



**KUWAIT BOARD OF  
PROSTHODONTICS**

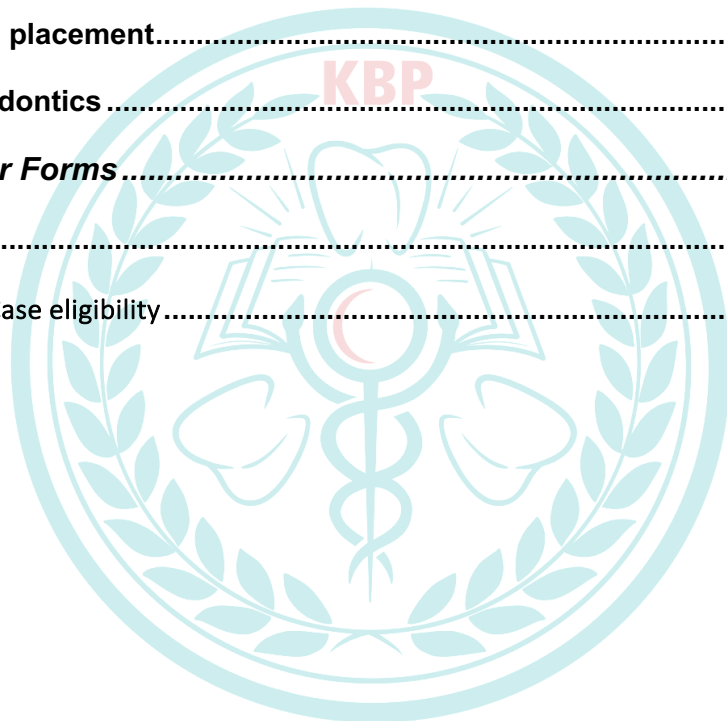
Program 2024 – 2025

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## Acknowledgment

This course was possible by the effort and dedication of multiple individuals whose expertise served the standards of our proposed training program. I want to start by thanking Dr Ahmed Assad and Dr Hashem Ridha, for their continuous support and key roles in preparing the facility. I extend my gratitude to the dedicated team that made valuable contributions to the development of scientific materials, practical training courses and evaluation systems throughout the course. Finally, I would like to acknowledge and express my appreciation for the great effort and dedication made by the reviewers whose input refined and firmly established the high standards of training implemented by Kuwait Board of Prosthodontics residency.

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## Introduction

The aim of this manual is to give the residents an overview of the residency course they have enrolled into. The information is current to the time the booklet was printed but it does not reflect the day-to-day resident activity due to time constraint and scheduling difficulties.

The resident is required to obtain a huge amount of information to qualify for successfully completing the residency. This will need dedication and desire by the resident to successfully reach the target level of knowledge and skills.

### Purpose of the program

The main purpose of the Kuwait Board of Prosthodontics is to establish a world-class postgraduate training program to meet local demand of providing competent prosthodontists. This residency program is designed to develop the knowledge, skills and attitude of the residents to achieve a professional level that can represent the specialty of prosthodontics in the future. The residents will be exposed to intensive training in both clinical and laboratory settings to make them competent at a postgraduate (PG) level in fixed and removable prosthodontics. The program will cover conventional and digital approaches for natural dentition, implant cases and removable cases. It will also integrate Temporomandibular dysfunction syndrome, maxillofacial prosthodontics, surgical implant placement and multi-disciplinary treatment planning with other PG departments. The resident should be competent in biomedical science and dental material before successfully completing the residency.

### Goals and objectives

The PG Prosthodontics Residency goals and objectives

- 1- The residents will be prepared with the knowledge and skills to meet PG level in the field of prosthodontics.
- 2- The residents will be prepared to qualify for the certificate of Kuwait board of prosthodontics and pass the exit exam.

- 3- The resident will reach a professional level that enable him/her to represent the specialty of prosthodontics in local and international meetings.
- 4- The residents shall acquire the required skills to utilize research tools and methods to provide an evidence-based treatment to patients.
- 5- The residents will be involved in teaching experience to prepare them to be part of teaching programs in the future.

### Scope of Training

The training will include clinical and laboratory sessions to ensure that the resident is competent and able to quality control all stages of desired treatment. The program will expose all residents to conventional and digital approaches in all different scopes of prosthodontics. This includes fixed and removable prosthesis with and without dental implants. The residents are expected to develop high level of experience for surgical treatment planning at a complex level and perform simple dental implant surgical procedures. By the end of the training the resident will be able to elect the best treatment approach for each case based on the clinical situation.



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## The KBP program Description

Organizing body	Kuwait Institute of Medical specialty
Duration	3 years
Pre requisites degree	Bachelors degree in dentistry + Masters degree in dental sciences or R1 R2 residency by KIMS
Components	Didactic courses Clinical Training KBP Research
Clinical requirements Scores 3 or More	10 complete dentures 10 removable partial dentures 100 Crowns/ fixed partial dentures 40 implant supported restorations 2 implant supported overdentures
Lab Requirements	10 Complete Dentures 10 Removable Co-Cr Dentures set up and processing 25 Fixed units
Teaching	100 hours

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## General Information

### Staff

#### Program Director

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#### Full Time Faculty

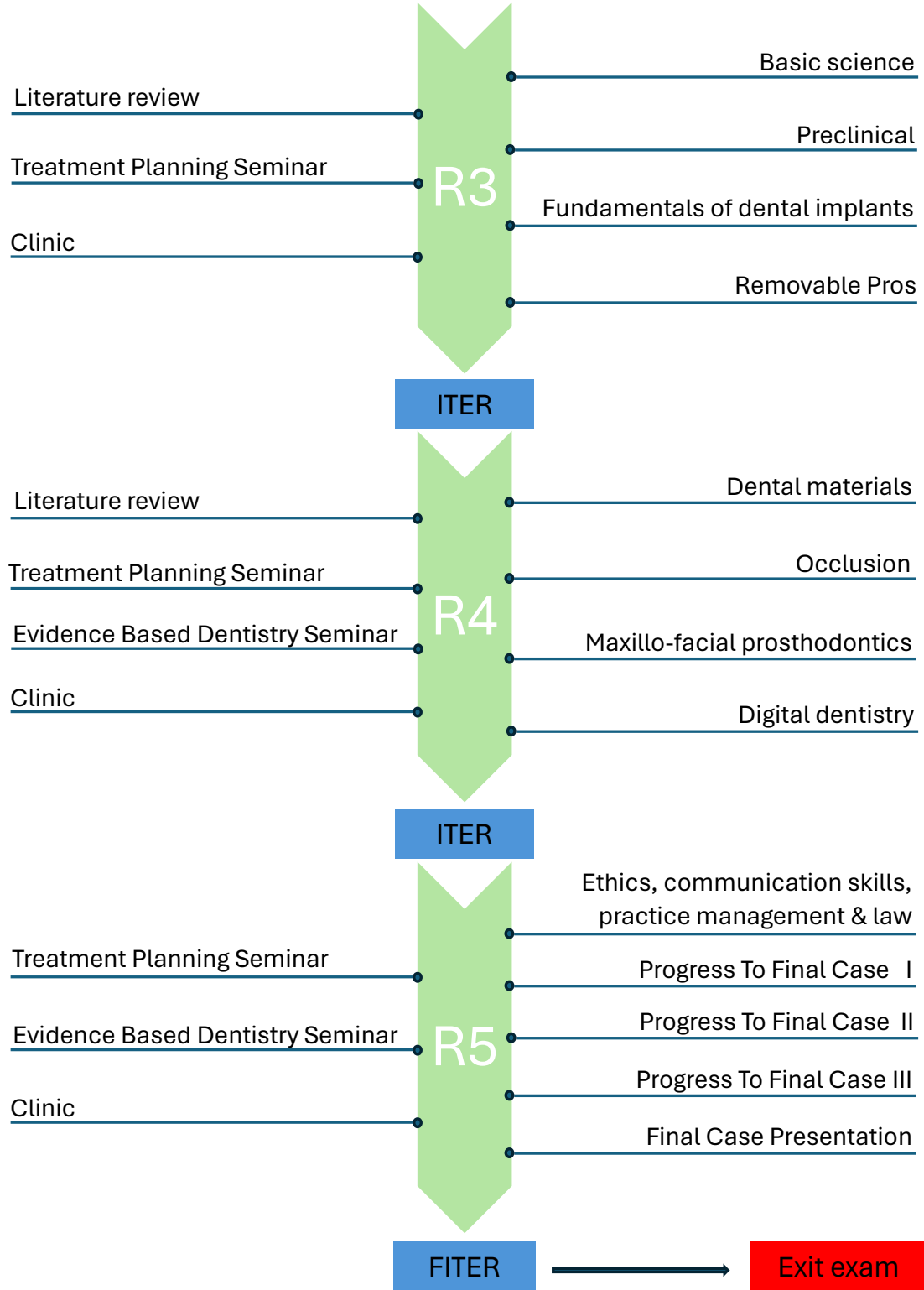
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#### Visiting Faculty

- Dr Fatima Almansour
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# KBP Path To Success



## Length of residency

The PG prosthodontics residency is 36 months training course. Residents will be engaged in clinical activity for a minimum of 32 months.

