

PRELIMINARY RPD DESIGN FORM




PATIENT: _____ CHART #: _____ GROUP PRACTICE: _____

STUDENT: _____ STUDENT #: _____ DATE: _____






TYPE OF PROSTHESIS / ADA CODE:

Maxillary Co-Cr alloy RPD / 05213 Mandibular Co-Cr alloy RPD /05214 (Note: Use only one form for each RPD)



RESTS

Tooth Numbers					Rests
					 Mesial Rest
					 Distal Rest
					 Cingulum Rest

CLASPS







Tooth Numbers					Clasp Type
					 CCC
					 RPI
					 Infra bulge
					 Ring Clasp
					 Embrasure

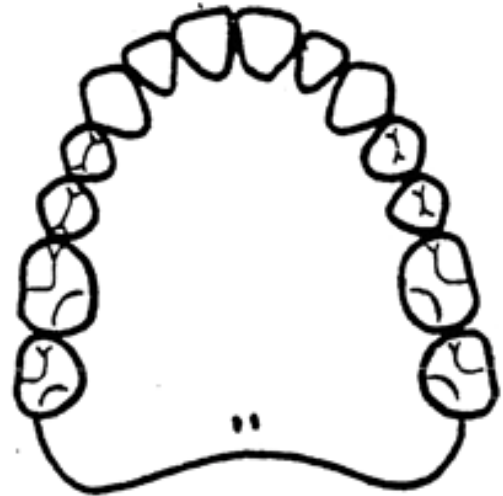
GUIDE PLANES

Tooth Numbers					Guide Planes
					 Mesial Guide Plane
					 Distal Guide Plane

MAJOR CONNECTORS

MAXILLARY/ MANDIBULAR MAJOR CONNECTORS

		
<input type="checkbox"/> Palatal Strap	<input type="checkbox"/> U shaped	<input type="checkbox"/> Full Palatal
		
<input type="checkbox"/> Max AP Bar	<input type="checkbox"/> Lingual Bar	<input type="checkbox"/> Linguoplate



NOTE: With an arrow show the location of undercut on the tooth

Print Name of reviewing faculty: _____ Faculty signature and #: _____

Print Name of reviewing GPD: _____ GPD signature and #: _____