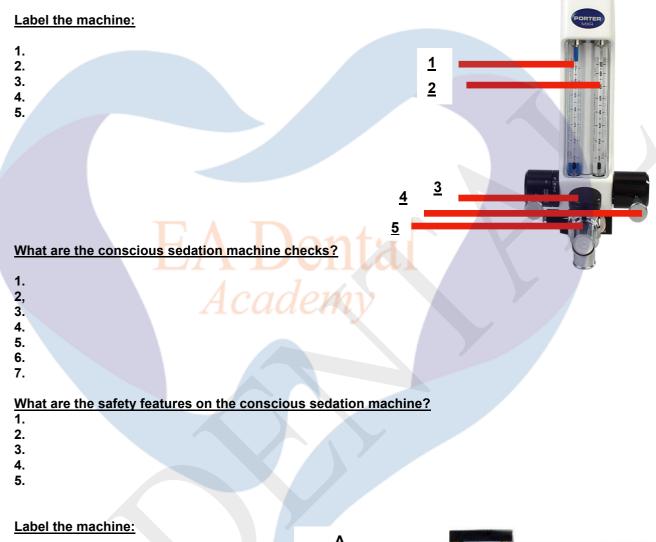
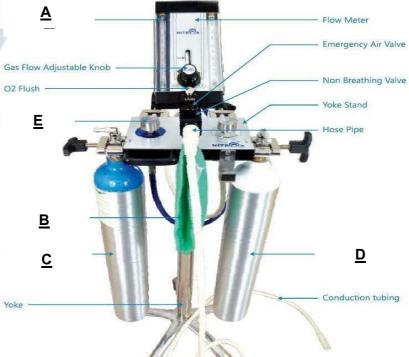
ORE2 PRACTICE BOOKLET EA DENTAL ACADEMY

BY: Dr Ebtisam El Hamalawy & Dr Haafsa Sahibzada

EA DENTAL ACADEMY 177 Field End Road HA5 1QR

Inhalation Sedation machine labelling:



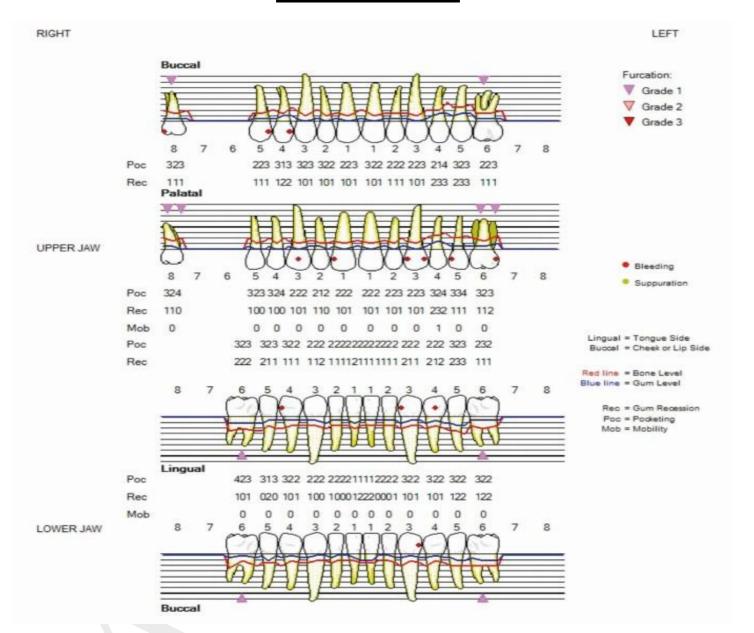


А. В.

C.

D.