## Selection process

Application process comply with the regulations of Kuwait Institute for Medical Specialization. Selection Process will depend on applicant CV and personal interview.

## Admission Requirements:

Due to limited space available for residents in the program and to ensure high level of education and training quality, applicants must acquire the eligibility criteria for submission which can be found at KIMS official website; <https://kims-pge.org> .

## Regulations for leave of absence

Holidays and vacations comply with the regulations of KIMS and MOH. Requests for leave should be submitted 2 weeks in advance and subject to the director of PG Prosthodontics approval. The residents are personally responsible for rescheduling their clinical appointments in case of their Leave or absence. Furthermore, they are obliged to be present during all scheduled hours unless excused by the director of the program. A vacation of more than 2 consecutive weeks will not be approved in order to fulfill the 32 months of clinical practice and insure best clinical learning experience.

## Evaluation of Residents

The structured training program of KBP curriculum is composed of multiple didactic sessions, as well as clinical and laboratory practice over the period of 36 months of residency. These components of the program are expressed as separate courses which are structured into THREE rotations per academic year. The resident must pass a Can-MEDS evaluation at the end of each rotation. Passing three Can-MEDS evaluations will translate into obtaining a valid In-Training Evaluation Report [ITER] at the end of year 1 and 2 of residency. Through the final year of the program, the resident must obtain a Final

In-Training Evaluation report [FITER] that will be acquired following a similar approach of passing one Can-MEDS evaluation per rotation, in addition to obtaining TWO ITERs and fulfilling Mandatory program requirements. A detailed description of the KBP evaluation structure and process is provided in the “KBP evaluation” handbook.

### Progress to Finals Case Presentation

During R5 year of the residency, the resident must present 3 completed cases of his own. A detailed description of case eligibility is attached in [appendix 1](#). The 1<sup>st</sup> case will include a removable complete denture or metal-framework removable partial denture case. The 2<sup>nd</sup> case will be an implant surgery with its final prosthesis. The 3<sup>rd</sup> case will be of full mouth rehabilitation with fixed restorations. The exam committee will be composed of full-time faculty and an external examiner. The resident has to present his case for 20 minutes followed by 40 minutes questions by the examiner. Presenting and passing these 3 sections is a prerequisite to obtaining FITER to proceed to the Exit exam of the residency.

### Finals Case Presentation

The resident must present his/her 3<sup>rd</sup> Case to a panel of prosthodontists invited by the program director. A period of 20 minutes will be allocated for the presentation, followed by 30 minutes of questions. Study models, master models, and final casts must be provided and articulated. The resident will receive an overall evaluation from the panel. This is a prerequisite for obtaining FITER.

### Graduation

The resident will be eligible to sit the Exit Exam when he/she:

- 1- Achieve the minimum clinical and lab requirements as stated in this handbook.
- 2- Successfully obtain an ITER at the end of each academic year of R3 and R4.
- 3- Successfully passed all 3 cases described in the progress to final case presentation section.
- 4- Presented the Case 3 in the Final case presentation.
- 5- Successfully obtain FITER in R5 year.

## Mock Exam

Mock exam will be organized January of each year to prepare the residents for the written section of the exit exam. Attendance is mandatory for all residents enrolled in the program every year.

## Clinical photography

1. Each resident is required to have his/her own camera to document the different clinical and laboratory stages during the residency. The residents must protect and preserve the privacy of patients' records.
2. Residents must obtain a valid written consent from every patient prior to taking the required photographs.
3. The purpose of photographic records will be patient records, treatment planning, academic discussion, and academic presentations.
4. Photographic records should **NOT** be used in public without permission from the Director or in social media accounts.

## Computer

Each resident is required to have his/her personal computer. Windows based PC is recommended as most of the digital planning software's are compatible to it. Minimum recommended specifications are

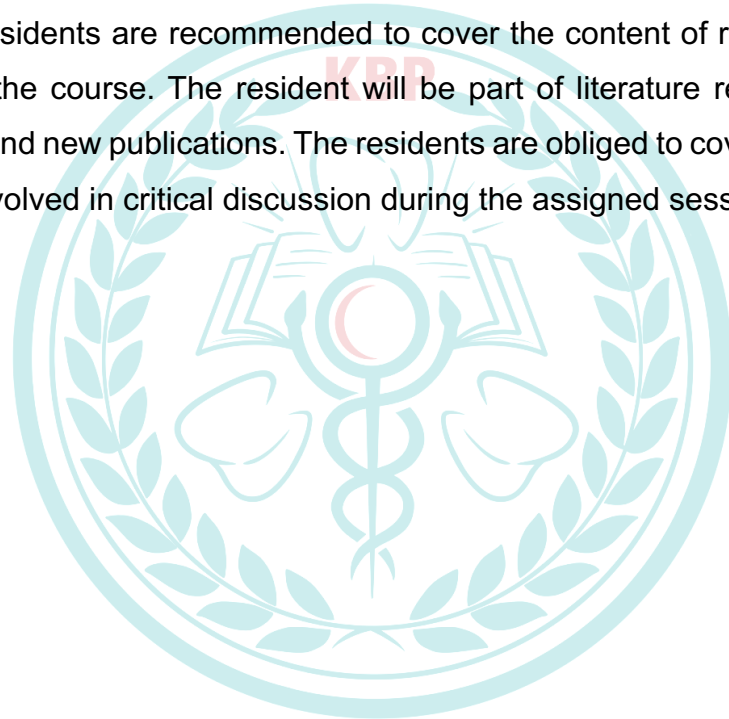
- CPU: Quad-Core and 2.8 Ghz
- RAM: 4GB
- Graphics: Nvidia GTX or AMD Radeon series dedicated GPU with at least 1 GB graphics memory.
- Minimum screen resolution: 1080p (1920x1080), if a DPI setting of 100% is used.

## Mandatory training

The residents must successfully complete the basic science and pre-clinical courses in order to start the clinical sessions of PG Prosthodontics residency. In addition, they are obliged to have a valid BLS certificate throughout their residency.

## Reading material

A list of recommended textbooks is provided with every course description in the handbook. The residents are recommended to cover the content of reading list on their own time during the course. The resident will be part of literature review sessions for classical articles and new publications. The residents are obliged to cover all the assigned articles and be involved in critical discussion during the assigned session.



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## Goals and requirements

### By the end of 1<sup>st</sup> year [R3]

- 1- Competent in clinical and laboratory aspects of:
  - a- Basic fixed prosthodontics.
  - b- Basic complete denture.
  - c- Basic Removable partial Denture (RPD).
  - d- Waxing techniques and carving teeth morphology.
- 2- Understanding of:
  - a- Complete denture occlusion.
  - b- Basic RPD design principles.
  - c- Overdenture principles and techniques.
  - d- Immediate denture principles and techniques.
  - e- Reline and rebase indications and techniques.
- 3- Competent in preparing teeth for single and multiple indirect restorations.
- 4- Competent in preparing and fabricating surveyed crowns.
- 5- Introduction of digital dentistry basic concepts.
- 6- Introduction to fixed occlusal concepts and competent in using both facebow and semiadjustable articulators.
- 7- Present 2 clinical cases with photos and study casts (treatment planning seminar)

### By the end of 2<sup>nd</sup> year [R4]

- 1- Competent in diagnosis and treatment planning of complex prosthodontic cases that require different types of prostheses.
- 2- Competent in multidisciplinary treatment planning and in constructing a comprehensive treatment plan.
- 3- Advance understanding of occlusal concepts and posterior determinants to establish ideal customized occlusal scheme for each patient.

- 4- Competent in all lab procedures and able to elect best approach from conventional and digital techniques based on the case.
- 5- Understand the prosthodontic literature and able to utilize it in diagnosis and treatment planning.
- 6- Able to critically appraise new literature.
- 7- High level of understanding for dental materials.
- 8- High level of understanding of Biomaterials.
- 9- Competent in placing simple dental implants.

By the end of 3<sup>rd</sup> year [R5]

- 1- Understanding the TMJ disease and its management.
- 2- Competent in different concepts in digital dentistry and able to utilize it in complex treatment planning cases.
- 3- Competent in planning complex implant cases.
- 4- Competent in restoring complex implant cases.
- 5- Competent in planning and executing full mouth rehabilitation cases.
- 6- Able to construct a lecture for fellow residents and present it in acceptable manner.
- 7- Able to present in professional level to a large number of visiting prosthodontists.

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## Didactic courses

### Basic science

These series of interdisciplinary courses are designed to improve and expand knowledge in the basic science foundation for the practice of Prosthodontics, Paediatric Dentistry, Endodontics, and Orthodontics and Dentofacial Orthopedics. Some of the courses are brief and basic, while others are more extensive and comprehensive. Didactic lectures will be supplemented with active learning exercises in small-group environments allowing for implementation of these sciences in clinical scenarios. For detailed information please refer the basic science handbook. This course must be passed before joining the PG Prosthodontics clinic.

