



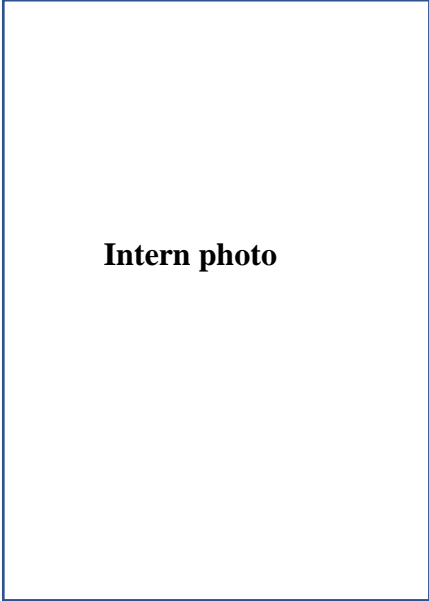
Internship Logbook

BENI-SUEF UNIVERSITY FACULTY OF DENTISTRY

Collected & Prepared by Dr
Riham El-banna

Internship program

Logbook for Intern



Name:.....

I.D.....

Email.....

Year of graduation.....

Date

Internship Intended learning outcomes of course (ILOs):

<p>A. Knowledge and understanding: By the end of the course, the student will be able to:</p>	<p>Diagnosis:</p> <ol style="list-style-type: none">1. Identify appropriate diagnosis, prognosis, and treatment of oral and Oro-dental diseases. <p>Conservative Dentistry:</p> <ol style="list-style-type: none">2. Recognize pain control and postoperative hypersensitivity (theories, types, causes, prevention, and management).3. Recognize how to manage deep carious and non-carious lesions <p>Endodontics:</p> <ol style="list-style-type: none">4. Recognize management of vital pulp and open apex cases.5. Categorize different techniques, success, and failure of root canal treatment.6. Outline the needed endodontic emergency treatment for traumatized teeth. <p>Prosthetic Dentistry:</p> <ol style="list-style-type: none">7. Recognize types of trays, impressions, and impression materials for different edentulous cases8. Identify and describe different steps of fixed partial dentures constructions9. Describe components of removable partial denture <p>Periodontology:</p> <ol style="list-style-type: none">10. Recognize the signs and symptoms, and treatment of gingival and periodontal diseases.11. Describe different technique of instrumentation, scaling, and root planning.12. Categorize different periodontal therapy management including non-surgical and surgical. <p>Pediatric Dentistry:</p> <ol style="list-style-type: none">13. Identify the different behavioral management techniques and methods of communication with young patients and their parents.14. Acknowledge the basics of cavity preparation and pulp therapy in primary teeth15. Recognize etiology and methods of treatment of dental caries and periodontal diseases in children <p>Dental public health:</p> <ol style="list-style-type: none">16. Identify the basic methods and barriers of effective health education for different priority groups17. Recognize the steps of applying the different preventive agents at home, office, and community level.18. Recognize the basics of professional ethics in the field of dentistry
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B. intellectual skills: By the end of the course, the student will be able to:

19. Outline the concepts and mechanisms of infection control

Oral Medicine: .

20. Recognize dental management of patients suffering from systemic diseases and their effect on the oral cavity

21. Describe etiology, clinical picture, histopathology, prognosis, treatment, and dental implications of vesiculobullous diseases, white lesions, red lesions, and ulceration affecting oral tissues.

Oral and Maxillofacial Surgery:

22. Identify principles, types, techniques, and complications of local anesthesia

23. Recognize complications of tooth extraction

24. Categories techniques for removal of impacted teeth

25. Describe techniques for management of oral and face infections, cysts of the jaw, TMJ problems, fractures and oral implantology.

Diagnosis:

1. Formulate differential diagnosis for various lesions in relation to radio graphical, clinical features **and laboratory investigations.**

2. Relate information obtained from the patient history to chief complaints.

3. Assess treatment options to be done by the general dentist and those that need referral and consultation.

Conservative Dentistry:

4. Interpret diagnostic information and findings for an organized treatment plan for patients in need for restorative dental care (problem-oriented treatment plan).

5. 1Assess pulpal and gingival responses to cavity preparation and restorative materials

Endodontics:

6. Interpret diagnostic findings for treatment of pulpal and periapical disease.

7. Select the proper treatment options for emergency cases.

Prosthetic Dentistry:

8. Correlate the basic features of complete denture design with the existing oral anatomical landmarks and analyze the factors leading to complete denture failure from the technical point of view

9. Design suitable removable partial denture based on existing intra oral conditions and principles of design

10. Design suitable Fixed partial denture based on existing intra oral conditions(single, 3 units and simple veneers cases).

Periodontology:

11. Differentiate between different gingival and periodontal diseases.
12. Formulate periodontal diagnosis, prognosis, and treatment plan for different periodontal conditions.

Pediatric Dentistry:

13. Demonstrate the basic morphological differences in cavity preparation in clinical procedures for children
14. Distinguish the indications for crown preparation and pulp therapy in primary teeth
15. Use collected data to evaluate, diagnose and plan treatment for the child patient
16. Rating of the child's behavior in the dental office 5. Demonstrate dental soft and hard tissue problems of primary and young permanent teeth.

Dental Public Health:

17. Analyze the most prominent risk factors affecting the spread of a certain dental health problem including behavioral and social factors.
18. Design educational messages for different population groups.
19. Differentiate suitable preventive measures for various risk groups.

Oral Medicine:

20. Interpret signs and symptoms and physical findings in terms of their anatomical, pathological and functional diagnostic significances
21. Manage different oral mucosal lesions.
22. Relate the obtained clinical and investigational data base with the evidence- based knowledge and skill of deductive reasoning to be proficient in clinical problem solving.

oral and Maxillofacial Surgery:

23. Assess factors leading to complications in local anesthesia, extraction of teeth, and other surgical problems.
24. Determine factors leading to facial trauma, spreading of infection and other emergencies
25. Manage pathological conditions of both hard and soft oral tissues

C. Professional and practical skills: By the end of the course, the student will be able to:

Diagnosis:

1. Applying different treatment plans according to each case.

Conservative dentistry:

2. Operate the dental chair in relation to correct posture of the clinician.
3. Perform different techniques of moisture exclusion from the operative field in a clinical setting.
4. Detect caries activity, caries risk and caries lesion in a clinical setting.
5. Apply competitively amalgam, composite, and glass ionomer restorations.
6. Perform complex amalgam, anterior and posterior composite restorations with appropriate matrices and retainers.

Endodontics:

7. Treat disease of pulpal and periapical tissues.
8. Provide vital pulp therapy for indicated cases.
9. Perform radiograph for proper endodontic treatment.
10. Perform emergency treatment for painful tooth in the form of: pulpotomy, pulpectomy, drainage through the tooth and supportive therapy as analgesics and antibiotics.

Prosthetic Dentistry:

11. Fabricate maxillary and mandibular custom trays and record blocks, arrange maxillary and mandibular artificial teeth and process the complete dentures
12. Construct an acrylic removable partial denture
13. Construct an endocrown and a fiber post/core assembly
14. Make an appropriate impression of partially edentulous study cast
15. Construct a PFM/All ceramic fixed partial denture.

Periodontology:

16. Apply periodontal charting
17. Practice a comprehensive periodontal examination
18. Interpret signs and symptoms and physical findings in terms of their anatomic, pathologic, and functional periodontal diagnostic significance.
19. Propose an individualized treatment plan for different periodontal conditions
20. Manage different gingival and periodontal diseases

Pediatric Dentistry:

21. Apply appropriate behavior management techniques with different types of children
22. Perform the general principles of cavity and stainless-steel crown preparations and restorations on primary teeth

<p>D. General and transferable skills: By the end of the course, the student will be able to:</p>	<p>23. Treat pulpal problems in primary and young permanent teeth</p> <p>Dental Public Health:</p> <p>24. Apply topical fluorides and pit and fissure sealants for young children and adults</p> <p>25. Deliver a suitable health education message for a target group</p> <p>Oral medicine:</p> <p>26. Apply a brief concise case examination in an informed oral medicine special consent.</p> <p>27. Practice a comprehensive extra oral and intra oral examination including head and neck, oral hard and soft tissues.</p> <p>28. Interpret medical and dental history items relevant to the condition of the patient.</p> <p>29. Compose a prioritized list of tentative diagnosis, differential diagnosis and final diagnosis and treatment.</p> <p>Oral surgery:</p> <p>30. Apply local anesthesia in different intra oral and extra oral locations</p> <p>31. Perform extractions for different types of teeth</p> <p>32. Assess in removing remaining roots fractured during exodontia and simple impacted teeth</p> <p>33. .Perform the necessary procedures for controlling hemorrhage and CPR when needed</p> <p>34. Apply basic surgical techniques</p> <p>35. Perform the necessary procedures for controlling complications of oral surgery both general (medical) and local (surgical) intraoperatively, and post-operatively</p> <p>1. Use information technology to gain information for updated knowledge</p> <p>2. Master presentation skills and power point</p> <p>3. Recognize infection control policies</p> <p>4. Collaborate with peers in an efficient teamwork whether online through Microsoft teams or face to face</p> <p>5. Behave ethically with senior staff, colleagues, and patients.</p>
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Working Rules

- The intern should score 70% of the total points, otherwise the course will be repeated.

- The intern will be considered 'absent' if he/she arrives 15 minutes after the beginning day.

- **Infection control guidelines** must be followed; violations will not be tolerated and the student will be dismissed & the attendance will be omitted immediately.

