

PATIENT DETAILS

Initials	KL
Gender	Male
Age	54
Complaint	<ul style="list-style-type: none"> • <i>Had front teeth crowns fitted >20 years ago</i> • <i>Wants front crowns replaced for aesthetic reasons</i> • <i>Wants to save the teeth</i> <p>HISTORY OF PRESENTING COMPLAINT</p> <ul style="list-style-type: none"> • Teeth originally “broken” in a car accident at age 21 • Subsequently crowned to improve appearance of large, discoloured fillings • No pain/swelling etc since • Wants crowns replaces as unhappy with appearance • GDP took rads and advised UL1 needs removal of post/core/crown and re-RCT
Medical history	<ul style="list-style-type: none"> • statins
Past Dental History	<ul style="list-style-type: none"> • Regular dental attendee • Electric toothbrushing twice daily • No interdental cleaning aids
Social History	<ul style="list-style-type: none"> • Non-smoker • < 5 units of alcohol per week
Extra Oral	<ul style="list-style-type: none"> • Temporomandibular joints, muscles of mastication and lymph nodes – no abnormalities detected (NAD)
Intra Oral Soft tissues	<ul style="list-style-type: none"> • Soft tissues: NAD • Minimal gingival inflammation with supragingival plaque and calculus deposits
Intra Oral Dental status	<ul style="list-style-type: none"> • Moderately restored posterior dentition • Crowns on UR1,UL1

	<p>Charted teeth present</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border-right: 1px solid black; padding: 5px;">7654321</td> <td style="padding: 5px;">1234567</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; border-right: 1px solid black;"></td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">7 54321</td> <td style="padding: 5px;">1234567</td> </tr> </table>	7654321	1234567			7 54321	1234567
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<p>Periodontal status</p> <p>BPE</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> </table> <p style="text-align: center;">FMPS: 20%</p> <p style="text-align: center;">FMBS: 18%</p>	1	0	1	1	2	1
1	0	1					
1	2	1					
<p>Occlusal Features</p>	<p>Static Occlusion</p> <ul style="list-style-type: none"> • Incisor relationship: Class I • Molar relationship: Angle Class I (right and left side) <p>Dynamic Occlusion</p> <ul style="list-style-type: none"> • Protrusion: guided by the incisors • Right and left lateral excursions: canine-guided 						
<p>Other information (referral details or recent periodontal care)</p>							

RADIOGRAPHS



PREFERRED TREATMENT PLAN

Please indicate what you would charge for the following:

1. Removal of existing crown and post
2. Removal of existing GP
3. Re-RCT
4. New post/core
5. New crown

N.B. Please only provide responses IF you feel that you possess the clinical skills to provide the recommended item of treatment.