impressions materials such as polysulfide rubber ZnE or dental impression compound eg. corrective impression wax. bite registration wax.

INLAY CASTING WAX

CLASSIFICATION:

As per A. D. A. Specification No. 4

Type I - medium wax is used in the fabrication of direct patterns (in the mouth) → Intra-oral use

Type II - soft wax is used as an indirect technique wax (in die) → extra oral or laboratory use.

APPLICATION

- The pattern for inlays, crowns & FPD is first made in wax, & then replaced by metal during casting
- Direct & indirect techniques → if the pattern is made directly in the tooth → Direct - type-I
- It is prepared on a replica of the tooth die → Indirect type II

MODE OF SUPPLY

- Blue, green or purple sticks or cakes. Also available as small pellets & cones. The waxes are also available in preformed shapes.

COMPOSITION

Ingredients	Function
i) paraffin wax (40-50%)	— main ingredient (to establish melting point).
ii) ceresin (10%)	— Increases toughness easy to carve.
iii) Gums dammer (11)	— Improve smoothness & toughness.
iv) carnauba wax	} Combine with paraffin wax to decrease flow at mouth temp.
v) candelilla wax	
vi) Synthetic waxes	— Increase general working properties.

IDEAL REQUIREMENTS :

i) When softened, the wax should be uniform, there should be no graininess or hard spot in the plastic material.
ii) The colour should be contrast with die. A definite color contrast helps in identifying & finishing margin.
iii) The wax should no flake or crumble when the wax is softened.
iv) The wax should not chip, flake or tear during carving.
v) During burnout (500°c), it should vapourized completely without residue.
vi) The wax pattern should be completely rigid & dimensionally stable at all time until it is eliminated.

PROPERTIES :

1. **Flow :** When melted the wax should flow readily into all parts of the die.
Type I inlay wax → Flow % at 37°c (oral temp)
Type II inlay wax → Flow max 1% at 37°c
The flow is restricted for type I wax, since it is used for fabrication of direct wax pattern.

2. **Wax Distortion :**

Causes of destortion	Precautions
i) Residual stresses ii) Contraction on cooling iii) occluded gas bubbles. iv) Form manipulation to carving, pooling > removal etc.	- Waxing the wax at increased temp. or by preheating the die - Should be held under uniform pressure during cooling. - Wax should be at uniform temp. When inserted in cavity - minimal waxing & change in temp, - minimal storage of Pattern, invest immediately

MANIPULATION:

I. Direct technique - Type I wax (Medium) Hold the stick of wax over the visible flame & rotate it rapidly until it becomes pliable taking care not to volatile the wax.
- The softened wax shaped approx to the form of prepared cavity → held under fingers press when it solidifies.
- cool gradually to mouth temp.
- carving → with cold instrument.
- withdraw the wax pattern carefully in the long axis of preparation.

II. Indirect technique - Type II wax (Soft)
- Inlay pattern prepared over a lubricated die - if moderate wax used very little residual stresses.
- 3 methods:
- Dipping method — In case of full crowns, the die can be dipped repeatedly, into hot liquid wax called carved & removed
- softening in warm water — This technique mostly not used
- Addition — The wax is melted & added in layers using a spatula brush.

CASTING WAX

These waxes should be readily adaptable and should possess slight tackiness. They must vaporise with minimal residue.

APPLICATIONS To make patterns of the metallic framework to make removable partial denture.
- other similar structures are fabricated from casting wax.

MODE OF SUPPLY Sheets of 0.4 & 0.32 mm thickness
- Preformed shaped (round, reticular, grid or mesh form)
- Bulk wax as blocks or in containers.
- Rolls or coils of various diameter of 2-5 mm for sprue

COMPOSITION

Ingredients	Functions
i) paraffin wax (40-60%)	→ main ingredient
ii) ceresin	→ Increased toughness.
iii) Gum dammer	→ Improves smoothness.
iv) Carnauba wax	→ combined with paraffin wax to decrease flow at mouth temp.
v) Candelilla wax	
vi) Synthetic wax	→ Enhance general working properties.

BASEPLATE WAX

These waxes should have reduced flow at mouth temperature and a smooth surface after gentle flaming.

- Extension of the impression tray

APPLICATIONS :- spacer in custom tray for complete dentures.
- To make occlusal rims.
- To form the contour of the denture after teeth are set.
- To make pattern for orthodontic appliances + other prosthesis which are to be constructed of plastics.

MODE OF SUPPLY :

Sheets of pink or red colours.

CLASSIFICATION :

As per A. D. A. Specification No. 24

Type I - Soft → For building veneers and contour.

Type II - medium → For fabrication of pattern in mouth in normal climates.

Type III - Hard → For fabrication of pattern in mouth in hot weather climates.

COMPOSITION :

Ingredients	Functions
i) paraffin or ceresin (80%)	→ main ingredient.
ii) Bees wax (12%)	→ Reduces brittleness.
iii) carnauba (2.5%)	→ Raise melting range + hardness of paraffin
iv) Natural or synthetic resin (3%)	→ Improves Properties of wax.
v) Micro crystalline (2.5%)	→ Decrease stressess that occur on cooling.

BOXING WAX

These waxes should have sufficient strength and toughness, and should be readily adaptable to the impression at room temperature.

APPLICATIONS: used to build up vertical walls around the impression in order to pour the stone to make a cast. This procedure is known as boxing.

MODE OF SUPPLY:
- Boxing wax is supplied as sheets.

COMPOSITION:

	Ingredients	Functions
i)	Bees wax	Reduces brittleness.
ii)	Hydrocarbons	main ingredient.
iii)	fillers	To increases the rigidity of the wax.

UTILITY WAX

These waxes are tacky and have the highest ductility and flow than any other dental wax.

APPLICATIONS:
i) It is used to adjacent contour of perforated tray for use with hydrocolloid.
Eg. • To raise the flange height.
• To extend the tray posteriorly.
• To raise the palatal portion of the tray in cases of deep palate.
ii) It is also used to cover sharp brackets & wires in orthodontic appliances.

MODE OF SUPPLY:
It is available in the form of sticks & sheets.

COMPOSITION :

Ingredients		Functions
i) Beas wax	——→	main component.
ii) Petroleum		
iii) other soft waxes in varying Proportion	——→	To improve physical properties.

STICKY WAX

Sticky waxes are tacky when melted, but firm and brittle when cooled.

APPLICATIONS :

- used for joining (assembling) metal parts before soldering & for joining fragments of broken dentures during repair procedure.
- A variety of other uses mainly joining are possible.

MODE OF SUPPLY :

Supplied as yellow sticks & Bulk wax in small containers.

COMPOSITION :

Ingredients		Functions
i) yellow beas wax	——	main ingredient
ii) paraffin		
iii) Rosin		
iv) Natural Resin such as gum dammer	——	To improve physical properties increase smoothness.

IMPRESSION WAXES

They are soft at mouth temperature but rigid at room temperature.

APPLICATIONS: A] Corrective impression wax – i) It is used as a wax veneer over an original impression to contact of register the details of soft tissues.
ii) to make functional impression of free end saddles.
iii) To record the posterior palatal seal in dentures.
iv) mostly used to correct any small, localized imperfection in other impression rather than sole impression material.
B) Bite registration wax – used to record the relationship between the upper & lower teeth.

COMPOSITION:

Ingredients		Functions
A) Corrective impression wax.		
i) paraffin wax	—	main ingredient
ii) ceresin	—	Raise melting range of paraffin
iii) Bees wax	—	Reduced brittleness.
iv) metal particles (like Cu or Al)		

B) Bite Registration wax –
i) Bees wax / paraffin / ceresin – main ingredient.
ii) Aluminium or copper particles.

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INVESTMENTS

These are materials used to surround a wax pattern. The wax when removed creates a space or mould cavity. Molten metal is poured into this to form a dental casting.

TYPES

i) Gypsum bonded investment

ii) Phosphate bonded investment

iii) Ethyl silicate bonded investment

IDEAL REQUIREMENTS OF INVESTMENT MATERIALS :

1) The material used for mould must be sufficiently refractory
Eg. Thermally stable that if can withstand exposure to high temp. of molten metal as metal solidifies & cools to room temp.

ii) The mould or investment material must not interact chemically with metal surface e.g. it must be easy to remove from metal casting.

GYPSUM BONDED INVESTMENTS

CLASSIFICATION:

As per A.D.A. Specification No. 2, based upon appliance to be fabricated and Method of obtaining expansion required to compensate for alloy shrinkage.

TYPE I Compensation is achived by thermal expansion of investment.

TYPE II compensation is achieved by hygroscopic expansion of investment.

TYPE III compensation is achieved by normal setting expansion of investment.

APPLICATIONS:

They are used For conventional casting of gold alloys inlays, onlays crowns & longer fixed denture prostheses.

MODE OF SUPPLY:

- powder in bulk or, preweighed, packs.
- representative commercial products— prestomite hovart.

COMPOSITION:

Ingredients	function
i) K-hemihydrate gypsum	Binder for investments used in casting gold containing alloy with melting range below 700°C.
ii) Quartz or crystalline	shrinkage of gypsum can be counter balanched by inclusion of one or more of crystalline silicas.
iii) modifiers • Colouring agents • Reducing agents	It provides a non-oxidising atmosphere in moulds when gold alloy is cast.
• Alkali-earth, transition metal chlorides, boric acid, sodium chloride	Regulate setting expension & setting time, prevent most of shrinkage of gypsum when it is heated above 300°c

SETTING REACTION

It is similar to dental stone - when the water is mixed, the hemihydrate reacts to form dihydrate which set to form an solid mass which binds partical togethers.

SETTING TIME

Should set between 5-25 minutes.
modern inlay.

SETTING AND THERMAL EXPANSIONS:

The casting shrinkage of the alloy is compensated for. by expansion of the investment in three ways

a) Normal setting expansion: A mixture of silica & calcinate gypsum powder result in setting expansion greater than gypsum product used alone.
- the silica particles interfere with intermeshing & intertwining of crystal as they form
- Thus the thrust of crystals is outward during growth & they increase expansion.

Factors affecting:
- Expansion is controlled by retardeing & accelerators.
- Softer the wax or wax pattern, greater is setting expansion
- Exothermic heat of reaction also influences the effective setting expansion.

Hygroscopic setting expansion: It occurs when the investment is allowed to set in contact with water.
- It is six or more times greater than the normal setting expansion of dental investment.

Factors affecting:
- magnitude of hygroscopic setting expansion is generally proportional to silica content of investment, other factors being equal.
- The finer the partical size of the silica, the greater is the hygroscopic expansion.
- Expansion decreases when mixing time is reduced.
- The older the investment, lower is hygroscopic expansion
- greatest amount of hygroscopic setting is observed if impression takes place before initial state.
- If the duration of immersion of investment in water bath closes the initial setting time of investment. The lower is hygroscopic expansion.

c) **Thermal expansion of mould:**

Types - investment material show thermal expansion when mold is placed in a furnace at the temp. not greater than 700°c the investment breaks down & exhibits this temperature releasing gases which can contaminate hard gold alloys. Thermal expansion should not be less than 1.1. nor greater than 2.6.1.

Factors affecting: silica must be present to counterbalance the contraction of gypsum during heating. About 33% of silica when used, it balances the initial contraction of gypsum.

- The investment containing crystallite expand to greater extend than those containing cristobalite expand to
- the more water used during mixing the investment the less is thermal expansion.

MANIPULATION:

- The measured quantity of powder & water is mixed manually.
- using a flexible rubber bowl & spatula, or the vaccum investment mixing machine.

PROPERTIES:

1. **Strength:** The compressive strength of inlay investment should not be less than 2.4mpa when tested after set & shows of setting for longer casting greater strength is required.
- The fracture resistance of investment must be adequate to prevent cracking. Bulk fracture, or chipping of mould during heating & casting gold inlay.

2. **Fitness :**

- Fitness of investment affect its setting time, surface roughness of casting & other properties.
- A fine silica results in higher hygroscopic expansion than does a cover silica.
- A fine particle size is preferable to coarse one because the finer the investment, the smaller the surface irregularities on casting.

3) **Porosity :** As the silica metal reduces the mould wall pressure during, the more the gypsum crystals present in set investment the less is its porosity. The less the hemihydrate content & greater the amount of gauging water, the more is its porosity. A mixture of coarse & fine particle exhibits less porosity than an investment composed of uniform particle size.

4) **Thermal contraction :**

- When investment is cooled from 700°C its contraction is due to inversion of β-quartz or β-cristalline to its stable x-form at room temp. The investment contracts to less than its original dimension this restoration occurs because of shrinkage of gypsum when it (mould) first heated.

PHOSPHATE BONDED INVESTMENTS

APPLICATIONS:

Phosphate bonded investment are designed primarily for alloys used to produce coping or framework for metal ceramic prothesis & some base metal alloys. It can be used for pressable ceramics.

MODE OF SUPPLY:

Powder & liquid.

COMPOSSITION:

	Ingredients	Function
Powder -	i) silica filler (quartz or cryptovolatile or mixture of both)	— It provides thermal shock & resistance refractert net & high thermal expansion)
	ii) magnesium oxide	— Reacts with phosphate, It is part of binder (Basic).
	iii) monoammonium phasphate	— part of binder (acidic)
	iv) Carbon	— Added to obtain clean casting & facilitate the divesting of casting from the investment mould.
Liquid	i) colloidal silica liquid	— Facilitates ingreater expansion of investment.

SETTING REACTION:

$$NH_4H_2PO_4 + MgO + 5H_2O \longrightarrow NH_4MgO_4 + 5H_2O$$

SETTING TIME:

30–45 min.

SILICA BONDED INVESTMENTS

APPLICATIONS:
Used in contruction of high fusing base metal partial denture alloy.

MODE OF SUPPLY: powder & liquid.

COMPOSITION:

	Ingredients		Function
Powder -	i) Silica gel	—	It acts as a binder
	ii) magnesium oxide	—	Strengthens the gel
	iii) Ammonium chloride	—	Accelerate.
Liquid	i) Ethyl silicate polymer.		

SETTING REACTION:

$$Si(OC_2H_5)_4 + 4H_2O \longrightarrow Si(OH)_4 + 4C_2H_5OH.$$

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CASTING PROCEDURE FOR DENTAL ALLOYS

DEMONSTRATION:

AIM: To study the steps in casting of a Dental Alloy

INSTRUMENTS AND EQUIPMENT

1. Die
2. Die spacer
3. Wax pattern
4. Sprue wax
5. Crucible former
6. Ring liner
7. Casting
8. Wetting agent
9. Investment
10. Vacuum mixer
11. Furnace
12. Dental Casting Alloy
13. Flux
14. Graphite crucible
15. Casting machine
16. Container of water
17. Sandblasting unit
18. 50%HCl

MANIPULATION:

I. Preparation of Die:

A Die of the prepared tooth is made by pouring an elastomeric impression with improved stone.

ii. Preparation of wax pattern: Wax pattern is constructed on the prepared tooth with the help of Inlay casting wax.

iii. Selection & Attachment of sprue

Material used is wax.
- Sprue is attached to thickest portion of wax pattern.
- Attached at angle of 45 degree to walls of mold.

iv. Preparation of casting ring :

The internal diameter of casting ring should be 5-10 mm greater than widest measurement of pattern and about 6mm higher.

Types of ring liners :

A) Asbestes Ring liners — It is not used now a days because of its carcinogenic nature.

B) Non-Asbestes ring liners = They are of two types.

i) Alluminosilicate ceramic ring liner.

ii) cellulose (paper) ring liner.

v. Investing : (Hand / Vacuum)

1) Hand mixing - Incidence of nodules formation.

2) vaccume investing — Best method.

Advantage — i) Remove air bubbles.

ii) produces smooth casting.

iii) Remove all gaseous product of chemical reaction of investment.

vi. Wax elimination: (Burn out)

purpose - To eliminated wax from mold.

Begin the burn out procedure when the mold is still wet be cause the water trapped inside still water trapped inside. The investment reduces absorption of wax as it evaporates.

If a Plastic sprue is used, a two stage burnout technique is followed in case of a metal sprue it should be removed with a plier.

a) For gypsum bonded investment

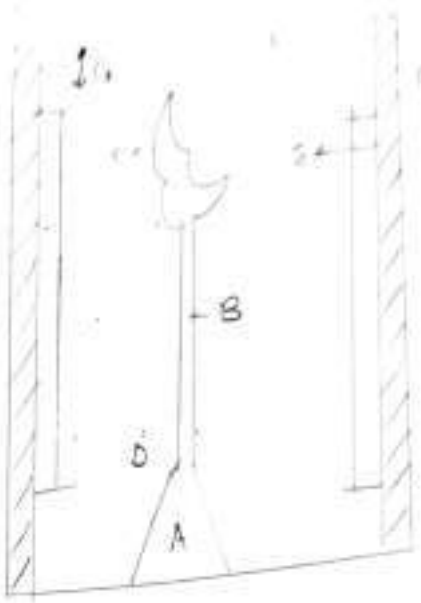
Temperature - 650°c - 700°c For 60 mins. & hold for 15-30 mins at the upper temperature.

b) For phosphate bonded investment.

Temperature - 750°c - 1080°c.

Diagram of a dental casting mould :

A → crucible former
B → sprue
C → cavity formed by wax pattern
D → investment
E → ring liner
F → casting ring
G → 6mm gap b/n end of investing ring.



vii. **Casting** Something that has been cast on a mould, an object formed by the solidification of a fluid that has been poured or injected into a mold.

Types of casting machines: 1) Torch melting / centrifugal casting machine. 2) Electrical resistance-Heated casting machine 3) Induction melting machine. 4) Direct current arc melting machine. 5) vaccume or pressure assisted casting machine.

Zones of Air / Gas flame : 1) mixing / pre-combustion zone: air & gas are mixed before combustion. 2) combustion zone - Kept away from molten alloy. 3) Reducing zone - Hottest part of flame. 4) oxidising zone - should not be used because of lower temperature.

viii. **Quenching :**
After the casting has solidified the ring is removed & quenched in water as soon as casting is done.
- Advantages -
1) Noble metal alloy is left in annealed condition for burnishing & polishing.
- ~~When water contacts the hot investment~~ when water contacts the hot investment, violet reaction occurs resulting in soft granular investment that is easily removed.

ix. Recovery of casting :

The investment is removed & casting is removed. A pneumatic chisel may be used to remove the investment.

X. Sandblasting :

casting obtained is held in the sand blasting machine to clean any investment remaining on the surface of casting.

xi. Pickling

- surface of casting appears dark with oxides & this film is removed by a process called picking.
- Eg. 50% hydrochloric acid for gypsum bonded investment picking can be performed by ultrasonic devices al

xii. Separation of sprue :

- casting is trimmed, shaped & smoothened with suitable burs or stones.
  sprue is sectioned off with a cutting disc.

xiii. Finishing and polishing :

- white stone, refeser wheels, rubbers disc & fine grit are inabed is finishing & polishing agents. minimum polishing required when all procedures from wax pattern to casting are followed meticulously.

CASTING DEFECTS

A. Dimensional errors in casting :

Problem	Cause	Precaution
i) Oversized casting	– Excessive expansion	– Use correct temp. & appropriate invest ment material. Heat the mould sufficiently.
ii) undersized casting	– Inadequate expansion investment material.	
iii) Distorted casting	– Distorted wax Pattern	– correct positioning of wax pattern. – careful removal from oval cavity.

B. Rough surface and fins :

problem	cause	precautions.
i) surface roughness	→ Investment breakdown	– Avoid overheating of mould & alloy.
	→ Air bubbles on wax.	– correct use of wetting agent.
	→ Weak surface of investment	– vaccume melting – low w/p ratio.
ii) on casting	→ cracking of investment	– Avoid rapid heating of investment.

C. Porosity :

Problem	Cause	Precaution
i) Localized shrinkage porosity.	i) premature termination of molten metal during solidification. ii) Lesser sprue diameter.	- Adequate diameter of sprue. - Attach sprue at thickest of wax pattern.
ii) Microporosity	Rapid solidification	proper temp. to be maintained.
iii) suck-back porosity	improper positining of sprue former	- Attachment of sprue at thickest wax pattern position. - Dont attach sprue at go the wax pattern
iv) pinhole porosity	liberation of absorbed gases on cooling.	
v) Gas inclusion	liberation of absorbed gases on cooling.	
vi) Subsurface porosity	simultaneous nucleation of solid grains & gas bubbles.	
vii) Back pressure porosity	- inability of air to escape through investment. - formation of air pocket-	

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DENTAL CERAMICS

Dental Ceramics are white, translucent tooth, like material, used for restoring natural teeth and for making artificial teeth. Traditionally they have been referred to as 'Porcelain'

GENERAL USES OF PORCELAINS :

i) Inlays & onlays.
ii) Esthetic laminates (veneers) over natural teeth.
iii) Single all ceramic crowns.
iv) As veneers for castmetal crowns & bridges (metal ceramic).
v) Artificial denture teeth
vi) ceramic post & cores.
vii) Ceramic orthodontics brackets.

CLASSIFICATION :

A. According to fusion temperature :
- High fusing — 1300°c or above
- medium fusing — 1101°c — 1300°c
- Low fusing — 850°c — 1100°c
- ultra low fusing — less than 850°c.

B. According to uses :
- Anterior & posterior crown.
- veneer
- post & core
- Fix dental prosthesis
- Glaze

MODE OF SUPPLY:

In the form of fine ceramic powders in bottles in different shades of enamel dentin and opaquer with special liquid / distilled water.

COMPOSITION:

Ingredients	Functions
i) Feldspar	Basic glass former / matrix
ii) Kaolin	Green stage binder
iii) Quartz	Filler & opacifier.
iv) Alumina	Additional glass former & flux.
v) Alkalies	Glass modifiers color.
v) color pigments	modifies color.
vii) opacifiers	Reduces prons

MANIPULATION:

A. ADAPTATION OF MATRIX / METAL SUBSTRUCTURE:

A wax pattern of restoration is constructed & cast in metal. metals used for frame of coping include noble metal alloys, base metal alloys & recently titanium.

B. SELECTION OF POWDER:

1. Core or opaquer
2. Dentin and Enamel

C. MIXING:

The powder is mixed with the liquid to make a paste and built over the matrix. As shrinkage is anticipated, the crown built up is larger.

D. CONDENSATION:

a. **Objectives:** proper condensation packs the particles together. This helps to minimize porosity, improve strength & reduces firing shrinkage. It also helps remove the excess water.

b. **Methods:**

- vibration – Mild vibration by tapping or running a sonrated instrument or forceps holding metal frame.
- spatulation – small spatula used to apply & smoothen the wet porcelain.
- Dry power addition – The dry powder is placed by a brush to the side opposite from an increment of wet porcelain

E. FIRING PROCEDURE:

Types of furnaces:

i) Horizontal muffle – vita – vacumat "s" – unitek ultra mat furnance

ii) vertical muffle – Do they Biodent systantit.

Advantages of vaccum firing

Helps to reduce porosity in ceramic. vacccume is laser released raising pressure in furnance. Increased pressure helps to further reduce the size of any residual air bubbles.

Preheating

The condensed mass should not be placed directly into hot furnance. This can cause rapid formation of steam which can break up to the mass, modern furnances have a mechanism where by the works is gradually raised into furnance. This is known as preheating.

Stages of firing :

Low Bisque : surface of porcelain is very soft porous will easily absorb a water soluble die.
- Grains of protelain start to soften.
- shrinkage minimal.
- Fired body extremely weak & fregile.

Medium Bisque : Still slightly porous.
flows of glass grain increased
Any entrapped furnance atmosphere that resist escape will be trapped.
surface shrinkage occurs.

High Bisque : surface of porcelain should be completely sealed.
- smooth surface with slightly shine.
- shrinkage complete, increased strength.
- Glazing should not cover anatomical accuracy.

At any Stage the crown can be removed from the furnace, the morphology modifild, i.e. addition or trimming, and fired again till right size is abtained.

Increased number of firings results in a crown that is overly translucent and lifeless. The fewer the firing cycles the better will be the strength and esthetics.

GLAZING : Glasing enhance esthetics by providing smooth glossy surface to restroration.
- Enhance hygiene.
- preserves strength.
- Reduces wear of oppsite teeth..

a. **Overglaze :**
Glaze powder is mixed with special liquid & applied onto the restoration, the firing temperature is lower than most of body procedure the firing cycle usually include vaccume chemical durability is lower because of high flux content.

b. **Selfglaze :**
A seperate glaze layer is not applied. Instead the restoration is subject to the controlled-heating at its fusion temperature. This cause only surface layer to melt & flow to form vitrous layer resembling glaze.

METAL CERAMICS :

Requirements of alloy for porcelain fused to metal :

i. coefficient of thermal expansion of alloy should be close to porcelain.
ii. fusion temp of alloy should be higher than that of porc jain so that it does not melt at fusion temperature
iii. It should have a high modulus of elasticity to prevent fusing of metal framework & hence avoid fracture of porcelain.

Mode of bonding :

a) Mechanical bond : In some systems mechanical bond is the principle bond. sandblasting is often used to prepare metal surface. presence of surface roughness or metal oxide. surface improves retention, especially if undercuts are present wettability is important for bonding.

b) Compressive stresses :

3.3 mpa.

C) Chemical bond : An adherant oxide layer is essential for good bonding. In base metal alloy, chromic oxide is responsible for bond. In noble metal alloys, indium & tin oxide does this role

RECENT PORCELAINS :

a) Core Porcelains : for anterior & pasterior crowns.

b) Castable Ceramics : It is the only porcelain restoration mode by centrifugal casting technique. The subsequent ceroming process is also unique to this porcelain. Ceroming enhances growth of mino-crystals within the ceramic shell for inlay, onlay s, veneers & low stress crowns.

DIFFERENCES BETWEEN PORCELAIN AND ACRYLIC TEETH :

Procelain teeth	Acrylic teeth
• more esthetically satisfactory	- Esthetically less satisfactory
• more resistance to wear.	- less wear resistance.
• Allow rebasing.	- Do not allow rebasing less brittle.
• More brittle	- less brittle.
• Need for mechanical retention.	- No need for mechanical retention.
• produce clicking sound on contact with opposing teeth.	- Do not produce clicking sound on contact with opposing teeth.
• Require greater inter ridge distance.	- Require less inter-ridge distance.
• permanent & long lasting.	- Not permanent & not long lasting.

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STAINLESS STEELS

Steels are iron based alloys that contain less then 1.2% carbon.

STAINLESS STEEL : When the chromium (generally 12 to 30%) is added to steel, the alloy is commonly defined as stainless steel.

18-8 STAINLESS STEEL: Austenitic alloys alloys also known as 18-8 stainless steel. They are commonly used by orthodontics & pedodontic in the form of bands & wires. they are available as cracked partially annealed wires.

GENERAL APPLICATIONS :

i) They are commonly used by orthodontics & pedodontics in the form of bands & wires.
ii) making surgical & cutting instruments.
iii) Burs shanks are also made from stainless steel.

TYPES :

TYPES	COMPOSITION	APPLICATIONS
FERRITIC	Cr-11.5%-27% wt Nickel - 0% carbon-0.20(max) % by wt.	The ferritic alloys have good corrosion resistance, but less strength & hardness so they find little appliance in orthodontics.
MARTENSITIC	Cr-11.5%-17% by wt Ni- 0-2.5% by wt. C- 0.15-1.20% by wt.	Because of their high strength & hardness, martensitic stainless steel are used for surgical & cutting instruments. Burs shanks are also made from steel.
AUSTENITIC	Cr-16%-26% by wt Ni- 7%-22% by wt C- 0.25% by wt. (max)	They are most corrosion resistant & are used for orthodontic bands & wires, endodontic instrument & crowns in pediatric dentistry.

PROPERTIES :

18-8 Stainless steel

a. Modulus of elasticity : 179 GPa
b. Yield strength : 1400 mPa
c. Tensile strength : 2100 mPa
d. Hardness : 600 BHN.

WELD DECAY : (SENSITIZATION) The 18-8 stainless steel may lose its resistance to corrosion if it is heated between 400-900°C temp. used for soldering & welding) the reason for a decrease in corrosion resistance is the precipitation for chromium carbide at the grain boundries at high temp. small rapidly diffusing carbon atoms migrate to grains boundries from parts of the crystal to combine with large. slowly diffuse atoms at the peripheral of the grain. when the chromium combines with the carbon in this manner its passivating qualities are lost & the corrosion resistance of the steel is reduced.

STABILIZATION : There are several methods by which sensitization may be

i) From theoritical point of view, reduce the carbon content of the steel to such an extent that carbide precipitation cannot occur. However this is not economically partical.

ii) By stabilization of the stainless steel. In which some element is introduce which ppt as carbide preferance to chromium. Titanium is commanly used. If titanium carbide sit tines the carbon content the precipitation of chromium carbide can be inhibited as soldering temperature. These are called stabilizers.

SOLDERING : stainless steel components are often joined by soldering which are alloys of silver, copper + zinc to element such as tin & indium may be added to lower their fusion temp. Any such solder corrode is used in they are anodic to stainless steel, this is not objectionable in stainless steel.

Solders used - Silver solders.

Temperature used - 620°C - 605°C

Fluxes used - potassium Fluoride, Boric acid.

WELDING : Welding is a procedure, which is used to join flat structure such as bands & brackets without using solder. The electric spot welding apparatus produced a large electric current that is formed to flow through limited (area of) on of the material to the flow of current produce intense localized heating & actual fusion of the overlapped metal the weild joints became susceptible to corrosion, because of chromium carbide precipitation & consequent loss of passivation.

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ORTHODONTIC WIRES

As number of wrought base metal alloys are used in dentistry. mainly as wires for orthodontic tretment.

1. **Stainless Steel :** Steel is an iron-based alloy when chromium (12-30%) is added to steel, the alloy is called as stainless steel. Elements other than iron, carbon & chromium may also be present, resulting in wide variation in properties. Stainless steel are resistant to tarnish & corrosion due to passivating affect of the chromium.

2. **Cobalt - Chromium - Nickel :** These wrought alloys were originally developed for us as watch springs. Their properties are excellent also for orthodontic purposes. The wires are usually heat treated & supplied in several degree of hardness. Tarnish & corrosion resistance is excellent. Hardness yield & tensile strength similar to excellent hardness steel. Composition - cobalt - 40%, chromium 20%, Nickel - 15%, molybdenum - 7%, Iron - 15.8%, magnese - 2%.

3. **Nickel - Titanium :** These Nickel-Titanium alloy (also called as nitinol) wire have large elastic deflection or working range & limited formability, because of their low stiffness & wire in fixed orthodontic treatment & also to manufacture endodontic instruments. The behaviour of the alloy (customized to features of clinical significance.
→ shape memory & superealisticity.

4. **Beta Titanium :** like stainless steel & nitinol, titanium has different crystallographic form at high & low temperature.
Temperature below 885°C ⟶ α (hexagonal close-packed lattice)
Temperature above 885°C ⟶ β (Body-centered cubic lattice)
- β form is more useful in orthodontics, to retain β form as it cools to room temp., elements like molybdenum are added. This stabilizes β form & prevent its transformation
- α - forms. It is supplied as precut arch wires in rectangular cross section of form. β - titanium can be highly cold worked. Corrosion resistance more are.

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ABRASIVE AND POLISHING AGENTS

These are agents used to smoothen and polish a dental restoration, prosthesis, or appliance befor placing it in the mouth. This makes it more esthetic, hygeinic, resistant to tarnish and corrosion, and comfortable to the patient.

ABRASION: The wearing away of a substance or structure through a mechanical process such as grinding, rubbing or scrubing.

POLISHING: The process of preparing a smooth shiny layer without much loss of any external form is called polishing.

DIFFERENCE BETWEEN ABRASION AND POLISHING:

i) particle size – A given agent having a large particle size will be an abrasive whereas with a smaller particle size it is a polishing agent.

ii) material removed – very less surface is removed during polishing

iii) speed – optimum speed for polishing is higher than abrasion

CLASSIFICATION:

1. Finishing abrasives:

Finishing abrasives are hard, coarse abrasive which are used initially to develop countours & remove gross irregularities.

Eg. – Coarse stones.

ii) Polishing abrasives:

polishing abrasive have finer particle size & are less hard than abrassives used for finishing. They are used for smoothening surfaces that have been roughened by finishing. abrasives Eg – polishing cake, pumice

iii) Cleansing abrasives :

cleaning abrasives are soft materials with small particle sizes & are intended to remove soft deposits that adhere to enamel or a restorative materi

FACTORS AFFECTING RATE OF ABRASION:

i) **Size of particle:** large particles cause deeper scratches in the material & wear away the surface at a faster rate.

ii) **Pressure applied:** Heavy pressure applied by the abrasive causes deeper scratches & more rapid removal of material.

iii) **Speed:** The higher the speed, the greater the frequency per unit of time the particles, contact the surface thus increasing speeds, increases the rate of abrasion.

TYPES OF ABRASIVE AND POLISHING AGENTS:

AGENT USED	MODE OF SUPPLY	APPLICATION
1. Emery	Grayish-black corundum prepared in a fine form.	- used in coated abrasive discs. - finishing metal alloys or acrylic resin material.
2. Sand	mixture of small mineral particle composed of silica applied by sand-blasting.	- To remove refractory investment materials from base metal alloy casting - coated onto paper discs for grinding metal alloy & acrylic resin materials.
3. Diamond	- flexible metal-backed abrasive strip. - Diamond polishing past. - Bonded abrasive rotary instrument.	used on ceramic & resin based composite material

AGENT USED	MODE OF SUPPLY	APPLICATION
4. Carbides	In coated discs & in vitrous rubber bonded investment.	High efficient cutting of metal alloys, ceramic & acrylic resin materials.
5. Pumice	In grit form Rubber bonded abrasives.	- used on acrylic resin materials. - polishing tooth enamel direct - filling gold, denture, amalgam.
6. Rouge	Blended with soft binder to smtaccake form	polish high noble metal alloys such as yellow gold alloys.
7. Chalk	Abrasive paste	polish tooth enamel gold foil, amalgam & plastic material.
8. Zirconium silicate	Supplied as an off-white mineral.	- used to make coated abrasive, disc & strip. - component of dental prophylaxis pastes.
9. Cuttle	Available as coated abrasive.	- useful for delicate abrasion operation such as polishing of metal margins & dental amalgam restoration.

MANIPULATION :

DEMONSTRATION :

AIM : To study the method of smoothening and polishing of a cast metal restoration and an acrylic denture.

A. SMOOTHENING AND POLISHING OF AN ACRYLIC DENTURE

Materials and instruments

1. Hand Piece
2. Lathe
3. Carbide trimmers
4. Alpine stones
5. Felt cone
6. Rag wheel
7. Sandpaper (Rough & Fine)
8. Sandpaper Holder
9. Pumice
10. Woollen buff
11. Bristle brush

Procedure :

1) contours with tungesten carbide burs & sandpaper
2) using rubber point to remove the scratches.
3) Application of pumice with rag wheel, Felt wheel, bristle brush, or propby cup depending on the size of the area that needs to be polished.
4) Application of tripoli or a mixture of chalk & alcohol with a ragwheel.

Precautions :

1) To avoid overheating, a large amount of pumice slurry should be applied to the surface
2) Intermittent contact with the substrate also helps to avoid overheating.

B. SMOOTHENING AND POLISHINGOF A CAST METAL RESTORATION :

Materials and instruments

1. Handpiece
2. Bristle brush wheel
3. Abrasive impregnated rubber Wheels
4. Carborundum disc
5. Sandpaper discs
6. Rag wheel
7. Rouge cake

Procedure:

POLISHING OF AMALGAM RESTORATIONS:

- Burnishing the restoration after carving improves smoothness. followed by using slow speed pieces.
Finishing & polishing of amalgam initially is done with a very fine prophylaxis paste applied with a cotton pellet or a non rubbed prophy cup rotate. at slow speed & light pr
- following procedure used
a) contour with slow speed green stone or diamond bu or brown & green rubber points.
b) Applying a mixture of fine. pumice & water or alcohol with a rotary brush or felt wheel.

POLISHING OF COMPOSITE RESTORATIONS:

Finishing & polishing of composite restoration depends upon the fillers & resin matrix, the preparation design curing effectiveness & post curing time for the materials to achieve final properties. It is done in 3 essential ste

a) Contour the restoration either with 12 fluted carbide burs, 30-100µm diamond bur or coarse abrasive-coated discs.
b) finish with 16-30 fluted carbide burs, fine & extrafine diamond burs, white stones (aluminium oxide) or with medium & fine abrasive coated discs.
c) finally, polish with fine & extra fine polishing paste (Al2O3 diamond) extra fine abrasive, brushes or diamond impregnated rubber polishing discs, cups or points.

POLISHING OF NATURAL TEETH: Polishing of natural teeth is done using dentifrices.

ELECTROLYTIC POLISHING: The alloy to be polishing is made the anode of an electrolytic cells. As the current is passed, some of the anode is dissolved leaving a bright surface. It used for polishing the fitting surface of cobalt-chromium alloy denture.

BURNISHING: Brushing prior to coming provides the removal of the excess mercury & improves marginal adaptations & burnishing after coming improve smoothness.

PROPHYLACTIC PASTES: These remove extrinsic stain pellicle, materia, alba & oral debises. Also imparts a highly polished & aesthetic appearance. Different types of abrasives such as silica, pumice etc may be employed.

DENTIFRICES: Dentifrices such as tooth paste, gels & powders have 3 important functions - (a) their abrasive & detergent actions provide more effective removal of debris, plaque & stained pellicle. b) They polish teeth to provide increased light reflectance & superior aesthetic appearance. & prevent accumulation of micro-organism. c) They act as vehicle for the delivery of therapeutic agent with known benefits.

DENTURE CLEANSERS: These include soaking or brushing of the denture Brushing is done using a bristle brush & gentle abrasive cream. Soaking includes chemical denturers, such as alcaline perborates, alcaline peroxides - toxic non-irritant & should not attack the denture material.

Singnature of Instructor

1. Why is excess water necessary to mix the hemihydrate powder ?
2. Why is the initial setting time important ?
3. What is the practical significance of the setting expansion of dental gypsum products ?

Ans: 1) The addition of water to the gypsum product result in a workable mass that could be molded to a desired shape & hardens when set. As the reaction proceeds the excess water on the surface is taken up in forming the dihydrate so that the mix loss its surface gloss & gains strength (Dry strength). Hence excess water is necessary to mix the hemihydrade powder.

Ans: 2) The initial set is measured by loss of gloss & initial gilmore test. This loss of gloss is indicative of beginning of setting. At this point the mass still has no measurable compressive strength & the cast cannot be safely removed from the impression. Also, during initial setting if the material is immersed in measured quantity of water the setting expansion is increased.

Ans: 3) In dentistry, setting expansion may be both desirable & undesirable depending on use.

undesirable → In impression plaster, dental stone & plaster as it will result in an inaccurate cast or change in the occlusal relation if used in mounting.

Desirable → In case of investment material as it helps to compensate the shrinkage of the metal during casting.

1. What importance does the low thermal conductivity have on the clinical handling of impression compound ?
2. What factors affect the flow of impression compound ?
3. What is the glass transition temperature ?

Ans-1) Due to low thermal conductivity, during softening of the materials, the outside emill soften first the inside last. So to ensure uniform softening the material is kept immersed in water bath for sufficient time, Also low thermal conductivity affects the cooling rate the layer adjacent tooth tissues cools faster than inside. So removal at this time can cause distortion.

Ans-2) i) content of waxes & resin in the impression compound ⟶ as they impart high flow to impression compound.

ii) Fusion temp. ⟶ temperature at which substance loses its hardness & turns to plastic form.

iii) temperature of the water bath used to immerse the impression compound is (35-37°C)

iv) kneading ⟶ uniform kneading increases flow.

Ans-3) The temp. at which there is an abrupt increase in the thermal expansion (coefficient) indicating increased molecular mobility is called the glass transition temp. (Tg) it is characteristic of the particular glassy structure.

It is the temp. at which the material loose its hardness or brittleness on heating or form a rigid mass on cooling is glass transition temp.

1. What two factors are critical with respect to the setting time of zinc oxid.eugenol impression paste?

2. What is the type of reaction between zinc oxide and eugenol?

3. What is the dimensional stability of zinc oxide - eugenol impression paste?

Ans-1) The setting time can be accelerated or reduced by.
Accelerators - zinc acetate, calcium chloride
Retarder - water droplets, cooling spatula glass slab, adding waxes & inert oils.
ii) Higher atmospheric temp. & humidity accelerate setting time.

Ans-2) The setting reaction is ionic in nature & requires an ionic medium in which it add proceed at any desired rate. The first reaction is the hydrolysis of zinc oxide to its hydroxide. second reaction is that eugenol acts as a weak acid & undergo acid-base reaction with zinc hydroxide to form a salt, zinc eugenolate. Two further co-ordinate bonds are formed by donation of pairs of electron from methoxy oxygen to zinc. Also called as chelation or auto catalytic reaction as water used for initial reaction.

Ans-3) The dimentional stability of the impression paste is quite satisfactory
- A negligible shrinkage (less than 0.1%) may occur during hardening. No other dimensional change subsequent to hardening occurs while processing

1. What is the importance of hysterisis in the clinical use of agr hydrocolloid?

2. Do agar hydrocolloid impressions completely recover from the deformation experienced during their removel from undercut areas?

3. What is the dimensional stability of agar agar?

Ans- 1) the temp. lag between liquifaction & gelation is known as hysteresis.
liquifaction temp. → (70°c-100°c) → when gel liquifies.
Gelation temp. → (37°c-50°c) → when sol cooled to become gel.
Gelation temp. is critical for impression making. If gelation temperature is too high → The heat from the sol may injure the oral tissue. Conversely if the gelation temp. is too far below oral temp. it will be impossible to make impression because sol will not convert to a gel.

Ans- 2) No. They do not recover completely from the undercut area as some amount of concentric occur because of the physical change in the hydrocolloid, transformation from a sol-gel. Also compressive & tear strength are low comparatively to elastomers, so can tear while removal from undercut area.

Ans- 3) Since hydrocolloid. use water as the dispersion medium they are prone for dimentional change due to either loss or gain of water. If left in dry atm. water is lost by syneresis & evaporation, & if it is immersed in water it absorbed water by process known as imbibition

1. Why are alginate impression materials called irreversible hyrocolloides ?
2. What effect does water temperature have on the working and setting time of alginates ?
3. Why is the alginate impression removed rapidly from the mouth ?

Ans 1) The setting of alginate hydrocolloid is a process of cross linkage algiric acid with calcium ion. Alginates normally show a stronger interaction with calcium & hence yield greater gel strength. Calcium ion replaced the sodium & potassium ions of two adjacent rods to produce a cross linked complex / polymer network by primary bond rather than by intermolecular forces thus called irreversible.

Ans 2) The higher the temp. of the water the shorter is the setting time & thus decreases the working time. So in not climate cool water should be used for mixing to avoid premature gelation. pre cooling of mixing bowl & spatula can also be done.

Ans 3) As delay in removal causes higher permanent distortion, since alginate is a viscoelastic material. Its tear strength is increased when the impression is removed along a vertical path with a snap. The brush-heap to a sudden force. A gentle, long, continued pull will frequently cause the alginate to tear or seperate from the tray.

1. What is the catalyst that is generally used to initiate the setting reactions of polysulfide impression material ? What other compounds can be used as subtitutees ?

2. How does elastic recovery of the various elastomers affect clinical usage ?

3. Why is the thickness of the spacer 4 mm in polyether impression material ?

Ans-1) lead dioxide is the catalyst that is generally used to initiate the setting reaction of polysulfide impression material.
mercaptan + lead oxide → polysulfide + water
other substitutes are an organic hydroperoxide — eg. t-butyl hydroperoxide or other cross linkage complex inorganic hydroxides (eg - copper)

Ans-2) Elastic recovery prevent permanent distortion upon removal of the impression permanent deformation ader.
Addition silica & condensation silica < polythem polysulfide recovery of elastic deformation. after strain is less rapid for polysulfide than other three polyvinyl siloxane exhibit most elastic recovery of the currently available materials. the elastic modulus → stiffness increases in order.
polysulfide < condensation silicone < Addition silica < polyether.

Ans 3) As it is extremely stiff (flexibility 3%) It is harder than polysulfides & hardness increases with time. removing it from under cut can be difficult, So additional spacing (4mm) is recommended to avoid bulkage - Also care should be taken while removal from cast.

1. How is cross - linked acrylic polymer obtained and what advantages does it offer compared with regular acrylic polymers ?

2. Name the various separating media.

3. What are the various denture cleansers used ? Give their composition.

Ans - 1) The formation of chemical bonds / bridges between the polymer chains is referred to as cross linking. It forms a three dimensional network. cross linked structure is formed by copolymerization where at least one comonomer is multifunctional. cross links require a relatively high energy to occur. Three dimensional network increases rigidity & resistance to solvent. Improve tensile strength & adhesive properties. also.

Ans - 2) a) tin foil
b) solution of alginate comp. (cold mold seal)
c) soft soaps,
d) cellulose lacquer.
e) calcium oleate
f) starches.
g) sodium silicate.

Ans - 3) A wide variety of agents are used by patients for cleaning artificial dentures. They include dentifrices, soap & water, salt, soda proprietary denture cleansers, bleaches vinegar & household.
Cleansers ⟶ contraindicated.
Composition :- Alkaline comp. degrades. Flavouring agents & sodium deforate - liberate oxygen to loosen debries (by oxygen bubble)

1. What is the purpose of a coupling agent in dental composites ?
2. How is a bond between enamel and composite accomplished ?
3. Why are cavity varnishses contra indicated under composite restorations ?