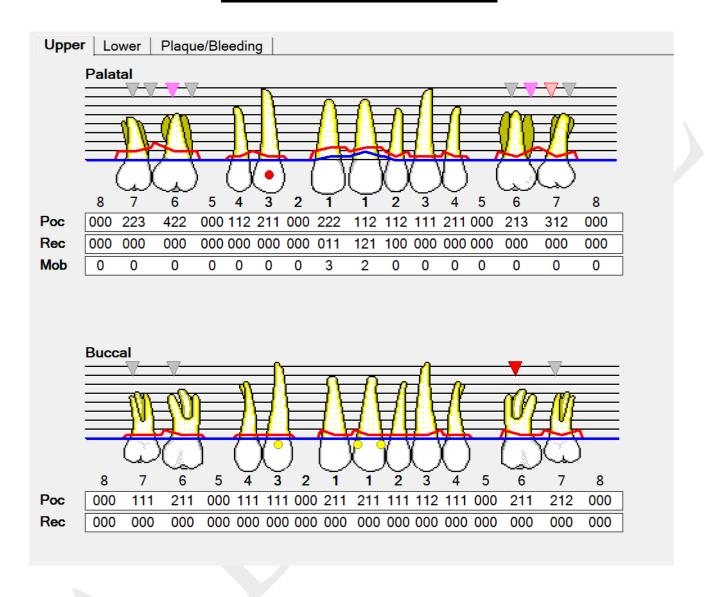
6PPC Questions



Based on the above 6-PPC answer the following questions:

- 1. What does the blue line signify?
- 2. What does the red line signify?
- 3. Probing depth DB UL6?
- 4.CAL mesio-buccal UL3
- 5.Recession MB UR5
- 6.CAL DP LR5
- 7.BPE score of UL sextant

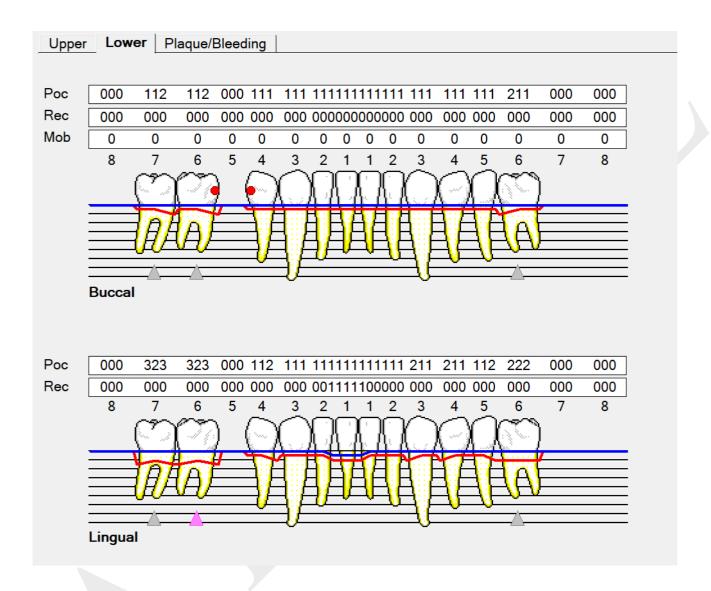
6PPC Questions



Based on the above 6-PPC answer the following questions:

- 1. What does the blue line signify?
- 2. What does the red line signify?
- 3. Probing depth MB UL6
- 4.CAL MP UL3
- 5. Recession MB UR6
- 6.CAL DP UL6
- 7.BPE score of UR sextant

6PPC Questions



Based on the above 6-PPC answer the following questions:

- 1. What does the blue line signify?
- 2. What does the red line signify?
- 3. Probing depth DB LL6
- 4.CAL mesio-lingual LL3
- 5. Recession MB LR4
- 6.CAL DL LR6
- 7.BPE score of LR sextant

BPE Questions













Answer the following questions

1. What's the BPE scores for the above cases?
A.
B.
C. D.
E.
F.
2. Which of the following cases would you refer to a specialist?
3. Enlist the treatment required for the sextant in picture C?
4. Which probe do you use to measure the BPE and how often should it be recorded?
5. What's the recall interval for patient in picture B?

Periodontitis diagnosis



Case 1:

SAMANTHA JONES

- Age: 56
- Complaint: bleeding gums, wobbly teeth, bleeding on brushing and eating.
- Worse site of Bone loss: 80%
- BOP: 40%
- BPE 34*4/234
- Pockets: 5–6 mm with bleeding
- Smoker (10/day)
- 22 teeth involved
- M/H: hypertensive, and on thyroxin
- D/H: irregular dental attendee, brushes once every other day.

Based on the above information write a full periodontitis diagnosis:

Case 2:



Mr Sam George

• Age: 40 years

• Complaint: food getting stuck in and around the lower molars.

