



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

**RELINE / REBASE / REPAIR (LAB vs. CHAIRSIDE)
TISSUE CONDITIONER/OVERLAY ABUTMENT PREPARATIONS
CASTING CHECK OFF FOR FIXED/REMO CASES**


Student: _____ Procedure: _____

Patient: _____ Chart No.: _____

Describe REPAIR in detail:

Comments:


CHAIRSIDE						
RELINE /	TISSUE CONDITIONER		/ REPAIR*			
DATE	#	STEP	SIG.	U	L	
	002	Consultation				
	006	Treatment Plan				
	012	Occlusal Preparation				
	013	Denture Preparation				
	016	Material Placement -1 2 3				
	026	Post Dam Augmentation				
	040	Denture Base Repair				
		Tooth Replacement Tooth # ()				
	048	Insertion *				
	049	Adjustment				
	050	Case Completed				



Kennedy Class: _____
 Mod: _____
 Major Connector: _____

TOOTH	REST	GP	CLASP	UC	BR	MOD

LABORATORY						
RELINE /	REBASE		/ REPAIR *			
Heat Cured Hard	Heat Cured Soft		Cold Cured Hard			
DATE	#	STEP	SIG.	U	L	
	002	Consultation				
	006	Treatment Plan				
	012	Occlusal Adjustment				
	013	Denture Preparation				
	015	Border Molding				
	016	Final Impression				
	026	Post Dam				
	031	Tooth Selection - Recorded				
	037	Denture Base Selection - Recorded				
	038	Wax Up & Final Occlusion				
	040	Processing				
	042	Finish and Polish				
	048	Insertion *				
	049	Adjustment				
	049	Adjustment				
	050	Case Completed				



Kennedy Class: _____
 Mod: _____
 Major Connector: _____

TOOTH	REST	GP	CLASP	UC	BR	MOD

OVERLAY ABUTMENTS

	Abutment Preparation				
	Abutment Reline				

FIXED/REMO. CASTING / WAX-UP CHECK

Tooth #	Wax-up (Sig):	Casting (Sig):
Tooth #	Wax-up (Sig):	Casting (Sig):
Tooth #	Wax-up (Sig):	Casting (Sig):

Signature for Survey & Design _____

Permission for final cementation: Crown(s) # _____
 Signature: _____ Date: _____

*** RECORD OF PAYMENT**

FIRST PAYMENT: _____
 SECOND PAYMENT: _____
 MASS. HEALTH BILLED: _____



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STUDENT: _____ PATIENT: _____ CHART #: _____
 MEDICAL ALERT: _____ PREMEDICATION: _____ PROCEDURE: _____

COMPLETE DENTURES TRANSITIONAL PARTIAL DENTURE

DATE	#	STEP	SIG.	U	L
	001	Examination			
	002	Consultation			
		Clasp Design Trans. Dent.			
	006	Treatment Plan			
	007	Contract			
	008	Mouth Preparation			
	009	Tray Selection			
	010	Preliminary Imp. (Compound)			
	014	Custom Tray			
	015	Border Molding			
	016	Final Impression			
		Beading & Boxing			
	017	Final Cast			
	025	Base and Occlusion Rims			
	026	Post Dam			
	027	Face Bow			
	028	Vertical Dimension			
	029	Centric Relation			
	030	Tooth Selection - Rec.			
	031	Denture Base Selection - Rec.			
	032	Tooth Try-in			
	033	Verify V.D.O. / Pin =			
	034	Verify C.R.			
	035	Patient Approval			
	036	Surgical Stent			
	037	Wax Up			
	038	Final Occlusion Check			
	039	Face Bow Preservation			
	040	Processing			
	041	Lab Remount			
	042	Finish and Polish			
	044	Remount Casts Prepared			
	045	Patient Remount			
	046	Final Polish			
	047	Home Care Instruction			
	048	Insertion *			
	049	Adjustment			
		Adjustment			
		Adjustment			
	050	Case Completed			

CAST PARTIAL DENTURES

DATE	#	STEP	SIG.	U	L
	001	Examination			
	002	Consultation			
	003	Primary Impression (Alginate)			
	004	Diagnostic Cast			
	005	Survey and Design			
	006	Treatment Plan			
	007	Contract			
	011	Abutment Preparation			
	014	Custom Tray			
	015	Border Molding			
	016	Final Impression			
	017	Final Cast			
	018	Steele's Facing-Mold & Shade			
	019	Steele's Facing-Plaster Matrix			
	020	Work Authorization			
	021	Framework On Cast			
	022	Framework Try-in			
	023	Altered Cast Impression			
	024	Altered Cast			
	025	Base and Occlusion Rims			
	026	Post Dam			
	027	Face Bow			
	028	Vertical Dimension			
	029	Centric Relation			
	030	Tooth Selection - Recorded			
	031	Denture Base Selection - Rec.			
	032	Tooth Try-in			
	033	Verification of V.D.O.			
	034	Verification of C.R.			
	035	Patient Approval			
	036	Surgical Stent			
	037	Wax Up			
	038	Final Occlusion Check			
	039	Face Bow Preservation			
	040	Processing			
	041	Lab Remount			
	042	Finish and Polish			
	043	Pick Up Impression			
	044	Remount Casts Prepared			
	045	Patient Remount			
	046	Final Polish			
	047	Home Care Instruction			
	048	Insertion *			
	049	Adjustment			
		Adjustment			
		Adjustment			
	050	Case Completed			

INDIVIDUAL DENTURE _____
 TEAM DENTURE: A / B _____ Submitted
 TEAM MATE: _____

IMMEDIATE DENTURE APPROVED FOR INSERTION

Signature: _____ Date: _____

EXTERNSHIP CASES:
 Mounted Occlusion _____ Survey & Design _____

FOR OFFICE USE

UNITS _____ Points _____
 _____ Completes _____ Date _____
 _____ Partial _____ Auth. Sig. _____