Ans-1) coupling agent bond the filler particles to the resin matrix, They improve the properties of resin through transfer of stresses from the plastic resin matrix to the stiffer filler particles. They prevent water penetration to the filler & resin matrix . Interface. Also bond filler to resin matrix there by reducing the wear.
most common coupling agent — organosilanes zirconates & titanates can also be used.

Ans-2) Bond between enamel & composite is accomplished by acid etching & bonding agent. It creates micro-porosities by discrete etching of enamel. i.e. by selective discrete etching of enamel. i.e. by selective dissolution of enamel increases. the surface area, Etched enamel has higher surface energy allowing the resin to wet the tooth surface better & penetrate into the microporosities.

Ans 3) cavity varnishes are contraindicated under composite restoration as they may react with the resin matrix of the composite & interfere their bonding to the tooth structure.

1. What is the singnificance of creep to amalgam performance?

2. How would you minimise tarnish and corrosion?

3. What is the advantage of a high one - hour strength?

Ans - 1) Creep rate has been found to create with marginal breakdown of traditional low-copper amalgam. However for high copper amalgam the creep rate are less (<0) Higher the amount of creep, greater is the degree of marginal deterioration. When an amalgam creeps, it is the 'γ1' phase that deform plastically Higher creep rates should be expected for low copper amalgam with higher γ1 volume fraction & vice-versa The presence of γ2-phase of γ2 - very low creep rates is single compositional high copper amalgam may be associated with 'η' phase rods, which acts as barrier for deformation of 'γ' phase.

Ans - 2) Tarnish & corrosion will be min. by →
- Dissimilar metallic restoration should be avoided.
- patient should maintain good oral hygine.
- By polishing metallic restorations to minimize concentrated cell corrosion.
- As amalgam ΣMA is positive, dental alloys should contain atleast 70-75% noble metal as increase in nobel metal prevent corrosion

Ans 3) The one-hour strength of compressive strength is higher is high copper single composition. Amalgam has exceptionally high one-hour strength, so chance of accedental fracture is less.

1. What is the atomic number of Gold, Silver, Copper, Platinum, and Palladium?
2. How are gold alloys superior to dental amalgam in mechanical properties?
3. Which three elements are added in fractional amounts to harden high gold content alloys to be used with procelain?

Ans- 1) Gold — 79
Silver — 47
Platinum - 78
Palladium — 46
Copper — 29.

Ans- 2) Direct filling gold is the most ductile & malleable metal.
It can be drown into sheets & wires.
Gold alloy are superior to dental amalgam as they do not undergo tarnish & corrosion. They also have higher strength than amalgam.

Ans:- 3) Platinum palladium & base metal (e.g. indium etc) are added in fractional amount to harden high gold content alloys to be used with porcelain.

1 Justify the need for the following in the casting of gold restorations

a) Investment of pattern immediately after it is ready.

b) Applying soap solution to the wax pattern prior to investing.

c) Use of a reservoir.

d) Lining the inside of the casting ring with a wet liner.

2 What are the functions of the sprue?

3 How is the casting shrinkage compensated?

Ans-1) a) Investment of pattern immediately after it is ready is important as pattern are made of waxes (inlay waxes) & waxes undergo dimensional change due to storing for long time.

b) The thin film of cleanser left on the pattern wax decreases the surface tension of the wax & permits better wetting of investment to ensure complete coverage.

c) use of reservoir compensates for the restrained shrinkage during casting procedure.

d) Wet liner affords greater normal setting expansion the investment & the absorbed water causes semi hygroscopic expansion.

Ans-2) A sprue former is made of wax, plastic or metal.

function:-(a) to form a mount for the elimination of wax during burnout.

(b) to create a channel for the elimination during casting.

Ans-3) — casting shrinkage is compensated by the setting expansion of the investment material which is suitable for forming a mold into which molten metal or alloy is cast

1. Do waxes melt at a specific temperature or over a specific temperature range?

2. Wax pattern contraction arises from two sources. What are they?

3. What is the memory or recovery effect in waxes and what does it lead to?

Ans-1) Waxes melt over a specific temp. range melting range varies depending with its use. Also mixing of waxes may change their melting range

Ans-2) The two sources of wax pattern contraction are
i) If wax is not at uniform temp. when inserted in cavity, some parts of the wax pattern may thermally contract more than others when stress are introduced.
ii) When wax pattern is cooled while under tension the release of the residual tensile stress result in a dimensional change that is opposite to the thermal expansion i.e. it can result in overall contraction of the specimen.

Ans-3) like other thermoplastic waxes tend to return partially to their originally shape after manipulation this is known as elastic memory, critical as metal or ceramic restoration made from wax must fit into unyielding hard tooth tissue, the elastic memory is further illustrated during thermal expansion of wax held under pressure i.e. when heated it returns to its normal undisturbed state when pressure is removed i.e. while cooling causes contraction. So invest pattern immediately.

1. What is the practical significance of microscopic porosity formed in the investment mass during setting?

2. Why should gypsum boded investments not be heated above 700° C ?

3. What is the investment of choice for casting the following alloys?

   a) Ceramic gold alloy.
   b) Cobalt - chromium partial denture alloy.
   c) Type IV gold alloy.

Ans- 1) As the molten enters the mold under pressure during casting, trapped air must be forced outwards of inflowing metal. If the air is not completely eliminated a back pressure builds up to prevent molten alloy from completely filling up the mold. So the end of investment casting ring should not be more than 5mm of the investment to allow connectivity of porous network. In gypsum more gypsum products are present. less is the porosity. Thus the lower the amount of calcium sulfate hemihydrate & the more gauzing water used in mixing the investment, more porosity will be. The more uniform the particle size greater is the porosity. A mix of coarse + fine particle will exhibit less porosity than an investment comp. of a uniform particle size.

Ans - 2) After heating more than 700°c, shrinkage is caused due to decomposition & the release of sulfur dioxide. This decomposition does not only cause shrinkage but also contaminate the casting with the sulfide of non-noble alloying elements such as silver & copper. So it should not be heated more than 700°c.

Ans -3) a) ceramic gold alloy — phosphate bonded investment.
b) Cobalt chromium particle denture alloy. Silica bonded investment.
c) Type IV gold alloy — Gypsum bonded.

1. What are the types of orthodontic wires in current use?

2. What is an antiflux?

3. What is the chromium content in 18-8 stainless steel?

Ans-1) The orthodontic wire currently in use are -
- stainless steel.
- cobalt - aluminium Nickel.
- Nickel - titanium
- Beta - titanium.

Ans-2) Antiflux is a substances such as graphite that prevents flow of molten solder on areas coated by the substance.

Ans-3) percentage by weight of chromium is 18-8 stainless steel is [Austenitic (Fe) stainless 16.0 - 26.0 percentage by weight.

1. Why are porcelains fired under vacuum?
2. How much shrinkage occurs during the firing of porcelain?
3. What is sintering and fritting?

Ans :-1) The purpose of firing is to sinter the particles or powder together properly for a specific time & temp combination to form the prosthesis vaccume firing reduces porosity in the following way- when the porcelain is placed into the furnace the powder particles are pushed together with air channels around them. As the air pressure inside furnace is reduced to one-tenth of the atmp. press. by the vaccume pump, The air around the particles is also reduced to this pressure. As temperature rises, the particles sinter together & closed pores are formed within the porcelain mass. The area inside the pores is isolated from the furnace atm. At above a temp. of 570°C below sintering temp. vaccume is released the pressure inside the furnace increase by a factor of 10- from 0.1 — 10 atm. Because the press- increased pore are compressed & porosity reduced.

Ans- 2) linear — low fusing — 12-14%.
high fusing — 11.5%.
volumetric — low fusing — 32-37%.
high fusing — 28-34%.

Ans — 3) i) sintering — process of heating closely packed particle below their mp temp. to promote atomic diffusion across particles boundries & densification of the mass.

ii) Fritting — A powdered pigment used in colouring the porcelain.

1. What precautions will you take during the polishing an acrylic denture?

2. When should you polish an amalgam restoration ? Which materials would you use?

3. How is an abrasive graded?

Ans-1) Resins are relatively soft materials. so overheating should be avoided, overheating should be avoided by applying large amount of pumice slurry on the surface. The periphery of the denture must also be carefully polished Do not overpolish, thereby loose the contours that were developed before.

Ans-2) wait for 24hrs before polishing the amalgum restoration. it will allow the amalgam to set is finishing initially with a very fine prophylaxis rubber prophy cup rotated at a slow speed & light pressure, a smooth, velvety finish is achieved that will acquire a lustre as it is abraded normally in the mouth. If the amalgam has hardened to an advanced stage in which absorption by a fine prophylaxis paste is no longer effective the procedure of -

1) encountering with slow-speed green stone or diamond bits or brown & green rubber points.

ii) Apply a mix. of fine pumice & water or alcohol with a rotating brush or felt wheel to polish the surface.

Ans-3) Abrasive grits are derived from materials that have been crushed & passed through a series of mesh screen (sieves) to obtain diff. particle sizes. The grit sizes are coarse, medium coarse, fine & superfine.

1. How do the mechanical properties of the base metal alloys make these materials suitable for the fabrication of long span bridges ?

2. What is the linear casting shrinkage of base metal alloys ?

3. Why should base metal prosthesis not be cleaned regulary with household bleaches ?

Ans-1) – Base metal alloy have high hardness & elastic modulus (stiffness) this enables the coping to be 0.1–0.2 mm thickness without risking significant deformation under masticatory stresses on sagging of the metal framework at higher temp. on firing temp.

Ans-2) Alloy type

	casting shrinkage (%)
(Type-1) – Gold based	1.56
(type-2) – Gold based	1.37
(type 3) – Gold based	1.42
(type 4) – Nickel – chromium based.	2.30
(type 5) – cobalt chromium based	2.30.

Ans-3) Base metal prosthesis should not be cleaned regularly with household bleaches because they may be toxic, irritant & may leach but the material used in dentture.

Classification:–

1) Based on Filler particle size.

a) Homogenous composite
- macro fill
- microfill
- Nanofill
- megafill

b) Heterogenous composite.
- Heteromicrofill
- Heteromini fill
- Hetero megafill.

c) Hybrid composite
midi – micro hybrid
mini – micro
micro – nano.

2) Based on matrix composition
- BIS-GMA based
- UDMA – based.

3) Based on polymerization method.
- light cured
- chemical cured
- Dual cured composite

4) Based on viscosity
- pac/cable
- Flowable composite

D. Y. PATIL DENTAL SCHOOL

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DEPARTMENT OF CONSERVATIVE DENTISTRY

PRACTICAL JOURNAL OF DENTAL MATERIAL FOR FIRST & SECOND B.D.S.

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Year : 2022 - 2023

COMPOSITE RESINS

A. D. A. Specification No.27

CLASSIFICATION:

Type	Particle size
i) Tradition (conventional/ macrofilled)	— 8-12 μm
ii) Small particle size	— 1-5 μm
iii) microfilled composites	— 0.04 - 0.4 μm
iv) Hybrid composite	— 0.6 - 1 μm

APPLICATIONS:

i) Restoration of anterior & posterior teeth (directly or indirect)
ii) To wear metal crown & fixed partial dentures.
iii) Bonding of orthodontic brackets, etched cast restoration. ceramic crowns, posts, inlays, onlays, & laminates.
iv) Pit & Fissures sealant.
v) Esthetic laminates.
vi) Repair of chipped porcelain restoration.

MODE OF SUPPLY:

- composites used for restoring teeth are usually supplied as a kit containing: composite resin, etching liquid, bonding agent, shade guide.
- chemically activated composite resins → i) two paste (base & catalyst) system ii) powder-liquid system supplied in jaws or syringe. light activated resins - single paste form in dark or light syringe.

COMPOSITION:

Ingredients	Function
i) Bis GMA or urethane dimethacrylate	- Resin matrix/ binder
ii) Quartz, colloidal silica or heavy metal glasses.	- Filler.
iii) organosilanes additionally they contain.	- coupling agents.
iv) chemical or light curing systems	- curing system
v) Butylated hydroxytoluene (BHT) (0.01%)	- Inhibitors.
vi) UV absorbers	- To improve colour stability
vii) Titanium dioxide or aluminium	- opacifiers.
viii) Colour pigments	- To match tooth colour.

POLYMERIZATION MECHANISM: composite resin polymerize by an addition polymerization mechanism that is brought by the release of free radicals.

	TYPE	ACTIVATOR	INITIATOR
1	Chemically activated	Tertiary amine (N,N-dimethyl-P toludine)	Benzoyl Peroxide.
2	Visible light activated	Dimethyl aminethyl methacrylate (DMAEMA-0.1 wt%)	Camphoroquinone 0.2 wt%

SETTING TIME: Chemical cure – 3.5 minutes.
light cure – 10 min. (For 50% polymerization, complete setting occurs after 24 hrs.

WORKING TIME: Time measured from the start of mixing during which consistency of mix is low enough to allow kneading to form this layer.
- should not be less than 90 seconds.

ACID ETCHING:

a. Acid used and percentage -

Phosphoric acid – 37%.
maleic acid – 10%.

b. Function and mode of action -

- mode of action on enamel – 1) It creats micro sporosities by discrete etching of the enamel i.e. by selective dissolution of enamel rod centres or peripheries or both.
2) Etching increase the surface area.
3) Etched enamel has a high surface energy, allowing the resin to wet the tooth surface better & penetrate into the microporosities. When polymerised, it form resin tags which forms a mechanical bond to the enamel.
- mode of action on dentin – 1) Removes smear layer & Partially opens the dentinal tubules.
- Provides etching of the intertubular dentin.

BONDING AGENTS:

a. Enamel bond agents:

Composition - They are unfilled resins similar to that of resin matrix of composite resin, diluted by other monomers to lower the viscosity.

Funcation and mode of action
These were the earlied agents. The more viscous composite did not bend well to the etched enamel. The enamel bond agents improve the bond by flowing into all the microporous sites of the etched enamel & creating a mechanical retention.
Bond stength — 16.22 mpa.

b. Dentin bond agents:

(i) Primers: Types - Acidic in nature. Eg- ethylene-dimine, tetracetic acid (EDTA). nitric acid. maleic acid etc.

Functions - i) Remove. smear layer & provide. soluble opening of

(ii) Bond Agents:

Agent used	Mode of action
1st generation	— Mineral acids were used to etch enamel. hydrophilic phosphate.
2nd generation	— Adhesive agents for composite resin replaced by restoration.
3rd generation	— Dealt with smear layers which is formed when dentin is cut.
4th generation	— Total etch technique & hybrid zone multiple steps.
5th generation	— Combine primed adhesive in one bottle ; unit dose packing introduced
6th generation	— A seperate etchant is not required
7th generation	— Attempts to combine all three into single products.

MANIPULATION:

DEMONSTRATION:

AIM : To study the manipulation and properties of chemically and light activated composites

INSTRUMENTS AND MATERIALS:

1. Pumice
2. Cotton rolls
3. Phosphoric acid (30-50%)
4. Water syringe
5. Brush
6. Mixing pad
7. Dish
8. Bonding agent
9. Foam sponge / Cotton pellet
10. Tweezer
11. Disposable plastic spatula
12. Teflon coated metal instrument
13. Celluloid matrix strip
14. Chip blower
15. Light cure unit
16. Composite material.

PRECEDURE:

STEPS:

1. Cleaning the tooth surface
2. Drying
3. Etching
4. Application of bonding agent
5. Mixing the material
6. Filling the cavity
7. Removal of matrix
8. Removal of excess material
9. Finishing and polishing

STEP 1:

Cleaning the tooth suface:

Tooth is cleaned with mild abrasive such as pumice stone.

It is the ensure proper & complete bonding

STEP 2:

Drying

Tooth surface is dried, any combination of blood saliva can increase chance of sufficient etching.

STEP 3:

Etching: The phosphoric acid is applied onto enamel for 15 sec. then acid along with the dissolved mineral should be rinsed off with stream of water for 15 sec. & enamel is dried using compressed air.

STEP 4:

Application of bonding agent

After etching, bonding agent is applied to surface & is light cure for 15 sec. The cavity ready for composite.

STEP 5 :

Mixing the material

- For chemical & dual cure composite equal amount of paste containing inhibitor & activator dispended onto mixing pad & mixed with vigorous & rapid spatulation. light activated composites don't require mixing & have extend working time since they are single component paste & get only on exposure to light

STEP 6 :

Filling the cavity

- Filling composite can be inserted with hand instrument or syringe after etching & priming steps, a thin layer of bonding adhesive is applied air dried & cured operator inserted composites incrementally with hand instrument or syringe. once placing of composite is done, light source is applied for polymerisation.

STEP7 :

Removal of matrix:

- Pre contoured sectional matrices & contact rings are most popular method for achieving tight contacts especially in class II composite restoration. after use, matrix strips are discarded.

STEPS 8 :

Removal of excess material:

- Using white stone excess material is removed. (ins reducing may be required.

STEP 9 :

Finishing and polishing: finishing is best done after 24hrs. during this time the polymerising is complete. However if a subsequent appointment is not decided, Finishing procedures can be best started after 15 minutes of curing. Initial contousing done by knife or diamond stone.

PROPERTIES:

	CONVENTIONAL	MICROFILLED	SMALL PARTICLE	HYBRID
Filler Loading	70-80 wt%. 60-70 vol%.	70-60 wt%.	79.5 wt%.	75-80 wt% 60-65 vol%.
Compressive Strength	250-300 mpa	240-300 mpa	460 mpa	240-290 MPa
Modulus of Elasticity	8-15 Gpa	4-6.8 Gpa	18 Gpa	8.9-13 Gpa
Coefficient of Thermal Expasion	25-35 $\times 10^{-6}$/°C	55-6.8 $\times 10^{-6}$/°C	19.26 $\times 10^{-6}$	25-38 $\times 10^{-6}$/°C
Water Sorption	0.5-0.7 mg/cm	26-30 ug/mm	0.5-0.6 Kg/mm	5-17 ug/mm^3
KHN	55 KHN.	22-30 KHN	50-60 KHN	60-117 KHN

Surface Smoothness:

-Major chemical disadvantages of traditional composite is rough surface that develop during abrasive wear of soft resin. Filler particle size plays important role.

Biocompatibility :

a. Effect of Monomer

- Concerns over estrogenicity of Bisphenol A & its dimethanolate.

Pulp Protection. Cylc lime oze applied as pulp protection
- in deep cavities. ZOE is contraindication as it interferes with polymerization.

b. Effect of Microleakage

- causes pulpal involvements, inflammation of Pulp.

INHIBITION OF POLYMERIZATION: TO minimize or prevent spontaneous polymerisation of monomers inhibition are added having high reacting potential.

REPAIR OF COMPOSITES: Repair of composite is easier. If the fracture more composite material is added. The surficial composite is removed, roughened, sandblasted to create microporosities & then silicone coupling agents is applied on surface of old composite.

POSTERIOR COMPOSITES: posterior composite are used as they conserve the tooth, esthetic, adhere to tooth structure, have good insulating properties, no galvanism & good radiopacity.

RESINS FOR RESTORING ERODED AREAS: They are used for restoring areas class III, class IV, class V, cavities as they restore optical esthetics.

PIT AND FISSURE SEALANTS: They are self cured or light cured composite with this added to provide colour contrast they are used in prevention of caries. In high-risk adults & teenagers. They are used in incipient caries on enamel not extending to DEJ.

PROSTHODONTIC RESINS: composite resin bond with metals & always by mechanical retention. They are used for crowns & 3-unit bridges.

RESIN INLAY SYSTEMS: They are recommended for esthetically consious patients! They exhibit greater strength, hardness as well as reduced polymerisation shrinkage & microleakage.

Signature of Instructor

SILVER AMALGAM

DEFINITION OF AMALGAM: An amalgam is an alloy that contains mercury as one of its constituents.

CLASSIFICATION.

As per A. D. A. Specification No. 1

(1) Based on copper content
   i) conventional low copper alloy (Contain less 6%)
   ii) High copper admixed alloy (more than 6%)
(2) Based on zinc content
   i) zinc contains alloy.
   ii) zinc free alloy
(3) Based on alloy particle shape & size.
   i) Lathe cut alloys (a) regular cut.
      (b) Fine cut
      (c) microfine cut.
   ii) spherical alloy.
   iii) Admixed alloy.
   iv) new amalgam alloy.
(4) Based on no. of alloyed metal (a) Binary. (b) Tertiary (c) quaternary.

APPLICATIONS:

i) In combination with metallic retentive pins to restore crown.
ii) For making dies.
iii) In retrograde root canal fillings.
iv) As core materials.

MODE OF SUPPLY: (1) Bulk powder & mercury is seperated container.
(2) Alloy & mercury is disposable capsule.
(3) Pre weighted alloy as tablets form in tubes & mercury in sachets.

COMPOSITION :

INGREDIENTS	PERCENTAGE			FUNCTIONS
	CONVENTIONAL	ADMIXED	SINGLE COMPOSITION	
Silver	63-70%.	40-70%.	40-60%.	major component, strength
Tin	26-27%.	26-30%.	22-30%.	control rate of decreased strength
Copper	2-5%.	2-30%.	13-30%.	contribute to the hardness & strength decreases flow
zinc	0-2%.	0-2%.	0-40%.	plasticizer, delayed expan

SETTING REACTION

a. Low Copper :

$$Ag_3Sn + Hg \longrightarrow Ag_2Hg_3 + Sn_8Hg + Ag_3Sn$$
(unreacted)
(γ) (γ2) (γ2) (γ)

b. High Copper :

→ Admixed alloys

$$Ag_3Sn + AgCu + Hg \longrightarrow Ag_2Hg_3 + Sn_7Hg + Ag_3Sn + Ag$$
(γ2) (γ2) (γ)

$$Sn_8Hg + AgCu \longrightarrow Cu_6Sn_5 + Ag_2Hg_3$$
(γ2) (η) (γ2)

→ Single composition alloy.

$$Ag_3Sn + Cu_3Sn + Hg \longrightarrow Cu_6Sn_5 + Ag_2Hg_3 +$$ unreacted alloy particles
(γ) (ε) (η) (γ1)

REACTION PHASES:

Gamma one (Y_1) - Ag_2Hg_3 + This is noblest reaction phase most resistant to tranish, corrosion.

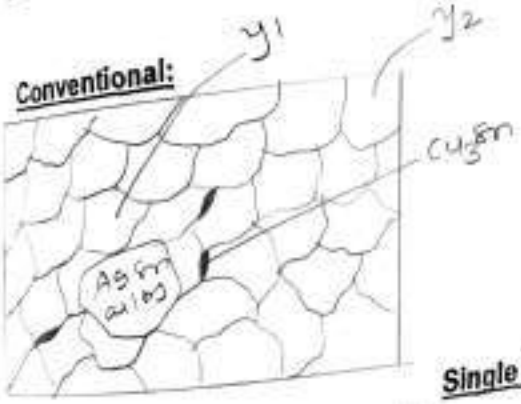
Gamma two (Y_2) - $Sn_{7-8}Hg$ — This is weakest reaction phase more prone to corrosion.

Gamma (Y) - Ag_3Sn — This is original phase which has not been completely dissolved in mercury.

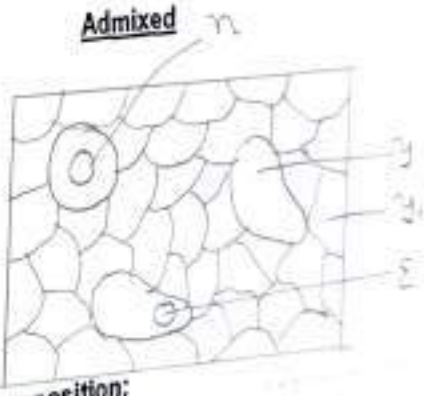
Neta (n) - Cu_6Sn_5 — They are seen as layer of crystals around unconsumed silver copper alloy particle.

DIAGRAM:

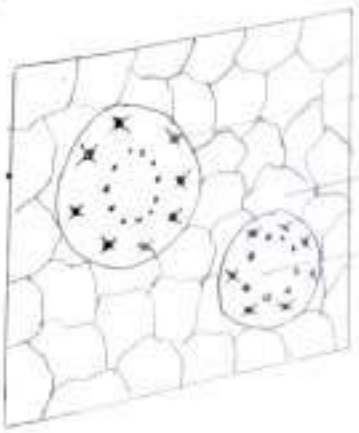
Conventional:



Admixed



Single composition:



DESCRIPTION OF ALLOY:

1. **Conventional:** Set amalgam consist of unreacted particles (γ) surrounded by matrix of reaction product (γ1, γ2). The properties of hardened amalgam depend upon properties of each reaction phase.
consist of 68 - 70% silver, 26 - 29% tin, 2 - 5% copper, 0-2% Zinc.

2. **Admixed:** It was originally made up of mixing powder silver copper alloy. The silver copper phase exhibits structure. The composition of silver 71.9%, copper 28.1% amalgam made from lathe, cut copper powder because of silver copper particle which act as fillers in amalgam matrix, hence strengthening amalgam.

3. **Single composition:**
- unlike admixed alloy powders, each particles of these alloy powders have same chemical composition. Therefore, they are called single composition or unicomposition alloys. The spherical alloy particles are 5 - 40 μm in size.

MANIPULATION :

EXPERIMENT :

AIM : To study the manipulation and properties of silver amalgam.

INSTRUMENTS AND MATERIALS :

1. Amalgam dispenser
2. Mortar and pestle
3. Amalgam carrier
4. Amalgam condenser
5. Amalgam carvers
6. Ball burnishers
7. Dental napkin

PROCEDURE :

1. PROPORTIONING :

Mercury - alloy ratio

a. Hand mixing - 6:5

b. Eames tech - 1:1

2. TRITURATION :

Objectives - The main objectives of trituration is to wet all the surface of alloy particle with mercury. Wetting of these particle will occur when mercury comes in contact with clean surface of alloy. The clean surface of particles will not become wetted in presence of mercury.

Hand Mixing - A glass, mortar & pestle are used. The mortar has its inner surface roughness to increase friction between amalgam & glass surface. A rough surface can be maintained by occasional grinding with paste.

Mechanical Mixing - mechanical mixing is done with the help of amalgam mortals. A capsule serves as mortar. Some capsule have cylindrically metal or plastic piece in the capsule which serve as pestle. The alloy & mercury are dispersed into capsule. may require activation. The capsule is inserted between arms on top of amalgamator.

Advantages - 1] shorter mixing time.
2] more standardized procedure.
3] Require less mercury when compared to hand mixing technique.

3. CONDENSATION:

Objectives (1) To compact mass to increase density or reduce
(2) To reduce voids.
(3) To remove excess mercury.
(4) To adapt amalgam to preparation walls.

Hand Condensation - The mixed material is packed in increments so that each portion is properly adapted by compressing suitable size. Increments should be carried to and inserted in prepared cavity by means of amalgam carrier once inserted it should be condensed immediately with sufficiently pressure (approximately 3-4 lbs)

Mechanical Condensation - mechanical condensers are available which provide vibration or impact type of force to pack amalgam mix.

4. CARVING & FINISHING: After the amalgam is overfilled into the prepared cavity the mercury riched level can be thirmed away & filling is carved to surface the proper tooth anatomy. The carving should not be started until the amalgam hard enough resistance to carving instrument. A scraping or significant sound is heard when it is carved. If carving is started too early the amalgam may be plastic & pulled away.

5. BURNISHING: After carving the restoration is smoothen & by burnishing surface & margin of restoration. Fast setting alloy gain sufficient strengthening this time is resistant rubbing pressure. Burnishing slow setting alloy can damage the restoration.

6. POLISHING: The finishing & polishing is removal of superficial scratches & irregularities. This minimizes the corrosion & prevent adherins to plaque. The polishing should be delayed for at leat 24 hours. after condensation or preparing length.

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PROPERTIES :

1 Dimensional Change : The entire amalgam exhibited exp- ansion while setting. This was because of greater mercury alloy ratio used - Amalgam may expand or contact depend on its manipulation. Amalgam should not be expand more than 0.15%. contact less than 0.1% at 37°c during harden- ing.

Effect of moisture contamination : If zinc containing low copper or high copper amalgam is contaminated by moisture during trituration or condensation a large expansion take place. This expansion usually starts after 3-5 days & may continue for months, reaching value of 400um, this is known as delayed expansion

2 Strength :

	Low copper	Admixed	Composite.
Compressive Strength - 1 hour	145mpa	157mpa	262mpa.
7 days	343 mpa	431mpa	570mpa.
Tensile Strength -	48-70 mpa.		

Factors affecting strength -

1) effect of trituration - decrease strength.
2) effect of mercury content - less mercury less strength
3) effect of porosities - more porosities, less strength
4) effect of rate of hardening - low strength, low hardness.

3 Creep :

- Creep is defined as time dependent plastic deform- ation. Creep related to marginal breakdown of traditional amalgam.

Factors affecting creep :

1) mercury - alloy ratio = should be low to reduce creep.
2) effect of microstructure = creep occurs mainly in low copper amalgam due to formation of γ_2 phase, use of high copper amalgam is preferred.
3) Condensation pressure = more for lathe cut & less for spherical.

4 Tarnish and Corrosion : Amalgam restoration often tarnish & corrode in mouth. Black silver sulfide can form on surface of amalgam restoration. Both high & low copper amalgam show corrosion.

5 Mercury Toxicity : mercury is toxic to living creature. Free mercury should not be sprayed or exposed to the atmosphere. This hazards can be arise during trituration condensation & finishing to restoration, & also during removal of old restoration at high speed. Mercury vapours can be inhaled, skin contact with mercury should be avoided as it can be absorbed.

6 Marginal Breakdown :

- marginal gaps or dirching is breakdown of amalgam at margin due to wear, fracture or improper cavosurface margins. These are considerable as failure if they are deep & signs of secondary caries are evident.

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DENTAL CEMENTS

Dental cements are restorative materials of comparatively low strength, but they are used extensively in dentistry when strength is not a prime consideration. They are also used as insulators and luting agents.

CLASSIFICATION :

FUNCTIONS	CEMENTS
Final cementation of completed restorations.	Zinc phosphate, Zinc silicophosphate, Reinforced zinc oxide-eugenol, Zinc polycarboxylate, Glass ionomer.
Temporary cementation of completed restorations or cementation of temporary restorations.	Zinc oxide eugenol, Noneugenol zinc oxide.
High strength bases	Zinc phosphate, Reinforced zinc oxide-eugenol, Zinc polycarboxylate. Glass ionomer.
Temporary filling	Zinc oxide-eugenol, Reinforced Zinc oxide-eugenol, Zinc polycarboxylate.
Low strength bases	Zinc oxide-eugenol, Calcium hydroxide.
Liners	Calcium hydroxide in a suspension.
Varnishes	Resin in a solvent.
Special Applications :	
Root canal sealant	Zinc oxide-eugenol, Zinc polycarboxylate.
Gingival tissue pack	Zinc oxide-eugenol.
Surgical dressing	Zinc oxide-eugenol, Zinc oxide preparations.
Cementation of orthodontic bands	Zinc phosphate, Zinc polycarboxylate.
Orthodontic direct bonding	Acrylic resin, Composite resin

SILICATE CEMENT

A. D. A. Specification No. 9

APPLICATIONS :

- Tooth coloured restoration - used as anterior restoration.
- For many years silicates served as standard for comparing pulpal response to other material.

MODE OF SUPPLY :

- It is available in both powder & liquid forms.

COMPOSITION :

	Ingredients	Function
Powder -	1) Silicon dioxide (40%)	principle ingredient.
	2) Aluminium oxide (30%)	principle ingredient.
	3) Sodium, calcium, aluminium fluoride (15%)	Flux during processing
	4) Calcium salts	Base.
	5) Colouring additives	impart shades of cement.

Liquid

1) phosphoric acid (35-50%) - main constituents.
2) Sodium + aluminium phosphate (2%) — Buffers.
3) Zinc phosphate (6%)
4) Water (40%)
5) Magnesium phosphate.

SETTING REACTION :

- When powder + liquid are mixed together chemical reaction is that of acid + base. water is essential for reaction. Hydrogen ions of phosphorous acid attack surface of glass particle displacing aluminium ions + other Na+ + Ca^{2+} ions along with Flouride ions. A gel-hydrated aluminosilicate is left behind on surface of powder as ions as liberated. The displaced ions called in semiliquid phase together with phosphates + other metal ions contains in liquid. As pH of liquid phase rises metal ions precipitate as phosphate ~~as~~ + Flourides.

SETTING TIME :

3- 8 minutes.

FACTORS AFFECTING SETTING TIME :

a) manufacturer :- controls composition + particles size of material. The finer the particle, more rapid is setting

b) In addition, following factors gives slower setting :-

- Longer mixing time.
- Lower temperature.
- Loss of water.
- Lower powder / liq. ratio.

MANIPULATION :

EXPERIMENT :

AIM : To study the properties and manipulation of silicate cement.

INSTRUMENT AND MATERIALS :

1. Glass slab
2. Agate or plastic spatula
3. S.S. Plastic filling instrument
4. Celluloid matrix
5. Silicate cement
6. Varnish - Water insoluble
7. Carver
8. Tweezer
9. Cotton pledget

PROCEDURE : Powder/liquid ratio : 1.6/4ml.
- The powder is dispensed on thick, cool, dry glass sl
4 divides into three /two large increments. The
increments are rapidly folded into liquid over smal
area, to preserve gel structure. The particles of the
powder should be properly wetted. mix for 1 min.
The mixed material should have consistency like pu
The surface of mix should have shiny appearance.
Too thick mix produce crumpy mass, too much
liq. increase setting time, reduced pH & strength
increase solubility & make it more prone to
staining. The mixed material should be inserted
into cavity is one portion. A cellulose acetate
strip is held against setting material in cavity
The strip is removed after material sets.
Gross excess Cement is then removed from
margins at time.

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PROPERTIES :

1. Mechanical properties :

	Psi	MPa
Compressive strength -	26000	190
Tensile strength -	500	3.5

2. Solubility and Disintegration : It is soluble in saliva, especially in acidic condition. This process involves a gross loss of material & is very obvious in silicate due to combination of solubility abrasion & low strength properties.

3. Adhedion :
- The mechanism of adhesion of silicate cement is purely mechanical in nature.

4. Esthetics : The optical properties are good because silicates are transparent when compared to GIC which are opaque.

5. Biological properties : The pH of the cement may remain as low as 3 for few days & hence a source of pulpal irritation. The pH remain below even after a month of insulation.

6. Dimensional change :
- A slight contraction occurs during setting.

7. Thermal properties : It has coefficient of expansion closely matching tooth structure (8 ppm/°C) & hence minimize microleakage.

8. Anticariogenic properties : The matrix & gel of cement contains large amount of fluoride ions that make cement highly anticariogenic.

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GLASS IONOMER CEMENT :

CLASSIFICATION :

As per A.D.A. Specification No. 66

TYPE I Luting crown & bridge
a. esthetic restorative cement
TYPE II b. Reinforced restorative cement.
TYPE III Liner & bases.
Type IV - pit & fissure sealants
Type V - orthodontic lands & brackets
Type VI - core build up.
Type VII - Fluoride releasing
Type VIII - Atraumatic restorative technique (ART)
Type IX - For pediatric & gediatric patient

APPLICATION :

- Esthetic restorative material for anterior teeth. eg. class III & class sites.
- Luting cements
- Adhesive for orthodontic appliance.
- pit & fissure sealants.
- Liners & bases
- core & build material.

MODE OF SUPPLY :

- powder & liquid system.
- proportioned powder-liquid in capsule.
- light cure system.
- powder/distilled water.

COMPOSITION :

	Ingredients A	Ingredients B	Function
Powder - SeO_2	41.9	35.2	Glass matrix, ↑ translucency
Al_2O_3	28.6	20.1	Basic filler increases reactivity of fluid
AlF_3	1.6	2.4	Act as flux
CaF_2	15.7	20.1	Act as flux
NaF	9.3	3.6	Act as flux
$AlPO_4$	3.8	12.0	Glass modifier, impres properties
zirconium oxide			
lanthanum zinc oxide	Tracement		Increases final strength.

Liquid -
- polyacrylic acid (copolymer) - Increases reactivity of liquid decrease, viscosity & reduce mallic acid & tricarboxylic acid; tendency for gelation
- Tartaric acid Improves handling time, increases working time & shorter setting time.
- Water - It is medium of reaction & it hydrates the reaction product.

SETTING REACTION :

Leaching - When the powder & liquid are mixed together the acid attacks the glass particles. Thus, calcium, aluminium sodium & fluoride ions leach out into aqueous. calcium cross - links - the initial set occur when the calcium ion ~~for~~ Setid cross - link the polyacrylic acid chains. those forms a solid mass.

Aluminium cross link - The next phase the aluminium begins to cross linked with polyacrylic acid chain.

Sodium & fluoride ions - These ions do not take part in cross ing, some of sodium ions may replace the hydrogen ions in the corp which uniformly distributes within the cement.

Hydration - water plays an important role.

SETTING TIME :

Type I — 4-5 minutes.

Type II — 7 minutes.

FACTORS AFFECTING SETTING TIME :

- Glass composition :- Higher the alumina/silica ratio faster the set & shorter the working time.
- particles size :- Thinner the powder particles, faster the material sets.
- Addition of ~~tartaric~~ acid :- shortens the setting time without shortening the working time.
- proportions of constituents like glass/polyacrylic acid / tartaric acid / water, Greater the proportion of glass & lower the proportion of water faster the set.
- Temperature of mixing : Higher the temp. Faster the setting time.

MANIPULATION :

EXPERIMENT :

AIM : To study the manipulation of Glass Ionomer Cement

MATERIALS AND INSTRUMENTS :

1. Glass slab or mixing pad
2. Agate spatula
3. S.S. Plastic filling instrument
4. Tweezer
5. Cotton pledget
6. Glass ionomer cement
7. Cavity varnish
8. Cellulose acetate matrix

PROCEDURE :

- The p/L ratio recommended by manufactured should be followed.
- A paper pad or a cool, dry glass slab may be used for mixing. The better serve to retard the reaction & extend working time. The slab should not be colder than the dew point. The powder & liquid should be dispensed just before mixing is begun; otherwise the evaporation of water increases the acid/water ratio of the liquid.
- The powder should be incorporated rapidly into the liquid using stiff spatula for restorative appl.
- Normally half of the powder is mixed into liquid for 5-15 sec. the rest of the powder is then quickly added & mixed by folding the cement on itself until a uniform glassy appearance is achieved.
- The mixing time should exceed 45 sec. but may be less for certain products.

— Frozen Glass slab Technique :—

- This method is used whole longer
- In this method Glass slab is Cooled in refrigerator 6°C in Freezer - 10°C
- Dispense liquid & powder on slab
- Used to increase working time by 4-11 minutes.

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PROPERTIES

1. **Mechanical Properties :**

a) compressive stength - 150 mpa (25,000 psi)
b) Tensile stength : 6.6 mpa (960 psi)
c) Hardness : 48 KHN.
d) fracture toughness - measure of energy eg. to produce

2. **Solubility** Type II GIC are much inferior to composite in The solubility of GI (0.25%) by wt. for type I 40.4 wt %) for type II) is Greater than that of other cements in water But into acidic environment (Clinical concn) the solubility is much lower than that of zinc phosphate & zinc polycarboxylate cement.

3. **Adhesion :** Glass ionomer binds chemically to the tooth saturate. The bonding is due to the reaction between the carboxyl groups of the polyacids & the calcium in the enamel & dentin. the bond of enamel is always higher.

4. **Anticariopenic Properties** The anticorigenic property of Glass Ionomer cement could be attributed to the free fluoride ions present in the set GIC matrix. three mechanism for the property are - 1) formation of acid-resistant fluorophile 11) inhibit of demineralization of lesion remineralization

5. **Biological Properties :**

Type II - ionomer are selectively bio compatible the pulpal responce may be classified as mild.

METAL-MODIFIED GLASS IONOMER CEMENTS : metallic fillers have been incorporated in GIC to improve their fracture thoughness & stress bearing capacity the metallic fillers are derived from silver alloy powder or particles of silver sintered these metal - reinforced glass ionomer cement are called alloy admixture & cement, respecting. All of the conventional GIC apply to metal reinforced GIC.

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ZINC OXIDE EUGENOL CEMENT

CLASSIFICATION:

As per A. D. A. Specification No. 30

TYPE I Temporary zoe luting cement

TYPE II long term zoe luting cement

TYPE III Temporary filling & thermal insulating base

TYPE IV Intermediate zoe restoration.

APPLICATIONS:

- Temporary luting
- long term luting
- temporary filling
- As thermal insulating base.
- In termediate restorative.
- Root canal sealers & periodontal dressing
- pulp capping.
- cavity liners.

MODE OF SUPPLY

- These cement are usually supplied in the form of zinc oxide powder & eugenol liquid or sometimes as two paste.

COMPOSITION:

	Ingredients	Function
Powder -	zinc oxide (69.1.)	— principle Ingredient. reacts with eugenol
	white resin (29.1.)	— Reduces brittleness.
	zinc stearate (1.1.)	— Accelerate, plasticizes.
	zinc acetate (0.7%)	— Accelerate, improves strength.
	magnesium oxide	— Reaction with eugenol

Liquid - Eugenol (85%) — Reaction with zinc oxide principle Ingredient.

olive oil (15%) — Plasticizes.

SETTING REACTION: $ZnO + H_2O \longrightarrow Zn(OH)_2$

$\longrightarrow Zn(OH)_2 + 2HE \longrightarrow ZnE_2 + H_2O$

SETTING TIME:

4-10 minutes.

FACTORS AFFECTING SETTING TIME:

i) manufacturer.
ii) particle size.
iii) Accelerators — alcohol, glacial acetic acid water.
iv) Temperature.
v) Retarders — glycol & Glycerine.
vi) P:L ratio — higher the ratio Faster the set.

MANIPULATION :

EXPERIMENT :

AIM : To study the properties and manipulation of zinc oxide eugenol cement

INSTRUMENT AND MATERIALS :

1. Glass slab
2. Stainless steel spatula
3. S.S. Plastic filling instrument
4. Zicn oxide powder & Eugenol liquid

PROCEDURE : powder/liquid ratio – 4:1 to 6:1 by wt. The bottle are shake gently. measured quantity of powder & liquid is dispensed into a cool glass slab. – The bulk of the powder is incorporated into the liquid & spatulated thoroughly in a circular motion. with stainless steel spatula.

– modification of zinc oxide Eugenol –

1) Polymer reinforced ZOE – powder is added with resin hydrocolloid resin & liquid has polystyrene or methyl methacrylate.
– compressive stength is increased.
– used as temporary restorative material cutting agent.

2) Ethoxybenzoic acid modified ZOE –
– powder has zinc oxide, aluminium & hydrogenated resin
– liquid has eugenol, Ethoxybenzoic acid.
– EBA provides formation of crystal & increase compressive stength.

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PROPERTIES:

1. Mechanical Properties :

	Psi	MPa
Compressive strength	- 910-83	24 upto 50-53
Tensile strength	- 46.4-768.5	5.3

2. Solubility and Disintegration : The solubility of the set cement is highest among the cements (0.4 to 1.5 % wt) is due to hydrolysis of the zinc eugenolate matrix to form zinc hydroxide & eugenol. solubility is reduced by increase the p/l ratio

3. Adhesion : They donot adhere well to enamel & dentin This is one reason why they are not often used for final cementation of crown & bridges & other fixed dental prosthesis. The other resourse are low Strength & Solubility.

4. Optical Properties : The set cement is opaque.

5. Biological Properties : pH & effect on pulp : (pH is 6.6 to 8.0) They are the least irritating of all cement. pulpal response is classified as mild.

- Bacteriostatic & obtundent properties : They inhibit the growth of bacteria, & have an analgesic or soothing effect (obtundent) on the pulp in deep cavities, reducing pain.

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ZINC PHOSPHATE CEMENT

CLASSIFICATION:

As per A.D.A. Specification No. 8

TYPE I - Fine grained for luting. film thickness should be 25 µm or less.

TYPE II - medium grain for luting & filling. Film thickness should not be more than 40 µm.

APPLICATIONS:

i) luting of restorations (inlay, crown, fixed dental prosthesis)
ii) High stength loses.
iii) Temporary restoration.
iv) luting of orthodontic bands & brackets.

MODE OF SUPPLY:

- powder + liquid system.
- capsule of pre-proportioned powder & liquid.
- supplied in shades of yellow, grey, golden brown pink & white.

COMPOSITION:

	Ingredients	Function
Powder:-	zinc oxide — 90.2%	— principal constituent
	magnesium oxide — 8.2%	— Aids in sintering
	other oxides — 0.2-1%	— Improves smoothness in mix
	silica — 1-4%	— Filler, acid on sintering

Liquid -

- phosphoric acid — 38.2%	— Reacts with zinc oxide
- water.	— control rate of reaction.
- Aluminium phosphate or sometimes zinc phosphate (16.2%)	— Buffer.
- Aluminium — (2.5%)	
- zinc — (7.1%)	

SETTING REACTION:

When the powder is mixed with liquid, phosphoric acid attacks the surface of the particles & release ions.

The aluminium ion in the liquid is essential for cement formation. The aluminium complexes with the phosphoric acid & the zinc ions to form a zinc aluminophosphate gel. The reaction is exothermic.

$$3ZnO + 2H_3PO_4 + H_2O \longrightarrow Zn(PO_4)_2 \cdot 4H_2O$$

SETTING TIME:

2.5 min. to 8 minute.