1. Lab coat, face mask, goggles & gloves must be worn at all times during the treatment session within the clinic.

2. Wrapping. Items to be wrapped are as follows

- Arm rest
- Operator's chair (Back & lifting arm)
- Bracket table handle
- Blower tip
- Contra nozzle
- Suction button
- Head rest
- Light handle
- X-ray viewer
- Suction nozzle
- Light button
- Spittoon button

3. Sterile instruments are to be used with every new patient and for every clinical session.

4. A napkin must be placed on bracket table and any working surface.

5. Never touch the X-ray unit with contaminated gloves.

6. Non-sterilizable items must be wrapped before use or handled with a pair of new gloves.

7. At the end of the clinical session, remove wrapping with clean gloves.

8. Sharp instruments must be disposed in safety boxes.

9. Complete unit disinfection after each patient is a must.

10. Leave the clinic behind you clean & tidy.

Assessment:

Clinical cases	70% of points
Attendance	10% of points
Teaching & learning methods	20% of points
Total points	100% points

Internship Program Point System

No	Specialty	Procedure	Points
1	Oral diagnosis, Oral Medicine & Periodontology	Comprehensive diagnosis case & treatment planning	5
		Medicine case	10
		Periodontal therapy (gingivitis case)	10
		Periodontal therapy (periodontitis case)	5/quadrant
		Periodontal surgery	25
2	Oral & Maxillofacial Radiology	Periapical X-ray	5
		Panoramic X-ray	15
		CBCT	30
3	Fixed Prosthodontics	All-ceramic laminate veneer case	40
		All-ceramic endo-crown case	40
		Fiber post + composite core + all ceramic crown or Metal post + core + crown	50
		Custom made metal post and core + metal-ceramic crown	50
		Simple or complex bridge	70
		Retreatment of a failed bridge	70
4	Removable Prosthodontic	Overdenture (Telescopic, implant supported, tooth supported with attachment)	70
		Vitallium	60
		Single or complete denture	40
		Acrylic partial denture	15
5	Endodontics	Anterior/ premolar → Per canal	5
		Molars → Per canal	10
		Simple retreatment → Per canal	15
		Difficult case (severely curved/open apex/ledge bypass/separated instrument bypass) → per canal	15
		Apexification/ apexogenesis"vital pulp therapy"	20
6	Oral & Maxillofacial surgery	1- Surgical removal of impacted teeth:	
		A. Soft tissue impaction	15
		B. Bony impaction	
		I. Low difficulty	25
		II. Moderate difficulty	30
		III. High difficulty	40
		2- Simple extraction (closed)	10
		3- Complicated extraction (badly broken teeth)	15
4- Extraction of remaining roots	15		

		5- Dentoalveolar surgery (remaining root separation and surgical removal)	20
		6- Ridge preservation / Bone graft	30
		7- Alveoplasty	15
		8- Implant insertion	70
		9- Biopsy	20
7	Conservative dentistry	All carious lesions except incipient caries	10
		Management of incipient lesions (Medical model, preventive measures, probiotics, pits and fissures sealants or preventive resin restoration)	5
		Advanced esthetic cases (Any esthetic derangement except discoloration as Diastema closure, Peg-shaped lateral, Enamel hypoplasia)	15
		Management of discolored vital teeth	
		1. Polishing	5
		2. Micro and Macro-abrasion	10
		3. Bleaching	15
		4. Direct resin veneer	20
		Management of badly broken-down tooth	20
		Retreatment or management of failed restorations	5
		Management of non-carious lesions	20
8	Pediatric dentistry	Pulpotomy	20
		Pulpectomy	25
		Stainless steel crown	20
		Extraction	5
		Composite restoration	10
		Endodontic treatment	5/canal
		Fissure sealant	5
		Space maintainer	20
		Varnish	10

TEACHING & LEARNING METHODS:

These include Lectures, Clinical/lab sessions, Seminars, Small group discussion, case study, Case presentation, Demonstration, E- learning (Microsoft teams), workshops.

Item	Points
Seminars, case study, case presentation	15
Lecture, Demonstration, Clinical/lab sessions, Small group discussion	10
Work shop	25

Requirements For clinical cases

**At least 2 comprehensive cases (including a minimum of 4 different specialties)
+ clinical cases in each specialty.**

No	Specialty	Procedure	Cases No
1	Oral diagnosis, Oral Medicine & Periodontology	Comprehensive diagnosis cases & treatment planning	4
		Medicine cases+- biopsy	3
		Periodontal therapy (gingivitis/ periodontitis cases)	10
		Periodontal surgery	1
2	Oral & Maxillofacial Radiology	Periapical X-ray	90
		Panoramic X-ray	
		CBCT	
3	Fixed Prosthodontics	All-ceramic laminate veneer case	1
		All-ceramic endo-crown case	1
		Fiber post + composite core + all ceramic crown or Metal post+ core + crown	1
		Custom made metal post and core + metal- ceramic crown	1
		Simple or complex bridge	1
		Retreatment of a failed bridge	1
4	Removable Prosthodontic	Overdenture (Telescopic, implant supported, tooth supported with attachment)	1
		Vitallium	1
		Single or complete denture	1
		Acrylic partial denture	3
5	Endodontics	Molars	4
		Premolar or anteriors	1
6	Oral & Maxillofacial surgery	Surgical removal of impacted teeth	20 cases
		Simple extraction (closed)	
		Complicated extraction (badly broken teeth)	
		Extraction of remaining roots	
		Dentoalveolar surgery (remaining root separation and surgical removal)	
		Ridge preservation / Bone graft	
		Alveoloplasty	
		Implant insertion	
		Biopsy	
7	Conservative dentistry	Simple cases:	
		1. Anterior tooth colored restorations	

		<ul style="list-style-type: none"> • class III • class V • class IV 	1 case for each
		2. Preventive restorations: <ul style="list-style-type: none"> • PRR (preventive resin restorations) • Pits & fissure sealants, • fluoride application 	1
		3. Bleaching	1
		4. Resin infiltration	1 tooth
		Advanced cases	
		1. Replacement of defective restorations	2
		2. Complex MOD cavities	4 cases (2 amalgam restorations and 2 composite restorations)
		3. Esthetic restorations: <ul style="list-style-type: none"> • Diastema closure • Direct veneer, 	1 case 1 case
		4. Indirect restorations Onlays/overlays (composite or ceramics).	1
		5. Restoration of endodontically treated teeth	2
8	Pediatric dentistry	Pulpotomy and/or Pulpectomy	10
		Stainless steel crown	5
		Extraction	10
		Posterior restoration (permanent or deciduous)	5
		Anterior restoration (permanent or deciduous)	2
		Endodontic treatment (Anterior tooth)	1
		Endodontic treatment (Posterior tooth)	1
		Pit & Fissure sealant	4
		Space maintainer or habit breaking appliance	1
		Case of interest (clinical & radiographic photos)	1

TEACHING & LEARNING METHODS: (these include Lectures, Clinical/lab sessions, Seminars, Small group discussion, case study, Case presentation, Demonstration, E- learning (Microsoft teams), workshops)

Topic	Signature	Points

Clinical cases

Comprehensive case 1

procedure	Signature	Points

Case documentation

Comprehensive case 2

procedure	Signature	Points

Case documentation

Comprehensive case 3

procedure	Signature	Points

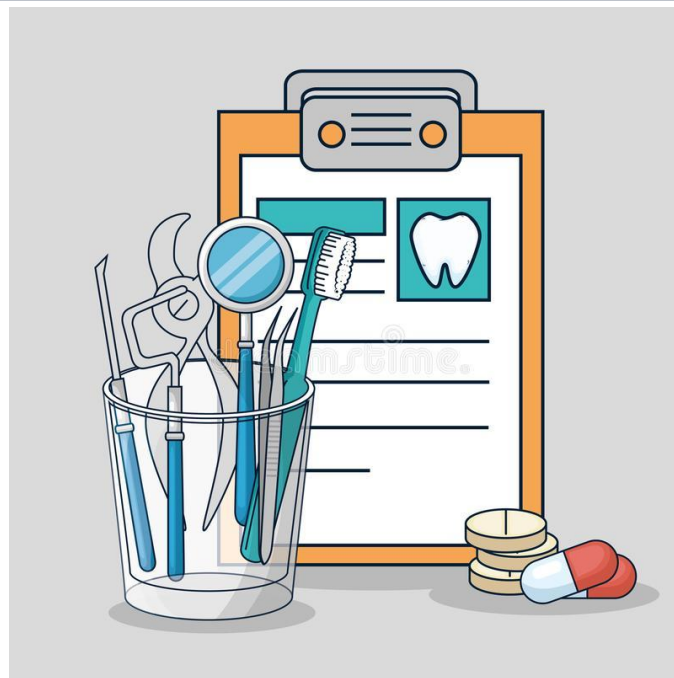
Case documentation

Comprehensive case 4

procedure	Signature	Points

Case documentation

Oral Medicine and Periodontology department.



Diagnostic sheet

- **Patient history**

Name:.....

Age:.....

File number:

Gender:.....

Marital status:

Phone number:

- **Medical History**

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- **Dental History**

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- **Chief complain**

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Clinical Examination

- **Extra-oral Examination**

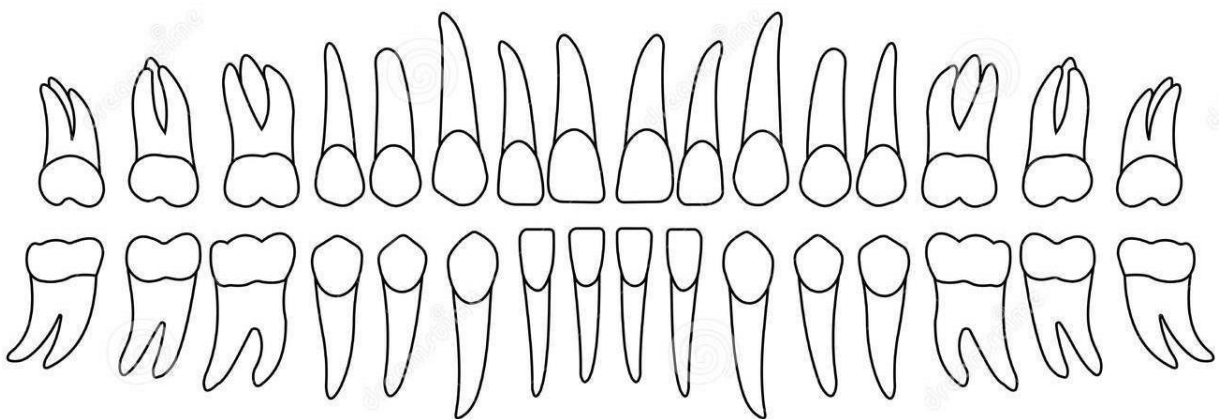
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- **Intra-Oral Examination**

1- Soft tissue:

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2- Hard tissue



- **Lab investigations**

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- Radiographic examination

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Diagnosis

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Supervisor Signature:

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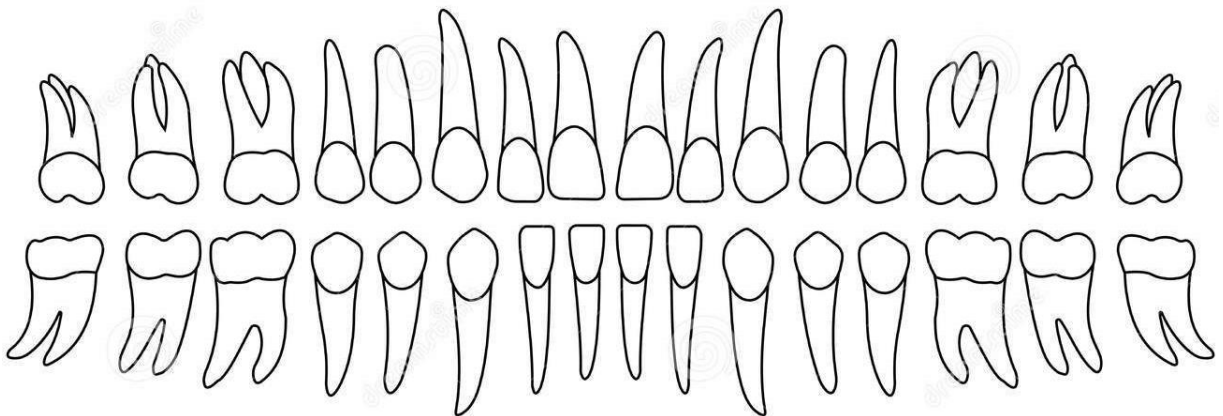
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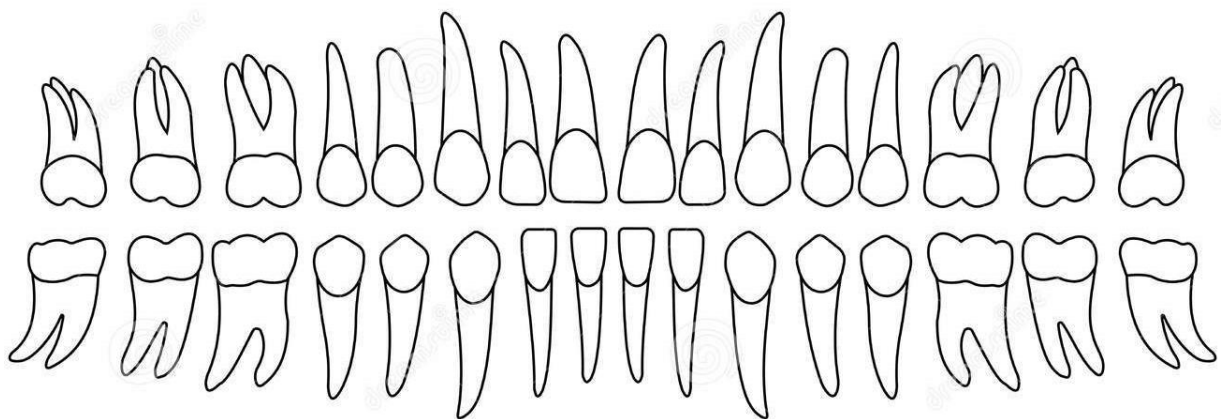
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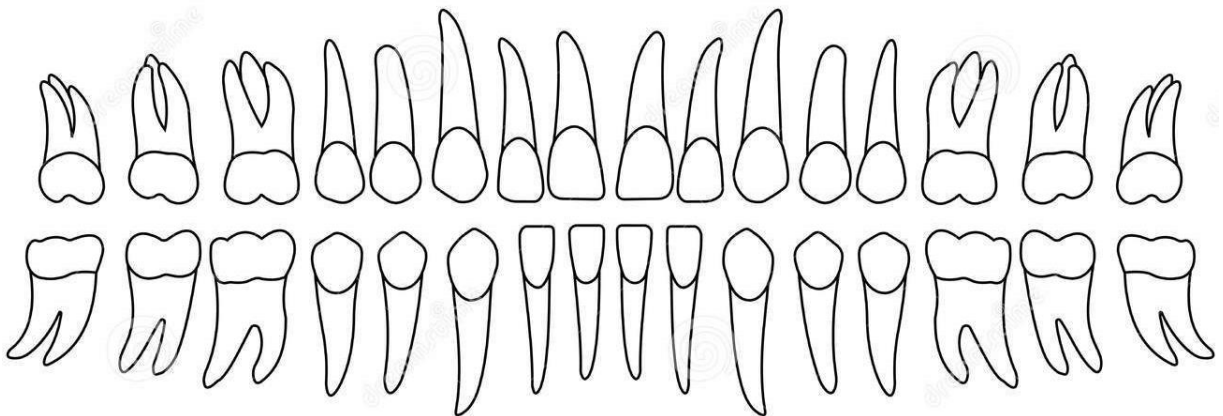
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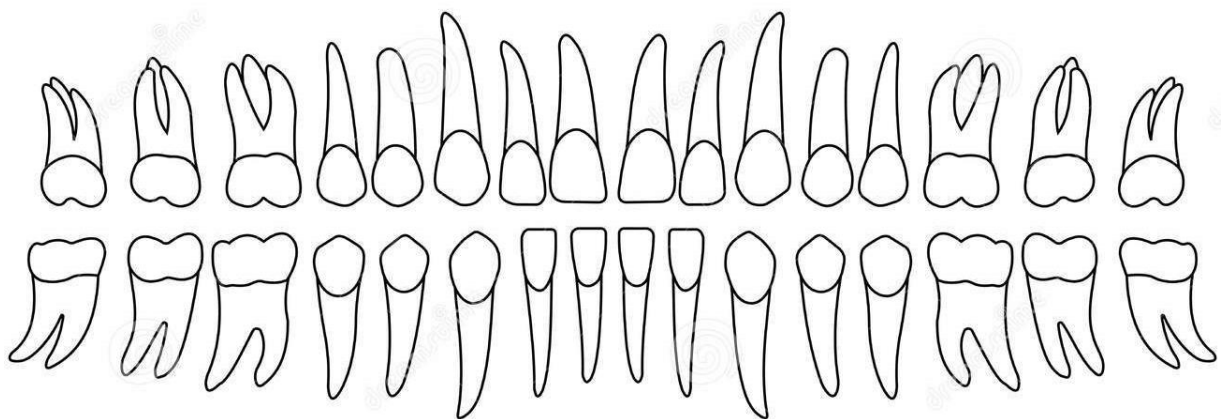
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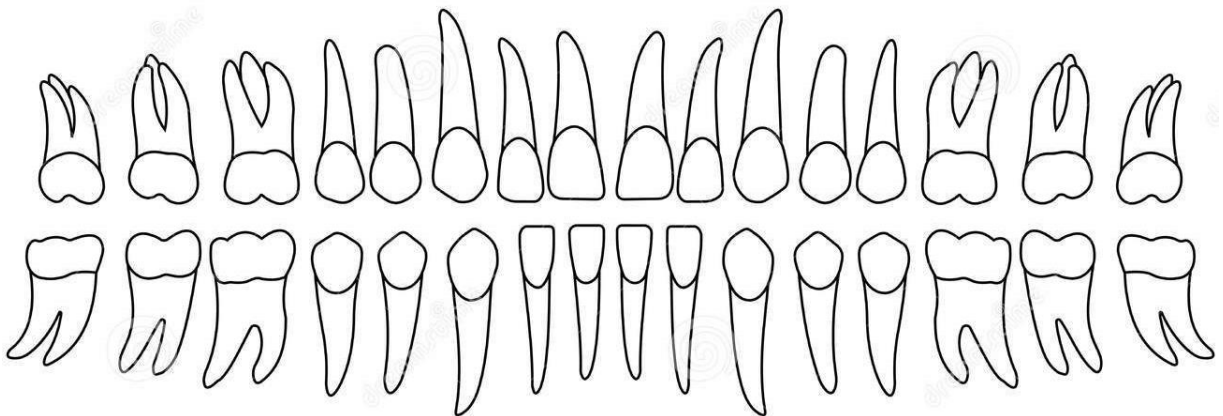
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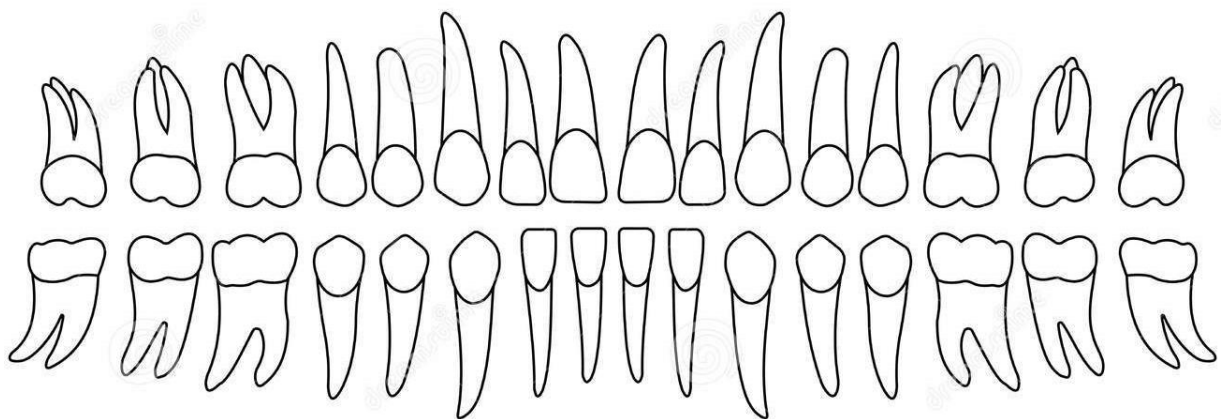
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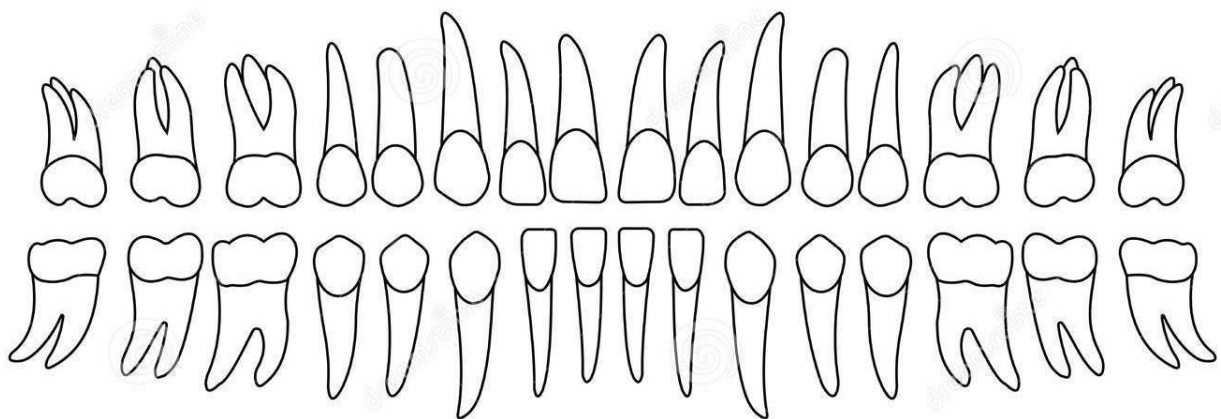
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Supervisor Signature:

Points:

Oral Medicine cases

Case no:

Patient data

Name:	Occupation:	File no:
Gender:	Phone number:	
Age:	Marital status:	

Medical History

Underlying conditions:

Physician name& no:

Any Previous surgeries:

Medication:

Past dental history:

Clinical examination

Extra oral examination:

Lymph node examination:

History of lesion:

- Onset:
- Duration:
- Severity:
- Previous medication:
- Local factors:
- Course:

Description of lesion

- Shape:
- Size:
- Site:
- Floor:
- Base:
- Surface texture:
- Color:
- Distribution:
- Consistency:
- Tender or not:
- Rubbed off or not:

Special investigation and Radiograph (if needed)

Biopsy



Type:

Site:

Date of procedure:

Result:

Spot diagnosis:

Differential diagnosis:

- 1-
- 2-
- 3-
- 4-

Final diagnosis: _____

Treatment plan:

- 1:
- 2:
- 3:

Medication:

Follow up:

<u>Visit</u>	<u>Notes and comments</u>	<u>photograph</u>	<u>Assigned dentist</u>
<u>1</u>			
<u>2</u>			
<u>3</u>			
<u>4</u>			

Points after case completion:

Signature:

Case no:

Patient data

Name:	Occupation:	File no:
Gender:	Phone number:	
Age:	Marital status:	

Medical History

Underlying conditions:
Physician name& no:
Any Previous surgeries:
Medication:

Past dental history:

Clinical examination

Extra oral examination:

Lymph node examination:

History of lesion:

- Onset:
- Duration:
- Severity:
- Previous medication:
- Local factors:
- Course:

Description of lesion

- Shape:
- Size:
- Site:
- Floor:
- Base:
- Surface texture:
- Color:
- Distribution:
- Consistency:
- Tender or not:
- Rubbed off or not:

Special investigation and Radiograph (if needed)

Biopsy



Type:

Site:

Date of procedure:

Result:

Spot diagnosis:

Differential diagnosis:

- 1-
- 2-
- 3-
- 4-

Final diagnosis: _____

Treatment plan:

- 1:
- 2:
- 3:

Medication:

Follow up:

<u>Visit</u>	<u>Notes and comments</u>	<u>photograph</u>	<u>Assigned dentist</u>
<u>1</u>			
<u>2</u>			
<u>3</u>			
<u>4</u>			

Points after case completion:

Signature

Case no:

Patient data

Name:	Occupation:	File no:
Gender:	Phone number:	
Age:	Marital status:	

Medical History

Underlying conditions:

Physician name& no:

Any Previous surgeries:

Medication:

Past dental history:

Clinical examination

Extra oral examination:

Lymph node examination:

History of lesion:

- Onset:
- Duration:
- Severity:
- Previous medication:
- Local factors:
- Course:

Description of lesion

- Shape:
- Size:
- Site:
- Floor:
- Base:
- Surface texture:
- Color:
- Distribution:
- Consistency:
- Tender or not:
- Rubbed off or not:

Special investigation and Radiograph (if needed)

Biopsy



Type:

Site:

Date of procedure:

Result:

Spot diagnosis:

Differential diagnosis:

- 1-
- 2-
- 3-
- 4-

Final diagnosis: _____

Treatment plan:

- 1:
- 2:
- 3:

Medication:

Follow up:

<u>Visit</u>	<u>Notes and comments</u>	<u>photograph</u>	<u>Assigned dentist</u>
<u>1</u>			
<u>2</u>			
<u>3</u>			
<u>4</u>			

Points after case completion:

Signature

Case no:

Patient data

Name:	Occupation:	File no:
Gender:	Phone number:	
Age:	Marital status:	

Medical History

Underlying conditions:
Physician name& no:
Any Previous surgeries:
Medication:

Past dental history:

Clinical examination

Extra oral examination:

Lymph node examination:

History of lesion:

- Onset:
- Duration:
- Severity:
- Previous medication:
- Local factors:
- Course:

Description of lesion

- Shape:
- Size:
- Site:
- Floor:
- Base:
- Surface texture:
- Color:
- Distribution:
- Consistency:
- Tender or not:
- Rubbed off or not:

Special investigation and Radiograph (if needed)

Biopsy



Type:

Site:

Date of procedure:

Result:

Spot diagnosis:

Differential diagnosis:

- 1-
- 2-
- 3-
- 4-

Final diagnosis: _____

Treatment plan:

- 1:
- 2:
- 3:

Medication:

Follow up:

<u>Visit</u>	<u>Notes and comments</u>	<u>photograph</u>	<u>Assigned dentist</u>
<u>1</u>			
<u>2</u>			
<u>3</u>			
<u>4</u>			

Points after case completion:

Signature

Case no:

Patient data

Name:	Occupation:	File no:
Gender:	Phone number:	
Age:	Marital status:	

Medical History

Underlying conditions:

Physician name& no:

Any Previous surgeries:

Medication:

Past dental history:

Clinical examination

Extra oral examination:

Lymph node examination:

History of lesion:

- Onset:
- Duration:
- Severity:
- Previous medication:
- Local factors:
- Course:

Description of lesion

- Shape:
- Size:
- Site:
- Floor:
- Base:
- Surface texture:
- Color:
- Distribution:
- Consistency:
- Tender or not:
- Rubbed off or not:

Special investigation and Radiograph (if needed)

Biopsy



Type:

Site:

Date of procedure:

Result:

Spot diagnosis:

Differential diagnosis:

- 1-
- 2-
- 3-
- 4-

Final diagnosis: _____

Treatment plan:

- 1:
- 2:
- 3:

Medication:

Follow up:

<u>Visit</u>	<u>Notes and comments</u>	<u>photograph</u>	<u>Assigned dentist</u>
<u>1</u>			
<u>2</u>			
<u>3</u>			
<u>4</u>			

Points after case completion:

Signature

Case no:

Patient name:

Date:

Diagnosis:

Points:

Signature:

Furcation																	
Mobility																	
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Furcation																	

Case no:

Patient name:

Date:

Diagnosis:

Points:

Signature:

Furcation																	
Mobility																	
Recession																	
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Mobility																	
Furcation																	

Case no:

Patient name:

Date:

Diagnosis:

Points:

Signature:

Furcation																	
Mobility																	
Recession																	
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Furcation																	

Case no:

Patient name:

Date:

Diagnosis:

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Case no:

Patient name:

Date:

Diagnosis:

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Case no:

Patient name:

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Case no:

Patient name:

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Diagnosis:

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Case no:

Patient name:

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Case no:

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Case no:

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Case no:

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Case no:

Patient name:

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Case no:

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Case no:

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Case no:

Patient name:

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Diagnosis:

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Case no:

Patient name:

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Diagnosis:

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Case no:

Patient name:

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Diagnosis:

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Case no:

Patient name:

Date:

Diagnosis:

Points:

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Mobility																	
Recession																	
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Pocket Depth																	
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Pocket Depth																	
CAL																	
Recession																	
Mobility																	
Furcation																	

Periodontal surgeries

Case No.		Date	/ /	File No.	
Patient Name				Age	Sex
Case Classification					
Case Presentation					
Management					

Achieved experience & competencies by the candidate.
(This section must be filled and signed by the attending supervisor)

Procedure / Activity	OBSERVER	ASSISSTANT	Under supervision	Under indirect supervision	Performed independent.	Supervisor Signature
Eliciting patient history						
Performing physical examination						
Ordering & Interpreting investigations						Head of the unit
Developing treatment plan						
Assessing fitness & preparation for surgery						
Surgery / Procedure						

Points:

Signature:

Periodontal surgeries

Case No.		Date	/ /	File No.	
Patient Name				Age	Sex
Case Classification					
Case Presentation					
Management					

Achieved experience & competencies by the candidate.
(This section must be filled and signed by the attending supervisor)

Procedure / Activity	OBSERVER	ASSISSTANT	Under supervision	Under indirect supervision	Performed independent.	Supervisor Signature
Eliciting patient history						
Performing physical examination						
Ordering & Interpreting investigations						
Developing treatment plan						
Assessing fitness & preparation for surgery						
Surgery / Procedure						

Points:

Signature:

Periodontal surgeries

Case No.		Date	/ /	File No.	
Patient Name				Age	Sex
Case Classification					
Case Presentation					
Management					

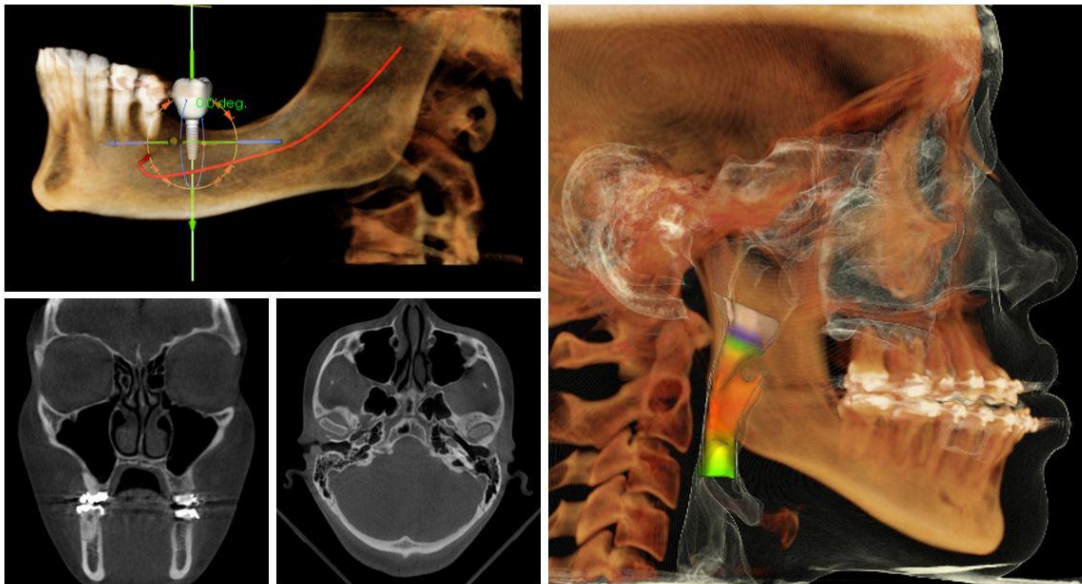
Achieved experience & competencies by the candidate.
(This section must be filled and signed by the attending supervisor)