No.	Course Title
1	Research Methods in Clinical Dentistry
2	Embryology and Oral Histology
3	Head and Neck Anatomy
4	Local Anaesthesia in Dentistry
5	Medical Emergencies in the Dental Setting
6	Oral Pathology and Oral Medicine
7	Digital Dentistry and Dental Biomaterials
8	Oral Microbiology
9	Pharmacology in Dentistry
10	Contemporary Dental Photography
11	Infection Control in Dental Health Care Settings

## Intro to PG Prosthodontics courses

This series of courses will develop the resident's knowledge and skills in prosthodontics and will prepare the resident to reach optimum level in the specialty of prosthodontics. By successfully completing all courses the resident will be able to identify complex cases and construct sound treatment plans within the scope of the specialty that suites the patient individual needs. The residents will be able to drive the treatment plan and quality control all procedures within all departments to insure best outcome for the patient.

PG Prosthodontics courses:

1. Pre-clinical
2. Fundamentals of implant surgery
3. Removable Prosthodontics
4. Dental materials
5. Occlusion
6. Digital Dentistry
7. Ethics, Practice management, communication skills and Law
8. Clinical practice
9. Treatment planning seminar
10. Evidence Based Dentistry
11. Literature review



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## Pre-clinical Course

Assessment: Worked Based Assessment / DOPS

This course is designed to provide the resident with basic knowledge and skills in dental laboratory and fundamentals of classical fixed and removable prosthodontics. This course is divided into four sections.

### 1- Pre-clinical I (Laboratory skills and procedures)

This course consists of basic and complex prosthodontics laboratory procedures. By the end of pre-clinical I classes, residents are expected to be able to finish their patients laboratory work under laboratory technician supervision.

### 2- Pre-clinical II (Removable prosthodontics skills laboratory)

This course is focused on laboratory procedures for constructions of removable prostheses. By the end of this course, residents are expected to be able to construct their patients' dentures with the supervision of laboratory technicians.

### 3- Pre-clinical III (Teeth preparation and provisionalization skills laboratory)

In this course, R3 residents will learn simple and complex fixed prosthodontics procedures. By the end of pre-clinical III, residents' performance on teeth preparation and temporalization will be assessed thoroughly. After this course, students are expected to be able to perform different fixed prosthodontics procedures under clinicians' supervision.

### 4- Pre-clinical IV (Dental photography and data storage)

After this teaching seminar, residents will be able to take basic dental photographs for their patients. Data storage process will be explained.

Each section includes teaching seminars, practical sessions and progress assessments. Residents are expected to successfully pass all the requirements of this course to progress into the clinical sessions in year 1 (R3).

Recommended reading list:

*Shillingburg, H.T., Sather, D.A., Wilson, E.L., Cain, J.R., Mitchell, D.L., Blanco, L.J. and Kessler, J.C., 2013. Fundamentals of fixed prosthodontics. Quintessence Pub Co (4th edn), Chicago.*

*Rosenstiel, S.F., Land, M.F. and Walter, R. eds., 2022. Contemporary fixed prosthodontics. Elsevier Health Sciences.*

*Personalized denture procedure handbook (PDF).*

*Tooth carving manual handbook (PDF).*

*The branching technique for complete denture handbook (PDF).*

*Introduction to occlusal anatomy handbook (PDF).*



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## Fundamentals of Dental implants

Assessment: Oral Exam / Viva

This course is designed to teach the residents the basics of dental implant surgery and implant restoration. The resident will be able to identify, and select cases indicated for implant restorations. They will also be exposed to various planning techniques in both conventional and digital workflows. By the end of the course the resident will be able to discuss and treatment plan simple and advanced implant procedures. The course will offer fundamental didactic and hands on surgical sessions.

Fundamentals of Surgery	
No.	Title
1	History of implant dentistry
2	Anatomy
3	Bone physiology
4	Biomaterials
5	Diagnosis and treatment planning
6	Pre-implant surgical procedures
7	Implant selection
8	Bone augmentation
9	Soft tissue manipulation
10	Implant prosthodontics in partially edentulous and fully edentulous cases
11	Implant maintenance
12	Management of surgical complications

Recommended reading list:

*Resnik, R., 2020. Misch's contemporary implant dentistry. Elsevier Health Sciences.*

*Schoenbaum, T.R., 2021. Implant prosthodontics: protocols and techniques for fixed implant restorations. Quintessence Publishing Company, Incorporated.*

## Removable Prosthodontics

Assessment: Written exam - short Answer questions

This course aims to introduce the residents to removable prosthesis fundamentals and covers all specialist level concepts in this field. The resident should be able to analyze and treatment plan the removable cases at a specialist level. They should also be able to elect the appropriate procedures and modify it according to the need of the case complying with the scientific evidence. This series of lectures will discuss complete denture and removable partial denture classical concepts.

Removable Prosthodontics	
No	Title
1	Care of the elderly and dental treatment impact
2	Anatomy and physiological changes of edentulous
3	Classical concepts for complete dentures
4	Complete denture occlusion
5	Complete denture crash course: common problems
6	Classical concepts of removable partial dentures
7	Removable partial denture design philosophy.
8	Implants in removable prosthesis

Recommended reading list:

*Basker, R.M., Davenport, J.C. and Thomason, J.M., 2011. Prosthetic treatment of the edentulous patient. John Wiley & Sons.*

*Zarb, G.A., Hobkirk, J., Eckert, S. and Jacob, R., 2012. Prosthodontic treatment for edentulous patients: complete dentures and implant-supported prostheses. Elsevier Health Sciences.*

*Krol, A.J., 1976. Removable partial denture design. Outline Syllabus.*

*Carr, A.B. and Brown, D.T., 2010. McCracken's removable partial prosthodontics. Elsevier Health Sciences.*

## Dental Materials

Assessment: Written exam / MCQ

This course will provide series of lectures in the different topics of biomaterials at an expert level. The lectures will be condensed and in depth to cover all aspects of biomaterials in prosthodontics. Residents are required to attend all lectures and further expand on these lectures by literature and recommended textbooks. Topics that will be covered:

Dental Material	
1	Impression materials
2	Ceramics and zirconium
3	Alloys
4	Adhesive and cements
5	Biomaterials (bone/membrane)
6	Restorative materials
7	Dental Implants
8	Acrylic and Denture teeth
9	Science of colors
10	Provisional materials

Recommended reading list:

*Van Noort, R. and Barbour, M.E., 2023. Introduction to Dental Materials (5<sup>th</sup> editiod), Elsevier Health Sciences.*

*Anusavice, K.J., Shen, C. and Rawls, H.R. eds., 2013. Phillips' science of dental materials. Elsevier Health Sciences.*

*Chu, S.J., Devigus, A. and Mielezsko, A.J., 2004. Fundamentals of color: shade matching and communication in esthetic dentistry (p. 2). Illinois: Quintessence Publishing Company.*



## Occlusion

Assessment: Viva / Oral Exam

This course will provide in depth knowledge to the residents in the topic of occlusion and its relation to stomatognathic system. It will cover the basic and advanced occlusal concepts to stimulate critical thinking and ensures specialist level of understanding occlusal concept in order to apply it in daily practice. The course will include:

- Exercise of full-mouth rehabilitations case treatment planning and diagnostic wax-up on semi adjustable articulator.

Occlusion	
1	TMJ Anatomy
2	TMJ Motion
3	Articulator Classification + facebow / kinematic device
4	Articulator vs. Joint Anatomy
5	Centric Relation
6	Transverse Horizontal Axis and related concepts
7	Reference Planes
8	Static Occlusal contacts
9	Mandibular motion and it's relation to occlusal anatomy
10	Vertical Dimension of Occlusion
11	Considerations of the occlusal plane and compensating curve
12	Envelope of Function
13	Hanau Quint
14	Clinical applications

Recommended reading list:

- Dawson, P.E., 2006. *Functional occlusion: from TMJ to smile design*. Elsevier Health Sciences.



- Jeffrey, P.O., 2008. *Management of temporomandibular disorders and occlusion.* Mosby Elsevier.
- Guichet, Niles. *Occlusion: A Teaching Manual.* The Denar Corporation, 1977.



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## Digital Dentistry

Assessment: Project based assessment

The course is aimed for post graduate residents to understand and adopt the latest innovations in digital dentistry and fully understand the highlights and limitations of the technology.

The course will focus on aspects of digital data acquisition, computer aided design and computer aided manufacturing. This will enable residents to accurately diagnose, plan and execute simple and complex prosthodontic treatment plans.