CONTROL OF SEETING TIME:

- manufacturing process:-
- sintering temperature - the higher the temp the slowly the cement sets.
- particle size - thinner the particle reaction quicker
- water content of liquid
- Buffering agent - When added slow down the reaction
- Factors under control of operator :-
- temperature - Higher temp. accelerate the reaction. cooling the mixing slab is one of the most effective way.
- P/L ratio - more the liquid, slower the reaction.
- Rate of addition of powder to liquid - The slower the powder incorporate slower is the reaction.
- mixing time - the longer the mixing-time (within particular - - - limits)

The slower is the rate of reaction

MANIPULATION :

EXPERIMENT :

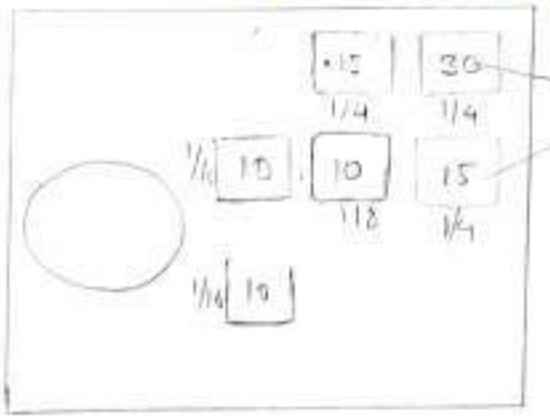
AIM : To study the manipulation of zinc Phosphate cement.

MATERIALS AND INSTRUMENT :

1. Glass slab
2. S.S. Cement spatula
3. Plastic filling instrument -
4. Zinc Phosphate cement - Powder
   - Liquid

PROCEDURE : The powder is added in small increments mixing is done with stainless steel spatula using brisk circular motion. Each increment is mixed for 15 to 20 sec. A large area is covered during mixing in order to dissipate the exothermic heat. maximum amount of powder should be incorporated in the liquid to ensure minimum solubility & max strength

Note :- An appropriate consistency is attained by addition of more powder to the liquid & not by allowing the thin mix to thicken



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PROPERTIES:

1. Mechanical Properties: The cement shows an initial rapid rise in strength reaching 70-1. of its final strength (100-160 mpa) in the 1st 10 min. & its final strength is reached after 24 hrs.
The cement has a low tensile strength (6-8 mpa) & hence is brittle in nature.

2. Solubility and Disintigration: The cement is highly soluble in water for the first 24 hrs. other setting & loss of material can range from 2-4-1. to 3-3-1. After the P/L ratio exhibits less solubility.

3. Adhesion: The primary retentive mechanism of zinc phosphate is micromachanical the cement restoration is held by mechanical enterlocking of the set cement with surface roughness on the tooth & restoration.

4. Biological Properties: The cement has the potential to cause inflammation of the pulp, especially in deep cavities due to presence of acid. It is hence mandatory to place cavity varnish prior to placement of zinc phosphate.
- Initially ph rises reaching a ph 4.2 within 2 min. It reaches a ph of 6 by the end of hr.

5. Optical Properties:
The set cement is opaque & doesn't represent tooth colour material.

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ZINC POLYCARBONOXYLATE CEMENT

A.D.A. Specification No. 61

APPLICATION: 1) for cementation of cast restoration, stainless steel crown.

2) As non irritating base under amalgam.

3) As intermediate restoration.

MODE OF SUPPLY:

1) powder + liq. system.

2) water settable cement.

3) As pre capsulated powder + liq. system.

COMPOSITION:

	Ingredients	Function
Powder:	- zinc oxide (ZnO)	— principle ingredient
	- magnesium oxide (10%)	— principle modifier.
	- oxides of Bismith + aluminium	— Trace amount.
	- stannous flouride	— Increase strength, modifies setting time.
Liquid -	- polyacrylic acid (32% – 42%)	— principle ingredient.
	- copolymer of maleic acid, tartaric acid + itaconic acid	— Prevent galling.
	- water.	

SETTING REACTION: When powder & liquid are mixed, surface of powder particles are attaked by the acid, releasing zinc, magnesium & tin ions. These ions bind to poltmer chain via carboxyl grp. They also react with carboxyl group of adjacent polyacid chain to form cross linked salts.

SETTING TIME:

6-9 minutes.

FACTORE AFFECTING SETTING TIME:

i) manufacturing.
ii) Cooling glass slot or powder increase setting time.

MANIPULATION

EXPERIMENT :

AIM : To study the Properties and manipulation of Polycarboxylate cement.

INSTRUMENT AND MATERIALS :

1. Glass slab or mixing pad
2. Cement spatula
3. S.S. Plastic filling instrument
4. Polycarboxylate cement

PROCEDURE : 1) The p/L ratio of polycarboxylate cement varies from product to product but about 1.5 by wt.
2) This cement should be mixed on non-absorbant surface such as glass slab.
3) this liquid compound of polycarboxylic cement is viscous & should not be refrigerated. the liquid viscosity depend on its molecular wt. & concentration of polyacrylic acid in each brand.
4) liquid should be dispensed just before use because water in liq. evaporates quickly which raises viscosity. A long mixing time can yield cement that is too viscous for intended application.
5) The cement must be used before it looses its glossy appearance because glossy surface indicates free carboxylic acid groups are still present for good binding to tooth.

GRADE

Signature of Instructor

PROPERTIES:

1. MechaniCal Properties :

	Psi	MPa
Compressive Strength -.	8000	55
Tensile Strength -	900	6.2

2. **Solubility and Disintegration:** solubility values are somewhat greater than zinc phosphate & a/c. solubility in water at 1 day varies from 0.12% to 0.25% by weight.

3. **Adhesion:** An important feature of poly carboxylate is their bonding to enamel dentin which is attributed to ability to carboxylate groups on polymer molecule to chelate with calcium tooth structure.

Precaution: Tooth surface must be cleaned for better adhesive properties Poly acrylic acid may be used to condition the tooth surface.

4. **Optical Properties:** They are very opaque due to large quantities of unreacted zinc oxide.

5. **Biological Properties:** polycarboxylate cements produce minimal irritation to pulp. The larger size of poly acrylic acid molecule compared with those of phosphoric acid limits acid penetration into dentinal tubules, contributing excellent biocompatability & lack of sensitivity.

Signature of instructor

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

Department Of

Oral & Maxillofacial Surgery

NAME : Shivkrishna K. Baile

ROLL NO.: 02 **BATCH :** A

YEAR: Sumeer 2022 - 2023

MUHS Seat No.: 49549

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via- Lohegaon, Pune- 412105

Department Of

Oral & Maxillofacial Surgery

CERTIFICATE

This is certify that Mr. /Ms. : Shivkrishna K. Bajle

Roll No. 02 (99599) *has Attended and Completed all*

the Practicals Recorded in ORAL & MAXILLOFACIAL SURGERY

in the year Sumeer 2022-2023

Date : 29/07/2023

External Examiner :

Date : 29/07/2023

Professor and Head of Department

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

DEPARTMENT OF ORAL AND MAXILLO-FACIAL SURGERY

GENERAL RULES :

1. Students must report to the clinic on time, as indicated in the time table
2. Students are expected to be prompt in-attendance in the clinic.
3. Patient should be treated with a valid casepaper & Consent only.
4. Every student must work under the supervision of teaching staff member.
5. Student must be courteous and polite to the patient.
6. Student must not leave without permission of teaching staff.
7. Clinic record book must be well maintained and preserved carefully till the end of the B.D.S.

Course. Details of the work done must be entered in the clinical record book as well as the Departmental register and signature of the teaching staff must be taken immediately.

PERSONAL HYGIENE:

1. Clean aprons and personal clothing.
2. Finger nails must be well trimmed.
3. Girl Student must ensure that her hair is tied up or clipped well.
   Boys must have their hair cut short and should shave daily.
4. Decorative bangles , wristwatches and finger-rings to be removed before entering the clinic.

MAINTENANCE OF ASEPSIS:

1. Clean mask, head cap and autoclaved gloves must be worm while treating patient
2. Handle all sterile instruments, gloves, cotton etc. Care fully and close drums after use Immediately.

STERILIZATION ROUTINE:

1. Autoclaved instruments to be taken in autoclaved tray for use.
2. Waste materials such as paper, gauze, dressing cotton, napkins, etc. Is to put in the receptacles provided only.

CLINICAL QUOTA FOR III & IV B.D.S.

Serial No.	Nature of work	Quota
1	History taking & treatment planning	5
2	Dental Extractions	75
3	Practice suturing technique / wiring Techniques on Mcintosh sheet and on models	2
4	Suturing on cloth / Mcintosh Sheet	2

INTERNSHIP

1. Seminar presentation and submission — 1
2. Minor surgeries — 2
3. Assisting minor surgeries — 5

CASE HISTORY FORMAT

PERSONAL DATA :
DATE :

NAME	CASE NO. :	AGE :
SEX	OCCUPATION :	Ph. No.:
Email id:		
MARITAL STATUS :	INCOME :	
ADDRESS :		

CHIEF COMPLAINT :

HISTORY OF CHIEF COMPLAINT :

A. Onset

B. Duration

C. Progress

DENTAL HISTORY

A. Nature of treatment

B. Any complications

MEDICAL HISTORY

- ASTHMA
- ALLERGY – hives or skin rash
- BLEEDING DISORDERS / OTHER BLOOD DISORDER (ANAEMIA)
- BLOOD TRANSFUSION
- CARDIOVASCULAR DISEASE (Myocardial infarction, angina, stroke, high B.P heart murmur, prosthetic valves, history of rheumatic fever)
  a. Pain or pressure in chest on exertion
  b. Breathlessness
  c. Swelling of ankles
  d. Palpitations

- **DIABETES**

A. Increased urination
B. Increased thirst
C. Increased hunger

- OTHER ENDOCRINE PROBLEMS (HYPER OR HYPO THROIDISM)
- FITS / FAINTING SPELLS

GASTRO INTESTINAL DISTURBANCES

a. Gastritis
b. Stomach ulcers

- **HOSPITALISATION**
- **INFECTION (HIV, Hepatitis)**
- **JAUNDICE AND LIVER DISORDEERS (For prolonged bleeding and drug. metabolism)**
- **MEDICATION**
- **PREGNACY AND LACTATION**

PERSONAL HISTORY

- **HABITS**
- DIET
- TOOTH BRUSHING HABITS

FAMILY HISORY:

EXAMINATION :

1. GENERAL EXAMINATION

a. GENERAL ASSESSMENT

- **ORIENTED / DISORIENTED**
- **CO-OPERATIVE / UNCO-OPERATIVE**
- **FEBRILE / AFEBRILE**
- **GAIT / BUILT / POSTURE**
- **PHYSICAL DEFORMITY**

b. VITAL SIGNS

- TEMPERATURE
- PULSE
- RESPIRATION
- BLOOD PRESSURE

c. PRESENCE OF PALLOR, ICTERUS, CLUBBING & CYANOSIS

2. LOCAL EXAMINATION

A. EXTRA-ORAL EXAMINATION :

FACE :

- Presence of swelling /neck. deformity / any other lesion.
- Symmetry
- Examination of any other structures like eyes, nose, ears and throat.

LYMPH NODES :

- Palpable / non Palpable
- Tender / non tender
- Discrete / matted
- Movable / Fixed

TMJ :

- Pain or tenderness
- Clicking or crepitations
- TMJ movements – normal / reduced / no movements / increased.

A. INTRA - ORAL EXAMINATION

1. TEETH PRESENT
2. OCCLUSION
3. PERIODONTAL STATUS
4. LIPS
5. BUCCAL MUCOSA
6. HARD / SOFT PALATE
7. TONGUE
8. FLOOR OR THE MOUTH

C. EXAMINATION OF AREA OF CHIEF COMPLAINT

Swelling / growth / ulcer / sinus

PROVISIONNAL DIAGNOSIS

INVESTIGATIONS

FINAL DIGNOSIS

TREATMENT PLAN

INDEX OF ACCOMPLISHMENT

Sr No	Topic	Date	Page No	Remarks
1	Clinical Records	07/06/23		
2	Seminar Presentations			
3	Post extraction Instructions	17/09	01	
4	Laboratory Tests	19/09	04	
5	Emergency drugs	20/09 22/09	09	Vaishali
6	Dental Forceps	23/09	11	
7	Dental Elevators	25/09	15	
8	Basic Surgical instruments	27/09	17	
9	Maxillary nerve blocks	28/09	25	
10	Mandibular nerve blocks	29/09	31	Vaishali
11	Complications of local anaesthesia	30/09	35	
12	Complications of dental extraction	01/10	36	
13	Haemostatic agents		36	
14	Case History-1	29/10/22	-	
15	Case History-2	31/10/22	-	
16	Case History-3	31/10/22	-	
17	Case History-4	01/11/22	-	
18	Case History-5	04/11/22	-	5/11/22

for Head of Department

CLINICAL

Sr No	Date	Case No.	Patient Name
01	4/01/22	563451	manisha Phatak
02	22/10/22	841373	Sunita Kumari
03	29/10/22	108975	Vinod Nerkar
04	01/11/22	107516	Supriya Ayyer
05	04/11/22	109368	Baba Shelar
06	7/11/22	109714	Dyaneshwar Beldar
07	10/11/22	11080	Vikaram Gaikwad
08	12/11/22	108271	Asha Potale
09	13/03/23	121382	Sukiram Thappa
10	14/03/23	119655	Abhinaya Chandyekar
11	17/03/23	121041	Rekha Toshinwala
12	07/06/23	126799	Nikita Hungankar
13	07/06/23	128801	Himmat Patil

RECORD

Work Done	Instructor's Signature
extraction $\bar{c}$ $\overset{56}{\vdash}$	Vaishali
extraction $\bar{c}$ $\overset{}{\underset{6}{\vdash}}$	Vaishali
extraction $\bar{c}$ $\vdash_{34}$	Pratiu
extraction $\bar{c}$ $\overset{8}{\vdash}$	Vaishali
extraction $\bar{c}$ $\vdash^{6}$	Pratiu
extraction $\bar{c}$ $\vdash^{6}$	Vaishali
extraction $\bar{c}$ $\vdash_{6}$	Vaishali
extraction $\bar{c}$ $\overset{4\,3\,2}{\underset{2}{\vdash}}$	Pratiu
extraction $\bar{c}$ $\vdash^{6}$	Vaishali
extraction $\bar{c}$ $\overset{5}{\vdash}$	Vaishali
extraction $\bar{c}$ $\overset{5}{\vdash}$	
extraction $\bar{c}$ $\vdash_{6}$	Vaishali
extraction $\bar{c}$ $\overset{5}{\vdash}$	

TOTAL WORK DONE RECORD

	No. of working Days	No. of Days Present	No of Extractions		Number of Minor Surgeries Assisted	Other Assignments
			Under Infiltration done	Under block		
III YEAR			02		0	-
FINAL YEAR			16		0	-

TOTAL 18 – Extractions

Percentage of Attendance :- 98%.

Theory : 95%.

CERTIFICATE FOR CLINICAL POSTING NO. IIIrd / 1st

This is to certified that Mr / Ms. Shrukrishna K. Baile

Roll No. 02

was posted in the Department of Oral and Maxillo- Facial Surgery from

09/10/21 to 22/10/21 He/ ~~She~~ attend for

Days and did 00

Extractions, assisted – minor surgeries and did –

Minor surgeries.

22/10/21

Date

Signature of Staff In charge

CERTIFICATE FOR CLINICAL POSTING NO. IIIrd / 2nd

This is to certified that Mr./ Ms. Shrukrishna K. Baile

Roll No. 02

was posted in the Department of Oral and Maxillo- Facial Surgery from

11/03/2022 to 24/03/2022 He/ ~~She~~ attend for

Days and did 01

Extractions, assisted – minor surgeries and did –

Minor surgeries.

24/03/22

Date

Signature of Staff In charge

CERTIFICATE FOR CLINICAL POSTING NO. IV th / 1 st

This is to certified that Mr./ Ms. Shivkrishna K. Baik

Roll No. 02

was posted in the Department of Oral and Maxillo- Facial Surgery from

26/10/22 to 12/11/22 He/ ~~She~~ attend for

Days and did 11

Extractions, assisted - minor surgeries and did -

Minor surgeries.

12/11/22

Date

Signature of Staff In charge

CERTIFICATE FOR CLINICAL POSTING NO. IV th / 2 nd

This is to certified that Mr./ Ms. Shivkrishna K. Baik

Roll No. 02

was posted in the Department of Oral and Maxillo- Facial Surgery from

12/03/23 to 25/03/23 He/ ~~She~~ attend for

Days and did 05

Extractions, assisted - minor surgeries and did -

Minor surgeries.

25/03/23

Date

Signature of Staff In charge

Seminar Presented

Sr No.	Date	Topic	Signature of Staff
1.	18/03/2022	Inf. alveolar Nerve block	V. Gaikwad

03. POST EXTRACTION INSTRUCTION

By Placing a gauze Pack over the socket and instruct the Patient to apply gentle and continuous pressure by bitting on the gauze at least for 30 min. This Stops bleeding and establishes a stable blood clot.
Do not spit or gargle, swallow blood as well as saliva for next 24 hours because it can dislodge the clot → can lead to dry socket.
Avoid rubbing the area with the tounge as it can cause infection.
Do not Smoke or suck through a straw as it creates negative pressure and promotes bleeding, Pain and interfere with healing.
Eat ice-cream or cold food, after removal of the gauze.
As the action of anesthesiea will reduce Patient may experience Pain, tell the Patient to eat somethings and then take tablets Prescribe by the dentist.
Do not rinse your mouth or Brush your teeth for first 12 hours, brush the teeth gently after 24 hrs
Eat soft diet for 24 hours after tooth extraction and avoid chewing from the extracted site
Do not eat hard foods
Eat cold food as much as possible, for 1st 24hrs as Food may Promote bleeding.
gargle with warm salt water which helps to clean soothe and reduce swelling, 4 times a day starting the day after the tooth extraction.

→ Apply ice extra-orally on the cheek (extraction site). This reduces swelling and also helps to stop bleeding and given numbness effect.

→ If antibiotics were prescribed for this treatment continue to take them for the specified time period and even if the symptoms go away.

→ ADDITIONAL INSTRUCTION FOR SURGICAL EXTRACTIO
→ follow-up after 1 week for suture removal
→ if have difficulty opening mouth, will resolve itself in 4-8 days.
→ If Bone was drilled and you experience swelling apply ice at regular intervals on the cheek.
→ Get as much as rest as possible, the 1st) 4 days keep head elevated, sit upright or lie and lie on 2 pillows.
→ Do not sleep on the extracted site.
→ if any other problem, contact the dentist.

⇒ Do's:
1. Bite on the cotton gauze for 30 min.
2. Take cold and soft food items for next 24 hours
3. Place ice pack on cheek intermittently for 5 min and remove after extraction.
4. Take the medicines prescribed by the dentist.
5. Gargle with warm salt water 4 times daily.

after 24 hours for a week.

6. if bleeding dosen't stop, consult your dentist.

⇒ DONT'S:

1. Do Not spit for next 24 hours.
2. Do Not smoke
3. Do Not take any spicy and/or Hot food.
4. Do Not use an straw.
5. Do Not Brush at the site of extraction for next 8 hours.
6. Don't Put finger or tounge at the site of extraction as it can lead to infection.

04 04. LABORATORY TESTS

→ Routine Haematological Investigations.

1. Haemoglobin.

Normal value: male = 14-18 gm%
female = 12-16 gm%

→ Increased	→ Decreased
→ Polycythemiea	→ Anemiea
→ High altitude	→ Bone marrow depression
	→ Increased Blood loss
	→ Gastric / Duodenal ulcer
	→ Heavy menustration.

2. Complete Blood Count.

It includes Red Blood cells, white blood cell. Differential white blood cell count. an estimation of Platlet number and description of blood smear.

A. Red Blood cell count

Normal value: male: 4.5 - 6.2 million cells / cu.mm
female: 4.5 - 5.5 million cells / cu.mm

→ Increased.	→ Decreased
→ Polycythemiea vera	→ Anemiea
→ extreme dehydration	→ Pellagra

B. White Blood cell Count

Normal values: male: 5K - 10K cells / cu.mm
female: 5K - 10K cells / cu.mm
Children: 6K - 15K cells / cu.mm
(Below 7 yrs)

→ Increased	→ Decreased
→ Acute infection	→ aplastic anemiea
→ uremiea	→ Radiation Therapy
→ Leukemiea	→ infectious mononucleosis
→ steroid Therapy	→ malaria, AIDS.

C. Differential white blood cell count

- lymphocyte : 25-40%

→ Increased
→ viral infection
→ Tuberculosis
→ infectious mononucleosis

→ Decreased
→ Stress
→ uremia
→ steroid Therapy

- monocyte : 3-8%.

→ Increased
→ Leukemia
→ Tuberculosis
→ malaria
→ Typhoid
→ collagen degenerative Disorders
→ Chronic infection.

- Eosinophil : 1-8%.

→ Increased
→ Allergies : asthama
→ Parasitic infection
→ malignancy
→ Addison's disease

→ Decreased
→ steroid therapy
→ Cushing Disease
→ ACTH excess.

- Neutrophil : 50-70%.

→ Increased
→ granulocyte leukemia
→ Post surgery

→ Decreased
→ Aplastic anemia
→ viral infection

- Basophils 0-1%.

→ Increased
→ Polycythemia
→ Chronic myeloid leukemia.

→ Decreased
→ stress
→ steroid therapy
→ acute rhematic fever

D. Platelet count

Normal count: 15K to 40K cell/mm^3

→ Increased
- → malignancy
- → Post surgery
- → Post splectomy

→ Decreased
- → Thrombocytic Purpurae.
- → marrow invasion
- → Hypertension
- → cirrhosis of Liver
- → Dengue.

E. Erythrocyte sedimentation Rate

Normal value : male: 0-10 mm/hr

female: 0-20 mm/hr

3. Coagulation Tests

A. Bleeding Time

→ 3-5 min By Duke's method.

→ Increased
- → Thrombocytopenia
- → Vitamin C deficiency
- → Platelet abnormality

B. clotting time

→ 4-10 min by lee-white method

→ Increased
- → Thrombocytopeniea
- → Hypersplenism
- → Clotting factor deficiency

C. Prothrobin time : 12-14 sec

Prolongation Due to deficiency of factors I, II, V, VII, IX, X deficiency

D. Partial thromboplastin time 24-25 sec

Prolongation Due to Deficiency of factors I, II, V, VII, IX, X deficiency.

E. PT-INR (International normalized ratio)

→ 0.8 - 1.2

→ It is the ratio of Patient's thromboplastin time to laboratory Prothrombin time.

4. Biochemical Status

A. Renal Function Test

→ Blood urea Nitrogen

→ Increased	→ Decreased
→ Renal Disease	→ Advanced Liver Disease
→ Decreased GFR	→ Low Protein diet.

B. Liver Function Test

Alkaline Phosphatase

→ Increased

→ Hepatic Obstruction

→ Cherubism

→ Paget's Disease

C. Serum albumin

Normal value: 3.5 to 5 gm/100ml

→ Increased	→ Decreased
→ Dehydration	→ Kidney Disorder
	→ ulcerative colitis

D. Serum Bilirubin

Normal value: Total Bilirubin less than 0.8 mg

Direct Bilirubin is less than 0.5 mg/100ml

Indirect Bilirubin is less than 0.3 mg/100 ml

E. Blood Glucose

Normal fasting glucose value: fasting 110 mg/dl

Normal post prandial glucose: 120-160 mg/dl

Increased in Diabetes mellitus, fasting syndrome. Pheochromocytoma.

- Decreased in
  - Primary Hyperthyroidism
  - Vitamin D Deficiency
  - malabsorbtion Disease
  - Chronic antacid usage.

Decreased : Hypoglycemia

⇒ Specific Investigation

Normal value, color value

appereance : straw yellow and clear.

Turbidity Presence of cells and Casts.

⇒ Biopsy

Term Biopsy indicates removal of suitably representative tissue for a living substance Histological microscopic examination and analysis to obtain diagnoses.

⇒ Differential method and Biopsy

a. closed Indirect method

→ fine needle aspiration cytology.

→ core needle Biopsy.

→ Loop Biopsy.

b. Closed image guided : → ultrasound, → CT, MRI.

c. Open Direct method : → incisional Biopsy. → excisional Biops

⇒ Liver function test

1. serum glutamic oxaloacetic transaminase

Normal value : 10 - 150 u/ml

→ Increased

→ myocardial infarction

→ Hepatitis, → Cirrhosis

→ Hepatic necrosis

→ Decreased

→ Beriberi

→ uncontrolled Diabetic mellitus acidosis.

2. serum glutamic pyruvic transaminase (SGPT)

Normal value : 6-36 u/ml.

→ Increased : → myocardial infarction, → liver damage

3. serum calcium

Normal value : 8.5 - 10.5 mg /100ml

→ Increased : → Hyperthyroidism, → malignancy.

→ Decreased : → Primary Hyperthyroidism, → Vit. D deficie

→ malabsorption disease, → chronic antacid usage.

09 05. EMERGENCY DRUGS

	DRUGS	INDICATION	DOSAGE and Route
1.	Epinephrine 1:1000 .1mg/ml Epinephrine 1:100,000 .1mg/ml	Anaphalaxis, cardiac arrest	0.3ml IM, 1mg (10ml) in 5min, 10ml IV 1:10,000 in cardiac arrest 1.2ml, 45mg IM/IV 1.2ml, 45mg, IM, IV
2.	Pheneramine maleate (22.5mg/ml)	Allergy	
3.	Nitroglycerine (0.4mg tab)	Angina	Sublingual 5min, max 3 in 15min IV
4.	Atropine (0.5mg/ml)	Brady cardia	0.2ml over 2-3 min 0.5mg IV, 0.5mg IV over 2-3 min, max 3mg
5.	Salbutamol (inhaler)	Bronchospasm in anesthesied and allergy	2-3 inhalation over 1-2 min and can be seperated as per need.
6.	Hydrocortisone (100mg/ml)	Allergy	IM or IV 100mg stat.
7.	Glucose and Sugar cubes/sac	Hypoglycemia	Patient is asked to chew.
8.	Normal saline or ringers lactate 500mg bottle.	Hypotension	IV 25-30 mg/kg
9.	Distilled water ampoules (5-10ml/ampoule)		for dissolution and dilution of certain drug.

⇒ OPTIONAL DRUGS

1. esmolol (10 mg/ml)	Hypertension, Narrow complete arythemiea.	0.5 mg/kg over 1 ml or 10-20 mg/
2. Naloxane (0.4 mg/ml)	opoid toxcity	0.2-0.4 mg max Dose 0.8mg
3. Dextrose 50%.	Hypoglycemiea	25-50 ml IV
4. Glucagon (1mg/ml)	Hypoglycemiea	1mg Im/sc/IV
5. Aspirin (7mg tab)	myocardial infarction	4 tab chewed and swallowed.
6. Diazepam (5 mg/ml)	seizure, status epilepticus	10 mg Iv

06. DENTAL FORCEPS

Extraction forceps: extraction forceps are designed to delever the teeth from the socket. each forcep has a handle, a joint and a beak. All the forceps have cross hatching on the handle to allow from grip and have serration on the inner side of all beaks to allow better grip on the tooth. The forceps beaks are applied along the long axis of tooth, depress the CEJ of tooth A from grip on tooth is established prior to giving any forcep movements.

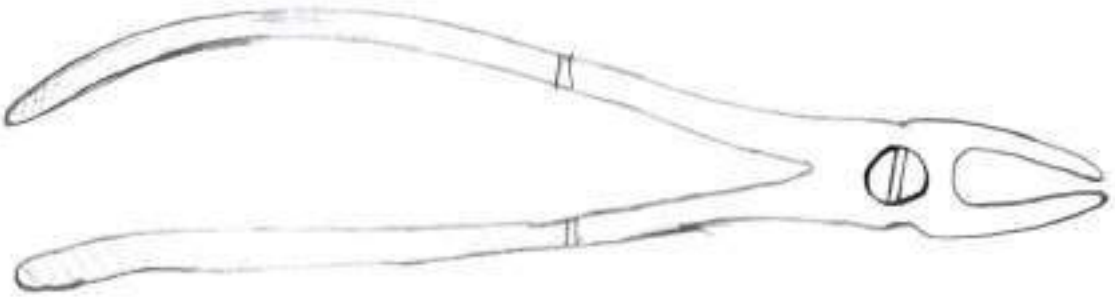
maxillary extraction forceps: In all maxillary extraction. the handle and beak are at 180° to each other i.e in a straight line. maxillary anterior forceps: They have identical beaks that are closed straight, flat and broad They are used for extraction of maxillary incisors and canines.

Basic forces: maxillary central incisor: Labial movement; mesial rotation.

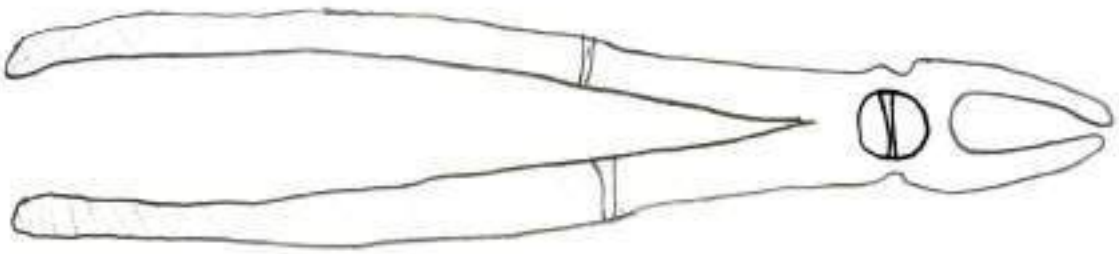
maxillary lateral incisors: Labiopalatal, removal in labial direction.

maxillary canine: Labiopalatal remove. Labially.

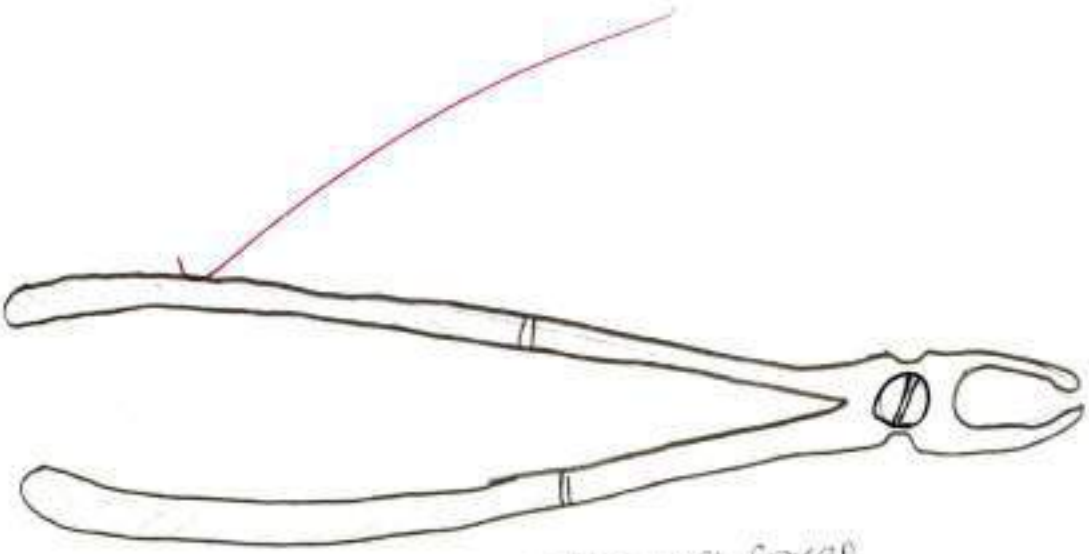
⇒ maxillary pre-molar forceps: They have identical beaks that are curve on one side facing operator The beaks are broad and open. They are used for extraction of maxillary premolars. The curvature of



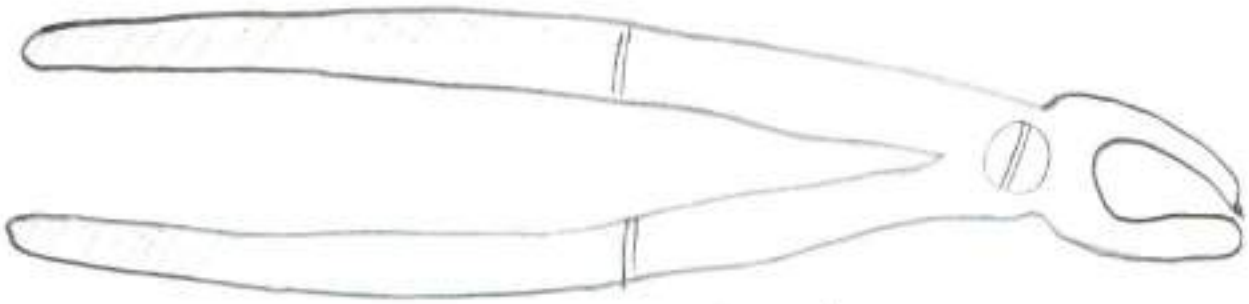
Upper Anterior forceps



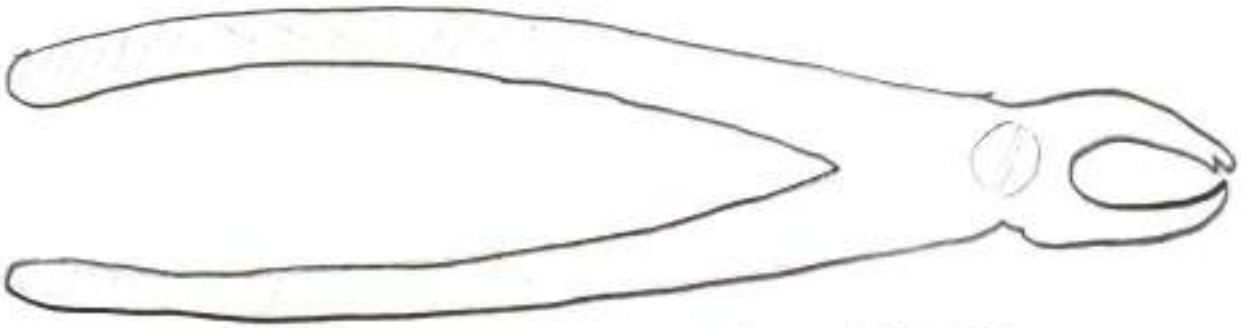
Upper Premolar forceps



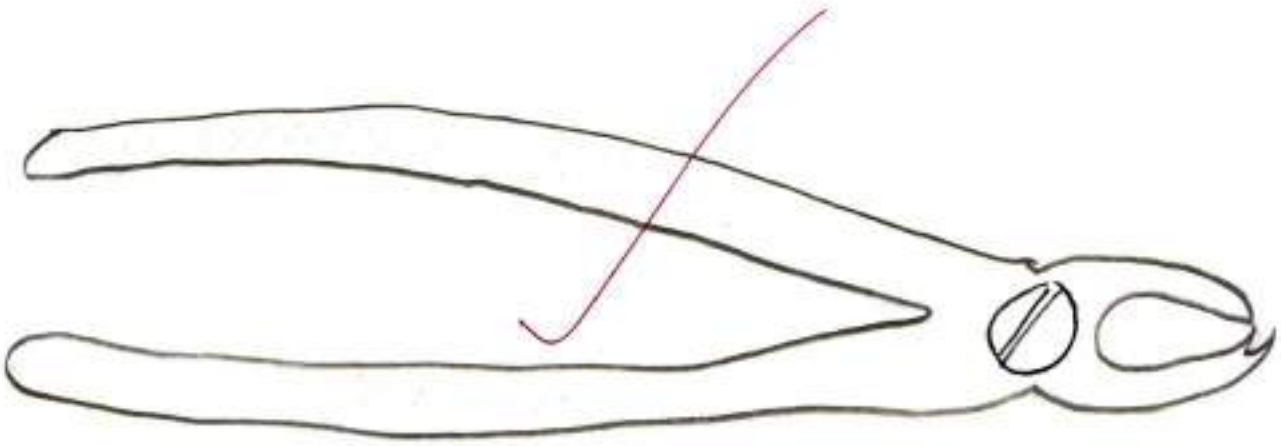
Upper molar Left forceps



upper molar Right forceps



upper molar Left cowhorn forceps



upper molar Right cowhorn forceps

of blades give access to the premolar placed posteriorly. Rotational and Buccal movement are given for maxillary 2nd Pre-molar with only labio palatal movements for 1st Premolar; Basic forces: 1st premolar - Buccopalatal movement and removal in Buccal direction.
2nd premolar → Buccopalatal removal in Buccal

→ maxillary molar (right and left): The beaks of forceps are not identical one beak is pointed which engages the groove between buccal roots and other rounded which engages palatal surface below CEJ. The beak also has curvature towards the operator like premolar forceps.
Basic forces: 1st and 2nd molars are extruted giving bucopalatal movements and removing in Buccal direction. The 3rd molar is extracted by giving Bucial Movements and Distal rotations.

→ maxillary cowhorn forceps: These forceps have unidentical beaks one of which has slightly pointed top and the other a bifid point top engages the furcation between the buccal roots and other engages the palatal root. It is a paired forceps. They are used for maxillary teeth having extensive destruction of crown about the roots are not seperated.

→ maxillary anterior Root forceps: They have identical, straight, slender and closed beaks. They are used for extraction of root stumps of maxillary anterior teeth.

→ maxillary posterior Root forceps: They are similar to another root forcep but like premolars forcep, they have a curvature towards operator for access posterly. They are used for single molar root pieces.

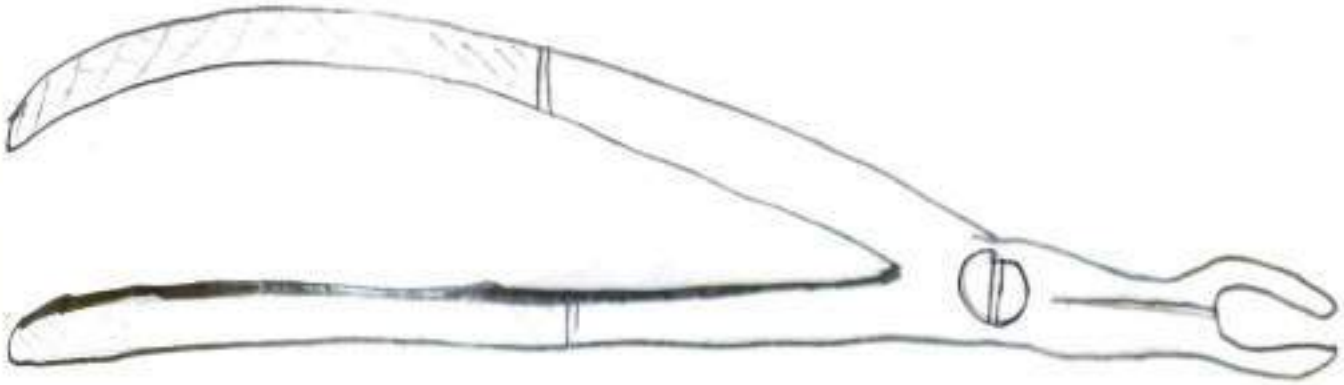
Bayonet forceps: They have identical, pointed angulated and closed beaks. The length of the beak very from long to short. The thick beak Bayonet forcep is used to remove maxillary and mandibular single roots.

→ mandibular forceps: The mandibular forceps are designed such that the handle and the beak are at right angle to each other to facilitate easy access to the mandibular teeth.

→ mandibular anterior Forceps: The mandibular anterior teeth forceps have identical Broad, short, closed beaks. The joint is a pivot joint unlike other forceps that have a box joint. They are used for extraction of mandibular anterior teeth. Basic forceps

1. C.I and C.I → labiolingual and mesiodistal movements it's removal in labial direction.

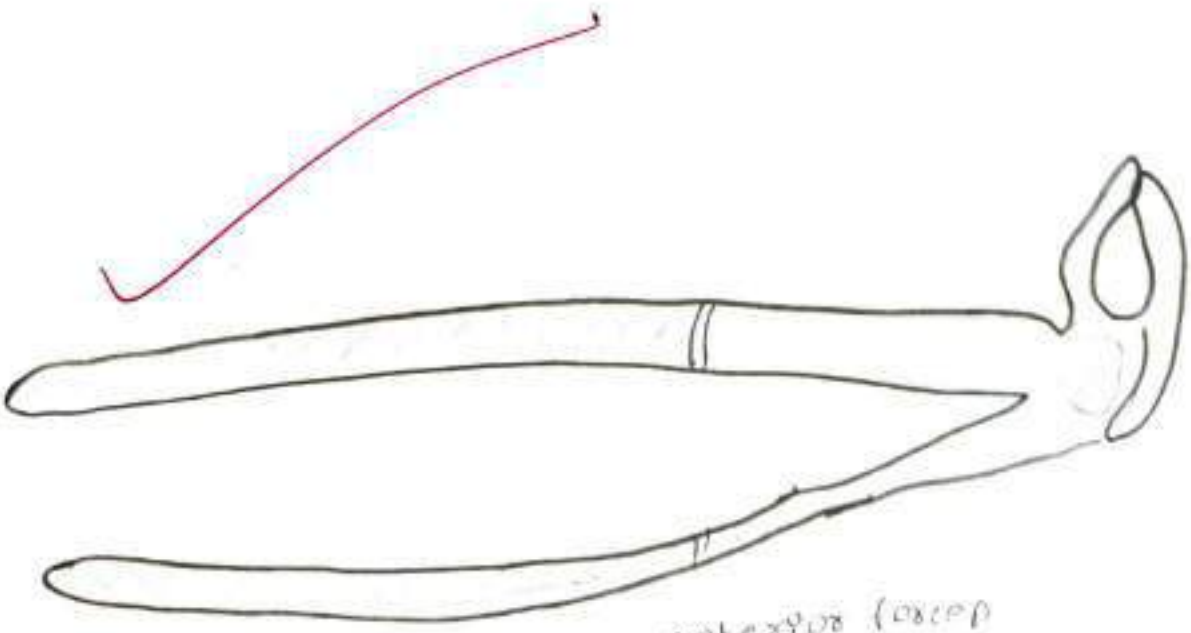
cusped → Labio-Lingual movements and it's removal in labial direction.



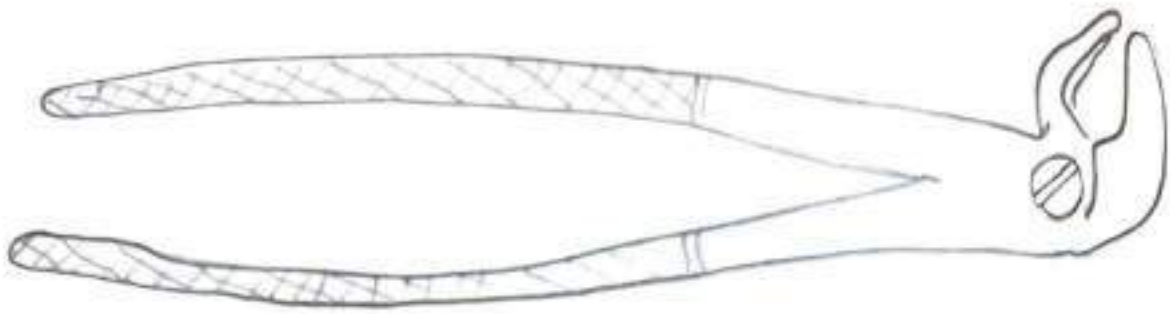
Upper third molar forceps



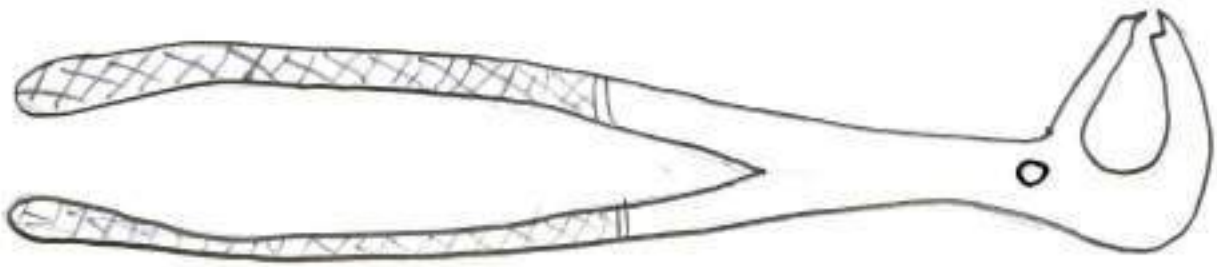
Upper roots forcep



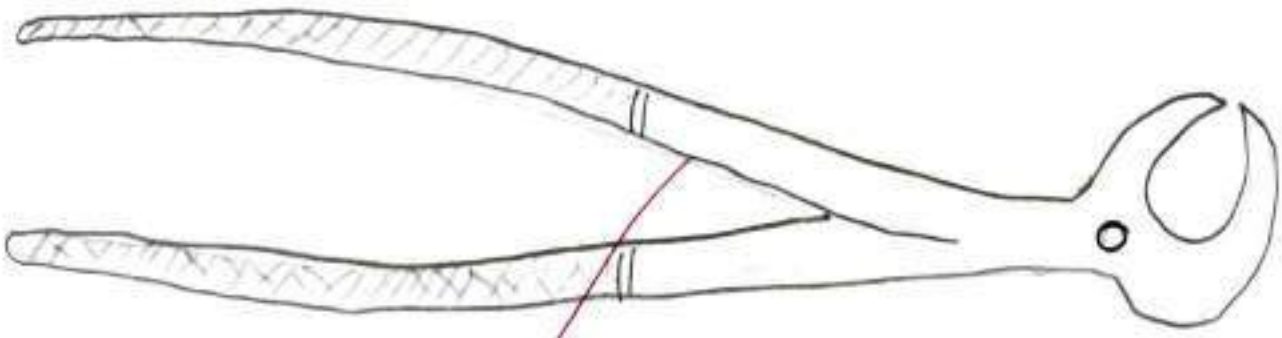
Lower anterior forcep



Lower incisor forceps



Lower molars forceps



Lower common forceps

2. mandibular premolar forceps: They have identical broad open beaks that are longer than the beaks of anterior forceps. They are used for extraction of mandibular premolars. Basic forces → Both Premolars are extracted with buccolingual and mesiodistal movements removed in the Buccal direction.