Procedure / Activity	OBSERVER	ASSISSTANT	Under supervision	Under indirect supervision	Performed independent.	Supervisor Signature
Eliciting patient history						
Performing physical examination						
Ordering & Interpreting investigations						
Developing treatment plan						
Assessing fitness & preparation for surgery						
Surgery / Procedure						

Points:

Signature:

Oral & Maxillofacial Radiology Department



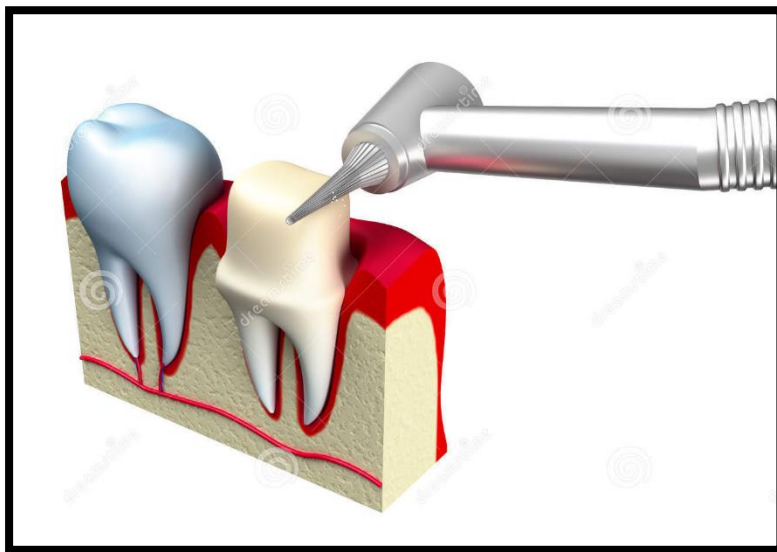
Intern requirement sheet

	Patient Name	Procedure	Points	Supervisor Signature
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Fixed Prosthodontics Department



Fixed partial denture restoring posterior teeth

Case:1

DENTAL HEALTH HISTORY

Confidential

Today's Date _____

Patient Name _____ Birthdate _____
Last First Initial

DENTAL HISTORY

Reason for Today's Visit _____ Date of last dental care _____

Former Dentist _____ Date of last dental X-rays _____

Address _____

Check (✓) if you have had problems with any of the following

- | | | |
|--|---|---|
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Grinding teeth | <input type="checkbox"/> Sensitivity to hot |
| <input type="checkbox"/> Bleeding gums | <input type="checkbox"/> Loose teeth or broken fillings | <input type="checkbox"/> Sensitivity to sweets |
| <input type="checkbox"/> Clicking or popping jaw | <input type="checkbox"/> Periodontal treatment | <input type="checkbox"/> Sensitivity when biting |
| <input type="checkbox"/> Food collection between teeth | <input type="checkbox"/> Sensitivity to cold | <input type="checkbox"/> Sores or growths in your mouth |

How often do you floss? _____ How often do you brush? _____

MEDICAL HISTORY

Physician's Name _____ Date of Last Visit _____

Have you had any serious illnesses or operations? _____ If yes, describe _____

Have you ever had a blood transfusion? Yes No If yes, give approximate dates _____

Have you ever taken any of the group of drugs collectively referred to as "fen-phen?" These include combinations of Ionimin, Adipex, Fastin (brand names of phentermine), Pondimin (fenfluramine) and Redux (dexfenfluramine.) Yes No

(Women) Are you pregnant? Yes No Nursing? Yes No Taking birth control pills? Yes No

Check (✓) if you have or have had any of the following:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cortisone Treatments | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Arthritis, Rheumatism | <input type="checkbox"/> Cough, Persistent | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Artificial Heart Valves | <input type="checkbox"/> Cough up Blood | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Artificial Joints | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Jaw Pain | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Swelling of Feet or Ankles |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Fainting | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> Tobacco Habit |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Radiation Treatment | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Venereal Disease |

MEDICATIONS

List medications you are currently taking: _____

Pharmacy Name _____

Phone _____

ALLERGIES

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Barbiturates (Sleeping pills) | <input type="checkbox"/> Sulfa |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Latex _____ |
| <input type="checkbox"/> Local Anesthetic | <input type="checkbox"/> Other _____ |

Bridge Design:

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Preparation				
	1 st abutment				
	2 nd abutment				
	3 rd abutment				
	4.Final impression				
	5.Provisional restoration				
	6.Try-in evaluation				
	7.Final restoration				

Points:.....Signature:.....

Fixed partial denture restoring posterior teeth

Case:2

DENTAL HEALTH HISTORY

Confidential

Today's Date _____

Patient Name _____ Birthdate _____
Last First Initial

DENTAL HISTORY

Reason for Today's Visit _____ Date of last dental care _____

Former Dentist _____ Date of last dental X-rays _____

Address _____

Check (✓) if you have had problems with any of the following

- | | | |
|--|---|---|
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Grinding teeth | <input type="checkbox"/> Sensitivity to hot |
| <input type="checkbox"/> Bleeding gums | <input type="checkbox"/> Loose teeth or broken fillings | <input type="checkbox"/> Sensitivity to sweets |
| <input type="checkbox"/> Clicking or popping jaw | <input type="checkbox"/> Periodontal treatment | <input type="checkbox"/> Sensitivity when biting |
| <input type="checkbox"/> Food collection between teeth | <input type="checkbox"/> Sensitivity to cold | <input type="checkbox"/> Sores or growths in your mouth |

How often do you floss? _____ How often do you brush? _____

MEDICAL HISTORY

Physician's Name _____ Date of Last Visit _____

Have you had any serious illnesses or operations? _____ If yes, describe _____

Have you ever had a blood transfusion? Yes No If yes, give approximate dates _____

Have you ever taken any of the group of drugs collectively referred to as "fen-phen?" These include combinations of Ionimin, Adipex, Fastin (brand names of phentermine), Pondimin (fenfluramine) and Redux (dexfenfluramine.) Yes No

(Women) Are you pregnant? Yes No Nursing? Yes No Taking birth control pills? Yes No

Check (✓) if you have or have had any of the following:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cortisone Treatments | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Arthritis, Rheumatism | <input type="checkbox"/> Cough, Persistent | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Artificial Heart Valves | <input type="checkbox"/> Cough up Blood | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Artificial Joints | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Jaw Pain | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Swelling of Feet or Ankles |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Fainting | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> Tobacco Habit |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Radiation Treatment | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Venereal Disease |

MEDICATIONS	ALLERGIES
--------------------	------------------

List medications you are currently taking: _____

Pharmacy Name _____

Phone _____

Aspirin Penicillin

Barbiturates (Sleeping pills) Sulfa

Codeine Latex _____

Local Anesthetic Other _____

Treatment plan:
 Bridge Design:

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Preparation				
	1 st abutment				
	2 nd abutment				
	3 rd abutment				
	4.Final impression				
	5.Provisional restoration				
	6.Try-in evaluation				
	7.Final restoration				

Points:.....Signature:.....

Fixed partial denture restoring posterior teeth (Remake)

Case:3

DENTAL HEALTH HISTORY

Confidential

Today's Date _____

Patient Name _____ Birthdate _____

Last First Initial

DENTAL HISTORY

Reason for Today's Visit _____ Date of last dental care _____

Former Dentist _____ Date of last dental X-rays _____

Address _____

Check (✓) if you have had problems with any of the following

- | | | |
|--|---|---|
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Grinding teeth | <input type="checkbox"/> Sensitivity to hot |
| <input type="checkbox"/> Bleeding gums | <input type="checkbox"/> Loose teeth or broken fillings | <input type="checkbox"/> Sensitivity to sweets |
| <input type="checkbox"/> Clicking or popping jaw | <input type="checkbox"/> Periodontal treatment | <input type="checkbox"/> Sensitivity when biting |
| <input type="checkbox"/> Food collection between teeth | <input type="checkbox"/> Sensitivity to cold | <input type="checkbox"/> Sores or growths in your mouth |

How often do you floss? _____ How often do you brush? _____

MEDICAL HISTORY

Physician's Name _____ Date of Last Visit _____

Have you had any serious illnesses or operations? _____ If yes, describe _____

Have you ever had a blood transfusion? Yes No If yes, give approximate dates _____

Have you ever taken any of the group of drugs collectively referred to as "fen-phen?" These include combinations of Ionimin, Adipex, Fastin (brand names of phentermine), Pondimin (fenfluramine) and Redux (dexfenfluramine.) Yes No

(Women) Are you pregnant? Yes No Nursing? Yes No Taking birth control pills? Yes No

Check (✓) if you have or have had any of the following:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cortisone Treatments | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Arthritis, Rheumatism | <input type="checkbox"/> Cough, Persistent | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Artificial Heart Valves | <input type="checkbox"/> Cough up Blood | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Artificial Joints | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Jaw Pain | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Swelling of Feet or Ankles |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Fainting | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> Tobacco Habit |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Radiation Treatment | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Venereal Disease |

MEDICATIONS	ALLERGIES								
<p>List medications you are currently taking: _____</p> <p>_____</p> <p>_____</p> <p>Pharmacy Name _____</p> <p>Phone _____</p>	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Aspirin</td> <td><input type="checkbox"/> Penicillin</td> </tr> <tr> <td><input type="checkbox"/> Barbiturates (Sleeping pills)</td> <td><input type="checkbox"/> Sulfa</td> </tr> <tr> <td><input type="checkbox"/> Codeine</td> <td><input type="checkbox"/> Latex _____</td> </tr> <tr> <td><input type="checkbox"/> Local Anesthetic</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Barbiturates (Sleeping pills)	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Codeine	<input type="checkbox"/> Latex _____	<input type="checkbox"/> Local Anesthetic	<input type="checkbox"/> Other _____
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Penicillin								
<input type="checkbox"/> Barbiturates (Sleeping pills)	<input type="checkbox"/> Sulfa								
<input type="checkbox"/> Codeine	<input type="checkbox"/> Latex _____								
<input type="checkbox"/> Local Anesthetic	<input type="checkbox"/> Other _____								

List medications you are currently taking: _____

Pharmacy Name _____

Phone _____

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Barbiturates (Sleeping pills) | <input type="checkbox"/> Sulfa |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Latex _____ |
| <input type="checkbox"/> Local Anesthetic | <input type="checkbox"/> Other _____ |

Treatment plan:

Bridge Design:

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Preparation				
	1 st abutment				
	2 nd abutment				
	3 rd abutment				
	4.Final impression				
	5.Provisional restoration				
	6.Try-in evaluation				
	7.Final restoration				

Points:.....Signature:.....