Digital Dentistry	
1	Radiography in relation to digital dentistry.
2	Guided implant surgery
3	Diagnosis and treatment planning cases aided by digital dentistry
4	Design and fabrication of simple and complex prosthetics using CAD/CAM technology
5	Additive and subtractive manufacturing of dental prosthetics
6	Biomaterials in relation to digital technology

Recommended reading list:

*Masri, R. and Driscoll, C.F. eds., 2023. Clinical applications of digital dental technology. New York, NY: John Wiley & Sons.*

*Jonathan L. Ferencz & Nelson Silva. Fundamentals of CAD/CAM dentistry. American College of Prosthodontists*

## Ethics, Practice management, communication skills and Law

Assessment: Attendance Based

This course will provide information regarding professionalism and ethical topics in dentistry. The sessions will be based on discussions of common scenarios that can lead to malpractice based on ethical decisions. The importance of teamwork and different roles of each team member is highlighted.

Information will be provided about importance of practice management for the success of dental team and different paths for teaching and academic careers in Kuwait.

Ethics, practice & communication	
1	Ethics in medical practice
2	Practice management in private and government sectors
3	Teamwork and success
4	Kuwaiti law for medical practice

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## Clinical practice

Assessment: Work-Based Assessment

Rotations of Clinical practice			
	R3	R4	R5
October-January	None	III	VI
February-May	I	IV	VII
June-September	II	V	VIII

These rotations are the core clinical activity of the program. The resident must successfully pass the basic science and preclinical courses to start these rotations. It is in these rotations that residents perform all advanced clinical procedures in all aspects of the specialty of prosthodontics (fixed, removable partial denture, complete denture, and implants). The clinical rotations start in February during R3 and continue until the end of R5 year before the exit exam. The number of clinical hours allowed will increase incrementally as the resident progress in the residency.

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## Prosthodontics treatment planning seminar

### Assessment: Presentation Evaluation Form

The treatment planning seminar will be held once a week from January to September every year. The length of the seminar is 4 hours during which the resident will present a clinical case of his own with full documentations and treatment planning process. The presentation will be in PowerPoint or Keynote formats. The minimum following documentations are required:

- 1.1. Patient's photos (intra and extra oral as indicated by provided template).
- 1.2. OPG
- 1.3. Full mouth intraoral x-rays.
- 1.4. Full diagnostic procedure.
- 1.5. Articulated study casts.
- 1.6. Articulated diagnostic wax-up cast.

It is recommended to document and present all treatment options and procedures to support treatment plan elected. The treatment options should be defended by the resident and justified with scientific acceptable evidence.

Prosthodontics treatment planning seminar schedule			
Year of residency	R3	R4	R5
Number of sessions to be done per resident	2	3	3

### Recommended reading list:

- Cohen, M. ed., Interdisciplinary treatment planning. Vol. I & II. Quintessence Publishing Company.*
- Laney, W.R. and Gibilisco, J.A. eds., 1983. Diagnosis and treatment in prosthodontics. Lea & Febiger.*
- Calvani, L., 2020. FUNDAMENTALS OF TREATMENT PLANNING. Quintessence Publishing Company.*
- Fradeani, M. and Barducci, G., 2008. Esthetic rehabilitation in fixed prosthodontics. Vol 1 & 2. Quintessence Publishing Company.*

## Evidence Based Dentistry Seminar

### Assessment: Presentation Evaluation Form

The evidence-based topic presentation seminar will be presented every year by R4 and R5 residents. It will be 90-minute presentation in PowerPoint or Keynote formats, during which the resident will discuss a research question by his/her choice. The topic of presentation must be approved by an assigned full-time faculty. The presentation should be supported by critical appraisal of current literature. The presentation will be evaluated based on the quality of presentation skills, quality of articles discussed, the ability of presenter to critically appraise current evidence and time management.

Evidence Based Dentistry Seminar			
Year of residency	R3	R4	R5
Number of sessions per resident	0	1	1

## Literature Review

### Assessment: Presentation Evaluation Form

The residents will be provided with key articles that cover various fields of dentistry and prosthodontics. The residents should be familiar with concepts of evidence-based dentistry, so they can apply it in clinical-based situations. The residents are expected to actively discuss, identify, critique, evaluate, and have opinion on the presented articles. These sessions will be moderated by a full-time faculty. The course schedule will be provided at the beginning of every academic year to the residents. It is the responsibility of the residents to ensure that they have covered all articles in-depth and understood all the concepts discussed. The resident evaluation will be based on class participation and critical discussion of the assigned articles.

Annual schedule of seminar sessions per resident			
Year of residency	R3	R4	R5
Number of sessions	Every week	Every week	Attendance optional

Topics of Literature Review		
Treatment Planning	Complete Denture	Removable Partial Denture
Perio – Pros	Fixed Prosthodontics	Dental Implants
Occlusion and occlusal concepts	Digital Dentistry	

## Posters

During the 3 years residency, residents must present a poster in local or international events.

## Conferences

The residents are encouraged to attend key scientific conferences locally and internationally. It is mandatory to attend 3 local and 1 international scientific dental conference. The international conference must be approved by the program director in advance.



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## Exams and Evaluations

Each course will have its own specific evaluation formats. The resident is expected to pass all courses [following KIMS evaluation criteria]. If the resident did not achieve the requirement to pass, KIMS regulations for remediation will apply.

## Residents teaching

Each resident is expected to prepare and present scientific topics to other residents in KBP.

## Perio-Pros Seminar

KBP residents must participate in joint seminars with Kuwait Board of Periodontology to develop good communication and treatment planning skills with other departments. Conjoint treatment planning sessions and case presentations between the residents from both disciplines are mandatory.



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## Clinical objectives and guidelines

### Fixed Partial Denture

#### Objectives:

1. Develop expert knowledge in the field of fixed prosthodontics.
2. Residents must become competent in the clinical and laboratory procedures related to fixed prosthodontics.
3. Develop competent level in using the instruments, equipment and materials related to prosthodontics.
4. Demonstrate competency in planning multi-disciplinary cases and communicating efficiently with other specialties and laboratories.

#### Guidelines:

1. The resident will reach the expected knowledge level in fixed prosthodontics by covering the recommended textbooks and literature review sessions. Attending program teaching sessions and lectures in local and international meetings will aid in this process.
2. The residents will reach competent level in clinical and laboratory settings through their continuous practical training under supervision. Multiple complex cases will be assigned to elevate their level in clinical and laboratory stages.
- 1- The resident will become competent in the use of prosthodontics related materials and instruments by the continuous hands on training and theory learning.
- 2- The resident will be competent in multi-disciplinary cases by the daily interaction with other specialties and attending multi-disciplinary seminars.

## Removable Partial Denture

### Objectives:

1. Develop experts knowledge in the field of removable partial denture.
2. Becomes competent in the clinical and laboratory procedures related to removable partial denture.
3. Develop competent level in using the instruments, equipment and materials related to removable partial denture.
4. Learn how to design removable partial dentures and how to communicate the design to the lab.
5. Demonstrate competency in planning removable partial denture cases with other specialties.

### Guidelines:

1. The resident will reach the expected knowledge level in removable partial denture by covering the recommended textbooks and literature review sessions. Attending program lectures and lectures in local and international meetings will aid in this process.
2. The residents will reach competent level in clinical and laboratory settings through their continues practical training under supervision. Multiple removable partial denture cases will be assigned to elevate the resident level in clinical and laboratory stages.
3. The resident will become competent in the use of removable partial denture related materials and instruments by the continues hands-on training and theory learning.
4. The resident will be competent in planning and executing removable partial denture cases with other departments by the daily practice of these cases with other departments under the supervision of faculty.

## Complete Denture

### Objectives:

1. Develop experts knowledge in the field of complete denture.
2. Becomes competent in the clinical and laboratory procedures related to complete denture.
3. Develop competent level in using the instruments, equipment and materials related to complete denture.
4. Demonstrate competency in planning complete denture cases with other specialties in terms of pre prosthetics surgeries and implant surgeries.

### Guidelines:

1. The resident will reach the expected knowledge level in complete denture by covering the recommended textbooks and literature review sessions. Attending program lectures and lectures in local and international meetings will aid in this process.
2. The residents will reach competent level in clinical and laboratory settings through their continues practical training under supervision. Multiple complete denture cases will be assigned to elevate the resident level in clinical and laboratory stages.
3. The residents will have to do all the clinical and lab stages by them selves.
4. The resident will become competent in the use of complete denture related materials and instruments by the continues hands on training and theory learning.
5. The resident will be competent in planning and executing complete denture cases with other departments by the daily practice of these cases with other departments under the supervision of faculty.

## Implant Prosthodontics

### Objectives:

1. Develop experts knowledge in the field of implant prosthodontics.
2. Becomes competent in the clinical and laboratory procedures related to implant prosthodontics.
3. Develop competent level in using the instruments, equipment and materials related to implant prosthodontics.
4. Demonstrate competency in planning multi-disciplinary cases and communicating efficiently with other specialties and laboratories.
5. Experience the analogue and digital planning for implant prosthodontics.
6. Experience implant placement as prosthodontic procedure.