3. mandibular molar forceps: They have identical Broad open beaks, pointed tip. They are used for extraction of mandibular molars. Basic forces → apical, Buccal, lingual with more Buccal and removal in Buccal direction.

4. mandibular cowhorn forceps: The mandibular cowhorn forceps have identical, open, short, pointed beaks that resemble the horns of cow. beaks are round and taper to a point. The forcep grips the tooth at the furcation Beteween the mesial and distal root. with Pressure is applied and the beaks are closed. the tooth is luxated using buccal and lingual plates as the fulcrum. They are used to remove grossly carious mandibular molars with extensively destroyed crown.

5. mandibular root forceps: The forceps have identical slender beaks that are closed. The beaks are longer than that of the premolar forceps to enable the Forceps to take a deep grip on the root stump. It is used for removal of root stumps of all the mandibular teeth.

07. DENTAL ELEVATORS

⇒ Periosteal elevator (mait No. 09)

As the name suggests these instrument are used for reflecting the mucoperiosteum most of the periosteal elevators have broad end on one side and a pointed / triangular one on the other

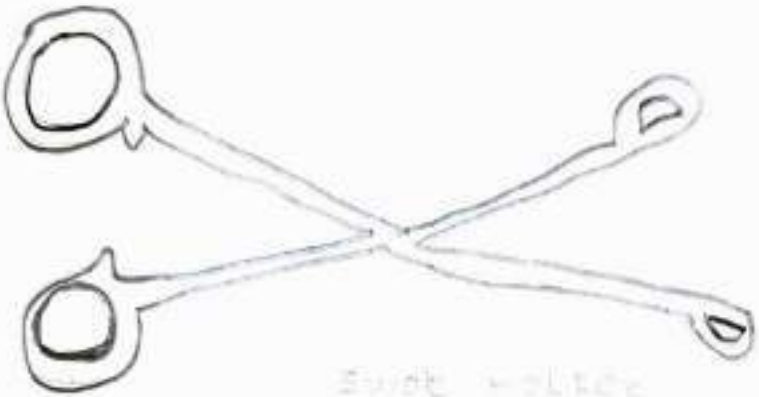
uses: 1. The pointed end is used to reflect the dental papilla from beteween two teeth.
2. The broad end is used for elevating the muco periosteum flap from the bone.
3. The broad end can also be used as a soft tissue retractor.

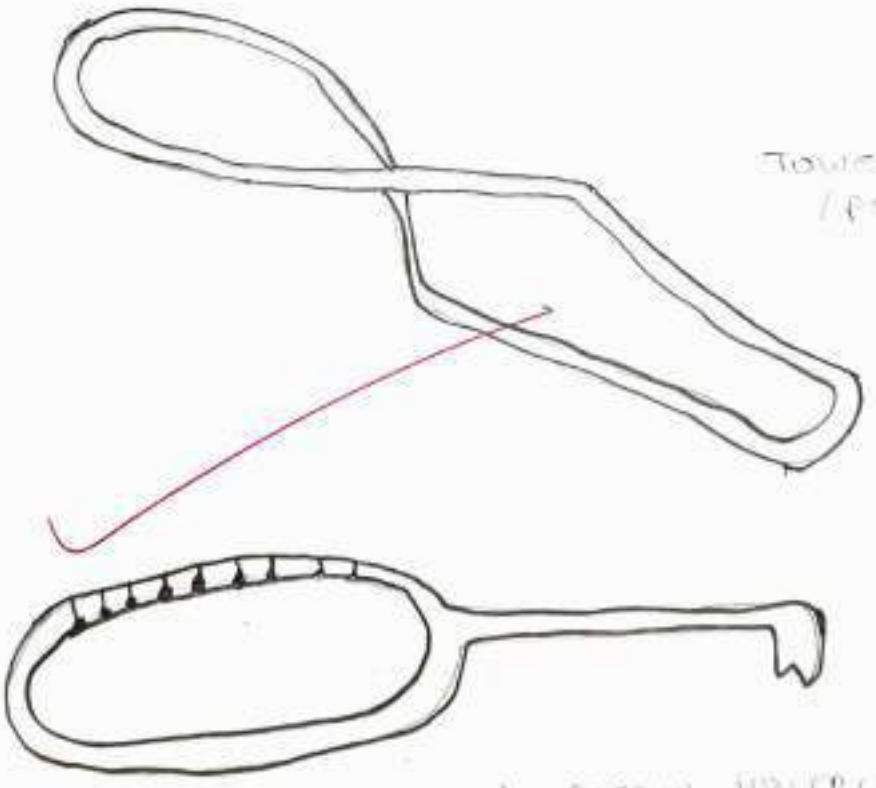
motion: 1. Prying motion → elevate soft tissue
2. Push stroke → broad end → to reflect periosteum from the bone.
3. Pull stroke → scrape stroke → most likely to tear the periosteum and should be carefully used.

⇒ work principle of elevation:

1. Lever principle: most common. The elevators are of 1st order. In this the fulcrum is beteween the effort and the resistance in order to gain mechanical advantage, the effort arm must be longer than the resistance arm
2. wedge principle: The wedge elevator is forced beteween the root and the bone parallel to long axis of the tooth.
3. wheel and axel principle: modified form of lever The effort is applied to circumference of a wheel

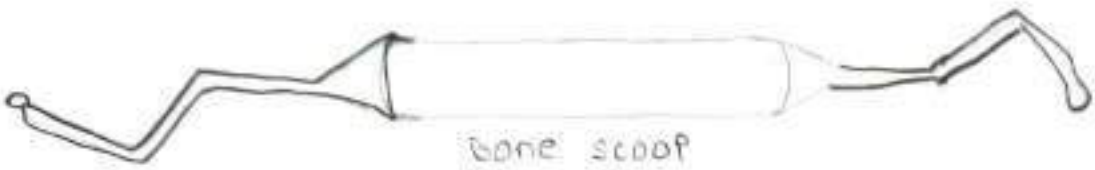




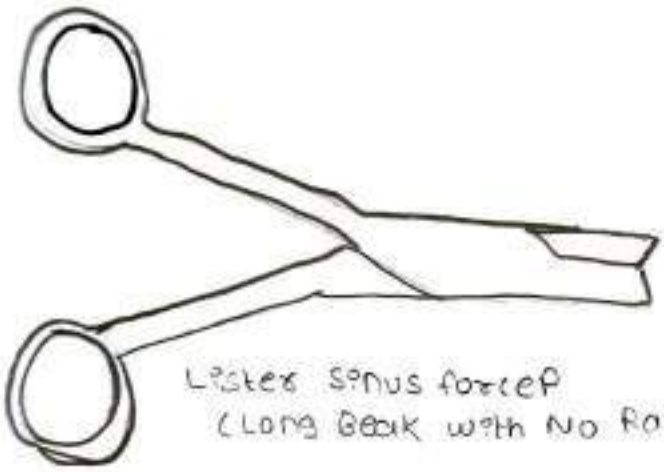




Skin hook



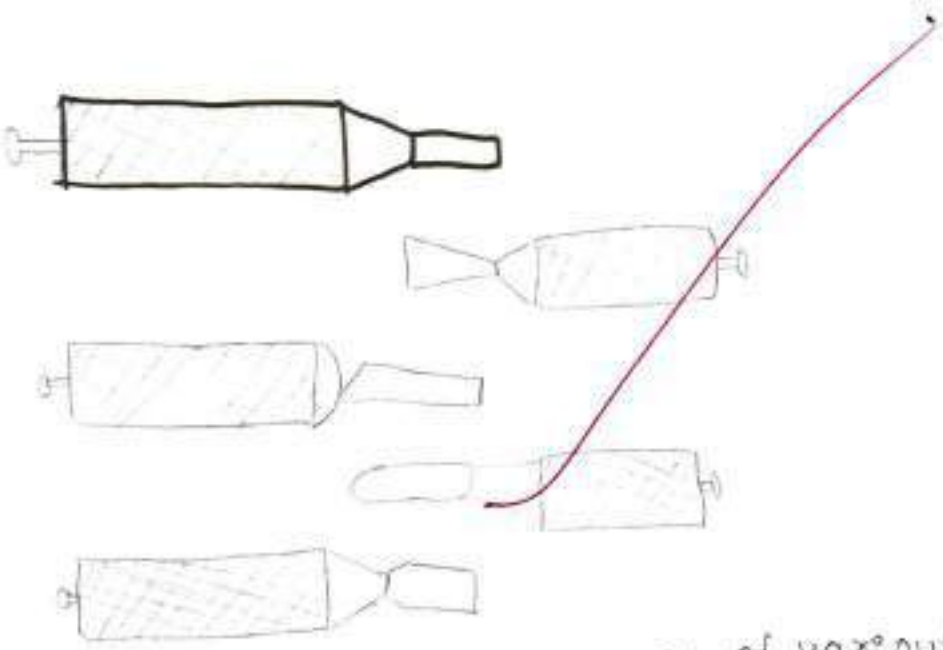
Bone scoop



Lister sinus forcep
(Long Beak with No Ratchet)



Tourgue Depresor



Straight ostotomes of various sizes

which turns the axis so as to arise a weight applicable to crossbar elevator.

08. BASIC SURGICAL INSTRUMENTS

⇒ Obwegeser's / Ramus retractor:

It has U-shaped notch at the retractor which is helpful to engage the anterior border of ramus and to retract the soft tissue.

⇒ Skin Hook:

It is a long narrow instrument with a central tip for retracting skin following the incision placement.

⇒ Bone scoop:

It is used for debriding contents from an intra osseous abscess cavity/cyst. It is also used to scoop out periphery of the bone cavity and to harvest cancellous bone during bone graft.

⇒ Tounge Depressors:

It is "L" shaped blade like instrument used for depressing the tounge for better examination of the oral cavity

⇒ Lister sinus forceps

It is used for probing and forcing an entry into an abscess sac or creating an opening into an abscess by opereating

⇒ Chisel

monobeveled instrument used for removal of bone

⇒ Nseu forcep

It is used for reduction of head fracture and also align nasal septum.

★ Scalpel and Handel

Two commonly used handles are No 32 heavies



scalpel handle Bard-Parker



straight artery forcep







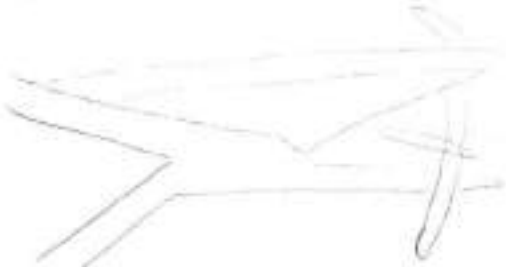
Dissecting forceps toothed and non toothed



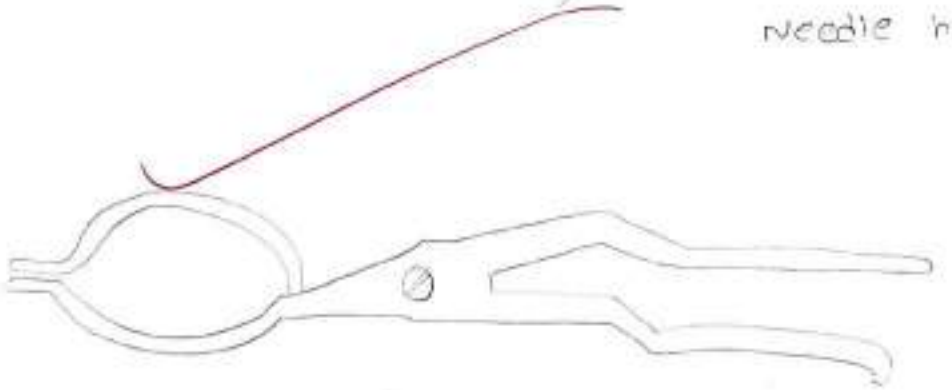
Toothed



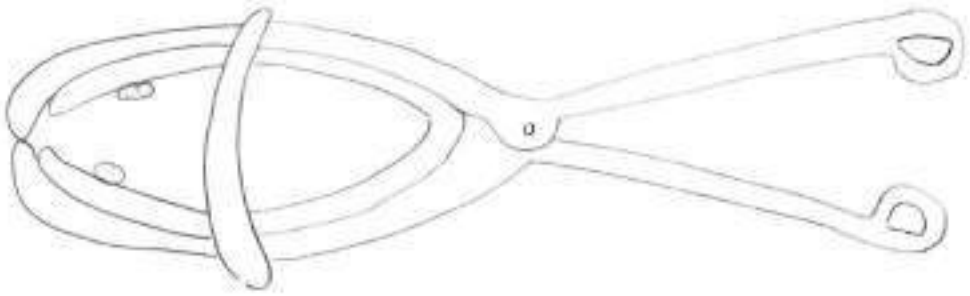
non-toothed



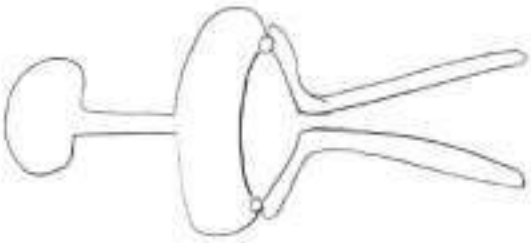
needle holder

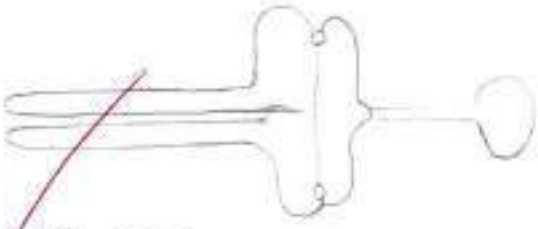


Rowe's Disimpaction forceps



Ferguson mouth gag





Heister mouth gag

style, controlled grasp with alebriant hand is common technique.

⇒ Blades commonly used's Bard Parker
No-10 for making skin incision.
No-11 for making stab incision to drain pus from an abscess.
No-12, No-15 for coming out emergencies in mucogingival and other areas.

⇒ Artery forceps
It is a heamostatic clamp with a locking clamp replacing the blades. It is used to control bleeding from punctured Blunt remova

⇒ Tissue holding forceps.
These are teethed tissue holding Forcep with locking handle that takes and crush tissues. It is indicated for use where fibrous tissue are placed and/or excised.

⇒ Swab holder.
It is an instrument with long blades which has fenestration and serrations. It is used to hold the swab and point surgical area wi an antiseptic solution.

⇒ Needle holder
needle holder are forceps with locking mechanism to hold needles during suturing procedure.

⇒ Heamostatic clips.
These are metal clips that can be applied over areas blood vessel and ducts to occlude by special forcep.

⇒ Stapling Devices

These are devices similar to paper staplers mechanism used for skin approximately instead of sutures.

⇒ Row's Disimpaction forceps

This is used in point for the reduction of maxilla in lefort fracture where the maxilla is impacted

⇒ Hayton-William forcep

It is used to hold both maxilla as a single segment before through tissue planes, extraction of soft tissue.

For cutting surface.

⇒ AWL

They are long slender instruments providing an eyelet at the tip through which suture material is passed.

⇒ Walshams Forcep

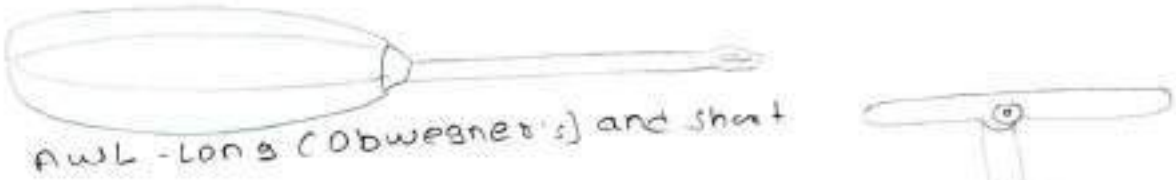
It is used for reduction of nasal structures.



Rowe's zygoma forcep



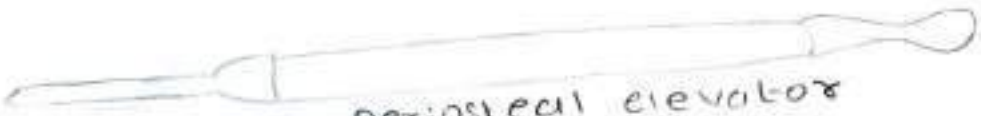
straight and curved surgical scissors



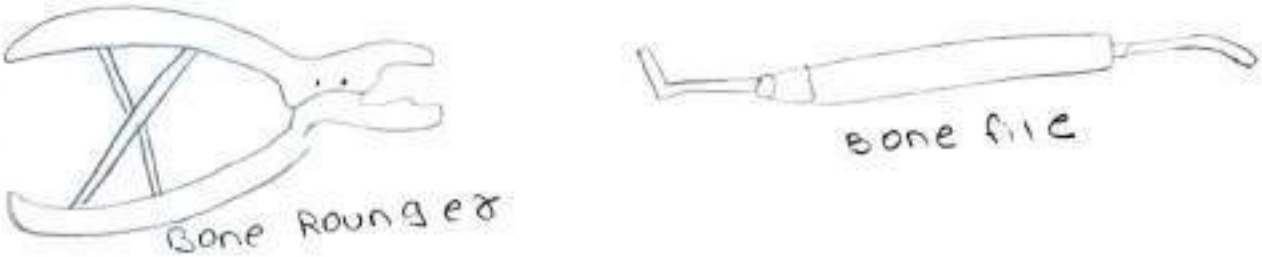
Awl - Long (Obwegner's) and short



Stainless steel mallet



Molt periosteal elevator



Bone Rounger

Bone file



Langerback's retractor



Cat's Paw retractor

20 AIRWAY MAINTAINCE INSTRUMENT

⇒ Laryngoscope: used to view the larynx and adjacent structure. most commonly used for securing airway with a tube. Two parts detachable blade and handle with a light source.

Flexible, fiberoptic endoscope: under fiberoptic guidance various procedures of intubation can be done.

⇒ face mask: this allows administration of gases from external breathing system oropharyngeal airway: extends up to top pharynx helps to maintain open airway prevent patient biting facilitate such as nasopharyngeal airway also known as nasal airway used on an alternative to oral airway laryngeal mask airway alternative to both face mask and tracheal tube used to secure airway

endotracheal tube: inserted into the trache and used to conduct gases, and vapors to and from the lungs.

Endotracheal tube: inserted into trachea to conduct gases. miniature form of endotracheal tube.

surgical apparatus: consist of 3 compone namley mose (lobing) handring tips, foley's catheter. It is a self retaining disposable tube placed through the urethra into the bladder Ryles catheter. It is specially designed tube for nasogastric introduct of nutrition and aspiration.

DENTAL ELEVATORS

Elevators: The dental elevators are used to luxate the teeth from the socket prior to application of the forceps. In addition to luxation of the teeth the elevators also expand the bony socket facilitating tooth extraction. They are also used to remove root remanents from the extension extraction sockets.

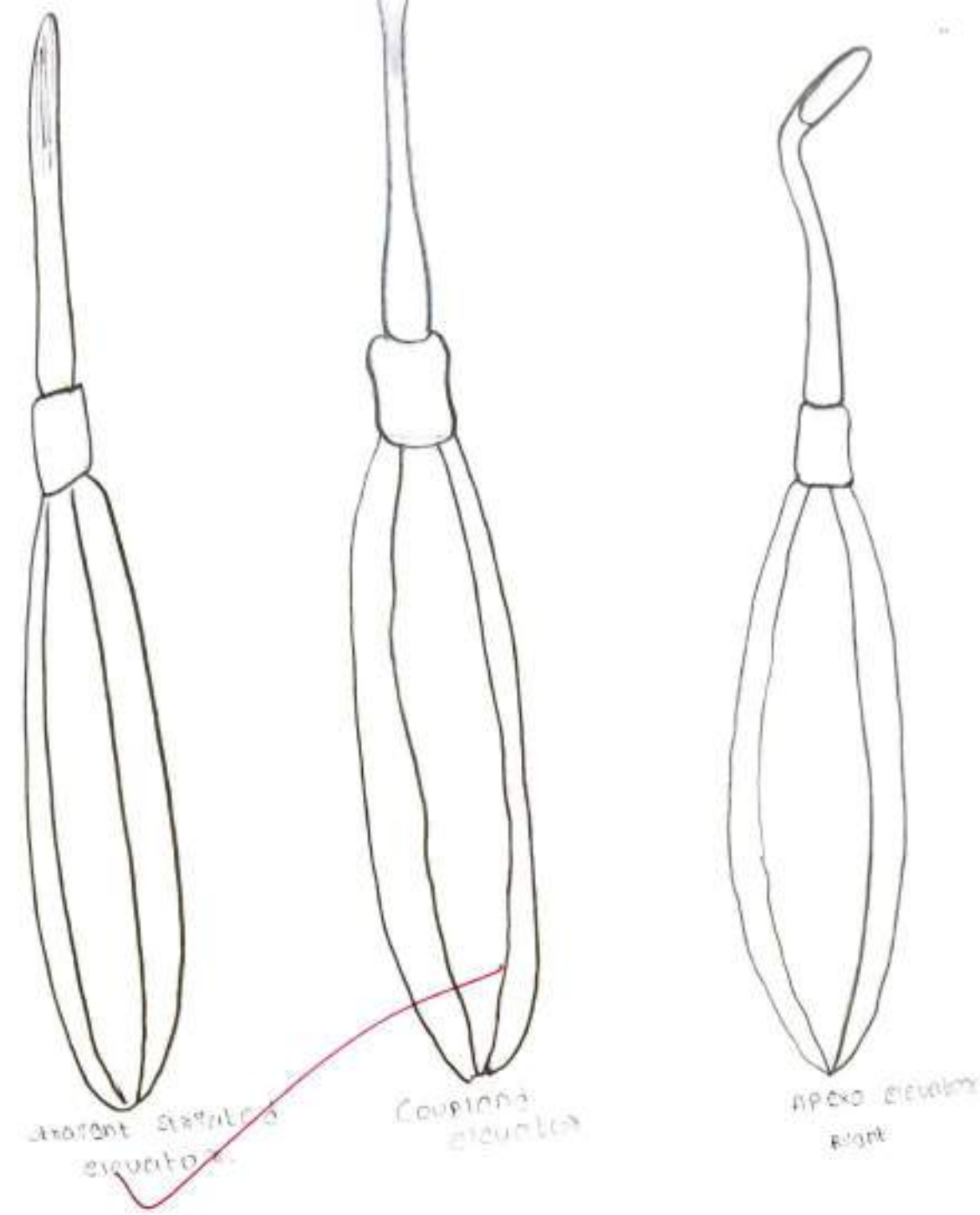
The elevators has three components
→ The handle → The shank → The Blade.

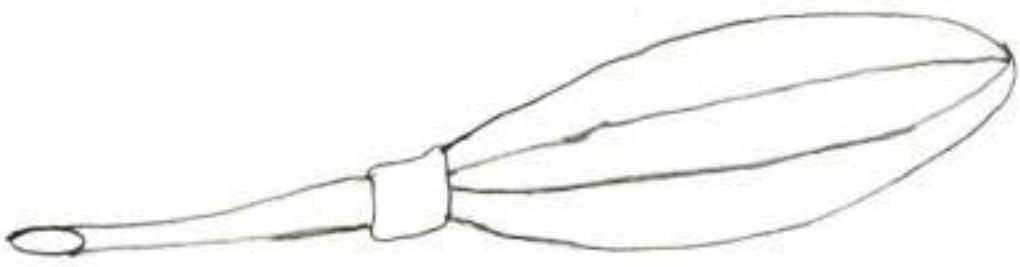
The handle is usually large in size to facilitate a good grip as the instrument while working. it may be 180° to the shank or at the right angle to the shank the latter are known as crossbar elevators The crossbar elevators. The cross bar elevator can genereate tremendous amount of force. blades of elevators can vary in size and shape and depending on that the elevator are classified as

1. Straight or the gauge type
2. triangular type.
3. pick type.

Indication for use of elevator.

1. To luxate multirooted teeth prior to forcep application.
2. To luxate, remove teeth that cannot be engaged by the beaks of forceps eg. impacted teeth





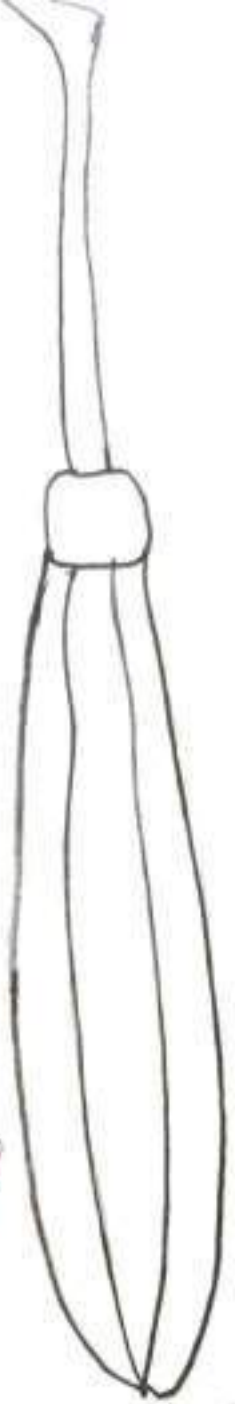
Straight elevator



Apron Left



Layer Right



Layer Left

malposed teeth. badly carious teeth.
3. To remove fractured root stumps. apex tips.

⇒ Rules to be followed while using the elevators.

1. Never use the adjacent tooth as fulcrum
2. Never use the buccal lingual plate as the fulcrum.
3. Always use finger guards to protect the soft tissues of the elevator sides.
4. support the shank a little with index finger to control the forces applied to the elevator.

⇒ commonly used elevators

1. straight elevators: are the most common types used for the luxation of teeth. The blade has a concave surface on one side that faces the tooth to be elevated sometimes the blade can be at any incisal to reach the post areas of the oral cavity Eg: are, the miller and the potter etc.

⇒ winter cryers elevators

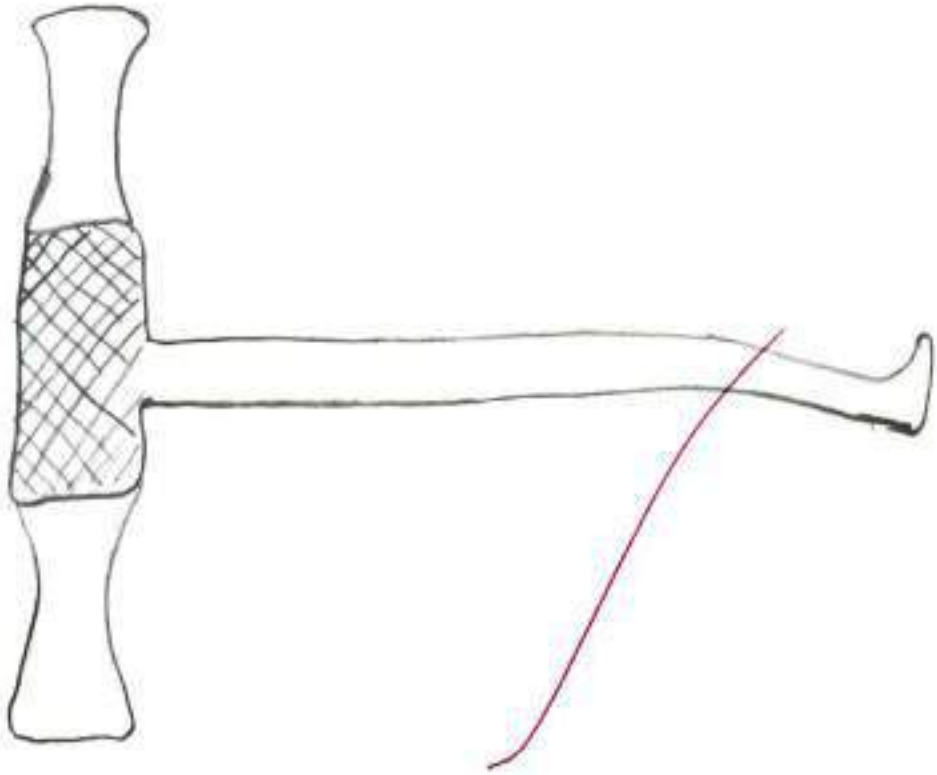
As the name suggest the elevator is a crossbar elevator with a triangular blade The uses and the application of this involvement are similar to the cryer elevator. It works on the Creyr's elevator. It works on the wheel and axel and wedge principle.

⇒ Apexo elevators: apexo elevators are straight ones that resemble the cryers elevator. but have a binangulated and sharp, straight working tip. They are paired working tip They are paired elevators for the mesieal and the distal roots. Their use and work principles are same as for the cryers elevators They can also be used to remove the maxillary root stumps.

⇒ Hockey stick or London Hospital elevators.
Hockey stick or london hospital elevator is similiar to the cryer elevator, with the working blade at an angulation to the shank. but the blade is a straight, rather than triangular and has a convex and a flat surface The flat surface is the working surface. The principle and functions are similiar to the cryers elevator.

⇒ cryers elevator
Cryers elevator is a straight elevator with a triangular blade. The working tip is angulated, with one convex and another flat surface. The flat surface is the working side. It is based on the lever and the wedge principle.
uses: for extraction of mandibular molar root stump when both the roots are present but one is fractured at a lower level than the other or when the furcation is intact.





winter cryer elevator

two seperate elevators are available for mesial and distal side. The working blade is introduced into the empty socket and moved toward the remaing root piece. In this technique the interdental bone is fractured prior to remove of root stumps

⇒ winters elevator: winter's elevator is a cowhorn elevator. The shank is at right angles to the handle. The working tip is at an angle to the shank. The blade has convex and a flat surface. The flat surface is the working surface and is placed facially to the tooth to be elevated. It works on the wheel and axel principle.

uses: To luxate the mandible molar teeth.

09. MAXILLARY NERVE BLOCK

⇒ Intraoral technique.
- anterior and middle superior alveolar nerve block.
- Posterior superior alveolar nerve block (Zygomatic Nasopalatine nerve blocks).
- Anterior Palatine nerve blocks
- maxillary nerve block.

⇒ Extraoral Technique
- anterior middle superior alveolar nerve block
- maxillary nerve block.

⇒ INTRAORAL TECHNIQUE

1. INFRAORBITAL BLOCK

(anterior and middle superior alveolar nerve)

Nerve anesthetised: infraorbital, anterior, middle superior alveolar nerve, inferior palpebral, lateral nasal superior and labial.

→ Areas anesthetized.

Incisors, cuspids, bicuspids, mesiobuccal root of 1st molar on the side of injection including body support and soft tissue, upper lip, lower eyelids and posterior ala of nose of same side.

→ Anatomical landmarks.

infraorbital ridge, infraorbital depression, supraorbital notch, infraorbital notch, anterior teeth and oblique ridge.

→ INDICATION: when anterior and middle superior alveolar nerve are to be blocked.



Infraorbital block

- Needle Pathway
→ Bicuspid approach
→ central incisior approach.

TECHNIQUE

patient is placed completley in supine position on the chair and chair reclined to 45° accourding to the operreator position Now head is tilted so that maxillary occlusal plane is at 45° to the floor & it is to look forward Drawing an imaginary line that will pass through the landmarks The pupil of the eye, infraorbital foramen, bicuspid teeth, mental foramen when infraorbital notch is palpated, the palpating finger should be moved Dowunward above a 0.5cm where a shallow depression will be felt. infraorbital foramen is located within this shallow foramen. on the right side dentist stand partially facing the patient. the thumb of operreators hand placed over previously palpated infraorbital foramen and index finger is used to retract the lip. A 1 5/8 inch gauge needle then inserted into the mucobuccal fold from either incisal / Bicuspid approach. In using the first direction dentist insert the needle in line with supraorbital notch pupil of eye, infraorbital notch and Bicuspid needle should be sufficient distance from labial plate. The needle is again inserted about 5mm from the mucobuccal fold and guided into position so that it contacts the bone at the entreance to the foramen. The second direction of insertion bisects the crown. The needle is again inserted about

5mm from mucobuccal fold and guided into position by thumb making the location of infraorbital foramen.

→ Symptoms of anesthesiea.

Subjective symptoms: Tingling numbness of upper lips, Lower eyelid and side of nose, on the affected side

objective symptoms: instrumentation will demonstrate absence of pain sensation.

⇒ POSTERIOR SUPERIOR ALVEOLAR NERVE BLOCK

Nerve anesthitsed: Posterior superior Alveolar nerve.

Area anesthetised: maxilliary molar with exception of mesiobuccal root of first molars buccal alveolar Process of maxillary molars including overlying structure periosteum maxillary molar mucous membrane

→ Anatomical landmarks.

-mucobuccal fold and it's concavity.

-Zygomatic Process of maxilla

-> intratemporal surface of maxilla.

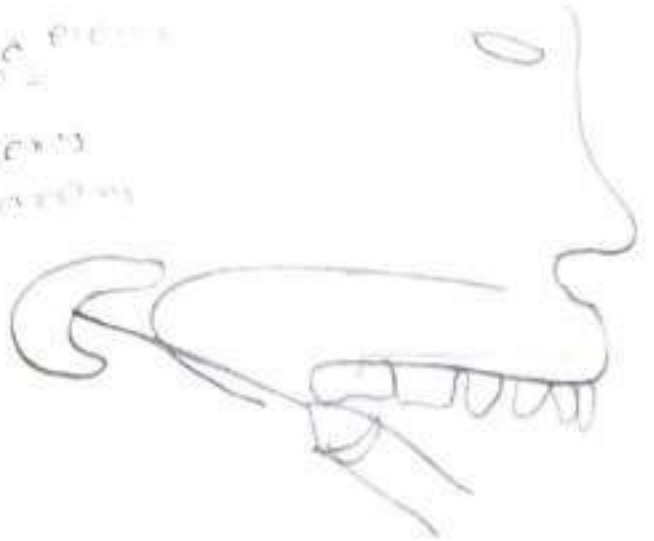
→ anterior borders of coronoid process of ramus of mandible.

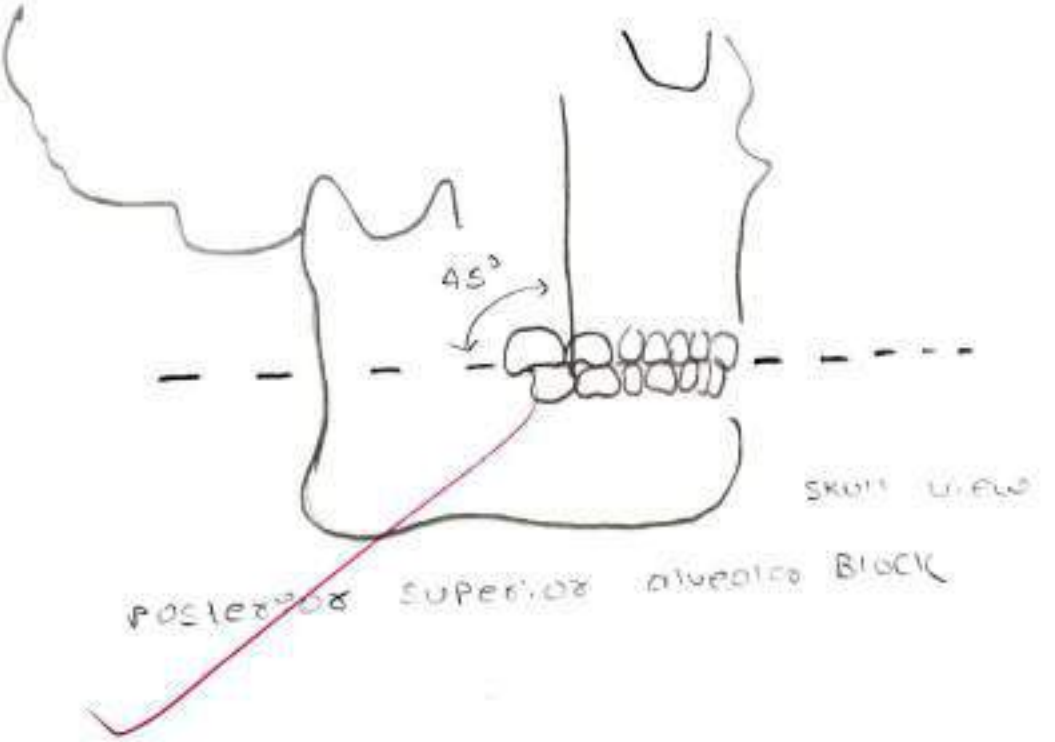
→ Tuberosity of maxilla.

TECHNIQUE

→ for right side.

operator stands on right side of patient. The positioned so that maxillary patient. The positioned So that maxillary occlusal plane is at 45° angle to floor The operator moves the mucobuccal fold posterior direction from Bicuspid area until zygomatic




45°
SKULL WALL
posterior superior alveolar BLOCK

process of maxilla is reached. at its posterior surface of fingertip will rest in concavity in mucobuccal fold. At this posterior surface left fore finger is adjacent to mucosa and posterior buboys positions is still in contact with posterior surface of zygomatic process so that the finger is in plane of right angle to the occlusal surface of maxilla teeth and 45° to patients sagittal plane one can best accomplish this by having the patient partially close the mouth so that the lip and cheek can be extented labially and posteriorly in extraction direction the needle is to follow the area of insertion should be direct and painted with suitable antiseptic solution as previously loading the syringe with 1 5/8 inch .25 needle gauge needle is held in grasp and inserted into tissue in aline parallel with index finger to bisect the finger nail. The insertion is made for distance of about 1/2 and 3/4 inch going upward, inward and backward, This should plare the needle point in the immediate vicinity of the foramina through which nerve enter the maxilla. The operator slowly inject is the contents of catredge while maintaing needle point.

→ Symptoms

→ subjective: none.

→ objective: instrument neccessary to demonstrate absence of pain sensation

⇒ NASOPALATINE NERVE BLOCK

· Nerve anesthetized Nasopalatine nerve.

→ Area anesthetized: Anterior portion of hard palate and overlying structure the bicuspid area where branched of the anterior palatine nerve coursing forward create a dual innervation.

→ Anatomical Landmarks: incisors, incisal Technique.

② NASOPALATINE NERVE BLOCK

1. Nerve anesthetized: Nasopalatine
2. Area anesthetized: Nasopalatine area, anterior portion of hard palate and overlying structure of hard palate back to the Bicuspid area.
3. Anatomical Landmarks: central incisor, incisive papilla
4. Technique: The nasopalatine nerve block is an extremely painful injection is made by inserting at 1/8 inch, 25 gauge needle into a labial interseptal tissue between the maxillary central incisor about 0.25 - 0.5 ml should be injected very slowly to prevent distension of surrounding tissue.

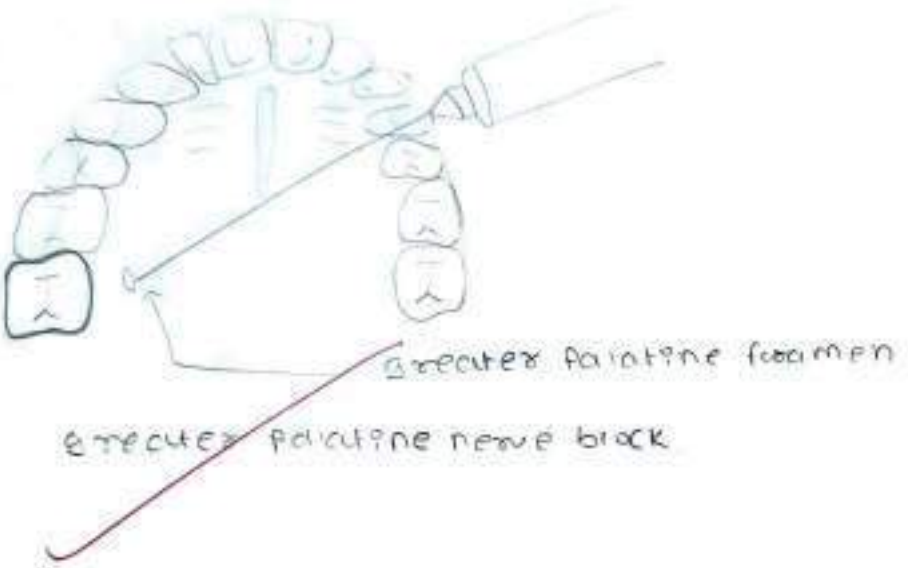
-Subjective: feeling of numbness in palate.

-Objective: instrumentation necessary to demonstrate absence of pain sensation.

③ ANTERIOR PALATINE NERVE BLOCK

1. Nerve anesthetized: Anterior Palatine nerve.
2. areas anesthetized: Posterior portion of hard palate and it's overlying tissue, anterior upto 1st Premolar and medially to midline.
3. Anatomical landmarks

Second and Third molars Palatal marginal of 2nd and 3rd from Palatal gingival margin to towards midline of


greater palatine foramen
greater palatine nerve block

palate. needle inserted anterior to the palatal aspect of gingival margin of 2nd molar and maxillary of palate approximately 0.25 ml of solution is deposited.

*Symptoms of Anesthesia

Subsective: feeling of numbness in Posterior palate when contracted with tounge.

objective: instrument necessary to demonstrate the abscess of pain sensation.

E] MAXILLARY NERVE BLOCK

1. Nerve anesthesized - entire maxillary nerve all it's subdivision peripheral to the injection.

2. Area anesthetised - Maxillary teeth on affected side, alveolar bone and overlying structure has Palate Portion of soft palate. upper lip cheek, side of nose.

3. Anatomical landmarks: Differ according to technique a) High tuberosity technique: some landmarks as for Post. Superior alveolar nerve block.

4. Technique: a) High tuberosity technique - Some landmarks as for Posterior superior alveolar nerve block. with exception that 1 5/8 inch 25 gauge needle is inserted in an upward inward and Backward direction to a previously marked depth of 1 3/4 inch direction to a previously mated depth of 1 3/4 inch

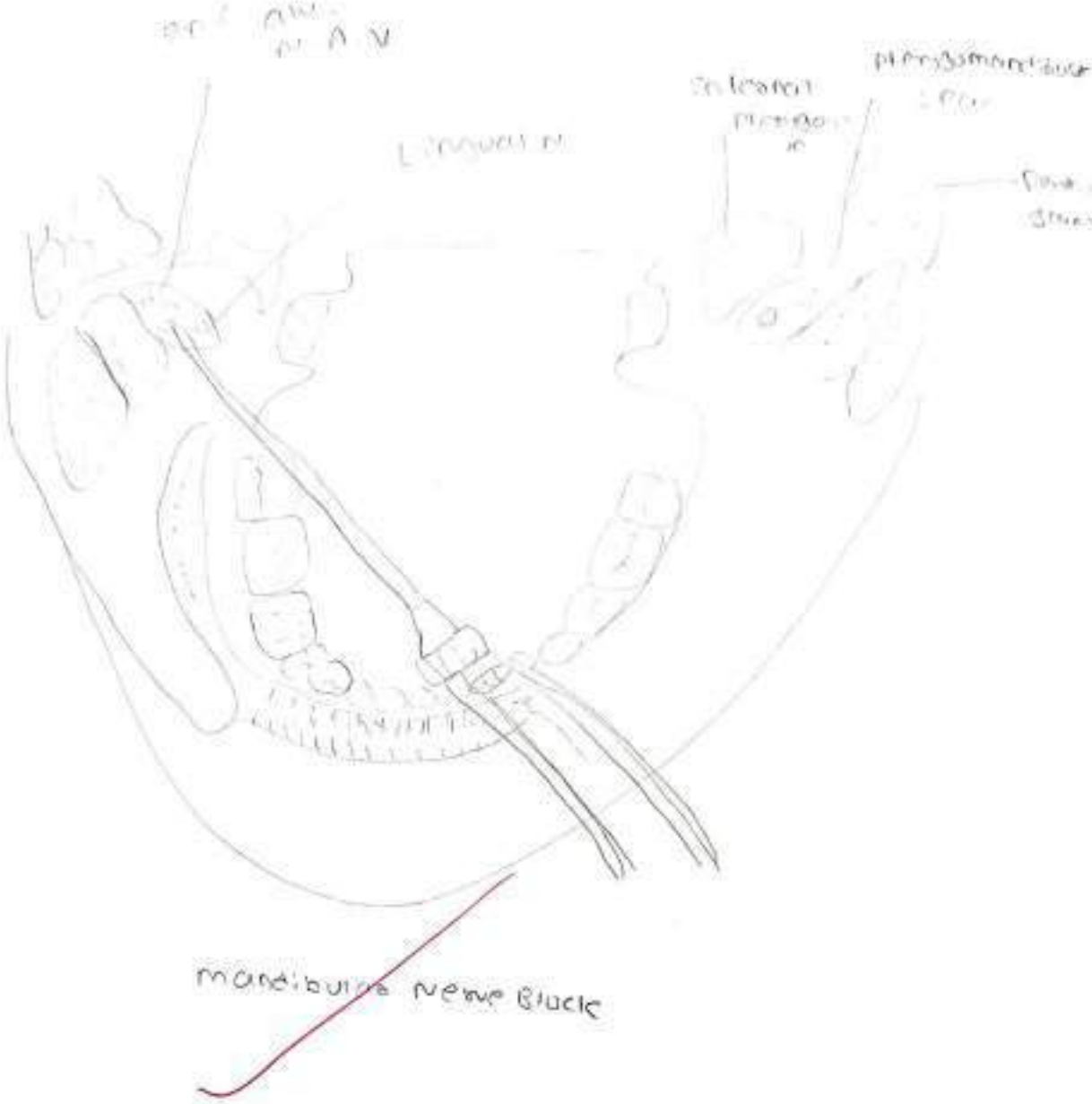
b. Greater palatine canal technique - The puncture for greater palatine foramen, the needle having to press. The foramen open into greater palatal

31 MANDIBULAR NERVE BLOCK

→ Nerves anesthetized: mandibular nerve & it's subdivision, incisal, inferior alveolar, lingual, buccinator, incisive, mental, masseteric and auriculotemporal nerves. Areas anesthetized: All mandibular hard and soft tissue to mid line, including floor of post and anterior 2/3rd of tongue, lingual soft tissue to midline, including floor of mouth and anterior 2/3rd of tongue, lingual soft tissue periosteum, skin overlying zygoma posterior portion of cheek, temporal portion of external ear. → Anatomical landmarks: anterior border of Ramus, tendon of temporal muscle, corner of mouth, notch of ear external ear. → Technique (Crow-Gates) → Patient is positioned in supine posture with neck extended and mouth wide open This position facilitates the insertion by making the condyle anteriorly palpable after border of ramus of mandible and identify the tendon of temporalis muscle needle introduced through mucosa just medial to tendon and directed towards target area needle should advance until the region is reached. Depth of insertion should be exceed 25-27mm. if bone contacts is not established needle should be withdrawn slightly and reinserted after checking landmarks after withdrawn needle, Patient has to keep open for 20 30 sec to allow adequate bathing of nerve that has been stretched after opening mouth.