• Bone loss: 10%

• BOP: 9%

• BPE 122/222

• Non-smoker,

F/H: of periodontal disease D/H: untainted oral hygiene

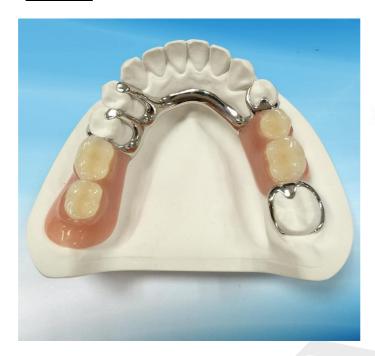
• M/H: diabetic

• Total teeth involved: 46, 36, 11, 21, 26, 16

Based on the above information write a full periodontitis diagnosis:

Denture Drawing:

Case 1:







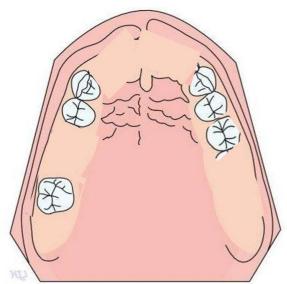
List the denture components:

Rest seats:

Retention:

Case 2:





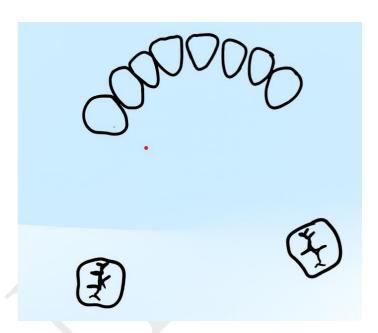
List the denture components:

Rest seats:

Retention:

Case 3:





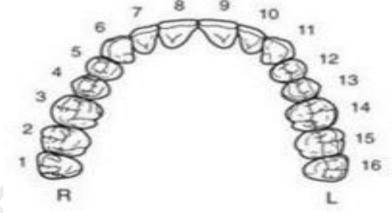
List the denture components:

Rest seats:

Retention:

Case 3:





List the denture components:

Rest seats:

Retention:

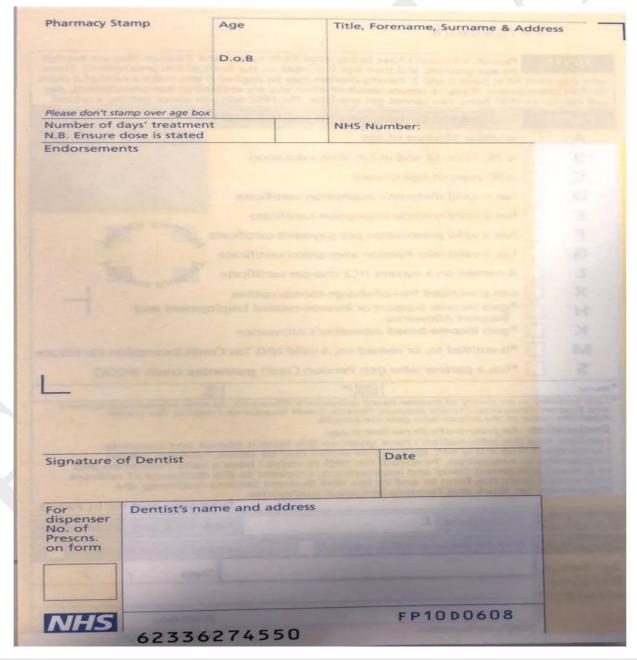
Prescription writing practice

Case 1:

Master James Smith, presents to your clinic with swelling of the lower right side of his face, difficulty opening his mouth and a temperature of 38.5 degrees. On examination there was significant swelling of the lower right buccal region, tenderness on palpation, and a grossly carious primary molar, with evidence of pus discharge. He is allergic to penicillin. The symptoms started 2 days ago and have worsened with time. Please prescribe an appropriate antibiotic for this patient.

