

PATIENT DETAILS

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|--------------------------|--|
| 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 |

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| | <div>Charted teeth present</div> <div><div><div>7654321</div><div>1234567</div></div><div><div>7 54321</div><div>1234567</div></div></div> | | | | | | |
| <div>Periodontal status</div> <div>BPE</div> | <div><table><tr><td>1</td><td>0</td><td>1</td></tr><tr><td>1</td><td>2</td><td>1</td></tr></table></div> <div>FMPS: 20%</div> <div>FMBS: 18%</div> | 1 | 0 | 1 | 1 | 2 | 1 |
| 1 | 0 | 1 | | | | | |
| 1 | 2 | 1 | | | | | |
| <div>Occlusal Features</div> | <div>Static Occlusion</div> <div><ul style="list-style-type: none">Incisor relationship: Class IMolar relationship: Angle Class I (right and left side)</div> <div>Dynamic Occlusion</div> <div><ul style="list-style-type: none">Protrusion: guided by the incisorsRight and left lateral excursions: canine-guided</div> | | | | | | |
| <div>Other information (referral details or recent periodontal care)</div> | | | | | | | |

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.