All ceramic restoration

Case:4

Patient Name:

Medical Hx:

Treatment plan:

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Preparation				
	1 st abutment				
	2 nd abutment				
	3 rd abutment				
	4.Final impression				
	5.Provisional restoration				
	6.Try-in evaluation				
	7.Final restoration				

Points:.....Signature:.....

Resin bonded Fixed partial denture restoring Anterior teeth

Case:

Patient Name:

Medical Hx:

Treatment plan:

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Preparation				
	1 st abutment				
	2 nd abutment				
	3 rd abutment				
	4.Final impression				
	5.Provisional restoration				
	6.Try-in evaluation				
	7.Final restoration				

Points:.....Signature:.....

Endodontically treated teeth restored with readymade post

Case:

Patient Name:

Medical Hx:

Treatment plan

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Root canal preparaion				
	Xray for RC preparation				
	Coronal Preparation				
	Ferrule preparation				
	4.Post cementation				
	5.Core buildup				
	6.preparation for FPD				
	7.Final Impression				
	8.Try-in evaluation				
	9.Final restoration				

Points:.....Signature:.....

Endodontically treated teeth restored with readymade post

Case:

Patient Name:

Medical Hx:

Treatment plan

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Root canal preparaion				
	Xray for RC preparation				
	Coronal Preparation				
	Ferrule preparation				
	4.Post cementation				
	5.Core buildup				
	6.preparation for FPD				
	7.Final Impression				
	8.Try-in evaluation				
	9.Final restoration				

Points:.....Signature:.....

Endodontically treated teeth restored with readymade post

Case:

Patient Name:

Medical Hx:

Treatment plan

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Root canal preparaion				
	Xray for RC preparation				
	Coronal Preparation				
	Ferrule preparation				
	4.Post cementation				
	5.Core buildup				
	6.preparation for FPD				
	7.Final Impression				
	8.Try-in evaluation				
	9.Final restoration				

Points:.....Signature:.....

Supervisor Signature:.....

Endodontically treated teeth restored with Custom made post

Case:

Patient Name:

Medical Hx:

Treatment plan

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Root canal preparaion				
	Xray for RC preparation				
	Coronal Preparation				
	Ferrule preparation				
	4.Post impression				
	5.Post cementation				
	6.preparation for FPD				
	7.Final Impression				
	8.Try-in evaluation				
	9.Final restoration				

Points:.....Signature:.....

Endodontically treated teeth restored with Endocrown

Case:

Patient Name:

Medical Hx:

Treatment plan

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Intra coronal preparation				
	Sealing of Pulp chamber				
	Blocking of undercut				
	6.preparation for Endocrown				
	7.Final Impression				
	8.Try-in evaluation				
	9.Final restoration				

Points:.....Signature:.....

Restoring Anterior teeth with Laminate veneer

Case:

Patient Name:

Medical Hx:

Treatment plan:

DATE	STEP	Infection Control	Procedure Score	Signature	Comment
	1.Diagnosis				
	2.Diagnostic cast & Xrays				
	3.Preparation				
	1 st abutment				
	2 nd abutment				
	3 rd abutment				
	4.Final impression				
	5.Provisional restoration				
	6.Try-in evaluation				
	7.Final restoration				

Points:.....Signature:.....

Removable Prosthodontic Department



Complete Denture case

Case Description:

Patient's name

Age

Sex

Tel. No.

Medical history

Dental history

Chief complaint

Diagnosis

No.	Steps	Signature	Date
1	Primary Imp.		
2	Secondary Imp.		
3	Jaw Relation		
4	Try- in		
5	Delivery		
6	Follow-up		
7	Follow-up		

Points after case completion:

signature

Complete Denture case

Case Description:

Patient's name

Age

Sex

Tel. No.

Medical history

Dental history

Chief complaint

Diagnosis

No.	Steps	Signature	Date
1	Primary Imp.		
2	Secondary Imp.		
3	Jaw Relation		
4	Try- in		
5	Delivery		
6	Follow-up		
7	Follow-up		

Points after case completion:

signature

Partial Denture case

Case Description: Patient's name **Age:** **Sex:**

Tel. No.

Medical history

Dental history

Chief complaint

Diagnosis

No.	Steps	Signature	Date
1	Primary Imp.		
2	Mouth Preparation		
3	Secondary Imp.		
4	Metal Try- in		
5	Jaw Relation		
6	Try- in		
7	Delivery		
8	Follow-up		

Points after case completion:

signature

Partial Denture case

Case Description: Patient's name **Age:** **Sex:**

Tel. No.

Medical history

Dental history

Chief complaint

Diagnosis

No.	Steps	Signature	Date
1	Primary Imp.		
2	Mouth Preparation		
3	Secondary Imp.		
4	Metal Try- in		
5	Jaw Relation		
6	Try- in		
7	Delivery		
8	Follow-up		

Points after case completion:

signature

Partial Denture case

Case Description: Patient's name..... Age: Sex:

Tel. No......

Medical history.....

Dental history.....

Chief complaint.....

Diagnosis.....

No.	Steps	Signature	Date
1	Primary Imp.		
2	Mouth Preparation		
3	Secondary Imp.		
4	Metal Try-in		
5	Jaw Relation		
6	Try- in		
7	Delivery		
8	Follow-up		

Points after case completion:

signature

Partial Denture case

Case Description: Patient's name..... **Age:**..... **Sex:**.....

Tel. No......

Medical history.....

Dental history.....

Chief complaint.....

Diagnosis.....

No.	Steps	Signature	Date
1	Primary Imp.		
2	Mouth Preparation		
3	Secondary Imp.		
4	Metal Try-in		
5	Jaw Relation		
6	Try- in		
7	Delivery		
8	Follow-up		

Points after case completion:

signature

Partial Denture case

Case Description: Patient's name **Age:** **Sex:**

Tel. No.

Medical history

Dental history

Chief complaint

Diagnosis

No.	Steps	Signature	Date
1	Primary Imp.		
2	Mouth Preparation		
3	Secondary Imp.		
4	Metal Try-in		
5	Jaw Relation		
6	Try- in		
7	Delivery		
8	Follow-up		

Points after case completion:

signature

Advanced case

Case Description:

Patient's name

Age

Sex

Tel. No.

Medical history

Dental history

Chief complaint

Diagnosis

No.	Steps	Signature	Date
1	Primary Imp.		
2	Secondary Imp.		
3	Jaw Relation		
4	Try- in		
5	Delivery		
6	Follow-up		
7	Follow-up		

Points after case completion:

signature

Advanced case

Case Description:

Patient's name

Age

Sex

Tel. No.

Medical history

.....

Dental history

.....

Chief complaint

.....

Diagnosis

No.	Steps	Signature	Date
1	Primary Imp.		
2	Secondary Imp.		
3	Jaw Relation		
4	Try- in		
5	Delivery		
6	Follow-up		
7	Follow-up		

Points after case completion:

signature

Advanced case

Case Description:

Patient's name

Age

Sex

Tel. No.

Medical history

Dental history

Chief complaint

Diagnosis

No.	Steps	Signature	Date
1	Primary Imp.		
2	Secondary Imp.		
3	Jaw Relation		
4	Try- in		
5	Delivery		
6	Follow-up		
7	Follow-up		

Points after case completion:

signature

Endodontic Department



INSTRUMENTS AND MATERIALS:

1. Lab coat.
2. Goggles.
3. Face mask.
4. Gloves.
5. Over-gloves.
6. Wrapping (Adhesive rolls).
7. Napkins.
8. Napkin holder.
9. Plastic cups.
10. Plastic syringes.
11. Needles (Long & Short).
12. Suction tips (High/low).
13. Blower tips.
14. Diagnostic set (mirror, probe, tweezers).
15. Excavator.
16. Irrigation: Sodium Hypochlorite (NaOCl).
17. Saline.
18. Cotton (normal).
19. Cotton rolls.
20. Endodontic file holder/ organizer.
21. Xray films.
22. X-ray film holder.
23. Metal syringe.
24. Anesthesia.
25. High speed handpiece contra.
26. Low speed handpiece.
27. Adaptor.
28. Round burs (#2,3,4)
29. Tapered with round end stones (Different sizes).
30. Endo-Z bur.
31. Gates glidden burs: 3 from each size: #2,#3,#4.
32. Build up material (Composite, etch & Bond).
33. Rubber dam sheets (**Size:** 6''x6'' inches, Medium).
34. Rubber dam sheets punch.
35. Rubber dam clamps (1 of each): Anterior & Premolar teeth (Chinese brands are will not be allowed **ONLY: HYGENIC® or KSK®**).
36. Rubber dam clamp holder.
37. Rubber dam frame.
38. Endometer.
39. EDTA gel.
-
-
-
-
40. Manual files
 - K-files (MANI™/ DENTSPLY™) 3 boxes: **#10.**
 - K-files (MANI™/ DENTSPLY™) 3 boxes: **#15.**
 - K-files (MANI™/ DENTSPLY™) 3 boxes: **#15-40.**
 - K-files (MANI™/ DENTSPLY™) 2 boxes: **#45-80.**
 - K-files (**Long files**) (MANI™/ DENTSPLY™): **#15-80.**
 - Flexible files (MANI™/ DENTSPLY™): **#15-40.**
 - H-files (MANI™/ DENTSPLY™) 1 box: **#25-80.**
41. Paper points: sizes: **#35 → #80.**
42. Gutta percha: sizes: **#25 → #80.**
43. Glass slab.
44. Cement spatula
45. Sealer (Resin-based sealer).
46. Spreaders (hand or finger): **# 30 & 35.**
47. Scissors.
48. Torch.
49. Condenser/ hot instrument.
50. Temporary filling.
51. Surface disinfectant.
52. Sterilization pouches.