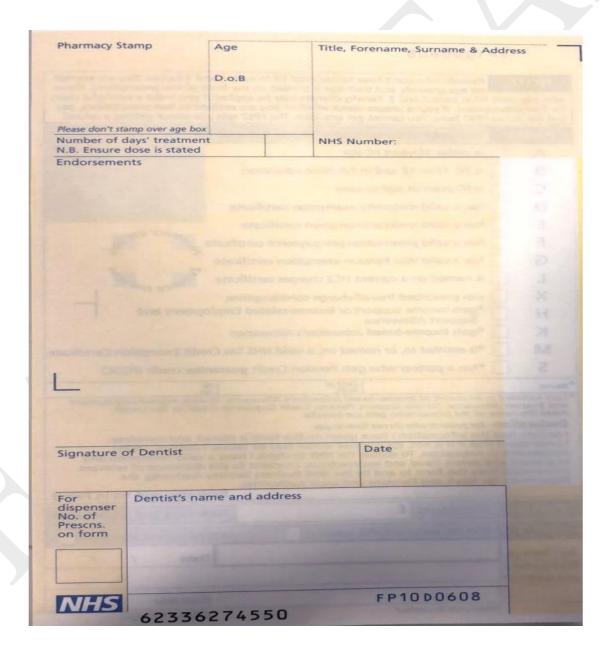
Address: 13 Woodway Cresent- Harrow- HA1 2NH

DOB: 19/08/2020



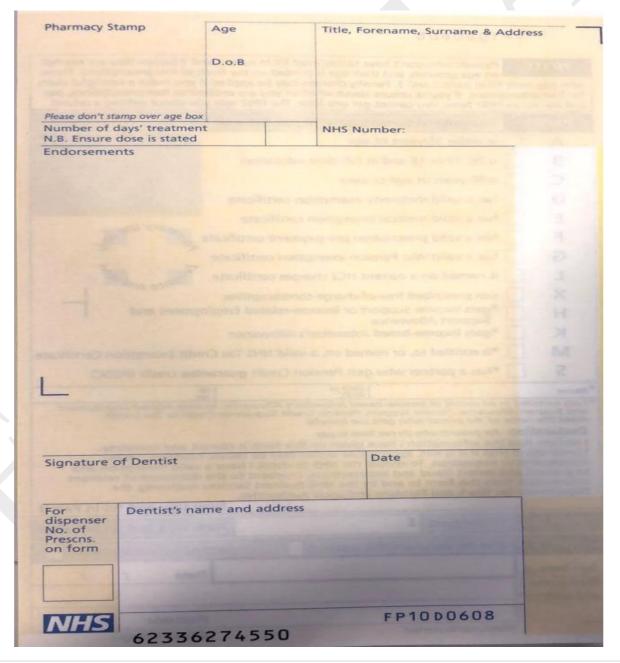
Case 2:

Mrs. Suzy Smith presents to your clinic with swelling of the lower right side of his face, difficulty opening his mouth and a temperature of 38.5 degrees. On examination there was significant swelling of the lower right buccal region, tenderness on palpation, and a grossly carious permanent first molar, with evidence of pus discharge. The symptoms started 14 days ago and have worsened with time. The patient took amoxicillin for a period of five days alongside metronidazole which failed to control the swelling. The patient has known allergies to macrolides and is diabetic (on insulin). Please prescribe an appropriate antibiotic for this patient. Address: 13 Woodway Cresent- Harrow- HA1 2NH, DOB: 19/10/1988



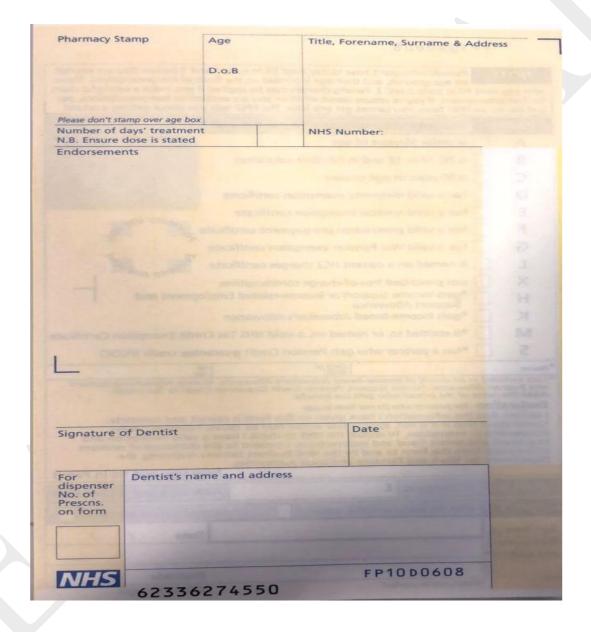
Case 3:

A Mr. James Smith presents to your clinic with swelling of the lower right side of his face, difficulty opening his mouth and a temperature of 38.5 degrees. On examination there was significant swelling of the lower right buccal region, tenderness on palpation, and a grossly carious permanent first molar, with evidence of pus discharge. The symptoms started 2days ago and have worsened with time. The patient has known allergies to penicillin and is diabetic (on insulin). Please prescribe an appropriate antibiotic for this patient. Address: 13 Woodway Cresent-Harrow- HA1 2NH DOB: 3/05/1956



Case 4:

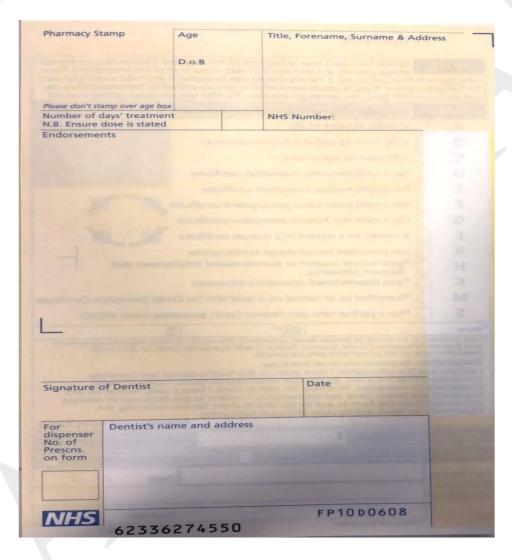
Master Edward Macally presents to your clinic with swelling of the lower right side of his face, difficulty opening his mouth and a temperature of 40 degrees. On examination there was significant swelling of the lower right buccal region, tenderness on palpation, and a grossly carious permanent molar, with evidence of pus discharge. The symptoms started 2 days ago and have worsened with time. Please prescribe an appropriate antibiotic for this patient. Address: 13 Woodway Cresent- Harrow- HA1 2NH, DOB: 30/011/2017



Case 5:

Mrs. Nabila Clarks, DOB 12.10.1955, Telephone: 098765431, Address 18 Bridge Street, London, W12 7QB is pregnant and complains of painful versicular lesion in relation to the upper lip. Prescribe adequate medication and analgesic.





	Name of the		Concentration	Regimen
	Analgesic	days		
L				

Referral letters

Case 1:

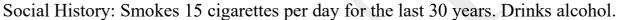
Name: Mr. Timothy Smith

Age: 58 years, Male (12. 01. 1960)

Medical History: Type 2 diabetes (controlled with metformin). No history of allergies. No other known

chronic conditions

Dental History: Irregular dental attendance. Last dental visit 5 years ago for tooth extraction. No dentures or prosthetics. Poor oral hygiene



Retired office worker

Chief Complaint: "I have a sore on the side of my tongue that hasn't healed in over 6weeks."

History of Present Illness: Ulcer on the right lateral border of the tongue for the past 6 weeks. Initially small, now increased in size. Mild discomfort while eating, no bleeding. No history of trauma from teeth or dentures. No significant weight loss, but recent loss of appetite. Has tried multiple gels and medications but nothing works.

Clinical Examination: 1.2 cm indurated ulcer with raised margins on the right lateral tongue. Non-scrapable, slightly erythematous around the edges.

Tender on palpation. No obvious adjacent trauma. Palpable, firm, non-tender submandibular lymph node on the left side



Dr. James Smith Brighter smile dental practice 13 Burgess Road

Southampton, Postcode: SO1 67P

Tel: 0245678899

Mr. Sam Chopper Valley Road Dental Practice, Address: 14 Bridge Road,

Plaistow, London

Post code: WD2 12 DT

Tel: 0234556678

Case 2:

Patient details:

Mary Jane a 25 year old student (DOB:01.01.2000), Address 26 Carlshalton road, Tw66123, Sutton, phone number: 077998877. Complaint:

swelling on the left side of her face, drastically increased in the last 02days, inability to eat or drink properly. Minimal mouth opening. She reports this is the third episode of similar symptoms in recent months. Previously was prescribed medication which helped it settle down

On examination:

Fever 38.5 degrees, Swollen left side of the face, red and warm to the touch, Severely reduced mouth opening (trismus). On intraoral examination, A partially erupted lower left third molar (tooth 38). Surrounding inflamed and swollen gingival tissue. Pus discharge from the operculum.