### Guidelines:

3. The resident will reach the expected knowledge level in implant prosthodontics by covering the recommended textbooks and literature review sessions. Attending program lectures and lectures in local and international meetings will aid in this process.
4. The residents will reach competent level in clinical and laboratory settings through their continues practical training under supervision. Multiple complex cases will be assigned to elevate their level in clinical and laboratory stages.
- 3- The resident will become competent in the use of implant prosthodontics related materials and instruments by the continues hands on training and theory learning.
- 4- The resident should fabricate a surgical guide for all their assigned implant cases done in the PG prosthodontics department or other departments.
- 5- The resident will be competent in multi-disciplinary cases by the daily interaction with other specialties and attending multi-disciplinary seminars.

## Implant Surgical Placement

### Objectives:

1. The resident should become competent in assessing the suitability of cases for implant. Taking into consideration the physical, systemic and medical factors that can affect the success of dental implant success.
2. The resident should become competent in treatment planning of dental implant cases in analog and digital methods for both partial and complete edentulous cases.
3. The resident should be able to present a comprehensive implant treatment plan with different options pros and cons.
4. The resident must be able to assess digital radiographs and clinical situation to anticipate any difficulty for implant placement or the need for pre implant surgery.
5. The residents must develop surgical skills and knowledge to place implants using aseptic surgical techniques. (raising mucoperiosteal flaps, guided bone regeneration, sutures).
6. Develop understanding of the required knowledge for the selection of implant type, graft material, barrier membrane, suture material, pre and post operative medications.
7. The resident should be able to manage post surgical complications.

### Guidelines:

1. The resident will reach the expected knowledge level in surgical implant placement by covering the recommended textbooks and literature review sessions. Attending program lectures and lectures in local and international meetings will aid in this process.
2. The residents will reach competent level in implant surgical procedure through their continues practical training under supervision. Multiple cases will be assigned compatible to the required level of surgical skills.
- 6- The resident will become competent in the use of surgical implant related materials and instruments by the continues hands on training and theory learning.
- 7- The resident will be competent in multi-disciplinary cases with implants due to their experience I surgical procedure and understanding of possible difficulties

## Laboratory objectives and guidelines

### Prosthodontics laboratory procedures

#### Objectives

1. The resident should become competent in analog and digital laboratory procedures in the prosthodontics field.
2. The resident should be able to train and work with technicians with limited knowledge and experience.
3. The resident should develop understanding of the laboratory work-flow to anticipate any issues that might reflect on the end result.

#### Guidelines

1. The R3 residents will have to perform all their laboratory work until they reach competency level before starting R4.
2. R4 residents will have to perform all laboratory procedures for the removable prosthesis. Selective Fixed cases will be done by the resident to fulfill the minimum requirements.
3. R5 residents will be exempt by the director from removable cases lab work when they reach competent level. Fixed prosthodontics cases will be sent to in-house laboratory.

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## Standard of care

### Fixed prosthodontics

#### 1- History and examination

This includes patients chief complaint with full dental and medical history. Full clinical extra and intra oral examination must be done at this stage for all patients. The examination will include all indices and radiographs needed with extra and intra oral photographs.

#### 2- Panoramic clean study casts must be obtained and articulated using facebow.

#### 3- Diagnostic wax-up or set ups must be completed and approved by the assigned faculty.

#### 4- Treatment plan:

A full and clear treatment plan must be formulated and proposed to the assigned faculty for discussion and approval. The treatment plan must reflect the resident understanding of the patients dental condition and medical limitations.

#### 5- Anesthesia: local anesthetic must be applied in correct techniques appropriately before the start of treatment. The resident must be able to choose the appropriate anesthetic material depending on the case.

#### 6- Phase I therapy: must be completed before commencing any fixed prosthodontic treatment. The patient must be caries free and no periodontal disease present.

#### 7- Bonded core material must not be more than 2mm in height. Alternative procedures must be considered when more than 2mm height core material needed.

#### 8- Preparation: the preparation of existing dentition must be based on diagnostic wax up to provide adequate retention and resistance without unnecessary compromising existing tooth structure. The preparation should follow sound principles to provide adequate thickness of material as described by literature.

#### 9- Retraction: retraction of soft tissue must be achieved before impression taking. The retraction should be atraumatic and exposed all prepared margins.



10-Final impression: the final impression must be taken with elastomeric material or digital depending on the case and agreement with the clinical faculty. The impression must be accurate and clear with no voids/drag.

11-Inter occlusal record: these records must reflect the planned final position of centric relation or repositioning. The material should be accurate and of appropriate material to allow articulation. Cross mounting records must be recorded for rehabilitation cases.

12-Provisional restorations: the provided provisional must be of suitable material for each case. The provisional must be of good fit and accurate sealing of all dentin. All excess material must be removed and the provisional must be polished before cementation. The contour of provisional must allow cleaning and promote healthy periodontium. The dimensions of provisional must resembles the final prosthesis and the occlusion must be based on the diagnostic wax-up. The provisional restoration must be acceptable to the patient taking into consideration the limitations of provisional materials.

13-Laboratory steps:

- A. Lab prescription must be written and approved by the clinical faculty before sending the case to the lab
- B. All casts must be accurate with no bubbles or cracks. The casts must be rounded and smoothed with no sharp or over extended parts
- C. Master cast must be prepared as described by technical instructor. Dies must be sectioned and trimmed to expose margins.
- D. The casts must be articulated using trimmed inter occlusal record (trimming must remove all unwanted anatomy and allow exposure of cusp tips to confirm accuracy of seating).
- E. The margins must be marked with graphite indicator and die spacer must be applied in adequate thickness 1 mm from the margin. (do not apply die spacer before articulation as it will affect seating in inter occlusal records)

14-Try-in

- A. Prosthesis must be assessed on the master cast before the patient appointment. It must be of excellent quality and no modifications needed before the patients appointment.
  - B. The crowns must have closed margins clinically using the recommended techniques for assessment depending on the case.
  - C. The fit of the crown must be of adequate quality to allow accurate positioning and cementation of prosthesis.
  - D. Proximal contacts must be assessed and modified to insure no interference with seating and adequate resistance to dental floss.
  - E. The restoration must resemble the contours and dimensions of natural dentition.
  - F. Occlusion must be checked and adjusted as needed to establish contact on all teeth in centric occlusion. Shim stock (12 mu) should be used to assess the occlusal contacts. Teeth must separate with no interference in eccentric movement according to planned occlusal scheme.
  - G. Shade and esthetics must be of acceptable standard to the patients need.
  - H. All adjusted porcelain areas must be polished adequality before cementation.
  - I. Bite wing xrays must be taken before cementation to insure fit of restoration.
- 15-Multiple implants cast for splinted prosthesis must be verified and framework try-in must be done to verify passive fit and approval of clinical faculty.
- 16-Cementation should be Only done after approval of the faculty. The choice of cement must be discussed and approved by the faculty. All excess cement must be removed on the same day of delivery.
- 17-Patient management: residents are obliged to professionally manage patients and not make any comments or remarks that are considered negative, offensive or aggressive. Patient details and documentations including pictures should not be discussed in public or with non-authorized members of the program.

## Removable prosthodontics

### 1- History and examination

This includes patients' chief complaint with full dental and medical history. Full clinical extra and intra oral examination must be done at this stage for all patients. The examination will include all indices and radiographs needed with extra and intra oral photographs.

### 2- Panoramic clean study casts must be obtained and articulated using facebow.

### 3- For RPD: principles must be followed for design and approval must be gained by clinical faculty

### 4- For complete denture: custom tray must be fabricated following faculty instructions and tray must be approved before patient appointment.

### 5- All preparations must be done before final impression stage. This includes phase I therapy, all definitive restorations for RPD patients and pre prosthetic surgeries.

### 6- Final impression material will depend on the case and must be approved by the faculty. For complete dentures and RPD distal extension saddles border molding must be complete and adequate before final impression.

### 7- Final casts must be poured with appropriate type of stone and be free of bubbles. Master cast must be clean and neat to the functional depth and width of border molded area.

### 8- For RPD: the lab design form must be completed and approved by the faculty. Once the framework received it must be confirmed that it complies to the requested design and its of both good quality and excellent fit. Try-in of the framework must be done and approval of the faculty is a prerequisite to proceed to next step of treatment.

### 9- For complete denture post dam must be marked and approved by the faculty and carved before the fabrication of record base.

### 10-Occlusal registration must be done using record bases and appropriate inter-occlusal record material depending on case. All principles must be followed to reach correct jaw position and inter-occlusal space. The faculty must approve the records modifications and jaw position before the inter-occlusal record is taken.