⇒ LINGUAL NERVE BLOCK: → Nerve anesthetised - Lingual nerve and floor of oral cavity, mucosa and mucoperiosteum on lingual side of mandible.

Anatomical landmarks: Same as for inferior alveolar nerve Technique: The technique is same as that for inferior alveolar nerve for. Technique: The technique is same as that for inferior alveolar nerve. Symptoms: Subjective - tingling 2/3rd of tongue. objective - instrumention → Absence of pain sensation


mandibular nerve block

⇒ Buccinator (long Buccal nerve Block) : Nerve anesthetized - Buccinator nerve, Area anesthetized - Buccal mucous membrane and muco periosteum of mandibular molar area. anatomical landmarks - ext. oblique ridge, Retromolar Triangle Technique - A 1 inch 25 gauge nee is inserted into the buccal mucosa just distal to third molar and 0.25-0.5ml of solution is deposited in the area. An alteration of technique is to insert the needle and deposit the solution directly into retromolar triangle symptoms : No subjective symptoms therefore area must be tested by instrumentation

⇒ Mental Nerve Block : Nerve anesthetized mental nerve Area anesthetized - Lower Lip, mucosa membrane in mucobuccal fold antrum to mental foramen Anatomical landmarks : mandible bicuspid since mental foramen usually lies at apex and just anterior to 2nd bicuspid root. Technique - Apices of bicuspid teeth shoul be estimated. A 1 inch 25 gauge needle should be inserted into mucolabial fold after cheek has been pulled to buccal side The tissue is penetrected until periosteum of mandible is gently contacted slightly anterior to apex of 2nd bicuspid The solution 0.5ml is slowly deposited in this area Symptoms : Tingling and nubness of lower lip on insected side.

⇒ Incisive Nerve Block. Nerve anesthetized - incisive nerve, mental nerve, Area anesthetized - mandible and overlying labial structures ant. to mental foramen, bicuspids, cuspids periosteum affected side, Lower lip on affected side. Anatomical land marks are same as the rare mental nerve block. Technique - Technique is same as for mental nerve block, except needle point should penetrate into mental foramen to anesthize the incisive nerve adequately mental nerve will anatomically be anesthetize same time. Subjective - Pt. will experience numbness and tingling of Lower lip. Objective - Instrumentation → Pain sensation lost.

★ Extraoral technique :

⇒ mandibular nerve Block. Nerve anesthized: mandibular nerve and its Subdivision inferior alveolar nerve, buccinator lingual nerve, mental and incisive nerve. area anesthetized: temporal region, auricle of ear and external auditory meatus. TMJ, Salivary gland, ant 2/3 of tounge, floor of mouth, mandible lower teeth, gingival and buccal mucosa. • anatomical landmarks: Land marks are same as therefore external block of maxillary nerve with technique same as that used for block of maxillary nerve exception that marker is placed on needle at a measured distance of 5cm. after needle contacts the lateral Pterygoid plate, it is withdrawn exactly as in maxillary block, however when reinserted needle is directed medially and slightly posterior so that needle will pass posterior to lateral pterygoid plate. This needle should not be introduced to a depth greater than measured 5cm. Symptoms: subjective - tingling and numbness of lower LIP and 2/3 of tounge. Symptoms: subjective tingling and numbness of lower Lip of tounge.

⇒ Vazirani - Akinosi: Closed mouth mandibular block

This technique was originally proposed by dr Joseph Akinosi in 1977, which later gained importance since landmarks are easily identified and technique is simple to master. Nerve anesthized → inferior alveolar nerve, → mental nerve → incisive nerve → Lingual nerve → Buccinator → mylohyoid nerve. Areas anesthized: Body of mandible and posterior portion of ramus, mandibular teeth and mucous membrane underlying tissue anterior to 1st mandibular molar. Tissue areas - soft tissues on mesial border of ramus of mandible, in region of inferior alveolar nerve, Lingual and mylohyoid nerve height of insertion is below that of Gow Gates technique. Landmarks: Pt is positioned in the supine posture with the teeth occluded. Retract the lip to expose maxillary and mandibular teeth. syringe directed parallel

to occlusal and sagittal plane at the level of the needle just medial to ramus of mandible 25 - 30 mm into tissue new tip of needle lies in mid position of pterygomandibular space close to branches of mandibular nerve with negative aspiration 1.5 to 1.8 ml of solution is deposited.

⇒ mental and incisive nerve Block:

Nerves anesthetized: mental nerve / incisive area anesthetized, lower lip, mandible and overlying buccal and labial structure anterior to mental foramen. mandibular teeth anterior to mental foramen. Anatomical landmarks: Bicuspid teeth, lower edge of body of mandible, supraorbital notch / infraorbital notch, pupil of eye - Technique - Patient should close the mouth in normal position and looks straight forward. The supraorbital notch and infraorbital notch / foramen, if continued downward pass through mental foramen The midway point between lower border of mandible the gingival margin is estimated and marked on imaginary line vertical rate - This should be locate mental foramen after this skin is raised at this point a 2 inch, 22 gauge needle is introduced in a slightly anterior to downward direction with gentle probing mental foramen should be located and entered 1 ml of anesthetic solution should be adequate to provide satisfactory anesthesia symptoms.

Subjective: Tingling and numbness of lower lip side injected

objective - instrumentation → absence of pain sensation.

COMPLICATION OF LOCAL ANESTHESIEA

A) Local complication: 1. complication due to drug used
1. soft tissue injury 2. sloughing of tissues

B) complication due drug used / injection technique 1. Breakage of needle
cause: sudden and unexpected movement by the patient in the opposite direction of needle insertion when needle penetrate soft palate. management - if needle visible - haemostat is used to remove the needle. if needle not visible - localize the needle and if inaccessible region removal can be done surgically.
2. Haemetoma: cause: damage blood vesseles by needle during penetration of soft tissue. management apply direct pressure over bleeding site for a few min. apply ice locally prescribe some antibiotic and muscle relexant.
3. Burning injection: cause: decreased pH of injected solution Rapid injection. management - it lasts for few seconds therefore no management required
4. infection: causes: use of unsterilized contamined needles can induce infection. management: treat the infection with appropriate antibiotic.
5. Trismus: cause: Trauma to muscle caused by repeated needle insertion especially medical pterygoid in inferior alveolar nerve blocks. excessive haemorrhage and haematoma which produces initiation of tissues and muscle dysfunction. management: moist therapy wherein hot towel are applied for 20 min an hour - analgesic for managing pain, muscle relexant - physiotherapy involving dynamic Jaw exercises
6. edema: causes: Trauma allergy, Haemorrhage, infection, injury of irrigating solution management: asses the type of edema cause and check for airways and vital sign.
7. Paresthesiea Cause Trauma to nerve by inadvertent needle penetration. Haemorrhage around neural sheath also cause pressure on nerve leading to Paresthesiea.

management: mostly resolves within 8hrs Reassurance to patient if it persist for more than 1 year. it requires neural sheath innevation

c) facial paralysis: causes: injection of local anesthic agent in parotid capsule or within the submucosa of parotid gland. management: Reassurance the patient and explain it is transient. Remove contact lenses if patient is wearing. Avoid further dental therapy.

d) visual disturbances: Diplopia, temporary blindness.

B] systemic complication.

vasodepression syncope: cause: Psycogenic facts - Pain/fear, postural changes, Anoxia, carotid sinus syndrome.

management stop all treatment, make the patient supine with legs raised give supplemental oxygen. maintior vital signs check for breathing perform basic life support if breathing is absent and summon for medical assistance.

C] adverse drug reaction

1. anaphalactic reaction.

management: antihistamine drug, oxygen steroid, Toxicity of drugs causes accidental intravascular injection high dose.

management: symptomatic treatmem: adequate ventilation Discontinue any further administration of LP.

* systemic toxicity

CNS: CNS crosses the BBB, producing CNS depression.

2. cardiovascular system: LN is used for management of cardiac dysarthmias. especially ventricular extrasystoles and ventricular tachycardia.

COMPLICATION OF DENTAL EXTRACTION

A] Intraoperative complication: 1) failure to extract 2) failure of tooth alveolar, mandible, maxillary tuberosity. causes: improper technique application of inaccurate instrumentation and forcep curved root ankylosed teeth. management: Remove root, tooth fragement compound intuberosity. If fracture segement is small mucoperiosteal flap is elevated and tuberosity is removed along with tooth.
3) mucosal Lacereation 4) Luxation / Removal of adjacent tooth Causes: improper instrumentation, no support to the adjacent structure during extraction. management: Reposition the tooth inside the socket and splint it. The tooth should be treated endodontically after one week.
5) Displacement of Root tooth in facial spaces, maxillary sinus cause. Root of upper back teeth are always a close approximation to maxillary sinus. Sometimes the antral cavities may be larger and may deepn between the apices of posterior teeth management: one location is confirmed Keep a nozzele connected to a powerful suction device at entrance of fistula to recover root.
6) Nerve injury: Causes: During removal of impacted mandibular third molar. management: Depression of impingement of nerve is present.
7) Haemorrhage. 8) TMJ dislocation/ subluxation

B] Post-operative complication
1. Haemorrhage: cause local infection, Punctured wound. acute ulcerative necrotizing bleeding management: as soon as continious bleeding is detected apply digital pressure continous for 2-3 min.
2. Dry socket: causes Difficult/traumatic extraction, use of oral contraceptive Hormonal changes advanced age. management: The affected socket should be gently irrigated with 0.12% warm chlorhexidine and all debris dislodged and aspirated Appropriate analgesic as the NaClSoq are useful
3. Post-operative oedema
4. Trismus
5. infection

C] Local complication
- Chronic osteomyelitis
- nerve damage parasthesiea.

D] Systemic complication
- syncope, respiratory obstruction
- myocardial infarction, hyperventilation.

methods of achieving haemostasis.

a) mechanical methods

1. Pressure: Firm Pressure should be applied over the bleeding site using eithe finger/gauze at least for 2-5min This would control haemorrhage by controlling the hydrostatic pressure

2. Haemostat

Application of haemostat at bleeding points help in direct occlusion of bleeding vessel

3. Suture and ligation of severed blood vessel

may be tied with ligature a permanent method Non resorbable suture such as silk and Polyethylene are used as the evoke less tissue reaction.

b] Chemical methods

1. Adrenaline: Topical application of adrenaline brings about vasoconstriction of bleeding capillaries. The concentration of 1:1000 be used for haemostasis over the oozing site.

2. Thrombin: Thrombin help in connecting fibrinogen into fibrous clot and cut to hemostat.

c] surgical

Surgical was introduced in 1940 as oxidized cellulose Polymer obtained by dissolving α cellulose in alkaline solution. It acts by forming acid products from Partial dissolution that coagulate the plasma protein to form a black / brown sticky gelatinous clot.

d) Surgical fibrillar

>modified surgical / oxidized regenerated cellulose in layer that can be adapted to irregularly surfaces and inaccessible areas.

e) Oxycel: It is an oxidized cellulose polymer product This absorbable haemostatic material is manufactured by controlled oxidation of cellulose using nitrous oxide

The cellulosic acid (cytotoxic acid) present in oxycel has affinity for Hb, which leads to formation of artificial clot. It should be applied on any surface as the acid formed during the wetting process inactivates thrombin.

It is favourablely attached to bone in extraction is that it have satisfactory hemostasis.

CASE HISTORY FORMAT - 01

PERSONAL DATA :
DATE : 29/10/22

NAME Vinod Nerkar CASE NO. : 108975 AGE : 66

SEX male OCCUPATION : Retired Ph. No.:

Email id: –

MARITAL STATUS : married INCOME : 15,000

ADDRESS : Pune.

CHIEF COMPLAINT : Patient complains of decayed tooth in Lower Jaw.

HISTORY OF CHIEF COMPLAINT :

A. Onset 5 yrs Back

B. Duration –

C. Progress –

DENTAL HISTORY No Relevant finding

A. Nature of treatment

B. Any complications

MEDICAL HISTORY

- ASTHMA –
- ALLERGY – hives or skin rash –
- BLEEDING DISORDERS / OTHER BLOOD DISORDER (ANAEMIA) –
- BLOOD TRANSFUSION –
- CARDIOVASCULAR DISEASE (Myocardial infarction, angina, stroke, high B.P heart murmur, prosthetic valves, history of rheumatic fever) –
  a. Pain or pressure in chest on exertion
  b. Breathlessness
  c. Swelling of ankles
  d. Palpitations
- Hypertension since 3 yrs and is on Telmisartan and Amlodipine.

- DIABETES

A. Increased urination
B. Increased thirst
C. Increased hunger

- OTHER ENDOCRINE PROBLEMS (HYPER OR HYPO THROIDISM)
- FITS / FAINTING SPELLS

GASTRO INTESTINAL DISTURBANCES No Relevant finding

a. Gastritis
b. Stomach ulcers

- HOSPITALISATION
- INFECTION (HIV, Hepatitis)
- JAUNDICE AND LIVER DISORDEERS (For prolonged bleeding and drug, metabolism)
- MEDICATION
- PREGNACY AND LACTATION

PERSONAL HISTORY

- HABITS
- DIET mixed
- TOOTH BRUSHING HABITS 1. Twice a day; with Brush and Paste 2. Horizontally

FAMILY HISORY:

EXAMINATION :

1. GENERAL EXAMINATION

a. GENERAL ASSESSMENT

- ORIENTED / DISORIENTED
- CO-OPERATIVE / UNCO-OPERATIVE
- FEBRILE / AFEBRILE
- GAIT / BUILT / POSTURE Endomorphic; Decubitus Normal
- PHYSICAL DEFORMITY

b. VITAL SIGNS

- TEMPERATURE Afebril
- PULSE 108 beats/min
- RESPIRATION 16 cycles/min
- BLOOD PRESSURE 140/79 mm of Hg

c. PRESENCE OF PALLOR, ICTERUS, CLUBBING & CYANOSIS

2. LOCAL EXAMINATION

A. EXTRA-ORAL EXAMINATION :

FACE :

- Presence of swelling /neck. deformity / any other lesion.
- Symmetry : grossly symetrical
- Examination of any other structures like eyes, nose, ears and throat.

LYMPH NODES :

- Palpable / non Palpable (Sub-mandibular lymph nodes)
- Tender / non tender
- Discrete / matted
- Movable / Fixed

TMJ : NO Releavant finding

- Pain or tenderness
- Clicking or crepitations
- TMJ movements – normal / reduced / no movements / increased.

A. INTRA - ORAL EXAMINATION

1. TEETH PRESENT 6 5 4 | 3 4
2. OCCLUSION –
3. PERIODONTAL STATUS recession $\bar{c}$ 5 | 3 4
4. LIPS competent
5. BUCCAL MUCOSA NO Abnormality detected
6. HARD / SOFT PALATE NO abnormality detected
7. TONGUE NO Abnormality detected
8. FLOOR OR THE MOUTH NO Abnormality detected

C. EXAMINATION OF AREA OF CHIEF COMPLAINT

Swelling / growth / ulcer / sinus 1. periapical abscess $\bar{c}$ | 4

PROVISIONNAL DIAGNOSIS

~~grossly decayed~~ $\bar{c}$ 6 5 4 | 3 4 2. periapical abscess $\bar{c}$ | 4

1. Chronic irreversible pulpitis

INVESTIGATIONS 1. OPG, 2. BT-CT, 3. CBC, 4. APTT, 5. PT-INR

6. BSL – fasting / P.P.

FINAL DIGNOSIS 1. ~~grossly decayed~~ Chronic irreversible pulpitis secondary to Distal caries $\bar{c}$ |

2. ~~periapical granuloma~~ Chronic irreversible pulpitis $\bar{c}$ | 4

TREATMENT PLAN 1. Antibiotic, Analgesic course (Amox 500 mg zerodol - P Pan - D).

2. extraction $\bar{c}$ | 3 4.

3. prosthesis ~~placement~~

4. recall after 15 days, 3 months.

CASE HISTORY FORMAT – 02

PERSONAL DATA :
DATE : 31/10/22

NAME Nutan Bhalluvi CASE NO. : – AGE : 18

SEX Female OCCUPATION : Student Ph. No.: 8767422651

Email id: Nutan372@gmail.com

MARITAL STATUS : un-married INCOME : –

ADDRESS : Pune

CHIEF COMPLAINT : Patient complains of Broken teeth in Lower Left back Region of Jaw since 2 mounths.

HISTORY OF CHIEF COMPLAINT :

A. **Onset** 2 mounths Back

B. **Duration** –

C. **Progress** –

DENTAL HISTORY No Relevant Finding

A. **Nature of treatment** –

B. **Any complications** –

MEDICAL HISTORY No Relevant History

- **ASTHMA** –
- **ALLERGY** – hives or skin rash
- **BLEEDING DISORDERS /,OTHER BLOOD DISORDER (ANAEMIA)** -
- **BLOOD TRANSFUSION** –
- **CARDIOVASCULAR DISEASE (Myocardial infarction, angina, stroke, high B.P heart murmur, prosthetic valves, history of rheumatic fever)** –
  a. **Pain or pressure in chest on exertion**
  b. **Breathlessness**
  c. **Swelling of ankles**
  d. **Palpitations**

- **DIABETES** —

A. Increased urination
B. Increased thirst
C. Increased hunger

- OTHER ENDOCRINE PROBLEMS (HYPER OR HYPO THROIDISM)
- FITS / FAINTING SPELLS

GASTRO INTESTINAL DISTURBANCES —

a. Gastritis
b. Stomach ulcers

- HOSPITALISATION
- INFECTION (HIV, Hepatitis)
- JAUNDICE AND LIVER DISORDEERS (For prolonged bleeding and drug, metabolism)
- MEDICATION
- PREGNACY AND LACTATION

PERSONAL HISTORY

- **HABITS** —
- DIET mixed
- TOOTH BRUSHING HABITS once a day; with Brush and paste Horizontally

FAMILY HISORY: —

EXAMINATION :

1. GENERAL EXAMINATION

a. GENERAL ASSESSMENT

- ORIENTED / DISORIENTED
- CO-OPERATIVE / UNCO-OPERATIVE
- FEBRILE / AFEBRILE
- GAIT / BUILT / POSTURE
- PHYSICAL DEFORMITY

Built: Ectomorphic, Normal Decubitus and No abnormality detected in gait.

b. VITAL SIGNS

- TEMPERATURE afebril
- PULSE 68 b.p.m
- RESPIRATION 15 cycles/min
- BLOOD PRESSURE 112/75 mm of Hg

c. PRESENCE OF PALLOR, ICTERUS, CLUBBING & CYANOSIS —

2. LOCAL EXAMINATION

A. EXTRA-ORAL EXAMINATION :

FACE :

- Presence of swelling /neck. deformity / any other lesion.
- Symmetry grossly symetrical face.
- Examination of any other structures like eyes, nose, ears and throat.

LYMPH NODES : No Relevant finding

- Palpable / non Palpable
- Tender / non tender
- Discrete / matted
- Movable / Fixed

TMJ : No Relevant finding
Non-Sync-jaw movements.

- Pain or tenderness
- Clicking or crepitations
- TMJ movements – normal / reduced / no movements / increased.

A. INTRA - ORAL EXAMINATION

1. TEETH PRESENT 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7
   7 6 5 4 3 2 1 | 1 2 3 4 5 6 7
2. OCCLUSION → crowding in upper and lower Anterior.
   → molar releation class I
3. PERIODONTAL STATUS → recession $\bar{c}$ 6|
4. LIPS competent
5. BUCCAL MUCOSA No Abnormality detected.
6. HARD / SOFT PALATE No Abnormality detected.
7. TONGUE No abnormality detected.
8. FLOOR OR THE MOUTH No abnormality detected.

C. EXAMINATION OF AREA OF CHIEF COMPLAINT

Swelling / growth / ulcer / sinus 1. grossly decayed tooth $\bar{c}$ | 6
(only 1 wall remanning)

PROVISIONNAL DIAGNOSIS

1. Chronic irreversible pulpitis $\bar{c}$ | 6

INVESTIGATIONS

1. RVG $\bar{c}$ | 6

FINAL DIGNOSIS

1. Chronic irreversible pulpitis secondary to carries $\bar{c}$ | 6

TREATMENT PLAN

a. Amox 500 mg 1 — 1 — 1
for 3 days.

b. Zerodol 1 — x — 1
for 3 days.

c. Pan D 1 — x — 1
for 3days before food.

2. Trans alveolar extraction $\bar{c}\,|_{6}$ [Surgical]

3. Implant Thereapy $\bar{c}\,|_{6}$ [Restorative]

4. Advice on Brushing Technique
and Recall after 15 days, 1 mounth. [maintaine]

CASE HISTORY FORMAT - 03

PERSONAL DATA :
DATE : 31/10/22

NAME manisha Bishoni CASE NO. : – AGE : 22

SEX Female OCCUPATION : Student Ph. No.: 8329235214

Email id: – ———

MARITAL STATUS : Un-married INCOME : –

ADDRESS : Pune

CHIEF COMPLAINT : Patient complains of food lodgment and pain in Lower Left Back Region of Jaw. since 2 yrs Back.

HISTORY OF CHIEF COMPLAINT :

A. Onset 2 yrs Back

B. Duration –

C. Progress –

DENTAL HISTORY

A. Nature of treatment 1. RCT ☐ 7 | 2. composite ☐ 6 | restoration

B. Any complications None Reported

MEDICAL HISTORY

- ASTHMA : since 10 yrs and on salmeterol 100 mcg. orally
- ALLERGY – hives or skin rash –
- BLEEDING DISORDERS /.OTHER BLOOD DISORDER (ANAEMIA) –
- BLOOD TRANSFUSION –
- CARDIOVASCULAR DISEASE (Myocardial infarction, angina, stroke, high B.P heart murmur, prosthetic valves, history of rheumatic fever) –
  a. Pain or pressure in chest on exertion
  b. Breathlessness
  c. Swelling of ankles
  d. Palpitations

- **DIABETES** —

A. Increased urination
B. Increased thirst
C. Increased hunger

- OTHER ENDOCRINE PROBLEMS (HYPER OR HYPO THROIDISM)
- FITS / FAINTING SPELLS

GASTRO INTESTINAL DISTURBANCES —

a. Gastritis
b. Stomach ulcers

- HOSPITALISATION
- INFECTION (HIV, Hepatitis)
- JAUNDICE AND LIVER DISORDEERS (For prolonged bleeding and drug, metabolism)
- MEDICATION
- PREGNACY AND LACTATION

PERSONAL HISTORY

- HABITS —
- DIET mixed
- TOOTH BRUSHING HABITS once a day with Brush and paste, Horizontally.

FAMILY HISORY: No Relevant finding

EXAMINATION :

1. GENERAL EXAMINATION

a. GENERAL ASSESSMENT

- ORIENTED / DISORIENTED
- CO-OPERATIVE / UNCO-OPERATIVE
- FEBRILE / AFEBRILE
- GAIT / BUILT / POSTURE Built: mesomorphic, normal Decubitus No abnormality detected in gait
- PHYSICAL DEFORMITY —

b. VITAL SIGNS

- TEMPERATURE Afebrile
- PULSE 70 b.p.m
- RESPIRATION 16 cycles/min
- BLOOD PRESSURE 110/74 mm of Hg

c. PRESENCE OF PALLOR, ICTERUS, CLUBBING & CYANOSIS —

2. LOCAL EXAMINATION

A. EXTRA-ORAL EXAMINATION :

FACE :

- Presence of swelling /neck. deformity / any other lesion.
- Symmetry grossly symetrical face
- Examination of any other structures like eyes, nose, ears and throat.

LYMPH NODES : No Relevant finding.

- Palpable / non Palpable
- Tender / non tender
- Discrete / matted
- Movable / Fixed

TMJ : Normal synchronized, Jaw movements. – ~~No Relevant finding~~.

- Pain or tenderness
- Clicking or crepitations
- TMJ movements – normal / reduced / no movements / increased.

A. INTRA - ORAL EXAMINATION

1. TEETH PRESENT 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
   8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
2. OCCLUSION class I
3. PERIODONTAL STATUS fair
4. LIPS competent
5. BUCCAL MUCOSA No abnormality detected.
6. HARD / SOFT PALATE No abnormality detected.
7. TONGUE No abnormality detected.
8. FLOOR OR THE MOUTH No abnormality detected.

C. EXAMINATION OF AREA OF CHIEF COMPLAINT

Swelling / growth / ulcer / sinus

1. grossly decayed with periapical abscess $\bar{c}$ — | 5
2. Deep occlusal caries with ~~PDL widening~~ (TOP +ve) $\bar{c}$ 8 | —

PROVISIONNAL DIAGNOSIS

1. Chronic irreversible pulpitis $\bar{c}$ 7 | 6
2. Apical periodontitis $\bar{c}$ 8 | — (TOP+ve; PDL widening evident)

INVESTIGATIONS

1. RVG $\bar{c}$ 8 7 | 5 PDL widening $\bar{c}$ 8 | —

FINAL DIGNOSIS

1. Chronic irreversible pulpitis secondary to caries $\bar{c}$ 7 | 5

TREATMENT PLAN

a. Amox 500 mg 1 — 1 — 1
for 3 days, After food.

b. Paracetemol 500mg 1 — x — 1
for 3 days. After food
(∵ Patient is Asthamatic and NSAIDs are contraindicated).

c. Pan D 40mg 1 — x — 1
for 3days. Before food.

2. Intra alveolar extraction $\bar{c}\ \frac{7}{5}$ [Surgical]

3 Implant Thereapy $\bar{c}\ \frac{7}{5}$ [Restorative]

4. Advice on oral Hygiene and [maintaince]
Recall after 8 days, 15 days and 1 mounth.

CASE HISTORY FORMAT – 04

PERSONAL DATA :
DATE : 01/11/22

NAME Supriya Ayyer CASE NO. : 107516 AGE : 32

SEX female OCCUPATION : – Ph. No.: 9175909540

Email id: SupriyaAyyer@gmail.com

MARITAL STATUS : married INCOME : –

ADDRESS : Pune

CHIEF COMPLAINT : Patient complains of Broken Tooth in upper Right Back Region of Jaw, since 2yrs.

HISTORY OF CHIEF COMPLAINT :

A. Onset 2 yrs Back

B. Duration –

C. Progress –

DENTAL HISTORY

A. Nature of treatment 1. extraction of 18 (with respect to) under L.A, 4 yrs Back.

B. Any complications none reported

MEDICAL HISTORY

- ASTHMA
- ALLERGY – hives or skin rash
- BLEEDING DISORDERS /,OTHER BLOOD DISORDER (ANAEMIA)
- BLOOD TRANSFUSION
- CARDIOVASCULAR DISEASE (Myocardial infarction, angina, stroke, high B.P heart murmur, prosthetic valves, history of rheumatic fever)
  a. Pain or pressure in chest on exertion
  b. Breathlessness
  c. Swelling of ankles
  d. Palpitations

1. H/O C-Section, 3 yrs Back, 4 yrs Back
2. H/O Tonsilectomy, 20 yrs Back

- **DIABETES**

A. Increased urination
B. Increased thirst
C. Increased hunger

- OTHER ENDOCRINE PROBLEMS (HYPER OR HYPO THROIDISM)
- FITS / FAINTING SPELLS

GASTRO INTESTINAL DISTURBANCES –

a. Gastritis
b. Stomach ulcers

- HOSPITALISATION
- INFECTION (HIV, Hepatitis)
- JAUNDICE AND LIVER DISORDEERS (For prolonged bleeding and drug, metabolism)
- MEDICATION
- PREGNACY AND LACTATION

PERSONAL HISTORY

- HABITS –
- DIET mixed
- TOOTH BRUSHING HABITS

1. once a day with Brush and Paste; Horizontally

FAMILY HISORY: 1. H/O Hypertension and Diabetes to mother

EXAMINATION :

1. GENERAL EXAMINATION

a. GENERAL ASSESSMENT

- ORIENTED / DISORIENTED
- CO-OPERATIVE / UNCO-OPERATIVE
- FEBRILE / AFEBRILE
- GAIT / BUILT / POSTURE
- PHYSICAL DEFORMITY –

mesomorphic, with Normal Decubitus and NO abnormality in Gait.

b. VITAL SIGNS

- TEMPERATURE Afebrile
- PULSE 80 beats per min
- RESPIRATION 16 cycles/min
- BLOOD PRESSURE 112 / 73 mm of Hg

c. PRESENCE OF PALLOR, ICTERUS, CLUBBING & CYANOSIS –

2. LOCAL EXAMINATION

A. EXTRA-ORAL EXAMINATION :

FACE :

- Presence of swelling /neck. deformity / any other lesion. -
- Symmetry grossly symetrical face
- Examination of any other structures like eyes, nose, ears and throat.

LYMPH NODES : -

- Palpable / non Palpable
- Tender / non tender
- Discrete / matted
- Movable / Fixed

TMJ : Normal synchronized jaw movement.

- Pain or tenderness
- Clicking or crepitations
- TMJ movements – normal / reduced / no movements / increased.

A. INTRA - ORAL EXAMINATION

1. TEETH PRESENT $\frac{8\,7\,6\,5\,4\,3\,2\,1 \mid 1\,2\,3\,4\,5\,6\,7}{8\,7\,6\,5\,4\,3\,2\,1 \mid 1\,2\,3\,4\,5\,6\,7\,8}$
2. OCCLUSION Class I
3. PERIODONTAL STATUS fair
4. LIPS competent
5. BUCCAL MUCOSA No abnormality detected
6. HARD / SOFT PALATE No abnormality detected
7. TONGUE No abnormality detected
8. FLOOR OR THE MOUTH No abnormality detected.

C. EXAMINATION OF AREA OF CHIEF COMPLAINT

~~Swelling / growth / ulcer / sinus~~ Buccally tilted $\bar{c}\frac{8}{}$ (PDL widening seen) and grossly decayed

PROVISIONNAL DIAGNOSIS

1. Chronic irreversible pulpitis secondary to caries $\bar{c}\frac{8}{}$

INVESTIGATIONS

1. ~~Rvg~~ $\bar{c}\frac{8}{}$ OPG

FINAL DIGNOSIS

1. Chronic irreversible pulpitis secondary to caries $\bar{c}\frac{8}{}$

TREATMENT PLAN

⇒ Treatment plan

1. emergency phase

1. Amox 500 mg 1 — 1 — 1
3 times a day for 3 days, After food

2. Zerodol-P 1 — x — 1
2 times a day for 3 days, After food

3. Pan-D 40 mg 1 — x — x
1 time a day for 3 days, Before food

2. Surgical phase.
Intraalveolar extraction ē 8|
(on extraction Dilacereation was noted)

3. Restorative phase -
~~Implant therapy~~

4. maintaince phase
Brushing Technique, Adviced.
Recall after 15 days.

4/11/22

CASE HISTORY FORMAT - 05

PERSONAL DATA :
DATE : 04/11/22

NAME Baba Shelar CASE NO. : 109368 AGE : 33

SEX male OCCUPATION : farmer Ph. No.: 8482816265

Email id: -

MARITAL STATUS : unmarried INCOME : 20,000

ADDRESS : Pune

CHIEF COMPLAINT : Patient complains of pain upper left Back Region of Jaw since, 10 days.

HISTORY OF CHIEF COMPLAINT :

A. Onset 10 days Back

B. Duration Constant, Dull aching pain; patient able to localize

C. Progress

DENTAL HISTORY No Relevant finding

A. Nature of treatment

B. Any complications

MEDICAL HISTORY No Relevant finding

- ASTHMA
- ALLERGY – hives or skin rash
- BLEEDING DISORDERS /,OTHER BLOOD DISORDER (ANAEMIA)
- BLOOD TRANSFUSION
- CARDIOVASCULAR DISEASE (Myocardial infarction, angina, stroke, high B.P heart murmur, prosthetic valves, history of rheumatic fever)
  a. Pain or pressure in chest on exertion
  b. Breathlessness
  c. Swelling of ankles
  d. Palpitations

- **DIABETES**

A. Increased urination
B. Increased thirst
C. Increased hunger

- OTHER ENDOCRINE PROBLEMS (HYPER OR HYPO THROIDISM)
- FITS / FAINTING SPELLS

GASTRO INTESTINAL DISTURBANCES

a. Gastritis
b. Stomach ulcers

- HOSPITALISATION
- INFECTION (HIV, Hepatitis)
- JAUNDICE AND LIVER DISORDEERS (For prolonged bleeding and drug, metabolism)
- MEDICATION
- PREGNACY AND LACTATION

PERSONAL HISTORY

- HABITS 1. Alcohol once a week 2. Tobacoo quit frequentley ; but not daily
- DIET mixed
- TOOTH BRUSHING HABITS 1. with Brush and paste , once a day Horizontally

FAMILY HISORY: No Relevant finding

EXAMINATION :

1. GENERAL EXAMINATION

a. GENERAL ASSESSMENT

- ORIENTED / DISORIENTED
- CO-OPERATIVE / UNCO-OPERATIVE
- FEBRILE / AFEBRILE mesomorphic with excellent Decubitus
- GAIT / BUILT / POSTURE and no abnormality in gait
- PHYSICAL DEFORMITY –

b. VITAL SIGNS

- TEMPERATURE Afebrile
- PULSE 76 beats per min
- RESPIRATION 14 cycles/min
- BLOOD PRESSURE 109/79 mm of Hg

c. PRESENCE OF PALLOR, ICTERUS, CLUBBING & CYANOSIS

2. LOCAL EXAMINATION

A. EXTRA-ORAL EXAMINATION :

FACE :

- Presence of swelling /neck. deformity / any other lesion.
- Symmetry grossly symetrical face
- Examination of any other structures like eyes, nose, ears and throat.

LYMPH NODES :

- Palpable / non Palpable
- Tender / non tender
- Discrete / matted
- Movable / Fixed

TMJ : Normal synchronized Jaw movements

- Pain or tenderness
- Clicking or crepitations
- TMJ movements – normal / reduced / no movements / increased.

A. INTRA - ORAL EXAMINATION

1. TEETH PRESENT 76 5 4 3 2 1 | 1 2 3 4 5 6 7
   76 5 4 3 2 1 | 1 2 3 4 5 6 7
2. OCCLUSION Class I (By molar releationship)
3. PERIODONTAL STATUS Poor with generealized marginal gingivitis
4. LIPS competent
5. BUCCAL MUCOSA No abnormality detected
6. HARD / SOFT PALATE No abnormality detected
7. TONGUE No abnormality Detected
8. FLOOR OR THE MOUTH No abnormality detected.

C. EXAMINATION OF AREA OF CHIEF COMPLAINT

~~Swelling~~ / ~~growth~~ / ~~ulcer~~ / ~~sinus~~

1. Root Piece $\bar{c}$ —|6 (TOP +ve)
2. Dentoalveolar abscess $\bar{c}$ —|6
   (an ill-defined ; modereate size radiolunce y evident)

PROVISIONNAL DIAGNOSIS

1. Dentoalveolar abscess $\bar{c}$ —|6

INVESTIGATIONS

IOPA $\bar{c}$ —|6

FINAL DIGNOSIS

1. Dentoalveolar abscess secondary to caries and gingivitis $\bar{c}$ —|6

TREATMENT PLAN

1. Emergency phase

1. Cap. Amox (500 mg) 1 — 1 — 1

   3 times a day for 3 days, After food

2. Tab. Zerodol-P 1 — 0 — 1

   2 times a day for 3 days, After food

3. Pan-D (40mg) 1 — 0 — 0

   1 time a day for 3 days, Before food

2. surgical Phase

Intraalveolar extraction ~~7~~ 6

3. Restorative Phase
   1. implant thereapy
   2. Bridge (fixed partial Denture)

4. maintaince phase.
   1. Advice Brushing Technique
   2. Recall after 8 days and 15 days
   3. Periodontal consult after healing has taken place.

5/11/22

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D. Y. Patil Knowledge City, Charholi (BK) Via - Lohegaon, Pune - 412105

DEPARTMENT OF PERIODONTOLOGY

AND

ORAL IMPLANTOLOGY

Year : 2021 - 22

Name : Gargi Rajendra Ghosalkar

Roll No. : 23

Univ. Examination No.: 43130

Signature of In -Charge

Signature of HOD

INDEX

1. Do's and Don'ts for students.
2. List of Instruments for III B.D.S. and IV B.D.S. Clinics.
3. Clinical Quota.
4. Demonstrations.
5. Work Done.
6. Case History Sheets.
7. Tutorials.
8. Books for Reference .

Do's and Don'ts for Students

1. Students should be punctual to clinics and works sincerely.
2. Each student should wear a clean apron and strictly follow- Formal dress code with Name plate.
3. No Slippers or sports shoes allowed **formal shoesto be worn compulsory.**
4. Equipments in clinics should be **handled** with utmost care. Students shall be fined for any damage/loss.
5. No page from journal should be torn, nor any remark to be rubbed off.
6. Use of **Sterilized instruments,** Face **Mask, Head camp, Hand gloves** and **eye protector** is mandatory while working on a patient.
7. **Mobile Phones** are strictly not allowed in clinics. Any misbehavior in this regard shall lead to the mobiles being confiscated.
8. Students should pay attention to their personal hygiene, such as- nails should be trimmed and without nail polish.
9. Each student should carry the **Journal** daily for clinics.
10. Each student should make **Entries** in the work done and appointment register every day after treatment.
11. Students must take **signature** on case history and work done on the same day of treatment.
12. Students cannot leave the Department without permission.
13. Students shall be given demonstration of various procedures during the course of the postings, hence attendance is considered of utmost importance. Students who remain absent have to justify their absence appropriately.

List of Instruments for III B.D.S. and IV B.D.S. Clinics

1. Mouth Mask
2. Surgical Gloves
3. Head Cap
4. Eye Protector
5. Drape
6. Mouth Mirror
7. Explorer
8. Straight Probe
9. WillamsGranduated Periodontal Probe.
10. Tweezer
11. Cotton Holder
12. Cotton Receiver
13. Disposable Glasses
14. Dappen Dish – 02
15. Kidney Tray – 01
16. SupragingivalScalers (Set of 8)
17. SubgingivalScalers (Set of 7)
18. Universal Curettes 2R/2L,4R/4L
19. Contra- angle MicromotorHandpiece
20. Polishing Cup -02
21. Polishing Brush -02
22. Green Cloth (3) and Instrument Pouch (2)
23. Oral Hygiene Demostration Kit

    (Tooth Brush

    Floss

    Small Face Mirror

    Study Cast- Upper & Lower)

(Note :-All the above instruments are mandatory during posting and should be in working condition.)

Clinical Quota

THIRD B.D.S

Sr. No.	NATURE OF WORK	No.
1.	Demostations.	5
2.	Case History And Clinical Examination	5
3.	Seminars.	1
4.	Supragingival /Subgingival Scaling	20

Final B.D.S.

Sr. No.	NATURE OF WORK	No.
1.	Demostations.	5
2.	Case History And Clinical Examination.	20
3.	Supragingival /Subgingival Scaling and Root Paining	30
4.	Curettage/Surgical Assistance.	1
5.	Seminars.	1

Demonstrations

III B.D.S.

Sr. No.	Date	Topic	Staff Signature
1.	4/4/21	Case history - I, II	
2.	5/4/21	Instruments	
3.	7/4/21	Mechanical plaque contro	
4.	8/4/21	Principles of instrumentation	
5.			

III B.D.S.

Sr. No.	Date	Topic	Staff Signature
1.	17/5/21	Chemical plaque control	
2.	18/5/21	Case history II	
3.	10/5/21	Instrument discussion	
4.	21/5/21	Scaling demo.	
5.	29/5/21	Polishing demo.	

Demonstrations

IV B.D.S.

Sr. No.	Date	Topic	Staff Signature
1.	12/12/22	Instruments revision	
2.	14/12/22	Principles of instrumentation (revision)	
3.	13/12/22	Mechanical plaque control (II)	
4.	17/12/22	Chemical plaque control	
5.	20/12/22	Case history revision	

IV B.D.S.

Sr. No.	Date	Topic	Staff Signature
1.	09/4/22	Case history revision Page 1	
2.	4/9/22	Case history discussion Page 2.3 (Revision)	
3.	9/4/22	Instruments (revision)	
4.	10/4/22	Case history (Page 6)	
5.	11/5/22	~~Case history~~ Chemical Plaque control	

WORK DONE

Sr.No	Date	O.P.D.No	Name of work Done	Grade	Staff Signature
1.	11/8/21	73827	Saroj Joshi - Full mouth hand scaling		
2.	12/8/21	74114	Jitendra Mundhe Full mouth hand scaling		
3.	14/12/21	82685	Shalaka Dixit Full mouth hand scaling		
4.	15/12/21	79928	Aditi Mane Full mouth hand scaling		

Sr.No	Date	O.P.D.No	Name of work Done	Grade	Staff Signature
5.	16/12/21	81223	Kishor Nalawade Full mouth hand scaling		
6.	6/4/22	91234	Sangita More Full mouth hand scaling		
7.	8/4/22	92345	Abhishek Shinde Full mouth hand scaling		
8.	9/4/22	89921	Akash Mogale Full mouth hand scaling		

Sr.No	Date	O.P.D.No	Name of work Done	Grade	Staff Signature
9.	16/12/21	83157	Babita Kelkar Mandibular anterior		
10.	23/12/21	83435	Vishwas Devkar Full mouth scaling		
11.	7/6/22	96424	Khushi Bhat Full mouth scaling		

CASE HISTORY

Sr. No.: 01 | Year: 2021

Patient's Name: Shalaka Dixit | O.P.D. No.: 82685

Age: 28 years | Date: 14/12/21

Sex: Female | Occupation: Architect

Address: Vimannagar, Pune | Income: 40,000/-

Chief Complaint: Patient complains of uncleaned teeth since 1 month

History of present illness: Patient was apparently asymptomatic 1 month ago. Then, she noticed uncleaned teeth

Past Dental History: Patient has undergone RCT $\bar{c}$ $\frac{+}{6}$ tooth which was deeply carious, in 2014 at private dental clinic. Then Patient also has undergone restorative treatment (composite restoration) $\bar{c}$ $\frac{+}{6}$ in 2014 at private clinic.

Past Medical History:

NRH

Family History:

NRH

Personal History: Diet - Vegetarian (+ eggs)

Oral hygiene habits: Horizontal brushing once a day with medium toothbrush & toothpaste. No other dental hygiene aids are being used.

Other habits :

Extra Oral Examination :

Symmetry of face : Grossly symmetrical

Lips: Competent

Lymph Nodes : Normal (non palpable)

T.M.Joint: No deviation, clicking. Adequate movement is seen.