Medical History:

She is medically fit and well, but has a documented allergy to penicillin. She has a family history of diabetes.

Social History:

Smokes and drinks occasionally. Dental

History:

Poor oral hygiene, swollen bleeding gums, calculus deposits seen.





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Case 3:

Mr. Ramesh Kumar (12 pivot lane, Northampton, XYZ 123)

Age: 36 years Male (14. 07. 1988)

Medical History: No known systemic illness **Dental History:** Occasional dental visits.

Complains of occasional burning sensation in the mouth while eating spicy food for the past few months.

Social History: Chews gutkha (areca nut and

tobacco) 4–5 times daily for the past 10 years. Does not smoke or drink alcohol. Works as a factory supervisor.

Chief Complaint: I have trouble opening my mouth and my cheeks feel tight. History of Present Illness: Progressive reduction in mouth opening over the past 8 months. Burning sensation when eating spicy foods. Recently noticed some white and red patches on inner cheeks. No pain or swelling

Clinical Examination: Mouth opening reduced to 25 mm. Fibrous bands palpable in both buccal mucosae. Multiple areas of **mixed red and white lesions** bilaterally on the buccal mucosa. Mucosa appears stiff, with loss of elasticity. No ulcers or bleeding. Tongue mobility slightly restricted



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Tel: 0234556678

Case 4:

Name: Mr. Ali Hassan Age: 45 years Gender:

Male

Medical History: Hypertension (well-controlled with amlodipine)

Dental History: Irregular dental attendance; last dental visit 4 years ago for a filling. Social History: Smoker (10 cigarettes/day); works as a driver; poor water intake Chief Complaint: "Pain and swelling under the jaw, especially during meals" History of Present Illness: Swelling under the right side of the jaw for the past 2 weeks

Pain is moderate but worsens during eating and subsides after No fever,

no pus discharge

Clinical Examination:

Firm, tender submandibular gland and palpable hard stone in the floor of mouth on the right side

No intraoral pus discharge

Normal mouth opening, no lymphadenopathy

Dr. James Smith Brighter smile dental practice

	Southampton, Postcode: SO1 67F Tel: 0245678899
Mr. Sam Chaman	161. 0243078899
Mr. Sam Chopper Valley Road Dental Practice,	
Address, 14 Dridge Dead	
Address: 14 Bridge Road,	
Plaistow, London	
Post code: WD2 12 DT	
Tel: 0234556678	
-	

Dental charting

- 1. Upper right third molar has a mesio-occlusal cavity, wait and watch
- 2. Upper right second molar has a RCT
- 3. Upper right first molar has retained roots
- 4. Upper right second premolar is for extraction
- 5. Upper right first premolar has a buccal, mesial, distal, lingual amalgam restoration and has questionable diagnosis
- 6. Upper right canine has a a porcelain fused to metal crown
- 7. Upper right lateral incisor has a splint
- 8. Upper right central incisor is sound
- 9. Upper left central incisor has a porcelain jacket crown
- 10. Upper left lateral incisor is medially rotated
- 11. Upper left canine drifted distally
- 12. Upper left first premolar has a porcelain bonded crown
- 13. Upper left first molar is an artificial tooth
- 14. Upper left third molar has recently been extracted
- 15. Lower left third molar has a fissure sealant
- 16. Lower left second molar has a lingual restoration with secondary caries
- 17. Lower left first premolar has a occlusal-mesial-buccal temporary restoration
- 18. Lower right lateral incisor has a mesial composite restoration
- 19. Lower right canine is missing, and the space has closed
- 20. Lower right first premolar is missing
- 21. Lower right second premolar has a porcelain inlay
- 22. Lower right first molar has a buccal-mesial-occlusal amalgam restoration
- 23. Lower right second molar has a full restoration gold crown
- 24. Lower right third molar has occlusal caries and needs extraction

