

# **ARMAMENTARIUM**

## **A. Basic Set-Up (Present at all Times)**

1. Patient Record
2. Removable Division Folder
3. Napkin on Patient
4. Sterile Mirror, Explorer, T-ball burnisher
5. Tongue Blades
6. Cotton 2x2 Gauze
7. Mask, gloves & gown
8. Indelible pencil (Dr. Thompson's color transfer applicator sticks)
9. Bracket tray cover

## **B. Extended Set-Up**

1. Basic Set-Up
2. Buffalo knife
3. #6 Red-handle Bard-Parker Knife w/ #25 (non-sterile) blade
4. Wax spatulas
5. HANAU Torch filled w/ alcohol
6. Bunsen Burner
7. Handpieces & sterile burs

## **C-1. Preliminary Impressions Set-Up (Complete Dentures)**

1. Basic Set-Up
2. Extended Set-Up
3. Hot Water Bath (w/ liner)
4. Sterile Edentulous Trays
5. Shears
6. Pliers
7. Red Cake Compound
8. Green Stick Compound

## **C-2. Preliminary Impression Set-Up (Immed/Partial Denture)**

1. Basic Set-Up
2. Extended Set-Up
3. Alginate stock trays
4. Alginate and water measure
5. Plaster Bowl
6. Spatula
7. Blue Periphery Wax

## **C-3. Final Impression Set-Up (all Dentures)**

1. Basic Set-Up
2. Extended Set-Up
3. Hot Water Bath
4. Light-Body Rubber Base
5. Rubber Base Adhesive
6. Disposable Brushes
7. Green Stick Compound

## **D. VDO – FB – CR / Pt. Remount Set-Up**

1. Basic Set-Up
2. Extended Set-Up
3. Aluwax
4. Plastogum (Quick Set Plaster)

## **E. Tooth & Denture Base Selection Set-Up**

1. Basic Set-Up
2. Trubyte Portrait Shade Guide
3. Trubyte Portrait Mould Guide
4. Tooth Selection Chart
5. Denture Base Shade Chips
6. Clear Plastic mm Ruler

## **F. Tissue Treatment Kit**

1. Tissue Conditioner (Coe-Comfort / Lynal) or
2. Soft Denture Reline Material (Coe-Soft)

## **G. Partial Denture Accessories**

1. Ortho Pliers
2. Ortho Wire Cutter

## **H. Indicating Pastes**

1. Pressure Indicating Paste (PIP)
2. Sorenson's Paste

# **PROCEDURES**

## **Complete Denture Procedures**

- |                            |            |                    |                  |
|----------------------------|------------|--------------------|------------------|
| 1. Exam & Consultation     | <b>A*</b>  | 6. Tooth Selection | <b>E</b>         |
| 2. Preliminary Impression  | <b>C-1</b> | 7. Tooth Try-In    | <b>D</b>         |
| 3. Final Impression        | <b>C-3</b> | 8. Insertion       | <b>D &amp; H</b> |
| 4. Wax Rim Try-In          | <b>B</b>   | 9. Adjustment      | <b>B &amp; H</b> |
| 5. Inter-maxillary Records | <b>D</b>   |                    |                  |

## **Immediate Denture Procedures**

- |                                  |            |                                |                     |
|----------------------------------|------------|--------------------------------|---------------------|
| 1. Exam & Consultation           | <b>A</b>   | 6. Tooth Selection             | <b>E</b>            |
| 2. Preliminary Impression        | <b>C-2</b> | 7. Tooth Try-In (if indicated) | <b>D</b>            |
| 3. Final Impression              | <b>C-3</b> | 8. Insertion                   | <b>B, F &amp; H</b> |
| 4. Wax Rim Try-In (if indicated) | <b>B</b>   | 9. Adjustment                  | <b>D, F &amp; H</b> |
| 5. Inter-maxillary Records       | <b>D</b>   |                                |                     |

## **Partial Denture Procedures**

- |  |            |                                  |                          |
|--|------------|----------------------------------|--------------------------|
| 1. Exam & Consultation                       | <b>A</b>   | 6. Wax Rim Try-in (if indicated) | <b>B</b>                 |
| 2. Preliminary Impression                    | <b>C-2</b> | 7. Intermaxillary Records        | <b>D</b>                 |
| 3. Final Impression                          | <b>C-3</b> | 8. Tooth Try-in (if indicated)   | <b>D</b>                 |
| 4. Framework Try-In                          | <b>B</b>   | 9. Insertion                     | <b>D, C-2, G &amp; H</b> |
| 5. Altered Cast Impression<br>(if indicated) | <b>C-3</b> | 10. Adjustment                   | <b>B, G &amp; H</b>      |

## **Reline & Repair Procedures**

- |                        |                      |                                |                  |
|------------------------|----------------------|--------------------------------|------------------|
| 1. Exam & Consultation | <b>A</b>             | 4. Tooth Try-in (if indicated) | <b>D</b>         |
| 2. Impression          | <b>C-2 &amp; C-3</b> | 5. Insertion                   | <b>B &amp; H</b> |
| 3. Tooth Selection     | <b>E</b>             | 6. Adjustment                  | <b>B &amp; H</b> |

## **Provisional Denture Procedure**

- |                           |            |                                |                     |
|---------------------------|------------|--------------------------------|---------------------|
| 1. Exam & Consultation    | <b>A</b>   | 5. Tooth Try-in (if indicated) | <b>D</b>            |
| 2. Preliminary Impression | <b>C-2</b> | 6. Insertion                   | <b>B, G &amp; H</b> |
| 3. Final Impression       | <b>C-3</b> | 7. Adjustment                  | <b>B, G &amp; H</b> |
| 4. Tooth Selection        | <b>E</b>   |                                |                     |

\* refer to "Armamentarium" page