Intra Oral Examination :

Halitosis: Absent

Oral Mucous Membrane : No abnormalities detected

Tongeue: No abnormalities detected

Palate: No abnormalities detected

Gingiva :

	Region	Colour	Contour	Consistency	Surface Texture	Size	Bleeding On Probing	Exudation
MAXILLARY	Anterior	pink with pigmentation	Scalloped	Firm	Stippling +ve	Normal	~~Absent~~ present	Absent
	Posterior	-11-	-11-	-11-	-11-	-11-	present ~~Absent~~	-11-
MANDIBULAR	Anterior	-11-	-11-	-11-	-11-	-11-	-11-	-11-
	Posterior	-11-	McCall's festoon $\frac{C}{5}\frac{+}{5}$	-11-	-11-	-11-	-11-	-11-

Mucogingival Problems : None

Frenal Attachment :

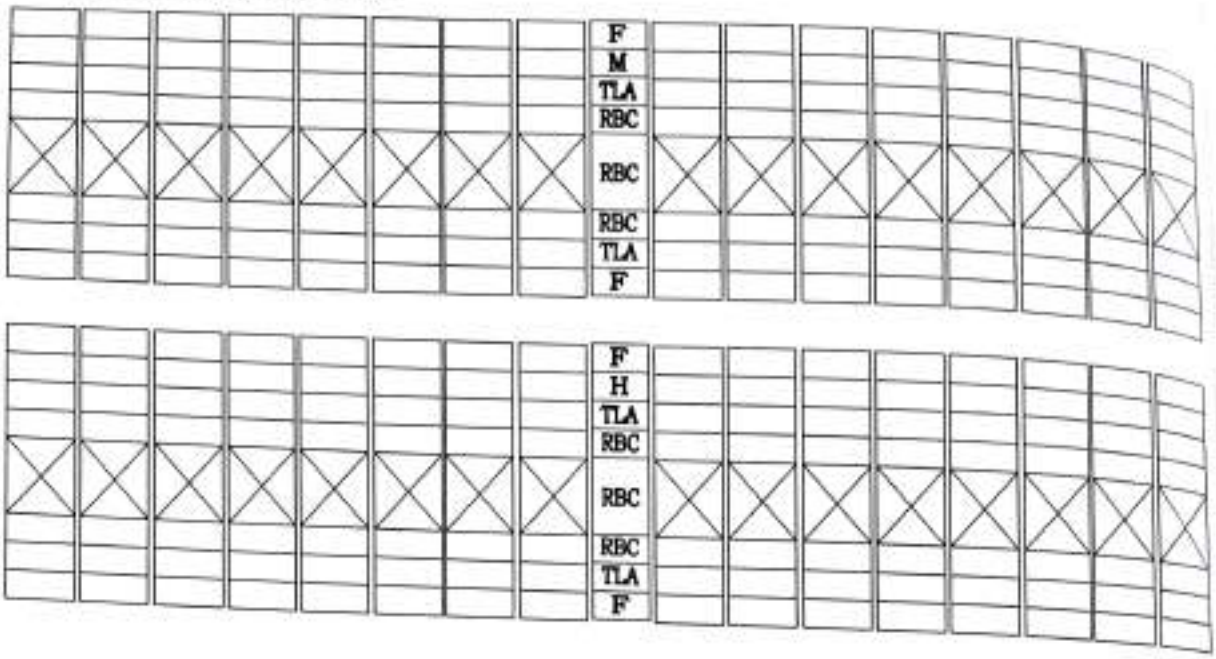
Upper : Mucosal

Lower : Mucosal

Width of attached Gingiva : ✓ Adequate/Inadequate

Tension Test Negative

Periodontal Pockets :



F- Furcation Involvement,

M- Mobility

TLA- Total loss of attachment,

REC- Recession,

PKT-Pocket

Examination of Teeth :

Teeth Present : 32

Wasting Diseases :Attrition / Abrasion /Erosion

(–)(–)(–)

Carious Teeth : $\bar{6}$

Restored Teeth: $\frac{\bar{6}}{6|6}$ ($\bar{6}$: RCT)

Faulty Restoration : –

Pathologic Migration: –

Drifting : –

Proximal Contacts : Close contacts

Food Impaction : –

Occlusion : Angle's Class I

Fremitus Test : -ve

Teeth Deposits : Plaque : ++ Calculus ++ Stains +

Hypersensitivity: –

Etiological Factors :

Local :

Primary :

Secondary :

Systemic :

Investigations : –

Laboratory : –

Radiographic : –

Diagnosis : Chronic generalized marginal gingivitis

Prognosis :

Overall: Good

Individual: Good

Treatment Plan

Preliminary/ Emergency Treatment ;

Phase I : Comprehensive scaling & root planing, ~~Or~~ Brushing technique instructions.
~~Tobacco~~

Phase II : –

Phase III:

Restoration $\bar{c}$ $\frac{6}{}$

Phase IV: Maintenance phase

INDICES

1. Simplified Oral Hygiene Index (Greene & Vermillion 1964):

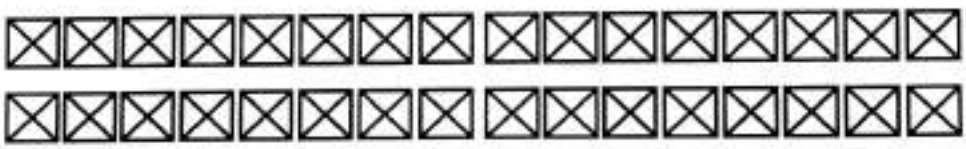
DI-S		

CI-S		

OHIS Score Per Person:

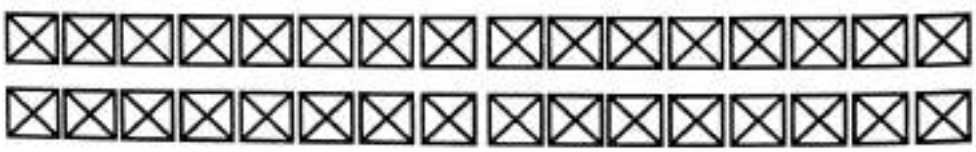
Oral Hygiene Status : Good / Fair / Poor

2. Plaque Index (Turesky- Gilmore Glickman, 1970)



Plaque Score Per Person :

3. Gingival Index (Loe and Silness 1963)



Gingival Score Per Person :

CASE HISTORY

Sr. No.: 02 Year: 2021

Patient's Name: Aditi Mane O.P.D. No.: 79928

Age: 19 years Date: 15/12/2021

Sex: Female Occupation: Student

Address: Lohegaon, Pune Income: -

Chief Complaint: Patient complains of uncleaned teeth since 1 month.

History of present illness: Patient was apparently asympto. matic 1 month ago then she noticed some uncleaned teeth.

Past Dental History: Patient is undergoing root canal treatment $\frac{\bar{C}}{6}$. This tooth was paining due to deep caries. Endodontic therapy is being done since 1 month in D Y Patil Dental School. Obturation is done. Crown placement is remained.

Past Medical History:

NRH

Family History:

NRH

Personal History: -

Oral hygiene habits: Horizontally once a day with medium bristles toothbrush and toothpaste.

Other habits : -

Extra Oral Examination :

Symmetry of face : Grossly symmetrical

Lips: Competent

Lymph Nodes : Non palpable

T.M.Joint: No clicking sound, no deviation seen Adequate mouth opening.

Intra Oral Examination :

Halitosis: Absent

Oral Mucous Membrane : No abnormalities detected

Tongeue: No abnormalities detected

Palate: No abnormalities detected

Gingiva :

	Region	Colour	Contour	Consistency	Surface Texture	Size	Bleeding On Probing	Exudation
MAXILLARY	Anterior	pink with pigmentation	Scalloped	Firm & resilient	Stippling seen	Normal	+ve	Absent
	Posterior	-"-	-"-	-"-	-"-	-"-	-"-	-"-
MANDIBULAR	Anterior	-"-	-"-	-"-	-"-	-"-	-"-	-"-
	Posterior	-"-	-"-	-"-	-"-	-"-	-"-	-"-

Mucogingival Problems : Absent

Frenal Attachment :

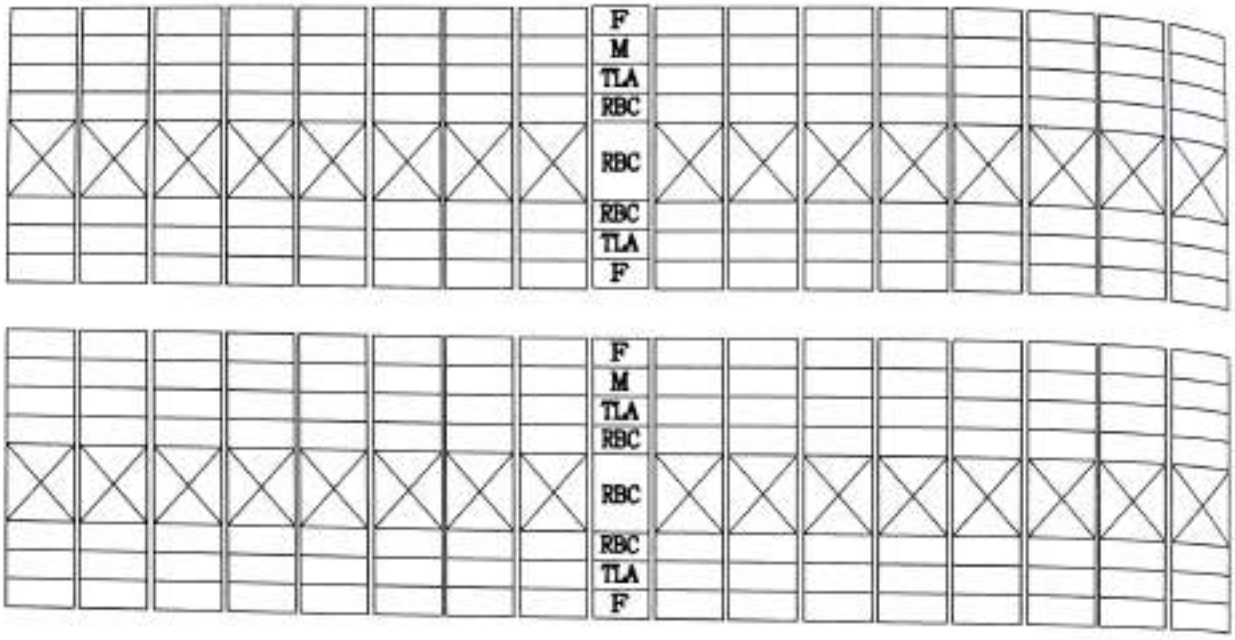
Upper : Gingival

Lower : Gingival

Width of attached Gingiva : ✓ Adequate/Inadequate

Tension Test Negative

Periodontal Pockets :



F- Furcation Involvement,

M- Mobility

TLA- Total loss of attachment,

REC- Recession,

PKT-Pocket

Examination of Teeth :

Teeth Present ; 28

Wasting Diseases :Attrition / Abrasion /Erosion

(-ve) (-ve) (-ve)

Carious Teeth : -

Restored Teeth: $\overline{C}$ $\overline{6}$

Faulty Restoration : -

Pathologic Migration: -

Drifting : -

Proximal Contacts : Tight contacts

Food Impaction : -

Occlusion : Angle's Class I

Fremitus Test : -ve

Teeth Deposits : Plaque : Calculus ++ Stains +

Hypersensitivity: -

Etiological Factors :

Local : -

Primary : -

Secondary : -

Systemic : -

Investigations : -

Laboratory : -

Radiographic : -

Diagnosis : Chronic generalized marginal gingivitis



Prognosis :

Overall: Good

Individual: Good

Treatment Plan

Preliminary/ Emergency Treatment :

Phase I : Comprehensive
Scaling & Root planing
Brushing technique instructions

Phase II : –

Phase III:
Crown $\frac{\bar{c}}{6}$

Phase IV: Maintenance phase

INDICES

1. Simplified Oral Hygiene Index (Greene & Vermillion 1964):

DI-S		

CI-S		

OHIS Score Per Person:

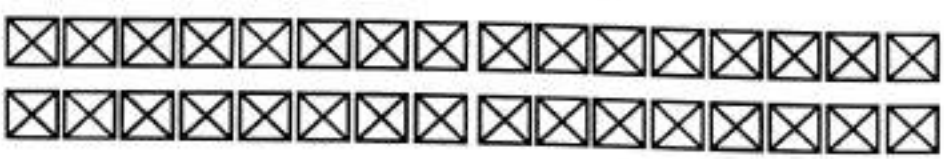
Oral Hygiene Status : Good / Fair / Poor

2. Plaque Index (Turesky- Gilmore Glickman, 1970)



Plaque Score Per Person :

3. Gingival Index (Loe and Silness 1963)



Gingival Score Per Person :

CASE HISTORY

Sr. No.: 03 Year :

Patient's Name : Babita Kelkar O.P.D. No.: 83157

Age : Female 40yrs Date : 16/12/2021

Sex : Female Occupation : Housewife

Address: Alandi, Pune Income: -

Chief Complaint : Patient complains of unclean teeth since 1 month.

History of present illness : Patient was apparently asymptomatic 1 month ago then she noticed unclean teeth and food impaction in upper left posterior region of jaw.

Past Dental History : ~~NRH~~ None

Past Medical History : NRH

Family History : NRH

Personal History: Mixed diet

Oral hygiene habits: Pt brushes teeth twice a day with soft toothbrush & dentifrice - Horizontally

Other habits : No other cuids.

-

Extra Oral Examination :

Symmetry of face : Grossly symmetrical

Lips: Competent

Lymph Nodes : Non palpable

T.M.Joint: No clicking , deviation

Intra Oral Examination :

Halitosis: Absent

Oral Mucous Membrane :

No abnormalities detected.

Tongeue: No abnormalities detected.

Palate: No abnormalities detected.

Gingiva :

	Region	Colour	Contour	Consistency	Surface Texture	Size	Bleeding On Probing	Exudation
MAXILLARY	Anterior	pink with pigmentation	Scalloping	firm & resilient	Stippling absent	Normal	+ve	-ve
	Posterior	-"-	-"-	-"-	-"-	-"-	+ve	-ve
MANDIBULAR	Anterior	"	"	"	"	"	+ve	-ve
	Posterior	"	"	"	"	"	+ve	-ve

Mucogingival Problems : -

Frenal Attachment :

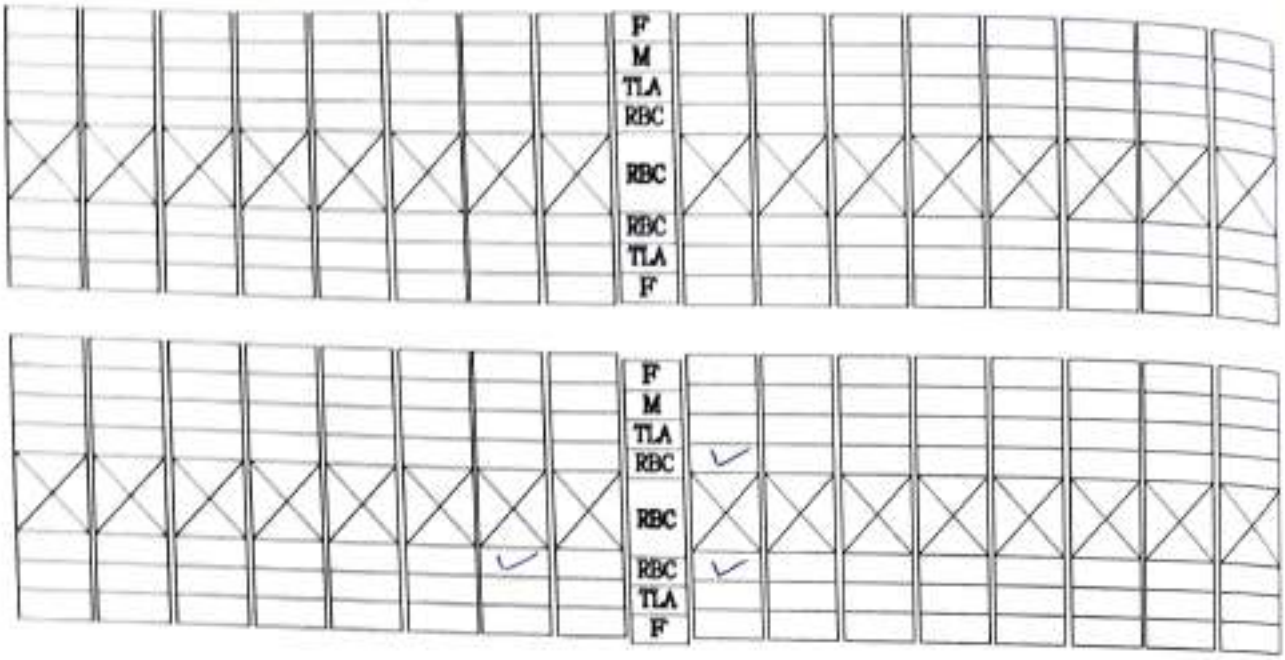
Upper : Mucosal

Lower : mucosal

Width of attached Gingiva : ✓ Adequate/Inadequate

Tension Test -ve

Periodontal Pockets :



F- Furcation Involvement,

M- Mobility

TLA- Total loss of attachment,

REC- Recession,

PKT-Pocket

Examination of Teeth :

Teeth Present ;

Wasting Diseases :Attrition / Abrasion /Erosion

(21 \| 12) (-) (-)

Carious Teeth : 7 \| 6 7

Restored Teeth: –

Faulty Restoration : –

Pathologic Migration: -

Drifting : –

Proximal Contacts : Close

Food Impaction : +ve

Occlusion : Angles Class I

Fremitus Test : -ve

Teeth Deposits : Plaque : + Calculus ++ Stains –

Hypersensitivity: –ve

Etiological Factors : –

Local :

Primary :

Secondary :

Systemic :

Investigations : –

Laboratory : –

Radiographic : –

Diagnosis : Chronic generalized marginal gingivitis and chronic localized periodontitis

$\bar{c}$ 6 | 2 | 1

Prognosis :

Overall: Good

Individual: Good

Treatment Plan

Preliminary/ Emergency Treatment ;

Phase I : Comprehensive scaling & root planing
Brushing technique instructions
Other oral hygiene aids - interdental brushes , Dental floss.

Phase II : –

Phase III: Restorations $\overline{c}$ $\begin{array}{c|c} & 6 \\ \hline 7 & 7 \end{array}$

Phase IV: Maintenance phase

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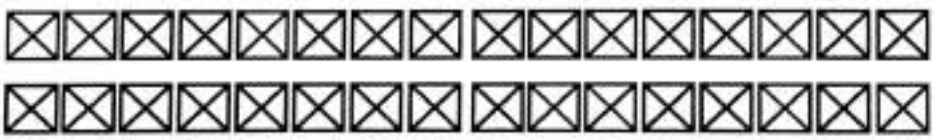
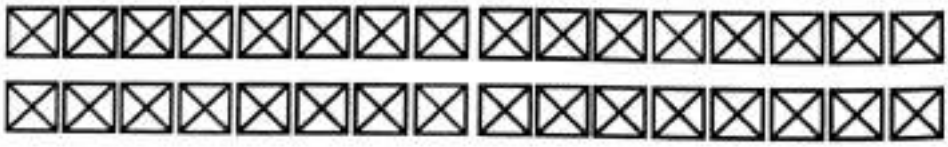
2. Plaque Index (Turesky- Gilmore Glickman, 1970)



Plaque Score Per Person :

3. Gingival Index (Loe and Silness 1963)



Gingival Score Per Person :

CASE HISTORY

Sr. No.: 04 Year: 2021

Patient's Name: Vishwas Devkar O.P.D. No.: 83435

Age: 43 yrs Date: 23/12/21

Sex: Male Occupation: Driver

Address: Kalas Pune Income: 30,000/-

Chief Complaint: Patient complains of pain in upper right back region of jaw and fractured tooth in same region. Patient also complains of unclean teeth since 1 month.

History of present illness: Pt was apparently asymptomatic 1 month ago, then he ~~not~~ undergone trauma & tooth got fractured also he noticed uncleaned teeth.

Past Dental History: Extraction due to caries $\bar{c}$ $\overset{\text{6 months ago}}{\overline{|6}}$

Restoration $\bar{c}$ $\overline{|5}$ 2 years ago

Past Medical History: NRH

Family History: NRH

Personal History: –

Oral hygiene habits: Pt brushes teeth twice a day horizontally with toothbrush-past-medium No other aids

Other habits : None

Extra Oral Examination :

Symmetry of face : Grossly symmetrical

Lips: Competent

Lymph Nodes : Non palpable

T.M.Joint: No deviation, no clicking sound

Intra Oral Examination :

Halitosis: Absent

Oral Mucous Membrane : No abnormalities detected

Tongeue: No abnormalities detected

Palate: No abnormalities detected

Gingiva :

	Region	Colour	Contour	Consistency	Surface Texture	Size	Bleeding On Probing	Exudation
MAXILLARY	Anterior	Pink with pigmentation	Scalloped	Firm & resilient	Stippling present	Normal	+ve	Absent
	Posterior	"	"	"	"	"	+ve	"
MANDIBULAR	Anterior	"	"	"	"	"	+ve	"
	Posterior	"	"	"	"	"	+ve	"

Mucogingival Problems : None

Frenal Attachment :

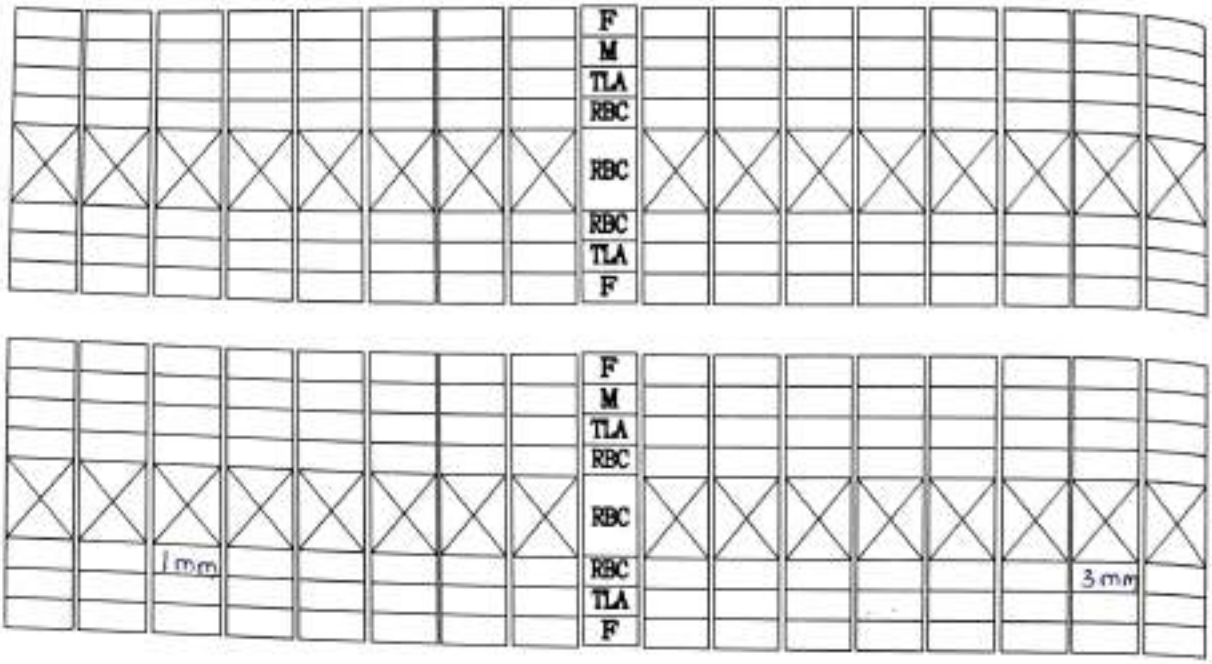
Upper : Mucosal

Lower : Mucosal

Width of attached Gingiva : ✓ Adequate/Inadequate

Tension Test -ve

Periodontal Pockets :



F- Furcation Involvement,

M- Mobility

TLA- Total loss of attachment,

REC- Recession,

PKT-Pocket

Examination of Teeth : 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Teeth Present : 30 7 6 5 4 3 2 1 | 1 2 3 4 5 7 8

Wasting Diseases : Attrition / Abrasion / Erosion

(+/1 1) (-) (-)

Carious Teeth : +5 Fractured restoration

Restored Teeth: * Carious teeth : 8 7 | 8 / 7 | 7

Faulty Restoration : -

Pathologic Migration: -

Drifting : -

Proximal Contacts : -

Food Impaction : -

Occlusion : Angles Class I

Fremitus Test : -ve

Teeth Deposits : Plaque : Calculus Stains

Hypersensitivity: -

Etiological Factors :

Local :

Primary :

Secondary :

Systemic :

Investigations :

Laboratory : –

Radiographic : –

Diagnosis : Chronic generalized marginal gingivitis with localized chronic periodontitis $\frac{\bar{C}}{6|7}$

Prognosis :

Overall: Good

Individual: Good

Treatment Plan

Preliminary/ Emergency Treatment ;

Phase I : Comprehensive scaling & root planing
Proper Brushing technique instructions.

Phase II : 1) Root canal treatment $\bar{c}$ $\frac{7}{+}$
2) Implant body placement $\bar{c}$ $\frac{}{+6}$

Phase III: 1) Post endodontic treatment restoration (crown) $\frac{7}{+}$
2) Crown of implant placement $\frac{}{+6}$
3) Re-restoration $\bar{c}$ $\frac{}{+5}$

Phase IV: Maintenance phase

INDICES

1. Simplified Oral Hygiene Index (Greene & Vermillion 1964):

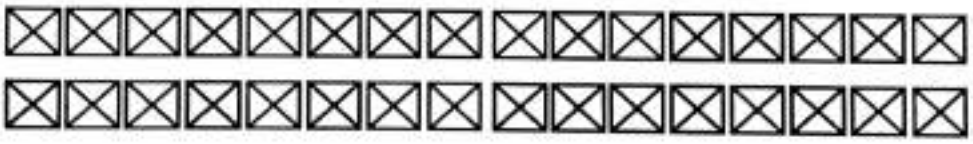
DI-S		

CI-S		

OHIS Score Per Person:

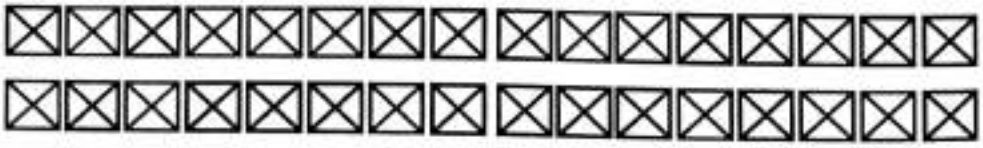
Oral Hygiene Status : Good / Fair / Poor

2. Plaque Index (Turesky- Gilmore Glickman, 1970)



Plaque Score Per Person :

3. Gingival Index (Loe and Silness 1963)



Gingival Score Per Person :

CASE HISTORY

Sr. No.: 05 Year: 2021

Patient's Name: Anish Sarode O.P.D. No.: 82790

Age: 20 years Date: 17/12/2021

Sex: Male Occupation: Student

Address: Lohegaon Pune Income: -

Chief Complaint: Patient complains of uncleaned teeth since 5 months

History of present illness: Patient was apparently asymptomatic 5 months ago then he noticed uncleaned teeth.

Past Dental History: Patient has not undergone any dental treatment yet.

Past Medical History: NRH

Family History: NRH

Personal History: Mixed diet

Oral hygiene habits: Patient brushes teeth once a day horizontally with medium toothbrush. No other oral hygiene aids are being used

Other habits : –

Extra Oral Examination :

Symmetry of face : Grossly symmetrical

Lips: Competent

Lymph Nodes : Non palpable

T.M.Joint: No clicking, deviation

Intra Oral Examination :

Halitosis: Absent

Oral Mucous Membrane : No abnormalities detected

Tongeue: No abnormalities detected

Palate: No abnormalities detected.

Gingiva :

	Region	Colour	Contour	Consistency	Surface Texture	Size	Bleeding On Probing	Exudation
MAXILLARY	Anterior	pink with pigmentation	Scalloped	Firm	Stippling seen	Normal	+ve	-ve
	Posterior	-"-	-"-	-"-	Not seen		+ve	-ve
MANDIBULAR	Anterior	-"-	-"-	-"-	Stippling seen		+ve	-ve
	Posterior	-"-	-"-	-"-	Not seen		+ve	-ve

Mucogingival Problems : None

Frenal Attachment :

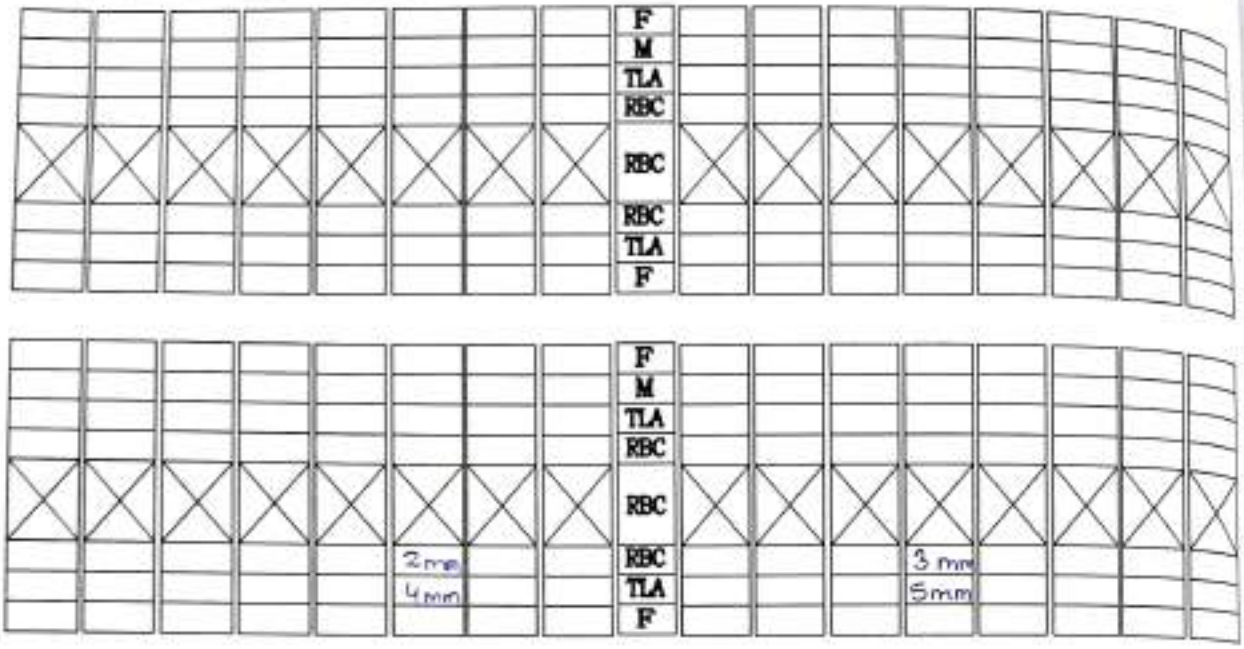
Upper : Mucosal

Lower : Mucosal

Width of attached Gingiva : ✓ Adequate/Inadequate

Tension Test Negative

Periodontal Pockets :



F- Furcation Involvement,

M- Mobility

TLA- Total loss of attachment,

REC- Recession,

PKT-Pocket

Examination of Teeth :

Teeth Present ;

Wasting Diseases :Attrition / Abrasion /Erosion

(-) (-) (-)

Carious Teeth : $\frac{C}{76|6}$

Restored Teeth: -

Faulty Restoration : -

Pathologic Migration: -

Drifting : -

Proximal Contacts : close contacts

Food Impaction : -

Occlusion : Angle's class III

Fremitus Test : -ve

Teeth Deposits : Plaque : ++ Calculus ++ Stains +

Hypersensitivity: -

Etiological Factors :

Local :

Primary :

Secondary :

Systemic :

Investigations :

Laboratory :

Radiographic :

Diagnosis : Chronic generalized marginal gingivitis with chronic localized periodontitis c 3|4

Prognosis :

Overall: Good

Individual: Fair c 3|4

Treatment Plan

Preliminary/ Emergency Treatment ;

Phase I : Comprehensive scaling & root planing treatment.
Brushing technique instructions

Phase II : Surgical phase.
Root coverage $\frac{\overline{C}}{3|4}$
(Gingival augmentation coronal to recession)

Phase III: Restoration $\frac{\overline{C}}{76|6}$
Orthodontic treatment for class III malocclusion.

Phase IV: Maintenance phase

INDICES

1. Simplified Oral Hygiene Index (Greene & Vermillion 1964):

DI-S		

CI-S		

OHIS Score Per Person:

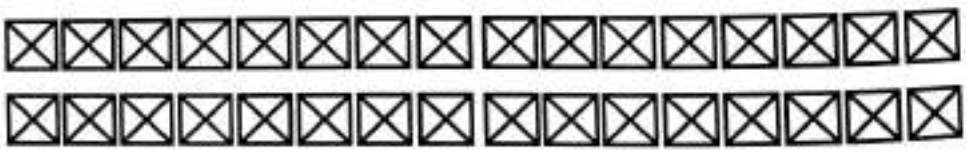
Oral Hygiene Status : Good / Fair / Poor

2. Plaque Index (Turesky- Gilmore Glickman, 1970)



Plaque Score Per Person :

3. Gingival Index (Loe and Silness 1963)



Gingival Score Per Person :

CASE HISTORY

Sr. No.: 06 Year : 2021

Patient's Name : Pravin Kamble O.P.D. No.: 96287

Age : 42 years Date :

Sex : Male Occupation : Shopkeeper

Address: Dhanori Kalas Pune Income: 30,000/-

Chief Complaint : Patient complains of unclean teeth since 3 months

History of present illness : Patient was apparently asymptomatic 3 months ago. Then he noticed some uncleaned teeth.

Past Dental History : Patient has undergone RCT $\overline{c}$ $\overline{7}$ 2 years ago in private dental clinic in Pune.

Past Medical History : NRH

Family History : NRH

Personal History: Diet - Mixed

Oral hygiene habits: Horizontal brushing once a day
No other aids.

Other habits : -

Extra Oral Examination :

Symmetry of face : Grossly symmetrical

Lips: Competent

Lymph Nodes : Non palpable

T.M.Joint: No clicking & deviation

Intra Oral Examination :

Halitosis: Absent

Oral Mucous Membrane : No abnormalities detected

Tongeue: No abnormalities detected

Palate: No abnormalities detected.

Gingiva :

	Region	Colour	Contour	Consistency	Surface Texture	Size	Bleeding On Probing	Exudation
MAXILLARY	Anterior	Pink with pigmentation	Scalloped	Firm & resilient	Stippling	Normal	+ve	Absent
	Posterior						+ve	—"—
MANDIBULAR	Anterior						+ve	—"—
	Posterior						+ve	—"—

Mucogingival Problems : None

Frenal Attachment :

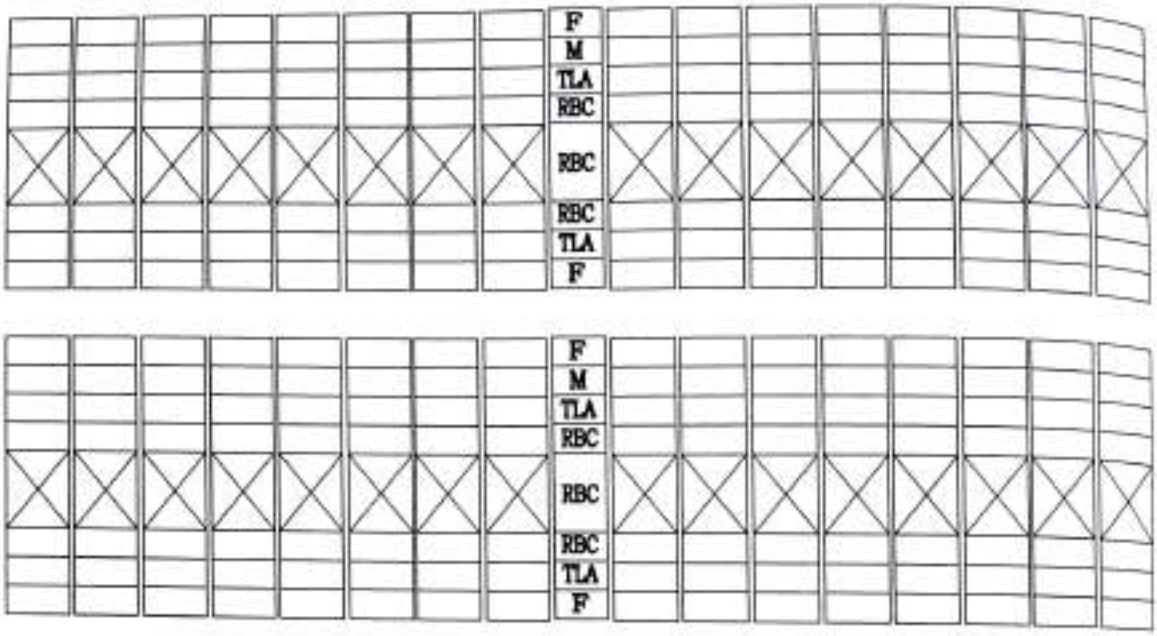
Upper : Mucosal

Lower : Mucosal

Width of attached Gingiva : Adequate/Inadequate

Tension Test Negative

Periodontal Pockets :



F- Furcation Involvement,

M- Mobility

TLA- Total loss of attachment,

REC- Recession,

PKT-Pocket

Examination of Teeth :

Teeth Present : 32

Wasting Diseases :Attrition / Abrasion /Erosion

(-) (-) (-)

Carious Teeth : $\overline{E}$ $+^{7}$

Restored Teeth: -

Faulty Restoration : -

Pathologic Migration: -

Drifting : -

Proximal Contacts : Close contacts

Food Impaction : -

Occlusion : Angle's Class I

Fremitus Test : Negative

Teeth Deposits : Plaque : + Calculus ++ Stains +

Hypersensitivity: -

Etiological Factors :

Local :

Primary :

Secondary :

Systemic :

Investigations : -

Laboratory : -

Radiographic : -

Diagnosis : Chronic generalized marginal gingivitis



Prognosis :

Overall: Good

Individual: Good

Treatment Plan

Preliminary/ Emergency Treatment ;

Phase I : Comprehensive scaling & root planing
Brushing technique instructions

Phase II : –

Phase III: Restoration c +7

Phase IV: Maintenance phase.

INDICES

1. Simplified Oral Hygiene Index (Greene & Vermillion 1964):

DI-S		

CI-S		

OHIS Score Per Person:

Oral Hygiene Status : Good / Fair / Poor

2. Plaque Index (Turesky- Gilmore Glickman, 1970)



Plaque Score Per Person :

3. Gingival Index (Loe and Silness 1963)



Gingival Score Per Person :

CASE HISTORY

Sr. No.: 07 Year :

Patient's Name : Khushi Bhat O.P.D. No.: 96424

Age : 20 years Date : 7/6/2022

Sex : Female Occupation : Student

Address: Lohegaon, Pune Income: -

Chief Complaint : Patient complains of unclean teeth since 2 months.

History of present illness : Patient was apparently asymptomatic 2 months ago then she noticed some unclean teeth

Past Dental History : Patient has visited a private dental clinic for pain in right lower back region of jaw because of 3rd molar eruption (2 years ago).

Past Medical History : No relevant history

Family History : No relevant history

Personal History: Mixed diet

Oral hygiene habits: Patient brushes teeth once a day horizontally with toothpaste & toothbrush. No other aids are being used.

Other habits : —

Extra Oral Examination :

Symmetry of face : Grossly symmetrical

Lips: Competent

Lymph Nodes : Non palpable

T.M.Joint: No clicking, no deviation, adequate mouth opening.

Intra Oral Examination :

Halitosis: Absent

Oral Mucous Membrane : No abnormalities detected

Tongeue: No abnormalities detected.

Palate: No abnormalities detected

Gingiva :

	Region	Colour	Contour	Consistency	Surface Texture	Size	Bleeding On Probing	Exudation
MAXILLARY	Anterior	Pink with pigmentation	Scalloped	Firm & resilient	Stippling present	normal	positive	negative
	Posterior	-"-	-"-	-"-	Stippling Not seen	-"-	-"-	-"-
MANDIBULAR	Anterior	-"-	-"-	-"-	Stippling present	-"-	-"-	-"-
	Posterior	-"-	-"-	-"-	Stippling not seen	-"-	-"-	-"-

Mucogingival Problems : None

Frenal Attachment :

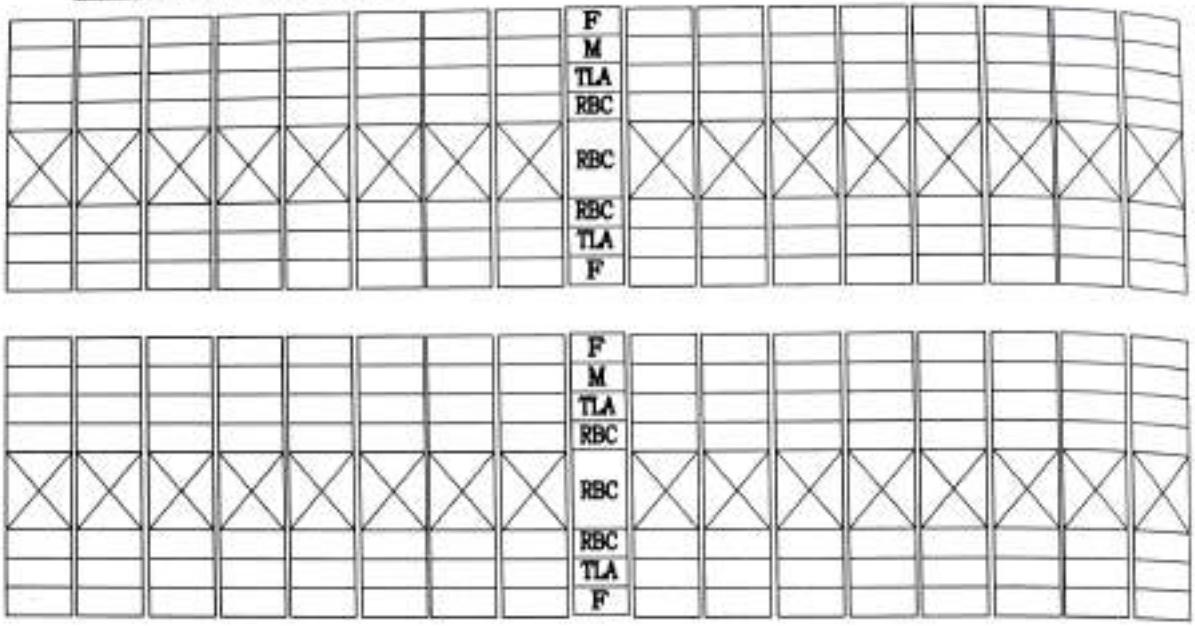
Upper : Mucosal

Lower : mucosal

Width of attached Gingiva : Adequate Adequate/Inadequate

Tension Test Negative

Periodontal Pockets :



F- Furcation Involvement,

M- Mobility

TLA- Total loss of attachment,

REC- Recession,

PKT-Pocket

Examination of Teeth :

81 | 71

Teeth Present : 30 permanent , 2 retained deciduous

Wasting Diseases :Attrition / Abrasion /Erosion

(++ 21 | 12) (-) (-)

Carious Teeth : 7 6 | 6 / 8 7 6 | 6 7

Restored Teeth: –

Faulty Restoration : –

Pathologic Migration: –

Drifting : –

Proximal Contacts : tight contacts

Food Impaction : –

Occlusion : Angles class I malocclusion

Fremitus Test : negative

Teeth Deposits : Plaque : ++ Calculus + Stains

Hypersensitivity: –

Etiological Factors :

Local :

Primary :

Secondary :

Systemic :

Investigations : –

Laboratory : –

Radiographic : –

Diagnosis : Chronic generalized marginal gingivitis · ~~Overall health is good.~~

Prognosis :

Overall: Good

Individual: Good

Treatment Plan

Preliminary/ Emergency Treatment :

Phase I :

Extraction of retained root in posterior maxilla.
Comprehensive scaling & root planing
Instructions about proper brushing technique ( ) given

Phase II :

Phase III: Restorations in $\frac{7\,6\,4\,|\,6}{8\,7\,6\,|\,6\,7}$

Phase IV: Maintenance phase

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CI-S		

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Plaque Score Per Person :

3. Gingival Index (Loe and Silness 1963)

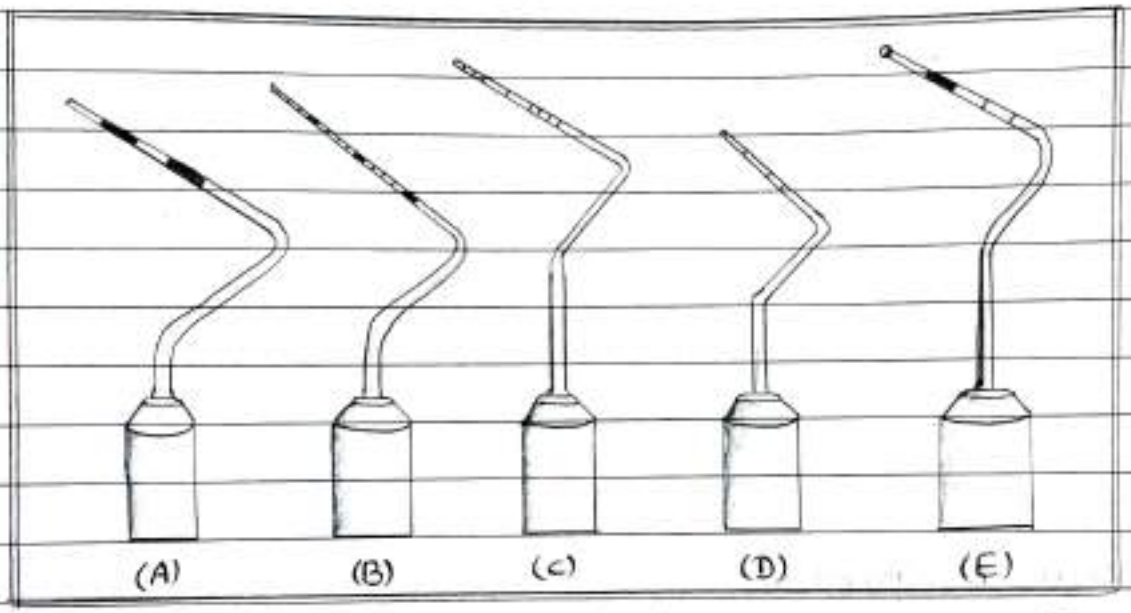


Gingival Score Per Person :

Periodontal Probes

- Periodontal probes are used to measure the depth of the pockets and to determine their configuration.
- The typical probe is tapered, rod like instrument calibrated in millimeters, with round and blunt tip.