### 11-The articulation and set up of denture teeth should be done by the resident.

- 12-Esthetic try-in must be done for all cases (except immediate dentures when not possible) and verification of occlusion, esthetics and phonetics must be confirmed.
- 13-The processing of all removable prosthesis must be done by the resident (until they become competent and exempt by the director). The prosthesis must be polished and ready for delivery (approved by the faculty) before the date of delivery appointment. **(Approved processing methods: heat cure, injectable, eclipse)**
- 14-On the day of insertion all principles must be followed for assessing fit of prosthesis and extension of borders. Occlusion must be checked and modified accordingly. Lab remount is performed when needed and instructed by the faculty.
- 15-Post op instructions must be given to the patients with clear cleaning instructions. Follow up appointments must be scheduled to complete needed adjustments and assess fit, occlusion, phonetics and eliminate sore spots.
- 16-Post op instructions must be given to patients and home care techniques explained. Case follow up must be done at 1 week and 6 months.
- 17-Patient management: residents are obliged to professionally manage patients and not make any comments or remarks that are considered negative, offensive or aggressive. Patient details and documentations including pictures should not be discussed in public or with non-authorized members of the program.



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P R O S T H O D O N T I C S

## Implant surgical placement

- 1- Full patient dental and medical history must be obtained. Resident must make sure that the patient does not have medical condition or currently on medication that might complicate or effect the success of dental implant.
- 2- Full treatment plan must be proposed for the patient
- 3- Phase I therapy must be completed before any implant surgical procedure. The patient must be free of caries and periodontal disease. The restorability of remaining dentition must be assessed at this stage.
- 4- 2 sets of excellent quality diagnostic casts must be obtained. Casts should be articulated accurately at the planned vertical dimension of occlusion. Diagnostic wax up should be completed to assess the restorative space and to identify any possible restorative challenges.
- 5- Radiographic guide will be fabricated for every case to identify the position of implant and any needed modifications. The type of guide and technique of fabrication should be discussed and approved with the faculty. For cases planned in digital work flow the guide might be substituted by digital planning when instructed by the faculty.
- 6- Surgical guide must always be fabricated and provided for every implant case. The type of guide will be decided with the faculty at the stage of diagnostic wax up.
- 7- All implant cases must have CBCT taken at the surgical planning stage.
- 8- Before the surgical procedure all consent forms must be filled and patient blood pressure measured.
- 9- Post op xray must be taken after every implant placement and follow up appointment should be at 2 week from day of surgery.
- 10-Post op instructions must be given with the appropriate prescription.
- 11-Loading protocols must be discussed and decided with surgical faculty.
- 12-Final impression must not be taken less than 2 weeks of exposing implants.

## Implant prosthodontics

(Skip 1 to 7 if these step were done in surgical part)

1- History and examination

This includes patients' chief complaint with full dental and medical history. Full clinical extra and intra oral examination must be done at this stage for all patients. The examination will include all indices and xrays needed with extra and intra oral photographs.

2- Panoramic clean study casts must be obtained and articulated using facebow.

3- Diagnostic wax-up or set ups must be completed and approved by the assigned faculty.

4- Treatment plan:

A full and clear treatment plan must be formulated and proposed to the assigned faculty for discussion and approval. The treatment plan must reflect the resident understanding of the patients' dental condition and medical limitations.

5- Anesthesia: local anesthetic must be applied in correct techniques appropriately before the start of treatment. The resident must be able to choose the appropriate anesthetic material depending on the case.

6- Phase I therapy: must be completed before commencing any prosthodontic treatment. The patient must be caries free and no periodontal disease present.

7- 2 sets of excellent quality diagnostic casts must be obtained. Casts should be articulated accurately at the planned vertical dimension of occlusion. Diagnostic wax up should be completed to assess the restorative space and to identify any possible restorative challenges.

8- Final impression: the final impression must be taken with elastomeric material or digital depending on the case and approval of the faculty. The impression must be accurate and clear with no voids/drags.

9- Master cast of splinted restoration must be verified and approved by the faculty. The resident should not proceed the any prosthetic work if the cast is not verified.

10-Inter occlusal record: these records must reflect the planned final position of centric relation or repositioning. The material should be accurate and of appropriate material to allow articulation.



- 11-For full arch restoration, free end saddle of multiple teeth and anterior restorations a provisional restoration must be provided based on the diagnostic stage.
- 12-The provisional must resembles the final prosthesis VDO, jaw relations, teeth dimension and position.
- 13-Lab prescription must be written and approved by the clinical faculty before sending the case to the lab
- 14-Try-in
- J. Prosthesis must be assessed on the master cast before the patient appointment. It must be of excellent quality and no modifications needed before the patients appointment.
  - K. Proximal contacts must be assessed and modified to insure no interference with seating and adequate resistance to dental floss.
  - L. The restoration must resemble the contours and dimensions of natural dentition.
  - M. Occlusion must be checked and adjusted as needed to establish contact on all teeth in centric occlusion. Shim stock (12 mu) should be used to assess the occlusal contacts. Teeth must separate with no interference in eccentric movement according to planned occlusal scheme.
  - N. Shade and esthetics must be of acceptable standard to the patients need.
  - O. All adjusted porcelain areas must be polished adequality before cementation.
  - P. Bite wing xrays must be taken before cementation to insure fit of restoration.
- 15-Splinted prosthesis framework must be verified and framework try-in must be done to verify passive fit and approval of clinical faculty before ceramic build up.
- 16-Torque of final screw must ONLY be done after approval of the faculty. Screw access must be secured with Teflon before sealing the restoration.
- 17-Post op instructions must be given to patients and home care techniques explained. Case follow up must be done at 1 week and 6 months.
- 18-Patient management: residents are obliged to professionally manage patients and not make any comments or remarks that are considered negative, offensive or

aggressive. Patient details and documentations including pictures should not be discussed in public or with non-authorized members of the program.



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Consents & other

Forms

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وزارة الصحة  
MINISTRY OF HEALTH

Patient's Name :

Civil ID :

Date:          
D D M M Y Y Y Y

## PROSTHODONTICS اقرار بالموافقة على الخطة العلاجية

أنا / وولي أمر المريض ..... أقر على الخطة العلاجية المقدمة من قبل الطبيب المعالج  
و التي تتضمن علاج الأسنان التالية :  
اسم المريض

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

تركيب التاج

تركيب الجسر

عمل طقم متحرك جزئي / كلي

زراعة الأسنان

و قد تتضمن الخطة العلاجية كذلك ، عمل حشوات جديدة / وتد ، علاج اقنية الجذور ، عمليات جراحية للثة أو خلع الأسنان الغير قابلة للعلاج.

ملاحظات أخرى: .....

لقد قرأت نموذج الموافقة بكامله، وأعطيت لي الفرصة لطرح الأسئلة كما تمت الإجابة على جميع أسئلتني المطروحة بما يرضي قناعتني. وقد شرح لي الطبيب المعالج الغرض والفائدة من هذا الإجراء كما تم شرح البدائل المتوفرة (إن وجدت) لي لإجراء المقترح بمخاطرها المحتملة. و يحق للطبيب إيقاف العلاج في حال عدم التزامي بالتعليمات أو المواعيد. وبعد قراءة النموذج والتحدث مع الطبيب المعالج، فإن توقيعي ادناه فيه إقرار مني على اني اخول وأوافق على عمل الإجراء الموصوف اعلاه من قبل الفريق الطبي المعالج.

اسم المريض / ولي الأمر	توقيع المريض / من يحل محله قانونا	اسم الطبيب	التاريخ
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## اقرار بالموافقة على إزالة التركيبات الصناعية الثابتة

اقر أنا / وولي أمر المريض ..... على إزالة التركيبات الصناعية للأسنان التالية :  
اسم المريض

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

علما بأن الطبيب المعالج قد شرح لي سبب إزالة التركيبات ، كما انها قد تؤدي الى :

- كسر السن أو التركيبة أو الأثنين معاً. (بسبب خارج عن ارادة الطبيب )
- عمل تركيب صناعي جديد لعدم امكانية تثبيت القديم لعدة أسباب تم شرحها من قبل الطبيب المعالج.
- خلع السن / الأسنان الحاملة للتركيب الصناعي الثابت لأسباب عديدة منها عدم صلاحية السن للعلاج.
- تغيير الخطة العلاجية كعمل زراعة أسنان أو تركيبات صناعية متحركة.
- كما ان إزالة التركيبة لن تشكل اي التزام اتجاه الادارة من حيث أولوية ترتيب مواعيد العلاج اللاحقة.

ملاحظات أخرى: .....

لقد قرأت نموذج الموافقة بكامله، وأعطيت لي الفرصة لطرح الأسئلة كما تمت الإجابة على جميع أسئلتني المطروحة بما يرضي قناعتني. وقد شرح لي الطبيب المعالج الغرض والفائدة من هذا الإجراء كما تم شرح البدائل المتوفرة (إن وجدت) لي لإجراء المقترح بمخاطرها المحتملة. و يحق للطبيب إيقاف العلاج في حال عدم التزامي بالتعليمات أو المواعيد. وبعد قراءة النموذج والتحدث مع الطبيب المعالج، فإن توقيعي ادناه فيه إقرار مني على اني اخول وأوافق على عمل الإجراء الموصوف اعلاه من قبل الفريق الطبي المعالج.