ASSESSMENT SHEET 1

PATIENT NAME:

AGE:

GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	<input type="checkbox"/> Trauma	<input type="checkbox"/> Restoration	<input type="checkbox"/> Carious exposure	<input type="checkbox"/> Pulpotomy
	<input type="checkbox"/> Caries	<input type="checkbox"/> Pulp	<input type="checkbox"/> RCT	
Nature of pain	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Quality of pain	<input type="checkbox"/> Dull	<input type="checkbox"/> Sharp	<input type="checkbox"/> Throbbing	
Onset of pain	<input type="checkbox"/> Constant	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Spontaneous	
Location	<input type="checkbox"/> Localized	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Referred	
Initiated by	<input type="checkbox"/> Cold	<input type="checkbox"/> Sweet	<input type="checkbox"/> Mastication	<input type="checkbox"/> Palpation
	<input type="checkbox"/> Heat	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Keeps awake at night	
Relieved by	<input type="checkbox"/> Cold	<input type="checkbox"/> Heat	<input type="checkbox"/> OTC-Meds	

MEASUREMENTS:

CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

SEALER TYPE: _____

OBTURATION TECHNIQUE: _____

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

RADIOGRAPHS

Per-op radiograph	WL radiograph	MC radiograph	Post-op radiograph

ASSESSMENT SHEET 2

PATIENT NAME:

AGE:

GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	<input type="checkbox"/> Trauma	<input type="checkbox"/> Restoration	<input type="checkbox"/> Carious exposure	<input type="checkbox"/> Pulpotomy
	<input type="checkbox"/> Caries	<input type="checkbox"/> Pulp	<input type="checkbox"/> RCT	
Nature of pain	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Quality of pain	<input type="checkbox"/> Dull	<input type="checkbox"/> Sharp	<input type="checkbox"/> Throbbing	
Onset of pain	<input type="checkbox"/> Constant	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Spontaneous	
Location	<input type="checkbox"/> Localized	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Referred	
Initiated by	<input type="checkbox"/> Cold	<input type="checkbox"/> Sweet	<input type="checkbox"/> Mastication	<input type="checkbox"/> Palpation
	<input type="checkbox"/> Heat	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Keeps awake at night	
Relieved by	<input type="checkbox"/> Cold	<input type="checkbox"/> Heat	<input type="checkbox"/> OTC-Meds	

MEASUREMENTS:							
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

SEALER TYPE: _____

OBTURATION TECHNIQUE: _____

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

RADIOGRAPHS			
Per-op radiograph	WL radiograph	MC radiograph	Post-op radiograph

ASSESSMENT SHEET 3

PATIENT NAME:

AGE:

GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	<input type="checkbox"/> Trauma	<input type="checkbox"/> Restoration	<input type="checkbox"/> Carious exposure	<input type="checkbox"/> Pulpotomy
	<input type="checkbox"/> Caries	<input type="checkbox"/> Pulp	<input type="checkbox"/> RCT	
Nature of pain	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Quality of pain	<input type="checkbox"/> Dull	<input type="checkbox"/> Sharp	<input type="checkbox"/> Throbbing	
Onset of pain	<input type="checkbox"/> Constant	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Spontaneous	
Location	<input type="checkbox"/> Localized	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Referred	
Initiated by	<input type="checkbox"/> Cold	<input type="checkbox"/> Sweet	<input type="checkbox"/> Mastication	<input type="checkbox"/> Palpation
	<input type="checkbox"/> Heat	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Keeps awake at night	
Relieved by	<input type="checkbox"/> Cold	<input type="checkbox"/> Heat	<input type="checkbox"/> OTC-Meds	

MEASUREMENTS:

CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

SEALER TYPE: _____

OBTURATION TECHNIQUE: _____

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

RADIOGRAPHS

Per-op radiograph	WL radiograph	MC radiograph	Post-op radiograph

ASSESSMENT SHEET 4

PATIENT NAME:

AGE:

GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	<input type="checkbox"/> Trauma	<input type="checkbox"/> Restoration	<input type="checkbox"/> Carious exposure	<input type="checkbox"/> Pulpotomy
	<input type="checkbox"/> Caries	<input type="checkbox"/> Pulp	<input type="checkbox"/> RCT	
Nature of pain	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Quality of pain	<input type="checkbox"/> Dull	<input type="checkbox"/> Sharp	<input type="checkbox"/> Throbbing	
Onset of pain	<input type="checkbox"/> Constant	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Spontaneous	
Location	<input type="checkbox"/> Localized	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Referred	
Initiated by	<input type="checkbox"/> Cold	<input type="checkbox"/> Sweet	<input type="checkbox"/> Mastication	<input type="checkbox"/> Palpation
	<input type="checkbox"/> Heat	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Keeps awake at night	
Relieved by	<input type="checkbox"/> Cold	<input type="checkbox"/> Heat	<input type="checkbox"/> OTC-Meds	

MEASUREMENTS:

CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

SEALER TYPE: _____

OBTURATION TECHNIQUE: _____

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

RADIOGRAPHS

Per-op radiograph	WL radiograph	MC radiograph	Post-op radiograph

ASSESSMENT SHEET 5

PATIENT NAME:

AGE:

GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	<input type="checkbox"/> Trauma	<input type="checkbox"/> Restoration	<input type="checkbox"/> Carious exposure	<input type="checkbox"/> Pulpotomy
	<input type="checkbox"/> Caries	<input type="checkbox"/> Pulp	<input type="checkbox"/> RCT	
Nature of pain	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Quality of pain	<input type="checkbox"/> Dull	<input type="checkbox"/> Sharp	<input type="checkbox"/> Throbbing	
Onset of pain	<input type="checkbox"/> Constant	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Spontaneous	
Location	<input type="checkbox"/> Localized	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Referred	
Initiated by	<input type="checkbox"/> Cold	<input type="checkbox"/> Sweet	<input type="checkbox"/> Mastication	<input type="checkbox"/> Palpation
	<input type="checkbox"/> Heat	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Keeps awake at night	
Relieved by	<input type="checkbox"/> Cold	<input type="checkbox"/> Heat	<input type="checkbox"/> OTC-Meds	

MEASUREMENTS:							
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

SEALER TYPE: _____

OBTURATION TECHNIQUE: _____

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

RADIOGRAPHS			
Per-op radiograph	WL radiograph	MC radiograph	Post-op radiograph

ASSESSMENT SHEET 6

PATIENT NAME:

AGE:

GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	<input type="checkbox"/> Trauma	<input type="checkbox"/> Restoration	<input type="checkbox"/> Carious exposure	<input type="checkbox"/> Pulpotomy
	<input type="checkbox"/> Caries	<input type="checkbox"/> Pulp	<input type="checkbox"/> RCT	
Nature of pain	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Quality of pain	<input type="checkbox"/> Dull	<input type="checkbox"/> Sharp	<input type="checkbox"/> Throbbing	
Onset of pain	<input type="checkbox"/> Constant	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Spontaneous	
Location	<input type="checkbox"/> Localized	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Referred	
Initiated by	<input type="checkbox"/> Cold	<input type="checkbox"/> Sweet	<input type="checkbox"/> Mastication	<input type="checkbox"/> Palpation
	<input type="checkbox"/> Heat	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Keeps awake at night	
Relieved by	<input type="checkbox"/> Cold	<input type="checkbox"/> Heat	<input type="checkbox"/> OTC-Meds	

MEASUREMENTS:

CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

SEALER TYPE: _____

OBTURATION TECHNIQUE: _____

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

RADIOGRAPHS

Per-op radiograph	WL radiograph	MC radiograph	Post-op radiograph

ASSESSMENT SHEET 7

PATIENT NAME:

AGE:

GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	<input type="checkbox"/> Trauma	<input type="checkbox"/> Restoration	<input type="checkbox"/> Carious exposure	<input type="checkbox"/> Pulpotomy
	<input type="checkbox"/> Caries	<input type="checkbox"/> Pulp	<input type="checkbox"/> RCT	
Nature of pain	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Quality of pain	<input type="checkbox"/> Dull	<input type="checkbox"/> Sharp	<input type="checkbox"/> Throbbing	
Onset of pain	<input type="checkbox"/> Constant	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Spontaneous	
Location	<input type="checkbox"/> Localized	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Referred	
Initiated by	<input type="checkbox"/> Cold	<input type="checkbox"/> Sweet	<input type="checkbox"/> Mastication	<input type="checkbox"/> Palpation
	<input type="checkbox"/> Heat	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Keeps awake at night	
Relieved by	<input type="checkbox"/> Cold	<input type="checkbox"/> Heat	<input type="checkbox"/> OTC-Meds	

MEASUREMENTS:							
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

SEALER TYPE: _____

OBTURATION TECHNIQUE: _____

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

RADIOGRAPHS			
Per-op radiograph	WL radiograph	MC radiograph	Post-op radiograph

ASSESSMENT SHEET 8

PATIENT NAME:

AGE:

GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	<input type="checkbox"/> Trauma	<input type="checkbox"/> Restoration	<input type="checkbox"/> Carious exposure	<input type="checkbox"/> Pulpotomy
	<input type="checkbox"/> Caries	<input type="checkbox"/> Pulp	<input type="checkbox"/> RCT	
Nature of pain	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Quality of pain	<input type="checkbox"/> Dull	<input type="checkbox"/> Sharp	<input type="checkbox"/> Throbbing	
Onset of pain	<input type="checkbox"/> Constant	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Spontaneous	
Location	<input type="checkbox"/> Localized	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Referred	
Initiated by	<input type="checkbox"/> Cold	<input type="checkbox"/> Sweet	<input type="checkbox"/> Mastication	<input type="checkbox"/> Palpation
	<input type="checkbox"/> Heat	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Keeps awake at night	
Relieved by	<input type="checkbox"/> Cold	<input type="checkbox"/> Heat	<input type="checkbox"/> OTC-Meds	

MEASUREMENTS:

CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

SEALER TYPE: _____

OBTURATION TECHNIQUE: _____

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

RADIOGRAPHS

Per-op radiograph	WL radiograph	MC radiograph	Post-op radiograph

ASSESSMENT SHEET 9

PATIENT NAME:

AGE:

GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	<input type="checkbox"/> Trauma	<input type="checkbox"/> Restoration	<input type="checkbox"/> Carious exposure	<input type="checkbox"/> Pulpotomy
	<input type="checkbox"/> Caries	<input type="checkbox"/> Pulp	<input type="checkbox"/> RCT	
Nature of pain	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Quality of pain	<input type="checkbox"/> Dull	<input type="checkbox"/> Sharp	<input type="checkbox"/> Throbbing	
Onset of pain	<input type="checkbox"/> Constant	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Spontaneous	
Location	<input type="checkbox"/> Localized	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Referred	
Initiated by	<input type="checkbox"/> Cold	<input type="checkbox"/> Sweet	<input type="checkbox"/> Mastication	<input type="checkbox"/> Palpation
	<input type="checkbox"/> Heat	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Keeps awake at night	
Relieved by	<input type="checkbox"/> Cold	<input type="checkbox"/> Heat	<input type="checkbox"/> OTC-Meds	

MEASUREMENTS:							
CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

SEALER TYPE: _____

OBTURATION TECHNIQUE: _____

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

RADIOGRAPHS			
Per-op radiograph	WL radiograph	MC radiograph	Post-op radiograph

ASSESSMENT SHEET 10

PATIENT NAME:

AGE:

GENDER: F M

TOOTH NO.:

MEDICAL HISTROY:

CHIEF COMPLAINT:

DENTAL HISTORY:

History of tooth	<input type="checkbox"/> Trauma	<input type="checkbox"/> Restoration	<input type="checkbox"/> Carious exposure	<input type="checkbox"/> Pulpotomy
	<input type="checkbox"/> Caries	<input type="checkbox"/> Pulp	<input type="checkbox"/> RCT	
Nature of pain	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Quality of pain	<input type="checkbox"/> Dull	<input type="checkbox"/> Sharp	<input type="checkbox"/> Throbbing	
Onset of pain	<input type="checkbox"/> Constant	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Spontaneous	
Location	<input type="checkbox"/> Localized	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Referred	
Initiated by	<input type="checkbox"/> Cold	<input type="checkbox"/> Sweet	<input type="checkbox"/> Mastication	<input type="checkbox"/> Palpation
	<input type="checkbox"/> Heat	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Keeps awake at night	
Relieved by	<input type="checkbox"/> Cold	<input type="checkbox"/> Heat	<input type="checkbox"/> OTC-Meds	

MEASUREMENTS:

CANAL	Reference Point	WORKING LENGTH	INITIAL FILE	MASTER APICAL FILE	MASTER CONE	SPREADER SIZE	AUXILLARY SIZE

CANAL PREPARATION TECHNIQUE: _____

SEALER TYPE: _____

OBTURATION TECHNIQUE: _____

Steps	Comments	Supervisor's signature
Caries removal & build-up		
Access cavity preparation		
Rubber dam isolation		
Working length determination		
Cleaning & shaping (apical stop, MAF, coronal flare)		
Master cone selection & verification		
Obturation quality & length		

RADIOGRAPHS

Per-op radiograph	WL radiograph	MC radiograph	Post-op radiograph

Conservative Dentistry department.



Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Case no:

Tooth:

Date:

Treatment plan & Procedure:

Class / surface:

Used materials:

Pre-operative photographs

Operative photographs

Post- operative photographs

Comments:

-Procedure management assessment

Infection Control:

Field Preparation:

Case assessment

Cavity preparation:

Restoration:

points:

Supervisor signature:

Oral & Maxillofacial Surgery Department



Date	Procedure	Points	Signature

Date	Teeth	Points	Supervisor

Date	Procedure	Points	Signature

Date	Procedure	Points	Signature

Date	Teeth	Points	Supervisor

Case documentation

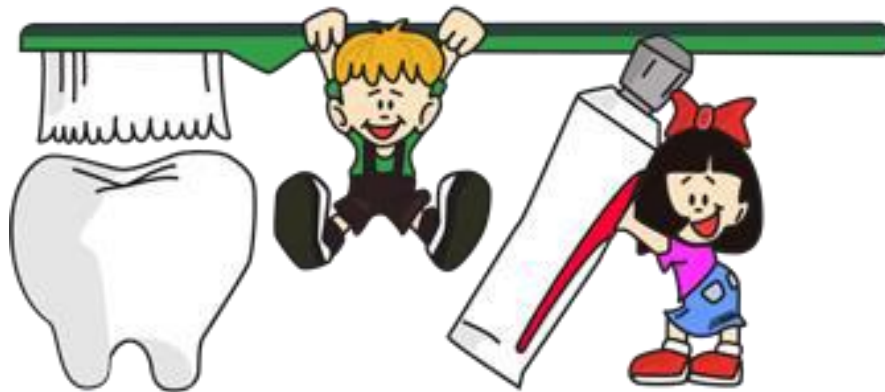
Case documentation

Case documentation

Case documentation

Pediatric Dentistry Clinic

Kids Smile



PEDIATRIC DENTISTRY

Instruments

- Diagnostic set
- Excavator. Condenser
- Contra,
- burs(large round & endo Z) & stones(wheel or flame & fine taper)
- Rubber dam, Frame holder, punch, clamps, sheets
- Metal syringe, needles, plastic syringes
- K-H files
- Carver, burnisher
- Composite applicator
- Glass slab, spatula
- Ball & socket plier
- Bite block

Materials

- Gloves , Mask
- Napkin , cups & wrap
- Cotton , cotton roll , gauze
- Dental floss
- Paper points
- Periapical films
- Topical anesthesia (any type gel)
- Anesthetic carpules 2 %
- ZnO & eugenol
- Zincinol Metapex Glass ionomer cement
- Glass Ionomer capsule (Fugi II LC & Equa Fort HT)
- Conditioner (3M or GC)
- Equa coat Composite kit (3M, GC or ivoclar)
- Pit & fissure sealant
- Formcresol
- Sodiom hypochlorite & saline
- Tray , putty , alginate & stone
- Floride varnish (NaF 5%)
- X ray mount for each case

Clinical Requirements

Procedures	No. of cases Required	No. of cases Achieved	Points
Pulpotomies and /or Pulectomies	10		
Posterior Restoration (permanent or deciduous)	5		
Anterior Restoration (permanent or deciduous)	2		
Extractions	10		
Stainless Steel Crowns	5		
Endodontic treatment “Anterior tooth ”	1		
Endodontic treatment “Posterior tooth ”	1		
Pit & fissure sealant	4		
Space maintainers or habit breaking appliance	1		
Case of Interest “Clinical & Radiographic photos”	1		
Total no. of cases	40		

Pulpotomies & Pulpectomies

Date	Patient Name	File No.	Procedure	Points	Signature
1)			1 st visit: 2 nd visit:		
2)			1 st visit: 2 nd visit:		
3)			1 st visit: 2 nd visit:		
4)			1 st visit: 2 nd visit:		
5)			1 st visit: 2 nd visit:		
6)			1 st visit: 2 nd visit:		
7)			1 st visit: 2 nd visit:		
8)			1 st visit: 2 nd visit:		

9)			1 st visit:		
			2 nd visit:		
10)			1 st visit:		
			2 nd visit:		

Posterior Restorations

Date	Patient Name	File No.	Procedure	Points	Signature
1)					
2)					
3)					
4)					
5)					

Anterior Restorations

Date	Patient Name	File No.	Procedure	Points	Signature
1)					
2)					

Extractions

Date	Patient Name	File No.	Tooth Number	Points	Signature
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

Stainless Steel Crowns

Date	Patient Name	File No.	Tooth Number	Points	Signature
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

Endodontic Treatment “Anterior”

Patient Name:

File Number:

Tooth Number:

Date	Procedure	File No.	Points	Signature
	Access			
	W.L			
	Master Apical File			
	Master Cone			
	Obturation			

X-Ray Films:

Preoperative	Initial File	Master Cone	Obturation

Endodontic Treatment “Posterior”

Patient Name:

File Number:

Tooth Number:

Date	Procedure	File No.	Points	Signature
	Access			
	W.L			
	Master Apical File			
	Master Cone			
	Obturation			

X-Ray Films:

Preoperative	Initial File	Master Cone	Obturation

Pit & fissure sealant

Date	Patient Name	File No.	Tooth No.	Points	Signature
1)					
2)					
3)					
4)					

Space maintainers

Date	Patient Name	File No.	Procedure	Points	Signature
1)					
2)					

Cases of Interest

Date	Patient Name	File No.	Procedure	Signature	Points
1)					
2)					
3)					

Research

Topic:

Other Group Members Names:

Points:

Signature:

Seminar topics

- 1- Child's first dental visit
- 2- Recent trends in behavior management for pediatric dental patients
- 3- Management of teething problems in children
- 4- Recent advances (trends) Re-mineralizing agents
- 5- Radiographic examination in children (with special attention to CBCT)
- 6- Recent diagnostic aides in caries detection
- 7- Clinical application of caries risk assessment
- 8- Recent restorative materials in pediatric dentistry
- 9- Laser in pediatric dentistry
- 10- Isolation in pediatric dental patients
- 11- Recent irrigants used in pulpectomy of deciduous teeth
- 12- Materials used in vital pulp therapy of deciduous teeth
- 13- Materials used I vital pulp therapy of young permanent teeth
- 14- natural materials in pulp therapy , the new era
- 15- Laser applications in pediatric dentistry
- 16- Esthetics in pediatric dentistry (full coverage- bleaching)
- 17- Implants in pediatric dentistry (fact or fiction?)
- 18- Minimal invasive dentistry
- 19- Nutritive & non- nutritive habits & their effect on the developing oro-facial complex
- 20- Management of pediatric dental patient under G.A or Sedation
- 21- MIH
- 22- Benign tumors in oral cavity common in pediatric patients
- 23- Malignant tumors in oral cavity common in pediatric patients
- 24- Avulsion & auto transplantation
- 25- New caries indices
- 26- Guidelines for extraction of 6
- 27- Methods of space analysis
- 28- Autism spectrum
- 29- Emergencies in dental practice
- 30- Dental management of pediatric cancer patients
- 31- Nutritional considerations in pediatric dental patients
- 32- Socio-demographic & ethnicity factors affecting dental management of pediatric patient

Clinical performance assessment

Phase 1

Point of evaluation	Points
Clinical requirements	
Attendance, Logbook & Student behavior	
Teaching & Learning Methods	
Total	

Signature:

Clinical performance assessment
Phase 2

Point of evaluation	Points
Clinical requirements	
Attendance, Logbook & Student behavior	
Teaching & Learning Methods	
Total	

Signature:

ATTENDANCE (Working DAYS)

November	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Week (1)						
Week (2)						
Week (3)						
Week (4)						
Week (5)						

December	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Week (1)						
Week (2)						
Week (3)						
Week (4)						
Week (5)						

January	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Week (1)						
Week (2)						
Week (3)						
Week (4)						
Week (5)						

February	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Week (1)						
Week (2)						
Week (3)						
Week (4)						
Week (5)						

March	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Week (1)						
Week (2)						
Week (3)						
Week (4)						
Week (5)						

April	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Week (1)						
Week (2)						
Week (3)						
Week (4)						
Week (5)						

May	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Week (1)						
Week (2)						
Week (3)						
Week (4)						
Week (5)						

June	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Week (1)						
Week (2)						
Week (3)						
Week (4)						
Week (5)						

July	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Week (1)						
Week (2)						
Week (3)						
Week (4)						
Week (5)						

August	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Week (1)						
Week (2)						
Week (3)						
Week (4)						
Week (5)						

Septemper	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Week (1)						
Week (2)						
Week (3)						
Week (4)						
Week (5)						

October	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Week (1)						
Week (2)						
Week (3)						
Week (4)						
Week (5)						