Types of Periodontal Probes



A) Marquis color coded probe :
Calibrations are in 3mm sections

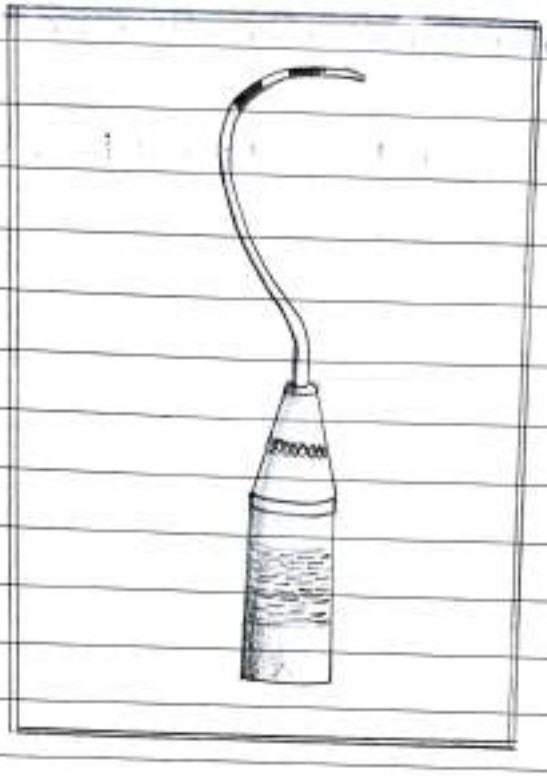
B) University of North Carolina - 15 probe
a 15 mm long probe with millimeter markings at each millimeter and color coding at the 5, 10 and 15mm

C) University of Michigan "O" probe with Williams markings at 1, 2, 3, 5, 7, 8, 9, and 10 mm)

D) Michigan "O" probe with markings at 3, 6 and 8 mm.

E) WHO probe -

It has 0.5 mm ball at the tip and millimeter markings at 3.5, 8.5, and 11.5 mm and color coding from 3.5 to 5.5 mm.



Naber's probe :

For detection of furcation areas with color coded markings at 3, 6, 9 and 12 mm

Classification of probes (Generations) :

1] First generation probes : Conventional and hand held probes (WHO probe, Nabers probe)

2] Second generation probes : Pressure-sensitive pr

3] Third generation probes : Computerized probes - (Florida probe, Foster Miller probe)

4] Fourth generation probes : Three dimensional probes

5] Fifth generation probes : Ultrasonographic probes (Ultra sonographic US probes)

Classification of Periodontal Instruments

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Date: / /
Page:

Introduction:

Periodontal instruments are designed for specific purposes such as removing calculus, planing root surfaces, curetting the gingiva and removing diseased tissue.

Classification of periodontal instruments:

1. Periodontal probes
   (to locate, measure, mark pockets)

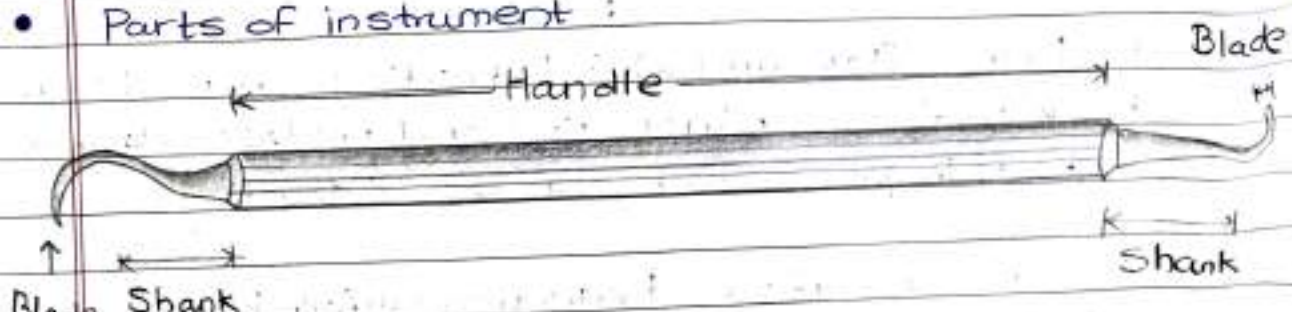
2. Explorers
   (to locate calculus deposites and caries)

3. Scaling, root planing and curettage instruments
   these are classified as -
   a) Sickle scalers
   b) Curettes
   c) Hoe, chisels, file scalers
   d) Ultrasonic and sonic instruments

4. Periodontal endoscopes

5. Cleansing and polishing instruments:

- Parts of instrument:



Periodontal instrument is composed of :

i) Blade
ii) Shank
iii) Handle

- Mouth mirror :

- It is a diagnostic instrument with a reflecting mirrored surface on the working end.
- Uses :

i) Indirect vision : To view a tooth surface or intraoral structure that cannot be seen directly.
ii) Retraction : Use of mirror head to hold the patient's cheek, lip or tongue for better view of structures.
iii) Indirect illumination : To reflect light onto a tooth surface where it is needed.
iv) Transillumination : Technique of directing light off the mirror surface and through the anterior te
- Classification of mouth mirror (According to types of surfaces) :

a) Front surface : Reflecting surface is an front su of glass that produces clear image with no distortion and good image quality.
- It can be easily damaged and are expensive

b) Plane (flat surface) : Reflecting surface is on th back surface of mirror lens and produces double (ghost) images which can be distracting.

c) Concave surface : Reflecting surface is concave - a front suface mirror that shows magnified image. - may lead to distortion.

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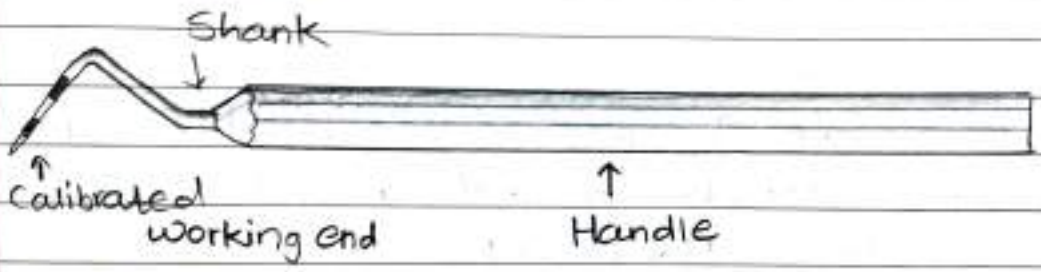
Page:

I. Periodontal Probes :

- Periodontal probes are used to locate, measure and mark pockets, as well as determine their course on individual tooth surfaces.
- A typical probe is a tapered, rod like instrument callibrated in millimeters with a blunt rounded tip.
- When measuring a pocket, the probe is inserted with a fine, gentle pressure to the bottom of the pocket.
- The shank should be aligned with the long axis of the tooth.



II. Explorers :

- Explorers are used to locate calculus deposits, caries.
- Also used to locate subgingival deposits and check the smoothness of the root surfaces after root planing.
- Explorers are designed with diff.t shapes and angles for a variety of use according to its needs

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Page:

III. Scaling, root planing and curettage instr

- Used for removal of biofilm and calcified dep from the crown, root of a tooth, removal of altered cementum from the subgingival root surface and debridement of the soft tissue lining the pocket.
- They are classified as below:

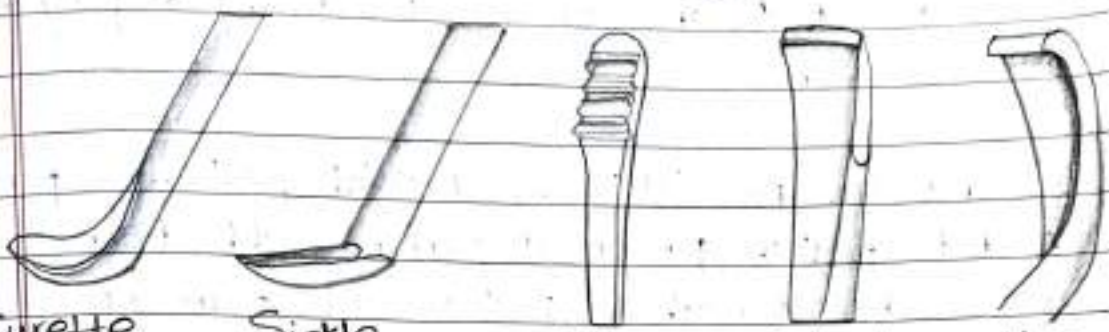
i) Sickle scalers:
- Have a flat surface and two cutting edges converge in a sharply pointed tip.
- It is primarily used to remove supragingival calculus.

ii) Curettes:
- These are fine instruments used for subgingiva scaling, root planing and removal of the soft tissue lining the pocket.

iii) Hoe, chisel and file scalers:
- Used to remove tenacious subgingival calcul and attached cementum.
- their use is limited compared with that of curettes.
- Hoe scalers are used for scaling of ledges or rings of calculus.
- Chisel scalers are designed for the proximal surfaces of teeth.
- Files are used to fracture/crush calculus.

iv) Ultrasonic and sonic instruments:
- Used for scaling and cleaning of tooth surfaces and curettage the soft tissue wall of the periodontal pocket.

The five basic scaling instruments



Curette Sickle File Chisel Hoe

IV. Periodontal endoscopes :

- A dental endoscope has been introduced for use subgingivally in the diagnosis and treatment or periodontal disease
- This device allows clear visualization deeply into subgingival spockets and furcation.
- It permits operators to detect subgingival deposits and guides them in thorough removal of these depoeits.

V. Cleansing and polishing instruments :

These instruments category consists of:-

a) Rubber cups : They consist of a rubber shell with or without webbed configurations in the hollow interior.

- They are attached to the handpiece and a good cleansing & polishing paste that contains Fluoride is used to keep the rubber cups moist and minimize frictional heat.

b) Bristle brushes : There are available in wheel and cup shapes.

-Since the bristles are stiff, the brush should be confined to the crown to avoid injury to the cementum.

c) Dental tape: It is used with polishing paste used to polish proximal surfaces that are inaccessible to other polishing instruments.

d) Air-power polishing: A specially designed handpiece is used to deliver an air powered slurry of water and sodium bicarbonate for polishing.
- It is effective in removing extrinsic stains.

VI. Surgical instruments:
-Periodontal surgery is accomplished by various instruments.
a) Excisional and incisional instruments eg. Periodontal knives, interdental knives, surgical blades
b) Surgical curettes and sickles
c) Periosteal elevators
d) Surgical chisels.

Curettes

- The curette is the instrument of choice for removing deep subgingival calculus, root planing altered cementum and removing the soft tissue lining the periodontal pocket.
- Each working end has a cutting edge on both sides and a rounded toe.
- The curette is finer than sickle scalers and does not have any sharp points or corners other than cutting edges of the blade.
- Therefore, curettes can be adapted and provide good access to deep pockets, with minimal soft tissue trauma

There are two types of curettes:

1. Universal
2. Area specific

1. Universal curettes

- Universal curettes have cutting edges that may be inserted in most areas of the dentition by altering and adapting the finger rest, fulcrum and hand position of the operator.
- The blade size and the angle and length of the shank may vary, but the face of the blade of every universal curette is at 90° angle (Perpendicular) to the lower shank when seen in cross section from the tip.

Examples - 1. The Barnhart curettes # 1-2 & 5-6
2. Columbia Curettes # 13-14, 2R-2L, 4R-4L
3. Younger Good # 7-8, McCall's # 17-18
4. Indiana University # 17-18

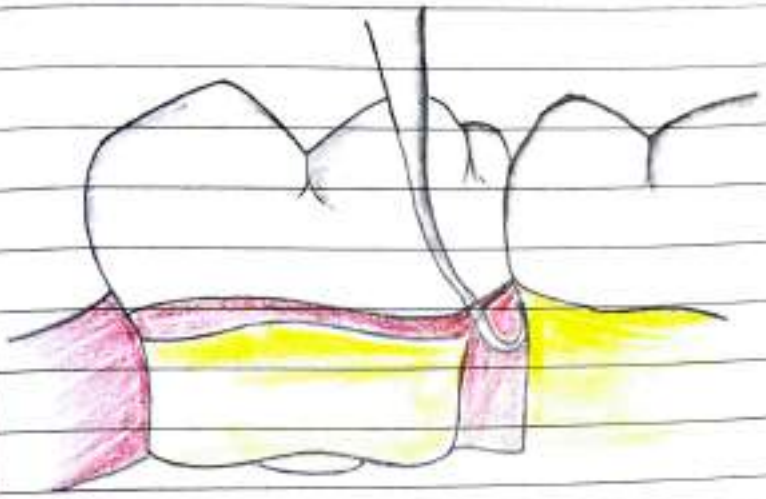
Basic characteristics of a curette :
Spoon shaped blade and rounded tip :



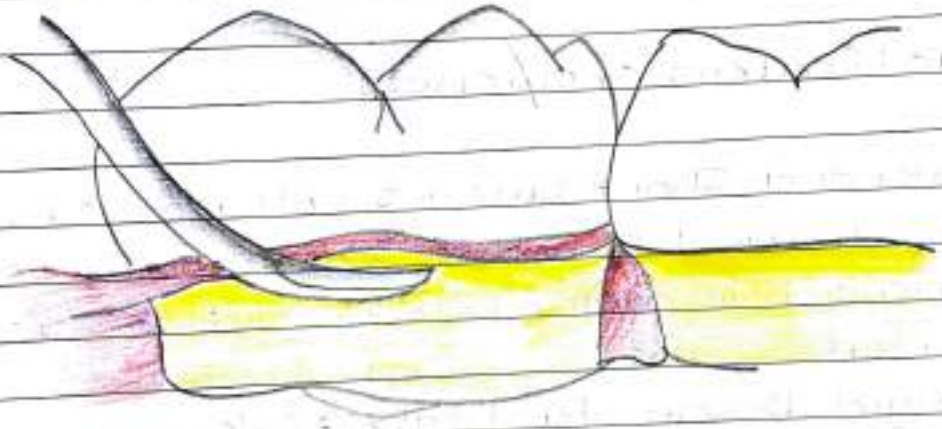
Basic characteristics of a curette

Specifications	Gracey Curette	Universal Curet
Area of use	Set of many curettes designed for specific areas and surfaces.	One curette design for all areas and surfaces.
Cutting edge Use	One cutting edge used, work with outer edge only.	Both cutting edges used, work with either outer or inner edge.
Curvature	Curved in two planes blade curves up & to the side	Curved in one plane Blade curves up not to the side
Blade angle	Offset blade, face of blade beveled at 60 degree to shank	Blade not offset, face of blade beveled at 90° to shank

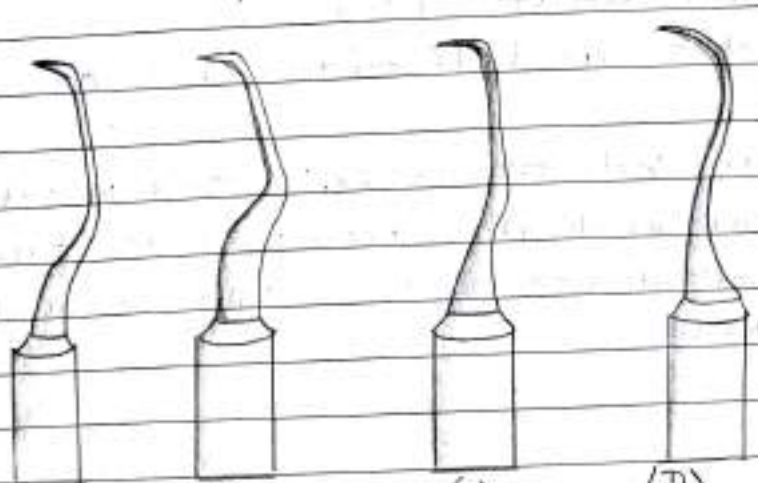
Diagrams



Curette inserted in pocket in a position of the base of a pocket on the distal surface of mandibular molar.

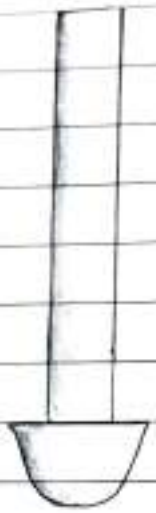


Curette inserted in a pocket with the tip directed apically



Micro mini Five Gracey Curettes

Universal Curette



(A)

Gracey Curette



(B)

Modifications of curettes:

1) Extended Shank Curettes (After five curettes)
- The terminal shank is 3mm longer allowing extension in deeper periodontal pockets of 5mm or more
- Rigid Design - for heavy calculus removal
- Finishing design - light scaling or deplaquing.

2) Mini bladed curettes (mini five)
- The blades are half of the length of Standard curettes
- The short blade allows easier insertion and adaptation in deep, narrow pockets, furcations, developmental grooves, line angles, and deep tight pockets.

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3) Micro mini five Gracey curettes:
- Their blades are 20% thinner and smaller than mini five curettes.
- These are smallest of all curettes and provide exceptional access and adaptation to tight, deep or narrow pockets
- ~~These are smallest of all curettes, and provide e~~

4) Gracey Curettes (Set of 4 minibladed curettes)
- The blade length is 50% shorter than conventional Gracey curettes and blade is curved slightly upward.
- This curvature allows Gracey curettes to adopt more closely to tooth surface than any other curette.

5) Periodontal maintenance Curette (most recent → November 2015)
- The blade is 1mm shorter and 20% thinner, and face of the blade is offset from terminal shank at 60 degrees (Other Gracey designs offset at 70 degrees)
- These are used for patients with tight tissues, recessions and residual pocket depth following initial periodontal therapy or periodontal surgery.

6) Langer and mini Langer Curettes (Set of 3):
- The universal blade is honed at 90° angle rather than offset blade of Gracey curette.

- This marriage of Gracey and universal curette designs allows the advantages of area specific shank to be combined with the versatility of the universal curette blade.

V. good

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Tutorials

PRINCIPLES OF INSTRUMENTATION

Effective instrumentation is governed by a no. of general principles that are common The basic principles of instrumentation are -

- Accessibility
- Visibility, Illumination, retraction
- Conditioning and sharpness of instruments
- Maintenance of clean field
- Instrument stabilization < Instrument grasp / Finger rest
- Instrument - Activation
  - Adaptation
  - Angulation
  - Lateral pressure
  - Strokes

1) Accessibility:

Accessibility facilitates thoroughness of instrumentation The position of the patient and the operator should provide maximum accessibility to the area of operation. Neutral seated position for the clinician — i) forearm parallel to the floor ii) Weight evenly balanced iii) Resting elbow should be at the level of oral cavity

Thighs parallel to the floor

Back straight and head erect.

Avoid positioning your legs under the back of patient chin. Four Basic positions -

7 O'clock, 9 O'clock, 10-11 O'clock, 12 o'clock

Patient position -

For maxillary arch - chin up

For mandibular arch - chin down

10/8/22

Tutorials

2) Visibility, Illumination and retraction :

- The operator should preferably operate on the patient with direct illumination.
- The light beam of dental chair lamp should be oriented parallel to the viewing direction in order to obtain shadow from lighting.
- Dental mirror is used for viewing the tooth surface that cannot be seen by direct vision.
- Transillumination : A mirror is used for transillumination It is effective only with anterior teeth because the are thin enough to allow light to pass through them.

Retraction - Mouth mirror is used to retract the lips and cheeks while retracting cheek with mouth mirror the index finger on non operating hand should be used to retract the lips and protect angle of mouth.

3) Conditioning and sharpness of instruments :

The working ends of the pointed or bladed instrument must be sharp to be effective.

- Methods to check instrument sharpness -

a) Glare test - A sharp cutting edge does not reflect but a dull instrument does.
b) Acrylic test
c) Clinical performance
d) Comparing with new instrument

- Advantages of sharp instrument -

Easier calculus removal
Improved stroke control
Reduced no of strokes
Increased patient comfort
Reduced clinician fatigue

4) Maintaining clean, dry field :

Adequate suction is essential and can be achieved with saliva ejector or an aspirator.

Tutorials

Blood and debris can be removed using a suction by wiping and blotting with gauze squares.
Compressed air and gauzes can be used to facilitate visual inspection of tooth surfaces just below gingival margines during instrumentation.

Instrument stabilization:
Stability of the instrument and hand is primary requisite for controlled and effective instrumentation and avoidance of injury to the patient or clinician.
-Two factors that promote stability are

Instrument grasp:
Modified pen grasp: Most effective and stable Modification of standard pen grasp, ensures Contact in performing instrument procedures. The thumb, index finger and middle finger is positioned so that side of pad next to finger nail is resting on instrument. The side of pad next to finger nail is resting on instrument shank. The index finger is bent at second joint from the finger tip and is placed midway between middle finger and the index finger This creates Tripod effect. It enhances control and tactile sensitivity.
Palm and thumb grasp: Used for stabilizing instrument during sharpening and for manipulating air and water syringes.

Finger rests:
Finger rest serves to stabilize the hand and the instrument by providing a fulcrum as movements are made to activate the instrument.

Classification - 1) Intraoral finger rests
2) Extraoral finger rests

Modified pen grasp:



Variations of ~~instrument~~ intraoral finger rests -
- Conventional-adjacent teeth
- Cross arch - rest on other side of same arch
- opposite arch
- Finger on finger - The fingers rest is stabilizing the tooth surface by index finger or thumb of non operating hand.

Extra oral fulcrums -
- Palm up
- Palm down

Both intraoral and extraoral fulcrums may be reinforced by applying the index finger or thumb of non operating hand to the handle of instrument for added control and pressure against tooth.

6) Instrument activation:

• Adaptation: It refers to manner in which the working end of a periodontal instrument is placed against surface of tooth.

Objective of adaptation is to make the working end of the instrument conform to the contours of tooth surface. If an instrument is adapted so that only the tip is in Contact, the soft tissue can be compressed by working end also causing trauma and discomfort.

Tutorials

Angulation - Refers to an angle bet.n the face of bladed instrument and the tooth surface. It may also be called the tooth blade relationship.
For subgingival insertion, angulation should be close to 0°

Lateral pressure - Lateral pressure may be firm, moderate or light often removing calculus Lateral pressure is initially applied firmly or moderately and is progressively diminished auntil light lateral pressure is applied for final root planing.

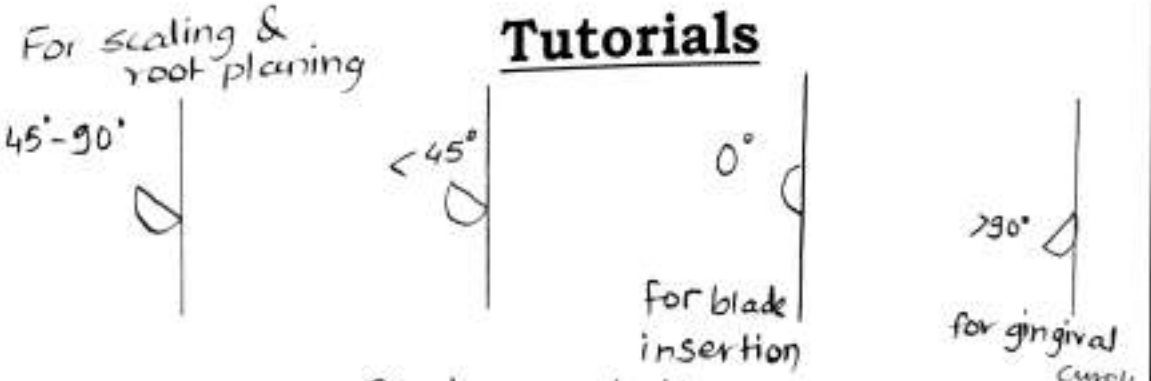
Strokes - 3 basic types of strokes
1) Exploratory stroke
2) Scaling stroke
3) Root planing stroke

Exploratory stroke - It is light stroke that is used with probes and explorers to evaluate and dimensions of pocket and explorers to evaluate the dimensions of pocket and to detect calculus and irregularities of tooth surface.

Scaling stroke : It is a short powerful pull stroke that is used with bladed instrument for the removal of both supra and subgingival calculus. The muscles of finger and hands are tensed to establish a secure grasp and lateral pressure is established against tooth surface. The wrist and forearm motion, pivoting In an arc on finger rest produces a more powerful strokes and is therefore preferred for scaling.

Root planing Strokes - It is moderate to light pull stroke that is used for final smoothening and planing of root surface.

Tutorials



Blade angulations



Blade stroke direction

Tutorials

Mechanical Plaque Control

Plaque control is the regular removal of microbial plaque and preservation of its accumulation on the teeth and adjacent gingival surfaces. It is also called as oral physiotherapy.

Plaque control
- Mechanical
  - Brushes
    - Natural
    - Synthetic
    - Manual
    - Powered
  - Interdental aids
- Chemical

Toothbrushes:
The first toothbrush was made by William Addis in England 1780 The handle was carved from bone and brush from seume bristles
-Toothbrush design, ADA specification -119
Width - 3/8 - 5/16 inches
length - 1 - 1 1/4 inches
5-12 rows of tufts
80-86 tufts per bristle
Group of bristles is called tufts.
Diameter of toothbrush -
0.07 inches for soft bristles
0.012 inches for medium bristles
0.014 inches for hard bristles
Bristle hardness is directly proportional to square of diameter and inversely proportional to square of bristle length.
Powered toothbrushes -
1st created in Switzerland 1937

Tutorials

These have oscillating and rotating motion. Low frequency acoustic energy to enhance cleaning ability.
- Most commonly used in - Hospitalized patients children and with physical and mental disabilities, patients with fixed orthodontic appliances.

Dentrifrices -
These aid in cleaning and polishing tooth surfaces Dentifrices ingredients help in reducing calculus plaque, ~~den~~ gingivitis, stains.

Component	Composition		Material	Purpose
	Paste	Powder		
Abrasive	20-55%	90-95%	-Calcium Carbonate -Dibasic Ca -Silica	Removes plaque & stains, polishes tooth surface
Detergents	1-2 %	1-6 %	Sodium lauryl sulfate	Aids in debris removal by ↓ surface tension
Colourants	1-2 %	1-2 %	Food colours TiO_2, mica	Used for coloured appearance.
Flavouring agents	1-2 %	1-2 %	Oil of menthol Sorbitol Peppermint	Provides Flavours
Humectants	20-30%	0	Sorbitol, Glycerine	Moisture
Water	3%	0	✗	Acts as suspension

Binder	3%	0	Xantham gum Synthetic cellulose	Maintains viscosity
Fluorides Therapeutic agents			Sodium Fluoride	Prevents caries
Tartar Control	0-1%	0	Trisodium pyrophosphate	Inhibits formation of Calculus

Toothbrushing methods -
Horizontal scrub technique
Vertical - Leonard technique
Circular - Fones technique
Horizontal & Vibratory - Stillman's, Charter and Bass technique

Modified Bass technique -
Also called as sulcus cleaning technique
Indications - As a routine oral hygiene methode. Intrasulcular cleaning.

Technique -
The toothbrush is held in such a way that the bristles are at 45° to the gingiva. Bristles are gently vibrated by moving the brush back and forth. The bristle are then moved over the side of tooth towards their occlusal surfaces in a single motion in vertical direction.

Advantages -
Excellent, sulcus cleaning
Good interproximal and gingival cleaning
Good gingival stimulation.

Disadvantage - Dexterity of wrist is required.

Tutorials

Modified Stillman's technique -

Indications: For massaging the gingiva in cases of gingival recession, dental plaque removal from below the height of contour of the enamel & from exposed proximal surfaces.

Technique -

The bristles are pointed apically with an oblique angle to the long axis of the tooth.

The bristles are positioned partly on the adjacent gingiva. The bristles are activated by short back and forth motion are simultaneously moved in coronal direction.

Following 20 strokes the procedure is repeated systematically on adjacent teeth.

Disadvantage: Time consuming.

Improper brushing can damage epithelial attachment.

Charter's method -

Indications - Periodontal surgeries to promote healing and massaging.

Individual having open interdental spaces

Technique - Soft multitufted toothbrush is indicated for this technique. Bristles are pointed occlusally and are activated by mild vibratory strokes.

Advantage - Massage and stimulation for marginal and interdental gingiva.

Disadvantage - Brush ends do not engage the gingival sulcus to remove subgingival bacterial accumulation.

Tutorials

Interdental cleaning aids -
classification -
Based on types of embrasures :
Type I : Embrassure with no interdental gingival recession are adequately cleaned using a dental floss.
Type II : Longer surface with rounded interdental papillae and requires use of interproximal brushes.
Type III - Excessive recessed gingiva i.e. In diastema or exposed root furcation, single / paul unitufted brushes are used. eg Proxa brush.
Dental floss : Any toothbrush, regardless of the brushing method does not completely remove plaque biofilms Hence, interdental aids are necessary.
Types -

a) Monofilament or multifilament
b) Waxed, unwaxed
c) Twisted, non twisted

Interdental brushes - Concave root surface such as mesial aspect of the maxillary first premolar and furcation or if in periodontal patients there is significant attachment loss and recession are not cleaned by the floss.

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Tutorials

Classification -
1) Conical cylindrical 2) Tapered Rounded 3) Single tufted

Oral irrigation -
Aqua flosses are dental water jet has shown to significantly reduce gingivitis, bleeding on probing and periodontal pathogens.
- Either water or antimicrobial agents are used.
- MOA - It works on basis of hydrokinetic energy. Impact zone on which the solution initially comes in contact with the tooth surfaces.
Flushing zone - In which the solution reaches the subgingival sulcus and cleans it.
Clinical outcomes - Improved removal of plaque biofilm and reduction in calculus, gingivitis and bleeding on probing.

Chemical Plaque Control

Chemical plaque control is an adjunct to and not a substitute for mechanical plaque control.
An ideal chemical plaque control agent should have properties like -
1) Substantivity - Ability to bind to tissue surface and released over time.
2) Penetrability - ability to penetrate deeply into biofilm
3) Selectivity - Ability to affect a specific bacteria in mixed population.

Tutorials

Factors affecting to deliver clearance of plaque control agents from the oral cavity

1) Stability of active agent
2) Solubility in oral cavity
3) Bio availability
4) Accessibility to site of action
5) Interaction between agent receptor site

- Chemical plaque control agents are grouped as -

a) 1st generation

1) Phenolic compounds
   - Phenol
   - Thymol
   - Triclosan
   - Listerine
   - Ethyl resorcinol
2) Quaternary ammonium compounds
   Ethyl pyridinium fluoride
   Benzothonium chloride
3) Antibiotics
   Vancomycin
   Kanamycin

b) 2nd generation

1) Bis biguanide
   - Chlorhexidine
   - Alexidine
2) Bispridine
   Octenidine Hydrochloride
3) Chlorhexidine

c) 3rd generation

Delmopinol

d) 4th generation

Probiotics

Halogens
- Iodine

Metallic ions
- Zinc
- Copper
- Tin
- Silver
- Mercury
- Herbal extracts

Antiplaque enzymes
- Mutanase
  Mutanase
  Dextranase

Oxidizing fluoride

3) Chlorhexidine rinse -

This agent has shown most positive antibacterial results prescribed as twice a day with 10 ml of 0.2 % aqueous solution of chlorhexidine digluconate.

It has completely inhibited dental plaque, calculus, gingivitis. It has a broad antimicrobial spectrum.

Mechanism of action:

At low concentration it causes leakage of intracellular potassium and reduction in bacterial acid production. Bacteristatic.

At high concentration it causes ~~leakage of intracellular p~~ bacterial cell wall disruption and coagulation of cytoplasmic constituents

It has also inhibited enzymes involved in bacterial adhesion bacterial growth and metabolism.

Side effects :-

It has reversible side effects. The teeth, tongue and silicate & resin restoration.

Imparement of taste.

It has low systemic toxicity

Anti Plaque action of chlorhexidine :

Preventing pellicle formation by blocking acid group on salivary glycoproteins

Preventing adsorption of bacterial cell wall to the tooth surface

Preventing binding of plaque by precipitation agglutination factors.

10. ORIENTATION PROGRAM CIRCULAR

ORIENTATION PROGRAM CIRCULAR

2023

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
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Ref no.: DYPDS/ 2861 (1)

Date: 18/01/2023

CIRCULAR

Orientation program for first BDS student (2022-2023) admitted at DY Patil Dental School and College has been arranged by college council.

Date 23/01/2023

Time-10:00 am.

Venue-Lawn of DY Patil Dental School

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontics		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
3.	Oral Medicine & Radiology		11.	Physiology	
4.	Orthodontics & Dentofacial Orthopedics		12.	Biochemistry	
5.	Prosthodontics & Crown & Bridge		13.	Pharmacology	
6.	Periodontology		14.	Microbiology	
7.	Public Health Dentistry		15.	Pathology	
8.	Paediatric & Preventive Dentistry		16.	Gen. Medicine	

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Ref no.: DYPDS/ 3058

Date: 19/04/2023

CIRCULAR

Orientation program for Second BDS student (2022-2023) admitted at DY Patil Dental School and College has been arranged by college council.

Date 24/04/2023.

Time-10:00 am.

Venue-Lecture Hall no 1

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontcis		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
3.	Oral Medicine & Radiology		11.	Physiology	
4.	Orthodontics & Dentofacial Orthopedics		12.	Biochemistry	
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ORIENTATION PROGRAM CIRCULAR

2022

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Ref no.: DYPDS/ 2279 **Date: 18/04/2022**

CIRCULAR

Orientation program for first BDS student (2022-2023) admitted at DY Patil Dental School and College has been arranged by college council.

Date 25/04/2022

Time-10:00 am.

Venue-Lawn of DY Patil Dental School

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontics		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
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Ref no.: DYPDS/ 228(2) **Date: 18/04/2022**

CIRCULAR

Orientation program for Second BDS students (2021-2022) admitted at DY Patil Dental School and College has been arranged by college council.

Date 26/04/2022.

Time-10:00 am.

Venue-Lecture Hall no 1

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontcis		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
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Ref no: DYPDS/

Date: 15/09/2022

CIRCULAR

Orientation program for 3rd year BDS admitted at D. Y. Patil Dental School and College has been arranged by college council.

Date – 21/09/2022

Time – 10:00 a.m.

Venue – Lecture Hall No. 1

Topic – Orientation Program

Dr. Anand Shigli

Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1	Conservative Dentistry & Endodontics		9	Oral Pathology & Oral Microbiology	
2	Oral & Maxillofacial Surgery		10	Anatomy	
3	Oral Medicine & Radiology		11	Physiology	
4	Orthodontics & Dentofacial Orthopedics		12	Biochemistry	
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6	Periodontology		14	Microbiology	
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Ref no.: DYPDS/ 2597

Date: 15/09/2022

CIRCULAR

Orientation program for 4th Yr BDS student (2022-2023) admitted at DY Patil Dental School and College has been arranged by college council.

Date-22/09/2022

Time-10:00 am.

Venue-Lecture hall no.1

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontcis		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
3.	Oral Medicine & Radiology		11.	Physiology	
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Ref No: DYPDS/ 2641C3)

Date: 10/10/2022

CIRCULAR

Orientation program for **BDS Interns (2022-23)** admitted at D. Y. Patil Dental Schooland College has been arranged by college council.

Date – 17/10/2022

Time – 10:00 a.m.

Venue – Lecture Hall No. 4

Topic – Orientation Program

Dr. Anand Shigli

Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1	Conservative Dentistry & Endodontics		9	Oral Pathology & Oral Microbiology	
2	Oral & Maxillofacial Surgery		10	Anatomy	
3	Oral Medicine & Radiology		11	Physiology	
4	Orthodontics & Dentofacial Orthopedics		12	Biochemistry	
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Ref no: DYPDS/2742 **Date: 23/11/2022**

CIRCULAR

Orientation program for **MDS 1st year (2022-23)** admitted at D. Y. Patil Dental School and College has been arranged by college council.

Date: 28/11/2022

Time: 10:00 a.m.

Venue: Seminar room – Dept. of Orthodontics

Topic: Orientation Program

Dr. Anand Shigli
Dean

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1	Conservative Dentistry & Endodontics		9	Oral Pathology & Oral Microbiology	
2	Oral & Maxillofacial Surgery		10	Anatomy	
3	Oral Medicine & Radiology		11	Physiology	
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Ref no: DYPDS/ 2742

Date: 23/11/2022

CIRCULAR

Orientation program for **MDS 2nd year (2022-23)** admitted at D. Y. Patil Dental School and College has been arranged by college council.

Date: 29/11/2022

Time: 10:00 a.m.

Venue: Seminar room – Dept. of Orthodontics

Topic: Orientation Program

Dr. Anand Shigli

Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1	Conservative Dentistry & Endodontics		9	Oral Pathology & Oral Microbiology	
2	Oral & Maxillofacial Surgery		10	Anatomy	
3	Oral Medicine & Radiology		11	Physiology	
4	Orthodontics & Dentofacial Orthopedics		12	Biochemistry	
5	Prosthodontics & Crown & Bridge		13	Pharmacology	
6	Periodontology		14	Microbiology	
7	Public Health Dentistry		15	Pathology	
8	Pediatric & Preventive Dentistry		16	Gen. Medicine	

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ORIENTATION PROGRAM CIRCULAR

2021

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
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Ref no.: DYPDS/ 1487 **Date: 15/02/2021**

CIRCULAR

Orientation program for first BDS student (2022-2023) admitted at DY Patil Dental School and College has been arranged by college council.

Date 22/02/2021

Time-10:00 am.

Venue-Lawn of DY Patil Dental School

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontics		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
3.	Oral Medicine & Radiology		11.	Physiology	
4.	Orthodontics & Dentofacial Orthopedics		12.	Biochemistry	
5.	Prosthodontics & Crown & Bridge		13.	Pharmacology	
6.	Periodontology		14.	Microbiology	
7.	Public Health Dentistry		15.	Pathology	
8.	Paediatric & Preventive Dentistry		16.	Gen. Medicine	

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D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
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Ref no.: DYPDS/ 1787

Date: 14/09/2021

CIRCULAR

Orientation program for 4th Yr BDS student (2021-2022) admitted at DY Patil Dental School and College has been arranged by college council.

Date-27/09/2021

Time-10:00 am.

Venue-Lecture hall no.1

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontcis		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
3.	Oral Medicine & Radiology		11.	Physiology	
4.	Orthodontics & Dentofacial Orthopedics		12.	Biochemistry	
5.	Prosthodontics & Crown & Bridge		13.	Pharmacology	
6.	Periodontology		14.	Microbiology	
7.	Public Health Dentistry		15.	Pathology	
8.	Paediatric & Preventive Dentistry		16.	Gen. Medicine	

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D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

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Recognized by Dental Council of India

Ref no: DYPDS/ 1758

Date: 01/09/2021

CIRCULAR

Orientation program for **BDS Interns (2021-22)** admitted at D. Y. Patil Dental School and College has been arranged by college council.

Date – 06/09/2021

Time – 10:00 a.m.

Venue – Lecture Hall No. 4

Topic – Orientation Program

Dr. Anand Shigli

Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1	Conservative Dentistry & Endodontics		9	Oral Pathology & Oral Microbiology	
2	Oral & Maxillofacial Surgery		10	Anatomy	
3	Oral Medicine & Radiology		11	Physiology	
4	Orthodontics & Dentofacial Orthopedics		12	Biochemistry	
5	Prosthodontics & Crown & Bridge		13	Pharmacology	
6	Periodontology		14	Microbiology	
7	Public Health Dentistry		15	Pathology	
8	Paediatric & Preventive Dentistry		16	Gen. Medicine	

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D Y PATIL GROUP
D Y PATIL DENTAL SCHOOL
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Ref no: DYPDS/ 2004 **Date: 16/11/2021**

CIRCULAR

Orientation program for **MDS 1st year (2021-22)** admitted at D. Y. Patil Dental School and College has been arranged by college council.

Date: 22/11/2021

Time: 10:00 a.m.

Venue: Seminar room - Dept. of Orthodontics

Topic: Orientation Program

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1	Conservative Dentistry & Endodontics		9	Oral Pathology & Oral Microbiology	
2	Oral & Maxillofacial Surgery		10	Anatomy	
3	Oral Medicine & Radiology		11	Physiology	
4	Orthodontics & Dentofacial Orthopedics		12	Biochemistry	
5	Prosthodontics & Crown & Bridge		13	Pharmacology	
6	Periodontology		14	Microbiology	
7	Public Health Dentistry		15	Pathology	
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Ref no: DYPDS/ 2004(1) **Date: 16/11/2021**

CIRCULAR

Orientation program for **MDS 1st year (2021-22)** admitted at D. Y. Patil Dental School and College has been arranged by college council.

Date: 22/11/2021

Time: 10:00 a.m.

Venue: Seminar room - Dept. of Orthodontics

Topic: Orientation Program

Dr. Anand Shigli

Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1	Conservative Dentistry & Endodontics		9	Oral Pathology & Oral Microbiology	
2	Oral & Maxillofacial Surgery		10	Anatomy	
3	Oral Medicine & Radiology		11	Physiology	
4	Orthodontics & Dentofacial Orthopedics		12	Biochemistry	
5	Prosthodontics & Crown & Bridge		13	Pharmacology	
6	Periodontology		14	Microbiology	
7	Public Health Dentistry		15	Pathology	
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D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

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Ref no.: DYPDS/ 1791 **Date: 22/12/2020**

CIRCULAR

Orientation program for Second BDS student (2020-2021) admitted at DY Patil Dental School and College has been arranged by college council.

Date 28/12/2020.

Time-10:00 am.

Venue-Lecture Hall no 1

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontcis		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
3.	Oral Medicine & Radiology		11.	Physiology	
4.	Orthodontics & Dentofacial Orthopedics		12.	Biochemistry	
5.	Prosthodontics & Crown & Bridge		13.	Pharmacology	
6.	Periodontology		14.	Microbiology	
7.	Public Health Dentistry		15.	Pathology	
8.	Paediatric & Preventive Dentistry		16.	Gen. Medicine	

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D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

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Ref no: DYPDS/ **Date: 22/12/2020**

CIRCULAR

Orientation program for 3rd year BDS admitted at D. Y. Patil Dental School and College has been arranged by college council.

Date – 29/12/20

Time – 10:00 a.m.

Venue – Lecture Hall No. 1

Topic – Orientation Program

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1	Conservative Dentistry & Endodontics		9	Oral Pathology & Oral Microbiology	
2	Oral & Maxillofacial Surgery		10	Anatomy	
3	Oral Medicine & Radiology		11	Physiology	
4	Orthodontics & Dentofacial Orthopedics		12	Biochemistry	
5	Prosthodontics & Crown & Bridge		13	Pharmacology	
6	Periodontology		14	Microbiology	
7	Public Health Dentistry		15	Pathology	
8	Paediatric & Preventive Dentistry		16	Gen. Medicine	

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D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
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Ref no.: DYPDS/ 1392

Date: 22/12/2020

CIRCULAR

Orientation program for 4th Yr BDS student (2020-2021) admitted at DY Patil Dental School and College has been arranged by college council.

Date-30/12/2020

Time-10:00 am.

Venue-Lecture Hall no.1

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontcis		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
3.	Oral Medicine & Radiology		11.	Physiology	
4.	Orthodontics & Dentofacial Orthopedics		12.	Biochemistry	
5.	Prosthodontics & Crown & Bridge		13.	Pharmacology	
6.	Periodontology		14.	Microbiology	
7.	Public Health Dentistry		15.	Pathology	
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D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
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Ref No: DYPDS/ 1214-(2)

Date: 01/09/2020

CIRCULAR

Orientation program for **BDS Interns (2020-21)** admitted at D. Y. Patil Dental Schooland College has been arranged by college council.

Date – 08/09/2020

Time – 10:00 a.m.

Venue – Lecture Hall No. 4

Topic – Orientation Program

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1	Conservative Dentistry & Endodontics		9	Oral Pathology & Oral Microbiology	
2	Oral & Maxillofacial Surgery		10	Anatomy	
3	Oral Medicine & Radiology		11	Physiology	
4	Orthodontics & Dentofacial Orthopedics		12	Biochemistry	
5	Prosthodontics & Crown & Bridge		13	Pharmacology	
6	Periodontology		14	Microbiology	
7	Public Health Dentistry		15	Pathology	
8	Paediatric & Preventive Dentistry		16	Gen. Medicine	

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ORIENTATION PROGRAM CIRCULAR

2019

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

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Ref no.: DYPDS/ 915 (1) **Date: 18/09/2019**

CIRCULAR

Orientation program for first BDS student (2022-2023) admitted at DY Patil Dental School and College has been arranged by college council.

Date 23/09/2019

Time-10:00 am.

Venue-Lawn of DY Patil Dental School

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontics		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
3.	Oral Medicine & Radiology		11.	Physiology	
4.	Orthodontics & Dentofacial Orthopedics		12.	Biochemistry	
5.	Prosthodontics & Crown & Bridge		13.	Pharmacology	
6.	Periodontology		14.	Microbiology	
7.	Public Health Dentistry		15.	Pathology	
8.	Paediatric & Preventive Dentistry		16.	Gen. Medicine	

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Ref no.: DYPDS/ 915(2) **Date: 18/09/2019**

CIRCULAR

Orientation program for Second BDS student (2019-2020) admitted at DY Patil Dental School and College has been arranged by college council.

Date 24/09/2019.

Time-10:00 am.

Venue-Lecture Hall no 1

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontcis		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
3.	Oral Medicine & Radiology		11.	Physiology	
4.	Orthodontics & Dentofacial Orthopedics		12.	Biochemistry	
5.	Prosthodontics & Crown & Bridge		13.	Pharmacology	
6.	Periodontology		14.	Microbiology	
7.	Public Health Dentistry		15.	Pathology	
8.	Paediatric & Preventive Dentistry		16.	Gen. Medicine	

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D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
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Ref no: DYPDS/

Date: 19/08/2019

CIRCULAR

Orientation program for 3rd year BDS admitted at D. Y. Patil Dental School and College has been arranged by college council.

Date – 26/08/2019

Time – 10:00 a.m.