اسم المريض / ولي الأمر	توقيع المريض / من يحل محله قانونا	اسم الطبيب	التاريخ
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Patient's Name : \_\_\_\_\_

Civil ID : \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y

## PROSTHODONTICS

### Patient's Consent to The Treatment Plan

I, ..... the patient/the patient's legal guardian approve the treating dentist's treatment plan of the following teeth:

Dental crown

Dental bridge

Partial/complete dentures

Dental implants

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

The plan may also include new fillings/posts, root canal treatments, gum surgeries and/or extraction of non restorable teeth.

#### Other Remarks:

.....  
.....

- I have read this form in its entirety and I was given a chance to ask questions and all of the questions I have asked have been answered to my satisfaction. The treating dentist explained the procedure, its purpose, the benefits, and explained all possible therapeutic alternatives (if available) with possible risks. The treating dentist has the right to stop the treatment if I do not follow the directions and attend the appointments. My signature below is a written consent that confirms my authorization to perform the aforementioned procedure(s) by the treating medical team.

Patient/legal guardian's name		Dentist's Name	Date
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## Patient's Consent to The Removal of Fixed Prosthesis

I, ..... the patient/the patient's legal guardian, approve the removal of the following fixed prosthesis:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

The treating dentist explained the purpose of removing the fixed prosthesis and risks involved which may include:

- Breakage of the tooth and/or the fixed prosthesis (unforeseen).
- The need to fabricate a new prosthesis due to the inability to cement the old one for several reasons explained by the Dentist
- The need to extract the tooth if the tooth is deemed non-restorable after prosthesis removal.
- A change in the treatment plan to include dental implants or removable implant prosthesis.
- The administration does not guarantee prioritizing subsequent appointments after the fixed prosthesis is removed.

#### Other Remarks:

.....

- I have read this form in its entirety and I was given a chance to ask questions and all of the questions I have asked have been answered to my satisfaction. The treating dentist explained the procedure, its purpose, the benefits, and explained all possible therapeutic alternatives (if available) with possible risks. The treating dentist has the right to stop the treatment if I do not follow the directions and attend the appointments. My signature below is a written consent that confirms my authorization to perform the aforementioned procedure(s) by the treating medical team.

Patient/legal guardian's name		Dentist's Name	Date
-------------------------------	--	----------------	------

Patient's Name : \_\_\_\_\_

Civil ID : \_\_\_\_\_

Date: \_\_\_\_\_  
D D M M Y Y Y Y

## إقرار بالموافقة على علاج الفم والأسنان

يجب استكمال جميع بنود النموذج بصورة كاملة من قبل الطبيب والمريض والا سيعتبر الإقرار غير قانوني تسعى وزارة الصحة من خلال هذا النموذج للحصول على إقرار خطي يؤكد علمك الكامل بحالتك / حالة المريض الطبية والصحية مما يمكنك من اتخاذ القرار المناسب لحالتك، لذلك فالمرجو منك الاطلاع على المعلومات المسجلة بالإقرار بدقة قبل التوقيع عليه.

انا / ولي امر المريض ..... افوض الفريق الطبي المعالج بتقديم علاج للفم و الأسنان.

اسم المريض

### الموافقة على العلاج في قسم الأسنان:

- أوافق على الفحص الشامل وعلاج أسناني /أسنان المريض والأنسجة المحيطة بها.
- لقد قمت بإعطاء الطبيب التاريخ الصحي الكامل الخاص بي/بالمريض بما يتضمنه من عمليات، علاجات، وأدوية.
- أوافق على أخذ الأشعة اللازمة والأشعة الثلاثية الأبعاد (إذا استلزم الأمر).
- أوافق على ان اي عينة أو نسج يتم استئصاله من جسمي/جسم المريض أثناء إجراء التدخل التشخيص العلاجي، يمكن دراسته والاحتفاظ به.
- أوافق على استخدام التخدير السطحي والموضعي وأعلم أن هناك مخاطر لإستخدام البنج : مثل العض على الشفتين، ظهور كدمات، النزيف، التورم، الحساسية، آلام الفك و التقرحات.
- انا ادرك انه خلال عمل الإجراء الموصوف اعلاه، قد يكون من الضروري او ما يستلزم تنفيذ إجراءات أخرى غير متوقعة او لم يكن معلوم الحاجة لها عند وقت اعطاء هذه الموافقة، ووافق على عمل هذه الإجراءات حسب ما يراه الطبيب ضروري أو مناسب.

### التصوير الفوتوغرافي

انا أوافق على تصوير الإجراء التشخيصي/العلاجي بما يتضمنه من عرض لجزء ملائم من جسمي/جسم المريض لأهداف طبية، علمية، او تعليمية، باشرط عدم الكشف عن هويتي/هوية المريض من خلال الصور او الكتابة الوصفية المرافقة للعرض.

أنا أوافق على التصوير الفوتوغرافي  أنا لا أوافق على التصوير الفوتوغرافي



توقيع المريض / من يحل محله قانونا

- لقد قرأت نموذج الموافقة بكامله، وأعطيت لي الفرصة لطرح الأسئلة كما تمت الإجابة على جميع أسئلتني المطروحة بما يرضي قناعاتي. وقد شرحت لي الطبيب المعالج الغرض والفائدة من هذا الإجراء كما تم شرح البدائل المتوفرة (إن وجدت) لي لإجراء المقترح بمخاطرها المحتملة. و يحق للطبيب إيقاف العلاج في حال عدم التزامي بالتعليمات أو المواعيد فان توقيعني ادناه فيه إقرار مني على اني اخول وأوافق على عمل الإجراء الموصوف اعلاه من قبل الفريق الطبي المعالج.

التاريخ

توقيع المريض / من يحل محله قانونا

اسم المريض / ولي الأمر

إذا تم توقيع الإقرار من قبل شخص آخر غير المريض الرجاء تحديد الاسباب وصلته او علاقته بالمريض

الترجمة: لقد تم شرح الإجراء المقترح اعلاه بلغه يفهمها المريض من قبل:

التاريخ

الاسم والتوقيع

### تسري هذه الموافقة لمدة ١ سنة من تاريخ توقيعها

#### إقرار الطبيب

- لقد شرحت للمريض/من يحل محله قانونا طبيعة الإجراء الطبي والمخاطر، والفوائد، والبدائل (متضمنة على عواقب عدم متابعة او مواصلة العلاج).
- لقد قمت بالرد على جميع أسئلة المريض / من يحل محله قانونا بافضل ما اوتيت به من معرفة، اعتقد بها انه قد حصل على قدر كاف من الدراية والاستبصار.

التاريخ

ختم الطبيب

توقيع الطبيب



Patient's Name : \_\_\_\_\_

Civil ID : \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y

## PATIENT CONSENT TO DENTAL TREATMENT

All the items in this form should be completed by the dentist; otherwise it will be illegal.

The Ministry of Health through this form seeks to obtain a written consent that confirms your knowledge about your/the patient's dental health condition, which enables you to make decisions on appropriate course of action regarding your/the patient's condition. Please read the written information carefully before signing the form.

I, \_\_\_\_\_ the patient/the patient's legal guardian authorize the treating medical team to provide dental treatment.  
Patient's Name

### Dental Treatment Approval

- I authorize all necessary or advisable examination and treatment of my/the patient's teeth and surrounding tissues.
- I provided my Dentist with my/the patient's full medical history including, surgeries, treatments and medications.
- I authorize all necessary photography, X-rays and 3D diagnostics (if necessary).
- I understand that any biopsy taken during the procedure may be preserved and studied by healthcare providers.
- I authorize the use of local anesthetic and I understand the possible side effects and risks that may occur, such as lip biting, bruising, bleeding, swelling, allergic reactions, muscle pain, and ulcers.
- I understand that during dental procedures, it may be necessary or appropriate to perform additional procedures that are unforeseen or not known to be needed at the time consent was given.

### Photography

I consent to photography of the dental procedure for medical, scientific, or educational purposes, providing that my/the patient's identity is not revealed by the pictures or any accompanying descriptive text accompanying the photographs.

- I consent to photography  I do not consent to photography

Patient/legal guardian's signature 

- I have read this form and my dentist explained the procedure, its purpose, the benefits, and explained all alternative therapeutic alternatives (if available) with possible risks. The treating dentist has the right to stop my treatment if I do not follow the directions and attend my appointments. My signature below is a written consent that confirms my knowledge and authorization to perform the aforementioned procedure(s)

\_\_\_\_\_  
Patient/legal guardian's name  Patient/legal guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

If the consent is signed by somebody other than the patient, please state the reasons and relationship

The procedure was explained to the patient in a language he/she understands by

Name \_\_\_\_\_ Date \_\_\_\_\_

This consent is valid for 1 year from the date it is signed.

### Dentist Statement

- I have explained to the patient/legal guardian the nature of the dental procedure, risks, benefits, and alternatives, including consequences of failure to follow or continue treatment
- I have answered all of the patient/legal guardian's questions to the best of my knowledge, which I believe led him to be adequately informed.