Venue – Lecture Hall No. 1

Topic – Orientation Program

Dr. Anand Shigli

Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1	Conservative Dentistry & Endodontics		9	Oral Pathology & Oral Microbiology	
2	Oral & Maxillofacial Surgery		10	Anatomy	
3	Oral Medicine & Radiology		11	Physiology	
4	Orthodontics & Dentofacial Orthopedics		12	Biochemistry	
5	Prosthodontics & Crown & Bridge		13	Pharmacology	
6	Periodontology		14	Microbiology	
7	Public Health Dentistry		15	Pathology	
8	Paediatric & Preventive Dentistry		16	Gen. Medicine	

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D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

Ref no.: DYPDS/ 901

Date: 19/08/2019

CIRCULAR

Orientation program for 4th Yr BDS student (2019-2020) admitted at DY Patil Dental School and College has been arranged by college council.

Date-28/08/2019.

Time-10:00 am.

Venue-Lecture hall no.1

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontcis		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
3.	Oral Medicine & Radiology		11.	Physiology	
4.	Orthodontics & Dentofacial Orthopedics		12.	Biochemistry	
5.	Prosthodontics & Crown & Bridge		13.	Pharmacology	
6.	Periodontology		14.	Microbiology	
7.	Public Health Dentistry		15.	Pathology	
8.	Paediatric & Preventive Dentistry		16.	Gen. Medicine	

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D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

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Ref no: DYPDS/ 913(3) **Date: 16/09/2019**

CIRCULAR

Orientation program for **BDS Interns (2019-20)** admitted at D. Y. Patil Dental School and College has been arranged by college council.

Date – 19/09/2019.

Time – 10:00 a.m.

Venue – Lecture Hall No. 4

Topic – Orientation Program

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1	Conservative Dentistry & Endodontics		9	Oral Pathology & Oral Microbiology	
2	Oral & Maxillofacial Surgery		10	Anatomy	
3	Oral Medicine & Radiology		11	Physiology	
4	Orthodontics & Dentofacial Orthopedics		12	Biochemistry	
5	Prosthodontics & Crown & Bridge		13	Pharmacology	
6	Periodontology		14	Microbiology	
7	Public Health Dentistry		15	Pathology	
8	Paediatric & Preventive Dentistry		16	Gen. Medicine	

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ORIENTATION PROGRAM CIRCULAR

2018

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
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Ref no.: DYPDS/ 598 **Date: 17/09/2018**

CIRCULAR

Orientation program for first BDS student (2022-2023) admitted at DY Patil Dental School and College has been arranged by college council.

Date 24/09/2018

Time-10:00 am.

Venue-Lawn of DY Patil Dental School

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontics		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
3.	Oral Medicine & Radiology		11.	Physiology	
4.	Orthodontics & Dentofacial Orthopedics		12.	Biochemistry	
5.	Prosthodontics & Crown & Bridge		13.	Pharmacology	
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D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

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Ref no.: DYPDS/ 574(1) **Date: 20/08/2018**

CIRCULAR

Orientation program for Second BDS student (2018-2019) admitted at DY Patil Dental School and College has been arranged by college council.

Date 27/08/2018.

Time-10:00 am.

Venue-Lecture Hall no 1

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontcis		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
3.	Oral Medicine & Radiology		11.	Physiology	
4.	Orthodontics & Dentofacial Orthopedics		12.	Biochemistry	
5.	Prosthodontics & Crown & Bridge		13.	Pharmacology	
6.	Periodontology		14.	Microbiology	
7.	Public Health Dentistry		15.	Pathology	
8.	Paediatric & Preventive Dentistry		16.	Gen. Medicine	

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D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

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Ref no: DYPDS/ **Date: 13/08/2018**

CIRCULAR

Orientation program for 3rd year BDS admitted at D. Y. Patil Dental School and College has been arranged by college council.

Date – 20/08/2018

Time – 10:00 a.m.

Venue – Lecture Hall No. 1

Topic – Orientation Program

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1	Conservative Dentistry & Endodontics		9	Oral Pathology & Oral Microbiology	
2	Oral & Maxillofacial Surgery		10	Anatomy	
3	Oral Medicine & Radiology		11	Physiology	
4	Orthodontics & Dentofacial Orthopedics		12	Biochemistry	
5	Prosthodontics & Crown & Bridge		13	Pharmacology	
6	Periodontology		14	Microbiology	
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D Y PATIL GROUP

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Ref no.: DYPDS/ 569 **Date: 13/08/2018**

CIRCULAR

Orientation program for 4th Yr BDS student (2018-2019) admitted at DY Patil Dental School and College has been arranged by college council.

Date-22/08/2018.

Time-10:00 am.

Venue-Lecture hall no.1

Topic-Orientation Program.

Dr. Anand Shigli
Dean

Sr. No.	Department	Signature of HOD	Sr. No.	Department	Signature of HOD
1.	Conservative Dentistry Endodontcis		9.	Oral Pathology & Oral Microbiology	
2.	Oral & Maxillofacial Surgery		10.	Anatomy	
3.	Oral Medicine & Radiology		11.	Physiology	
4.	Orthodontics & Dentofacial Orthopedics		12.	Biochemistry	
5.	Prosthodontics & Crown & Bridge		13.	Pharmacology	
6.	Periodontology		14.	Microbiology	
7.	Public Health Dentistry		15.	Pathology	
8.	Paediatric & Preventive Dentistry		16.	Gen. Medicine	

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11

FIELD VISIT CIRCULARS

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

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Recognized by Dental Council of India

Ref No.: DYPDS/ 707

Date: 15/01/2019

CIRCULAR

An Educational Visit to Primary Health Centre (Field Visit Activity from Public Health Dentistry) visit has been arranged by college council for 4th BDS Students as per the following schedule:

Date : - **29TH January 2019**

Time : - **10 AM to 12 PM**

Venue : - **PHC, Wagholi**

Topic : - **Understanding the prevailing public health problems and public health programs**

All HODs, interested faculty staff and all the Fourth year BDS students are cordially invited to attend the above mentioned program. All HODs are informed to thus make required clinical arrangements for the same.

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
DEAN, DYPDS

Department Name	Signature	Department Name	Signature
Oral Medicine and Radiology		Public Health Dentistry	
Oral and Maxillofacial Surgery		Oral Pathology	
Prosthodontics crown and bridge		Microbiology and Pathology	
Conservative and Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics and Preventive Dentistry		Maintenance Department	

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Program Summary

Date	29/01/2019
Time	10 AM to 12 PM
Program Title	Educational Visit to Primary Health Centre
Department	Public Health Dentistry
Program Type	Field Visit Activity
Venue	PHC, Wagholi
Co-ordinator Name	Dr. Karibasappa G N
Attendees	4th year Students
Number of Participants	50

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Recognized by Dental Council of India

Ref No.: DYPDS/ 1028

Date: 13/12/2019

CIRCULAR

An Educational Visit to Water Purification Centre (Field Visit Activity from Public Health Dentistry) visit has been arranged by college council for 4TH BDS Students as per the following schedule:

Date : - **24th December 2019**

Time : - **12.30 PM to 1.30 PM**

Venue : - **Water purification plant, Marathwada Mitra Mandals Institute of Technology**

Topic : - **To gain the knowledge and information about the working of Water purification Plant.**

All HODs, interested faculty staff and all the Fourth year BDS students are cordially invited to attend the above-mentioned program. All HODs are informed to thus make required clinical arrangements for the same.

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
DEAN, DYPDS

Department Name	Signature	Department Name	Signature
Oral Medicine and Radiology		Public Health Dentistry	
Oral and Maxillofacial Surgery		Oral Pathology	
Prosthodontics crown and bridge		Microbiology and Pathology	
Conservative and Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics and Preventive Dentistry		Maintenance Department	

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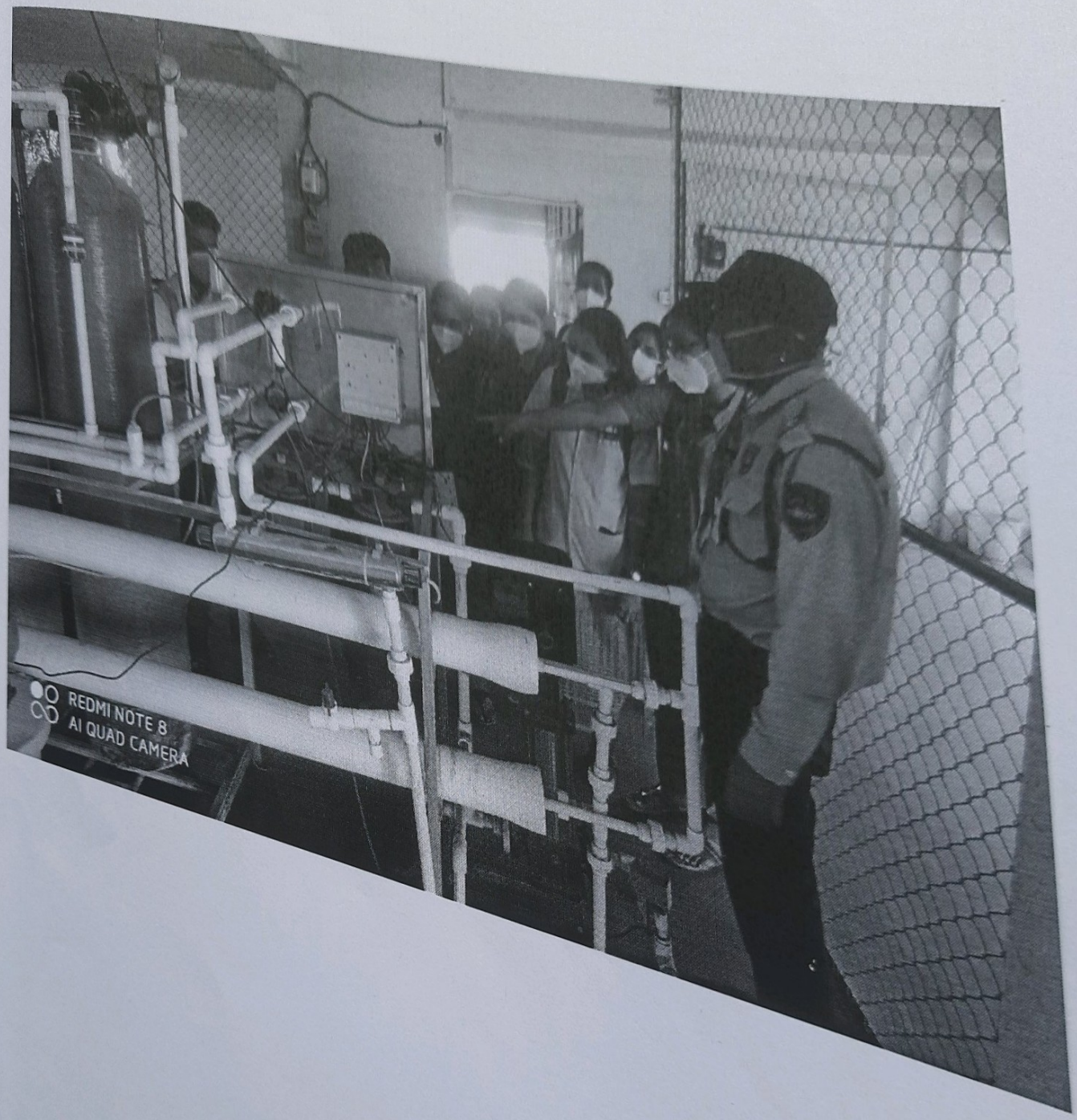

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Program Summary

Date	24/12/19
Time	12.30 AM to 1.30 PM
Program Title	Educational Visit to Primary Health Centre
Department	Public Health Dentistry
Program Type	Field Visit Activity
Venue	PHC, Wagholi
Co-ordinator Name	Dr. Karibasappa G N
Attendees	4th year Students
Number of Participants	50

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Ref No.: DYPDS/648

Date: 02/01/2020

CIRCULAR

An Educational Visit to Water Purification Centre (Field Visit Activity from Public Health Dentistry) visit has been arranged by college council for 4TH BDS Students as per the following schedule:

Date : - **15th January 2020**

Time : - **12.30 PM to 1.30 PM**

Venue : - **Water purification plant, Marathwada Mitra Mandals Institute of Technology**

Topic : - **To gain the knowledge and information about the working of Water purification Plant.**

All HODs, interested faculty staff and all the Fourth year BDS students are cordially invited to attend the above mentioned program. All HODs are informed to thus make required clinical arrangements for the same.

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
DEAN, DYPDS

Department Name	Signature	Department Name	Signature
Oral Medicine and Radiology		Public Health Dentistry	
Oral and Maxillofacial Surgery		Oral Pathology	
Prosthodontics crown and bridge		Microbiology and Pathology	
Conservative and Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics and Preventive Dentistry		Maintenance Department	

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Ref No.: DYPDS/ 1082

Date: 25/02/2020

Circular

An Educational Visit to Primary Health Centre (Field Visit Activity from Public Health Dentistry) visit has been arranged by college council for 4th BDS Students as per the following schedule:

Date : **9TH March 2020**

Time : **- 10.30 AM to 12.30 PM**

Venue : **- PHC, Wagholi**

Topic : **- Understanding the prevailing public health problems and public health programs**

All HODs, interested faculty staff and all the Fourth year BDS students are cordially invited to attend the above-mentioned program. All HODs are informed to thus make required clinical arrangements for the same.

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
DEAN, DYPDS

Department Name	Signature	Department Name	Signature
Oral Medicine and Radiology		Public Health Dentistry	
Oral and Maxillofacial Surgery		Oral Pathology	
Prosthodontics crown and bridge		Microbiology and Pathology	
Conservative and Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics and Preventive Dentistry		Maintenance Department	

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Program Summary

Date	09/03/2020
Time	10.30 AM to 12.30 PM
Program Title	Educational Visit to Primary Health Centre
Department	Public Health Dentistry
Program Type	Field Visit Activity
Venue	PHC, Wagholi
Co-ordinator Name	Dr. Karibasappa G N
Attendees	4th year Students
Number of Participants	50

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Ref No.: DYPDS/1394

Date: 23/12/2020

CIRCULAR

An Educational Visit to Primary Health Centre (Field Visit Activity from Public Health Dentistry) visit has been arranged by college council for 4th BDS Students as per the following schedule:

Date : - **8TH January 2021**

Time : - **10.30 AM to 12.30 PM**

Venue : - **PHC, Wagholi**

Topic : - **Understanding the prevailing public health problems and public health programs**

All HODs, interested faculty staff and all the Fourth year BDS students are cordially invited to attend the above mentioned program. All HODs are informed to thus make required clinical arrangements for the same.

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
DEAN, DYPDS

Department Name	Signature	Department Name	Signature
Oral Medicine and Radiology		Public Health Dentistry	
Oral and Maxillofacial Surgery		Oral Pathology	
Prosthodontics crown and bridge		Microbiology and Pathology	
Conservative and Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics and Preventive Dentistry		Maintenance Department	

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Program Summary

Date	08/01/2021
Time	10.30 AM to 12.30 PM
Program Title	Educational Visit to Primary Health Centre
Department	Public Health Dentistry
Program Type	Field Visit Activity
Venue	PHC, Wagholi
Co-ordinator Name	Dr. Karibasappa G N
Attendees	4th year Students
Number of Participants	50

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Ref No.: DYPDS/ 1804

Date: 23/09/2021

CIRCULAR

An Educational Visit to Water Purification Centre (Field Visit Activity from Public Health Dentistry) visit has been arranged by college council for 4TH BDS Students as per the following schedule:

Date **: - 18th October 2021**

Time **: - 12.30 PM to 1.30 PM**

Venue **: - Water purification plant, Marathwada Mitra Mandals Institute of Technology**

Topic **: - To gain the knowledge and information about the working of Water purification Plant.**

All HODs, interested faculty staff and all the Fourth year BDS students are cordially invited to attend the above mentioned program. All HODs are informed to thus make required clinical arrangements for the same.

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
DEAN, DYPDS

Department Name	Signature	Department Name	Signature
Oral Medicine and Radiology		Public Health Dentistry	
Oral and Maxillofacial Surgery		Oral Pathology	
Prosthodontics crown and bridge		Microbiology and Pathology	
Conservative and Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics and Preventive Dentistry		Maintenance Department	

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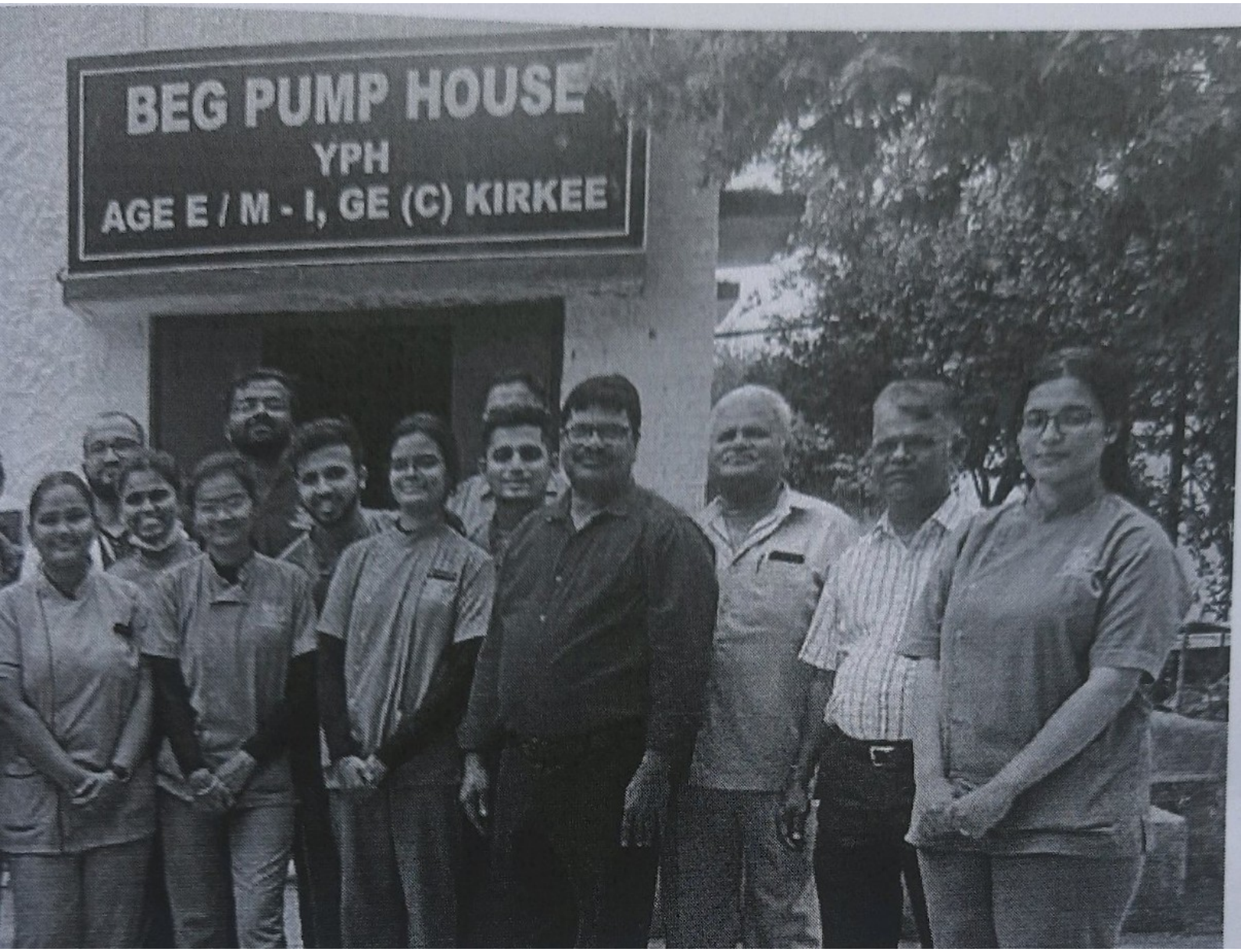

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Ref No.: DYPDS/ 2739

Date: 17/11/2022

CIRCULAR

An Educational Visit to Primary Health Centre (Field Visit Activity from Public Health Dentistry) visit has been arranged by college council for 4th BDS Students as per the following schedule:

Date : - 6TH December 2022

Time : - 10 AM to 12PM

Venue : - PHC, Wagholi

Topic : - **Understanding the prevailing public health problems and public health programs**

All HODs, interested faculty staff and all the Fourth year BDS students are cordially invited to attend the above mentioned program. All HODs are informed to thus make required clinical arrangements for the same.

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli

DEAN, DYPDS

Department Name	Signature	Department Name	Signature
Oral Medicine and Radiology		Public Health Dentistry	
Oral and Maxillofacial Surgery		Oral Pathology	
Prosthodontics crown and bridge		Microbiology and Pathology	
Conservative and Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics and Preventive Dentistry		Maintenance Department	

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Program Summary

Date	6/12/22
Time	10 AM to 12 PM
Program Title	Educational Visit to Primary Health Centre
Department	Public Health Dentistry
Program Type	Field Visit Activity
Venue	PHC, Wagholi
Co-ordinator Name	Dr. Karibasappa G N
Attendees	4th year Students
Number of Participants	50

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Ref No.: DYPDS/2732 **Date: 10/11/2022**

CIRCULAR

An Educational Visit to Water Purification Centre (Field Visit Activity from Public Health Dentistry) visit has been arranged by college council for 4TH BDS Students as per the following schedule:

Date **: - 21st November 2022**

Time **: - 12.30 PM to 1.30 PM**

Venue **: - Water purification plant, Marathwada Mitra Mandals Institute of Technology**

Topic **: - To gain the knowledge and information about the working of Water purification Plant.**

All HODs, interested faculty staff and all the Fourth year BDS students are cordially invited to attend the above-mentioned program. All HODs are informed to thus make required clinical arrangements for the same.

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
DEAN, DYPDS

Department Name	Signature	Department Name	Signature
Oral Medicine and Radiology		Public Health Dentistry	
Oral and Maxillofacial Surgery		Oral Pathology	
Prosthodontics crown and bridge		Microbiology and Pathology	
Conservative and Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics and Preventive Dentistry		Maintenance Department	

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Program Summary

Date	21/11/22
Time	12.30 AM to 1.30 PM
Program Title	Educational Visit to Primary Health Centre
Department	Public Health Dentistry
Program Type	Field Visit Activity
Venue	PHC, Wagholi
Co-ordinator Name	Dr. Karibasappa G N
Attendees	4th year Students
Number of Participants	50

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Ref No.: DYPDS/2776

Date: 17/12/2022

CIRCULAR

An Educational Visit to Primary Health Centre (Field Visit Activity from Public Health Dentistry) visit has been arranged by college council for 4th BDS Students as per the following schedule:

Date : - **21st January 2023**

Time : - **10.30 AM to 12.30 PM**

Venue : - **PHC, Wagholi**

Topic : - **Understanding the prevailing public health problems and public health programs**

All HODs, interested faculty staff and all the Fourth year BDS students are cordially invited to attend the above mentioned program. All HODs are informed to thus make required clinical arrangements for the same.

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
DEAN, DYPDS

Department Name	Signature	Department Name	Signature
Oral Medicine and Radiology		Public Health Dentistry	
Oral and Maxillofacial Surgery		Oral Pathology	
Prosthodontics crown and bridge		Microbiology and Pathology	
Conservative and Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics and Preventive Dentistry		Maintenance Department	

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Program Summary

Date	21/01/2023
Time	10.30 AM to 12.30 PM
Program Title	Educational Visit to Primary Health Centre
Department	Public Health Dentistry
Program Type	Field Visit Activity
Venue	PHC, Wagholi
Co-ordinator Name	Dr. Karibasappa G N
Attendees	4th year Students
Number of Participants	50

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Ref No.: DYPDS/ 3369

Date: 05/09/2023

CIRCULAR

An Educational Visit to Water Purification Centre (Field Visit Activity from Public Health Dentistry) visit has been arranged by college council for 4TH BDS Students as per the following schedule:

Date : - **14th September 2023**

Time : - **12.30 PM to 1.30 PM**

Venue : - **Water purification plant, Marathwada Mitra Mandals Institute of Technology**

Topic : - **To gain the knowledge and information about the working of Water purification Plant.**

All HODs, interested faculty staff and all the Fourth year BDS students are cordially invited to attend the above mentioned program. All HODs are informed to thus make required clinical arrangements for the same.

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
DEAN, DYPDS

Department Name	Signature	Department Name	Signature
Oral Medicine and Radiology		Public Health Dentistry	
Oral and Maxillofacial Surgery		Oral Pathology	
Prosthodontics crown and bridge		Microbiology and Pathology	
Conservative and Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics and Preventive Dentistry		Maintenance Department	

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Program Summary

Date	14/09/2023
Time	12.30 AM to 1.30 PM
Program Title	Educational Visit to Primary Health Centre
Department	Public Health Dentistry
Program Type	Field Visit Activity
Venue	PHC, Wagholi
Co-ordinator Name	Dr. Karibasappa G N
Attendees	4th year Students
Number of Participants	50

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12

CIRCULARS OF TOBACCO CESSATION CLINIC AND WORLD NO TOBACCO DAY

D Y PATIL EDUCATION SOCIETY

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
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Ref No.: DYPDS/843 **Date: 07/06/2019**

CIRCULAR

This is to inform you that **"TOBACCO CESSATION CLINIC"** is fully functional from 07-06-2019.

TOBACCO CESSATION CLINIC (TCC)

Date of commencement- 07-06-2019

Co-ordinators of the clinic- Dr. Anagha Shete, Dr. Ashwini Nerkar

Location of the clinic- Dept. of Oral Medicine and Radiology (No. 1), Lower Ground floor, DYPDS

Activities of the clinic-

1. History taking, registration of patients and form filling, record maintenance.
2. Patient counseling- Patient education and motivation through charts, posters, and audiovisual aids to reduce the frequency and quite tobacco-related habits.
3. Group counseling.
4. Guiding patients for cognitive/behavioral therapy
5. Introduction of patients to Nicotine Replacement Therapy (NRT)
6. Patient recall and re-evaluation

Sr. No.	Department	Signature of HOD
1	Oral Medicine and Radiology	
2	Public Health Dentistry	
3	Pedodontics	
4	Orthodontics	
5	Prosthodontics	
6	Conservative Dentistry and Endodontics	
7	Periodontology	
8	Oral Surgery	
9	Oral Pathology	

Dr. Anagha Shete
HOD, Dept. of OMDR

D.Y. PATIL DENTAL SCHOOL PUNE

Dr. Anand Shigli
Dean

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D Y PATIL DENTAL SCHOOL

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Ref No.: DYPDS/ 502

Date: 23/5/2018

CIRCULAR

We are pleased to announce the upcoming celebration of **"No Tobacco Day"** by Department of Public Health Dentistry As advocates for oral health and overall well-being, it is our collective responsibility to raise awareness about the harmful effects of tobacco use and promote a tobacco-free lifestyle. We would like to urge the HODs to allow the students and staff to be the part of this celebration with maximum participation.

Event: World No Tobacco

Topic: Release of CREAT – Educational Video on Tobacco and its ill effect https://youtu.be/OoCix_s3lRU?si=EDRswjnzysbaBi71

Date: 31st May 2018

Time: 3.30 PM to 4.00 PM

Venue: Lecture Hall 4, DYPDS

D.Y. PATIL DENTAL SCHOOL PUNE

DEAN

D Y Patil Dental School

Name	Signature	Name	Signature
Oral Medicine & Radiology		Public Health Dentistry	
Oral & Maxillofacial Surgey		Oral Pathology	
Prosthodontics & Crown & Bridge		Microbilogy & Pathology	
Conservative & Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics & Preventive Dentistry		Maintenance Department	

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Program Summary

Date	31/5/2018
Time	1 hr
Program Title	World No Tobacco Day
Department	Public Health Dentistry
Program type	Audio Visual Lecture
Venue	Lecture hall 3
Launch Of Educational Video	DEAN - Dr. Anand Shigli
Coordinator name	Dr. Karibasappa G N
Attendees	Faculty and Students
Number of participants	50

Educational Video Clip



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Ref No.: DYPDS/ 836

Date: 23/05/2019

CIRCULAR

We are pleased to announce the upcoming celebration of "**No Tobacco Day**" by Department of Public Health Dentistry As advocates for oral health and overall well-being, it is our collective responsibility to raise awareness about the harmful effects of tobacco use and promote a tobacco-free lifestyle. We would like to urge the HODs to allow the students and staff to be the part of this celebration with maximum participation.

Event: World No Tobacco

Topic: Skit Play on harmful effect of tobbacco

Date: 31st May 2019

Time: 10.30 AM to 11.30 AM

Venue: Lohegaon Bus Stand

D.Y. PATIL DENTAL SCHOOL PUNE

DEAN

D Y Patil Dental School

Name	Signature	Name	Signature
Oral Medicine & Radiology		Public Health Dentistry	
Oral & Maxillofacial Surgey		Oral Pathology	
Prosthodontics & Crown & Bridge		Microbilogy & Pathology	
Conservative & Endodontics		Physiology and Biochemistry	
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SKIT PLAY BY STUDENTS ON HARMFUL EFFECTS OF TOBACCO



Program Summary

Date	31/5/2019
Time	1 hr
Program Title	World No Tobacco Day
Department	Public Health Dentistry
Program type	Skit Play on Harmful effects of Toacco
Venue	Lohegaon Bus Stand
Guide	DEAN- Dr. Anand Shigli
Coordinator name	Dr. Karibasappa G N
Attendees	Faculty and Students
Number of participants	50

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Ref No.: DYPDS/ 1139 **Date: 23/5/2020**

CIRCULAR

We are pleased to announce the upcoming celebration of "**No Tobacco Day**" by the Department of Public Health Dentistry. Due to Covid 19 Lockdown virtual discussion on **CREAT – Creating Environment against the Tobacco is** organized for the residents of Pune We would like all the students to be the art of this celebration with maximum participation.

Event: World No Tobacco

Topic: **CREAT – Creating Environment against the**

Tobacco Date: 31st May 2020

Time: 4.00 PM to 5.00 PM

Venue: Virtual A- V lecture click this link: https://meet.google.com/sic-pxhu-wkf

To join by phone instead, dial (US) +1 857-309-5505 and enter this PIN: 953 080 225#

D.Y. PATIL DENTAL SCHOOL PUNE

DEAN

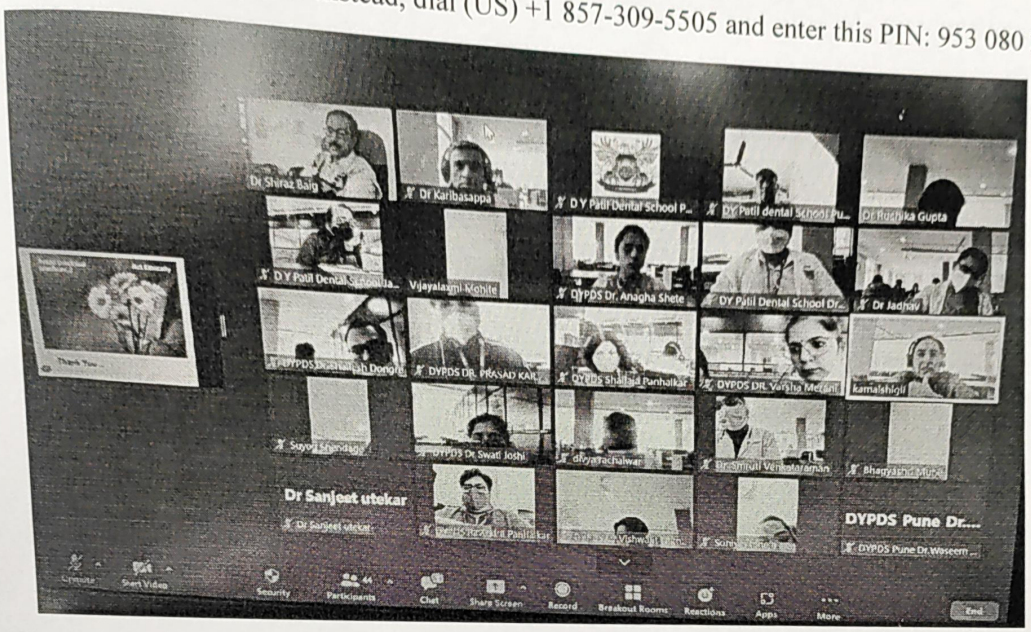
D Y Patil Dental School

Name	Signature	Name	Signature
Oral Medicine & Radiology		Public Health Dentistry	
Oral & Maxillofacial Surgey		Oral Pathology	
Prosthodontics & Crown & Bridge		Microbilogy & Pathology	
Conservative & Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics & Preventive Dentistry		Maintenance Department	

VIRTUAL A V LECTURE ON HARMFUL EFFECTS OF TOBACCO

Virtual A- V lecture click this link: https://meet.google.com/sic-pxhu-wkf

To join by phone instead, dial (US) +1 857-309-5505 and enter this PIN: 953 080 225#



Program Summary

Date	31/5/2020
Time	1 hr
Program Title	World No Tobacco Day
Department	Public Health Dentistry
Program type	Virtual Lecture on Harmful effects of Tobacco
Venue	Virtual Discussion
Guide	DEAN- Dr. Anand Shigli
Coordinator name	Dr. Karibasappa G N
Attendees	Faculty, Students, and residents of Pune
Number of participants	150

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Ref No.: DYPDS/ 1618 **Date: 23/5/2021**

CIRCULAR

We are pleased to announce the upcoming celebration of "**No Tobacco Day**" by the Department of Public Health Dentistry. It is our collective responsibility to raise awareness about the harmful effects of tobacco use and promote a tobacco-free lifestyle. We would like to urge the HODs to allow the students and staff to be the part of this celebration with maximum participation.

Event: World No Tobacco

Topic: **Protect the**

Environment Date: 31st May

2021

Time: 11.30 Am

Venue: Mini Auditorium ULC

D.Y. PATIL DENTAL SCHOOL PUNE

DEAN

D Y Patil Dental School

Name	Signature	Name	Signature
Oral Medicine & Radiology		Public Health Dentistry	
Oral & Maxillofacial Surgey		Oral Pathology	
Prosthodontics & Crown & Bridge		Microbilogy & Pathology	
Conservative & Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
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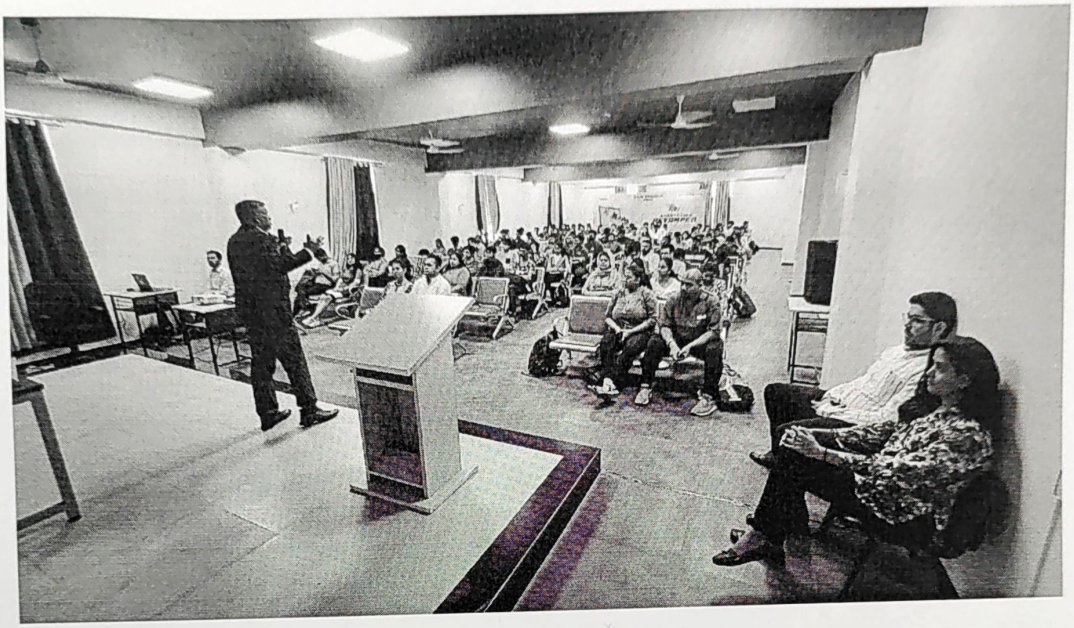
LECTURE ON PROTECTION ENVIRONMENT AND HARMFUL EFFECT OF TOBACCO



Program Summary

Date	31/5/2021
Time	1 hr
Program Title	World No Tobacco Day
Department	Public Health Dentistry
Program type	Lecture on Harmful effects of Tobacco and Environment
Venue	Mini Auditorium ULC ADYP University
Coordinator name	Dr. Karibasappa G N
Attendees	Faculty and Students
Number of participants	150

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Ref No.: DYPDS/ 2327 Date: 23/05/2022

CIRCULAR

We are pleased to announce the upcoming celebration of "**No Tobacco Day**" by Department of Public Health Dentistry. It is our collective responsibility to raise awareness about the harmful effects of tobacco use and promote a tobacco-free lifestyle. We would like to urge the HODs to allow the students and staff to be the part of this celebration with maximum participation.

Event: World No Tobacco

Topic: **Life first Tobacco Cessation Training**

Program Date: 31st May 2022

Time: 9.30 Am to 4.00 Pm

Venue: Lecture Hall 3

D.Y. PATIL DENTAL SCHOOL PUNE

DEAN

D Y Patil Dental School

Name	Signature	Name	Signature
Oral Medicine & Radiology		Public Health Dentistry	
Oral & Maxillofacial Surgey		Oral Pathology	
Prosthodontics & Crown & Bridge		Microbiology & Pathology	
Conservative & Endodontics		Physiology and Biochemistry	
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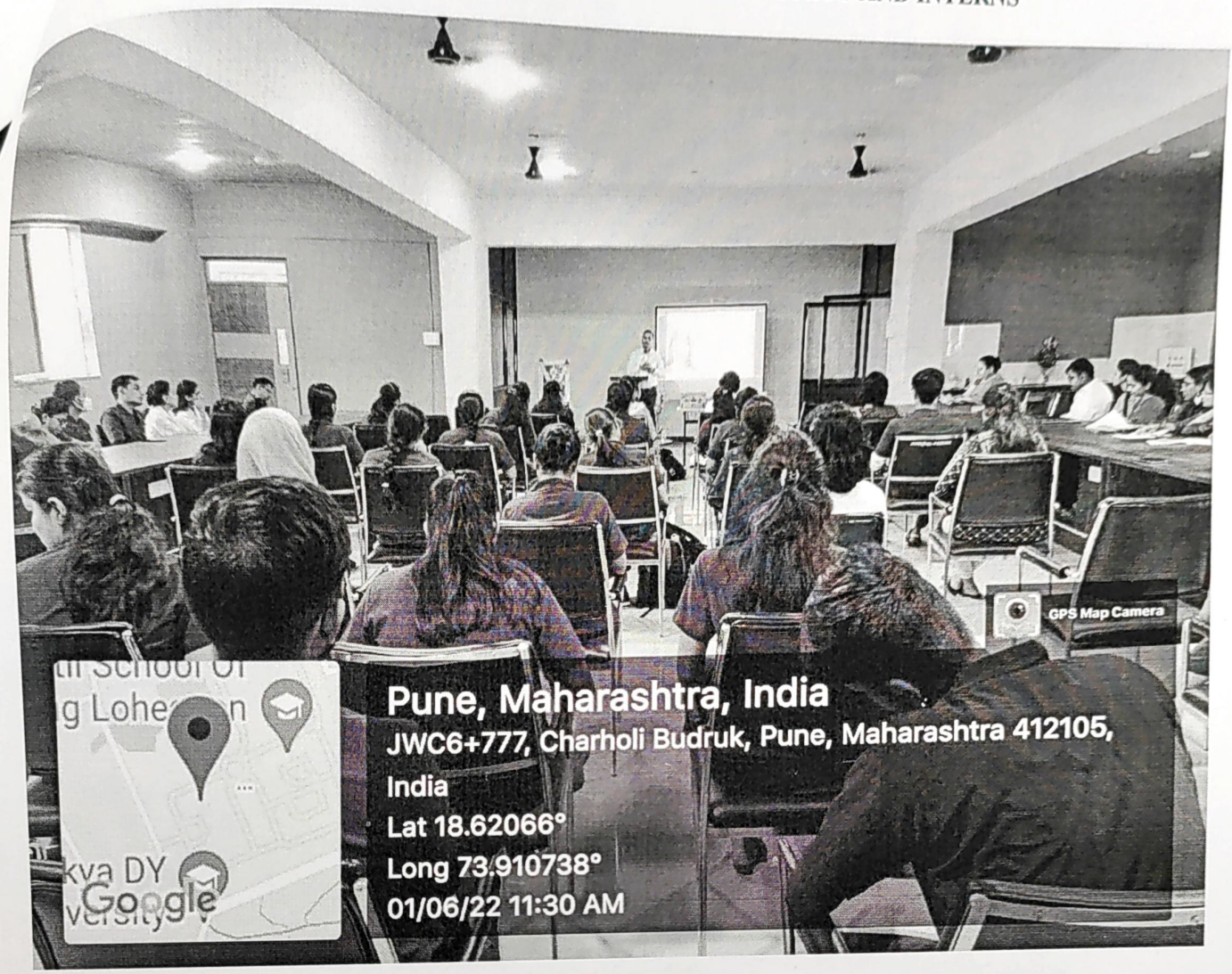
TRAINING ON TOBACCO CESSATION FOR FACULTY AND INTERNS



Program Summary

Date	31/5/2022
Time	8 hr
Program Title	World No Tobacco Day
Department	Public Health Dentistry
Program type	Tobacco Cessation Training
Venue	Lecture Hall 3
Resource Person	Dr. Dinesh Jagiasi and Dr Ratandeep Chawla
Coordinator name	Dr. Karibasappa G N
Attendees	Faculty and Students
Number of participants	50

D Y PATIL GROUP
D Y PATIL DENTAL SCHOOL
Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

Ref No.: DYPDS/ 3150

Date: 23/05/2023

CIRCULAR

We are pleased to announce the upcoming celebration of "**No Tobacco Day**" by Department of Public Health Dentistry. It is our collective responsibility to raise awareness about the harmful effects of tobacco use and promote a tobacco-free lifestyle. We would like to urge the HODs to allow the students and staff to be the part of this celebration with maximum participation.

Event: World NoTobacco

Topic: **Walk the Health**

Date: 31st May 2023

Time: 9.30 Am to 4.00

Pm

Venue: Ground beside University Shop

D.Y. PATIL DENTAL SCHOOL PUNE

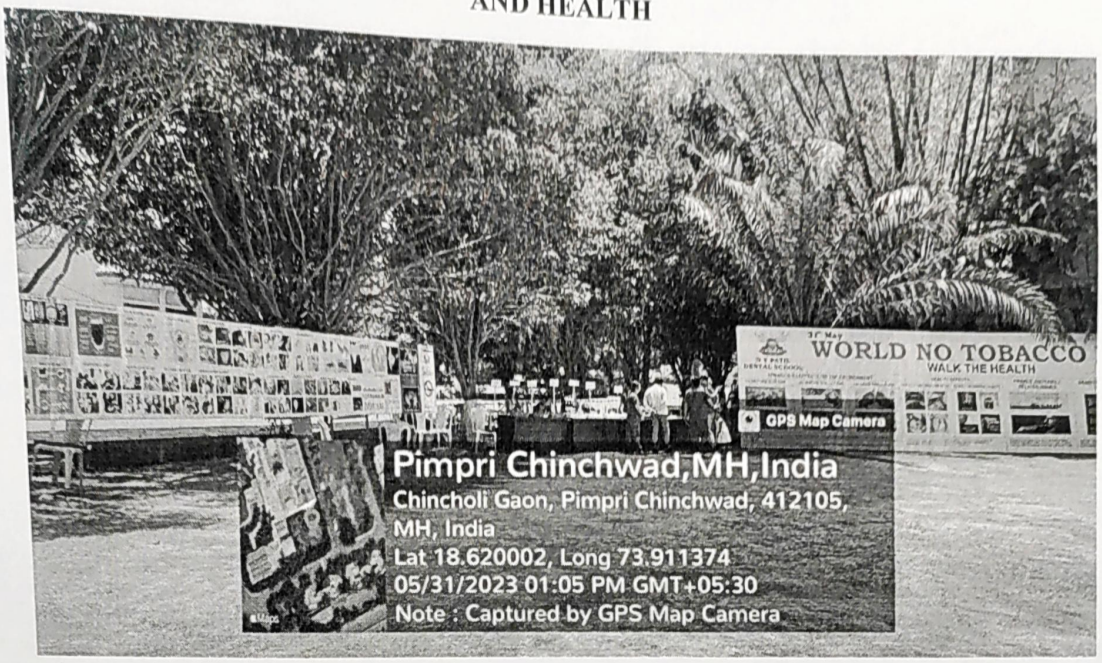
DEAN

D Y Patil Dental School

Name	Signature	Name	Signature
Oral Medicine & Radiology		Public Health Dentistry	
Oral & Maxillofacial Surgey		Oral Pathology	
Prosthodontics & Crown & Bridge		Microbilogy & Pathology	
Conservative & Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics & Preventive Dentistry		Maintenance Department	

Dr D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412 105
• Phone (020) 35037779 • E Mail : dean@dypds.com

WALK THE HEALTH TO UNDERSTAND THE IMPACT OF TOBACCO ON ENVIRONMENT AND HEALTH



Program Summary

Date	31/5/2023
Time	8 hr
Program Title	World No Tobacco Day
Department	Public Health Dentistry
Program type	Walk th Health
Venue	Open Ground beside University Shop
Organizing Chairperson	DEAN Dr Anand Shigli
Coordinator name	Dr. Karibasappa G N and Dr. Shriram Kulkarni
Attendees	Faculty and Students
Number of participants	550

LINGARAJ SHIGLI ANAND

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Date: 2024.07.03 15:53:40 +05'30'