\_\_\_\_\_  
Dentist's signature \_\_\_\_\_ Dentist's Stamp \_\_\_\_\_ Date \_\_\_\_\_



وزارة الصحة  
MINISTRY OF HEALTH

Patient's Name :

Civil ID :

Date:          
D D M M Y Y Y Y

## عمليات الفم والأسنان الجراحية

يجب استكمال جميع بنود النموذج بصورة كاملة من قبل الطبيب والمريض والا سيعتبر الإقرار غير قانوني

أقر أنا / وولي أمر ..... باسم المريض ..... بالموافقة على .....

قد شرح لي الطبيب المعالج ان الغرض والفائدة من هذا الإجراء هو:

- الحفاظ على السن والأنسجة المجاورة .
- القدرة على استكمال الخطة العلاجية.
- منع تآكل أو انحسار العظم .
- الحفاظ على قوة المضغ (القضم) والمظهر الخارجي .
- الكشف عن وجود حالات مرضية أخرى (حالات الاستئصال).
- التعويض عن فقدان السن (حالات الزراعة)
- التعويض عن فقدان جزء من العظم أو اللثة (جراحة اللثة والعظم) ● منع ميلان الأسنان المجاورة أو امتداد الأسنان .

## المخاطر المحتملة للإجراء المقترح

- حدوث الالتهاب، الحساسية، التورم، الألم ، والنزيف، قد يستدعي علاج اضافي.
- آلام في الفك وصعوبة في فتح الفم.
- حدوث نديبات في اللثة والتي يمكن تظل أو تختفي تدريجياً.
- حدوث تغير في ارتفاع اللثة في مكان الجراحة أو أماكن مجاورة مما يؤدي الى الاستطالة في الأسنان أو كشف التيجان الصناعية إن وجدت وقد تحتاج تجديدها.
- كسر أو فقدان الحشوة أو تاج السن الطبيعي أو الصناعي للسن المعالج مما يستدعي إجراء علاج اضافي لها.
- الشعور بالخدر أو التنميل بالشفة، اللسان، اللثة أو الخد. في أغلب الأحيان يكون مؤقت إلا أنه قد يكون دائم .
- حدوث كشف لأحد الجيوب الأنفية وقد تستدعي علاج إضافي. (حالات الجراحة المقاربية للجيوب الأنفية).
- في حالة أخذ ادوية لعلاج هشاشة العظام أوالعلاج الكيميائي، وغيرها (مثل البيسفوسفونيت (VEGF inhibitor or Bisphosphonate): قد يؤدي أي تدخل جراحي الى التهاب ونخر العظم، وفي هذه الحالة قد يصعب شفاء الجرح .
- فشل الجراحة بسبب رفض الجسم النسيج المزروع / الزراعة أو لأسباب خارجة عن الإرادة أو لسوء اتباع تعليمات الطبيب مما قد يستدعي جراحة اخرى لازلتها أو إعادة العلاج بالكامل
- اذا تطلب الاجراء استخدام بعض الانسجة للتثبيت (البراغي، الصفائح المعدنية...إلخ) فقد تحتاج جراحة أخرى لازلتها أو من الممكن تركها دون تدخل آخر. وقد تنكشف هذه الانسجة عبر اللثة و يؤدي ذلك الى فقدانها أو فقدان الزرعة المصاحبة لها.
- التدخين و مرض السكر يزيد من فرص فشل العمليات.

## خاص بمرضى إجراء استخلاص صفائح البلازما :

- صفائح البلازما تعتبر مكون أساسي من مكونات الدم و تحتوي على عوامل تساعد على نمو الخلايا والأنسجة كما أثبتت الدراسات أنها تسهل و تسرع عملية الشفاء بعد الجراحة.
- تتم عملية استخلاص صفائح البلازما عن طريق سحب كمية ٢٠ - ٥٥ مل ( ما يعادل نصف كوب قهوة) من الوريد المتوفر أثناء العملية. توضع كمية الدم المستخلصة في جهاز الطرد المركزي حيث يتم عزل صفائح البلازما عن باقي مكونات الدم و تفعيل الصفائح لإفراز عوامل نمو الأنسجة والخلايا.
- الأعراض الجانبية لعملية استخراج صفائح الدم قد تشمل الشعور بالدوار، الألم ، الكدمات ، والالتهاب عند مكان استخراج الدم (الوريد).
- تقنية استخراج الصفائح هي آمنة جداً ومعقمة بالكامل، حيث يتم التخلص من جميع الأجهزة والأدوات المستخدمة من إبر، حقن وملحقات جهاز الطرد فور انتهاء العمل الجراحي لكل مريض.

ملاحظات أخرى:  لا يوجد

.....  
.....

● انا أوافق على استخدام التخدير السطحي والموضعي وأعلم أن هناك مخاطر لإستخدام البنج : مثل العض على الشفتين، ظهور كدمات، النزيف ، التورم الحساسية، آلام الفك و التقرحات.

● لقد قرأت نموذج الموافقة بكامله، وأعطيت لي الفرصة لطرح الأسئلة كما تمت الإجابة على جميع أسئلتني المطروحة بما يرضي قناعتني. وقد شرحت لي الطبيب المعالج البدائل المتوفرة (إن وجدت) لي لإجراء المقترح بمخاطرها المحتملة. و يحق للطبيب إيقاف العلاج في حال عدم التزامي بالتعليمات أو المواعيد. أن توقيعي ادناه فيه إقرار مني على اني اخول وأوافق على عمل الإجراء الموصوف اعلاه من قبل الفريق الطبي المعالج.

توقيع وختم الطبيب

التاريخ

توقيع المريض / من يحل محله قانوناً





Patient's Name : \_\_\_\_\_

Civil ID : \_\_\_\_\_

Date:          
D D M M Y Y Y Y

## DENTAL SURGERIES

All the items in this form should be completed by the patient and dentist; otherwise it will be illegal.

I \_\_\_\_\_, the patient/the patient's legal guardian agree to the following procedure (s)  
Patient's Name

### Treatment benefits

The treating physician explained to me that the purpose and benefit of this procedure is to:

- Preserve teeth
- Replace/ Repair bone or gum loss ( gum or bone surgeries).
- Detect other health conditions (biopsies.)
- Maintain form and function
- Complete a comprehensive treatment plan.
- Prevent gum/bone loss
- Replace missing teeth (implants).
- Prevent teeth from shifting.

### Possible Risks of Procedure:

- Infection, allergy, swelling, pain and bleeding requiring additional treatment.
- Jaw pain and mouth opening difficulty.
- Permanent or temporary gum lacerations (cuts).
- Gum recession on/near surgical site, which may elongate the tooth or expose a prosthesis that may need replacement.
- Fracture or loss of the filling/ crown/ tooth structure on the treated tooth requiring additional treatment.
- Numbness of lips, tongue, gums and/or cheeks, often temporary ( permanent in rare cases).
- Damage to sinuses requiring additional treatment or surgical repair at a later date ( for surgeries near sinus)
- Bone infections/ delayed healing in patients receiving medications such as: chemotherapy or osteoporosis medications. These medications include but are not limited to Bisphosphonates and VEGF inhibitors.
- Failure of the procedure caused by: the body's rejection of implanted tissue/ membrane / implant or failure to comply with the doctor's instructions, which may require additional treatment or a full re-treatment.
- If the procedure requires the use of screws, plates, or other membranes another surgery may be required to remove them or they may be left in without interference. These devices may be exposed through the gum, resulting in their loss or the loss of their associated implanted material.
- Smoking and diabetes can increase the chances of surgery failure.
- Risks specific to PRF procedures:
  - Platelet Rich Fibrin (PRF) is a natural component of blood, and PRF contains growth factors that, according to available studies, aid in cellular regeneration and therefore; stimulate soft tissue healing.
  - The PRF procedure requires us to draw 20 - 55 ml ( ½ coffee cup) of blood from the vein during the procedure. The blood drawn is placed into a centrifuge to activate the platelets ( make them release growth factors).
  - Side effects may include: dizziness, pain, bruising, and infection at the site of blood draw.
  - All aspects of the PRF procedure are safe and sterile: all instruments, needles, and equipment are single use and will be discarded after each patient.

Other remarks  None

I authorize the use of local anesthetic and I understand the possible side effects and risks that may occur, such as lip biting, bruising, bleeding, swelling, allergic reactions, muscle pain, and ulcers.

I have read this form in its entirety and I was given a chance to ask questions, and all of the questions I have asked have been answered to my satisfaction. The treating dentist verbally explained the procedure, its purpose, the benefits, and explained all possible therapeutic alternatives (if available) with possible risks. The treating dentist has the right to stop the treatment if I do not follow the directions and attend the appointments. My signature below is a written consent that confirms my authorization to perform the aforementioned procedure(s) by the treating medical team.

X

\_\_\_\_\_  
Patient/legal guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dentist's signature and stamp





Patient's Name : \_\_\_\_\_

Civil ID : \_\_\_\_\_

Date: \_\_\_\_\_  
D D M M Y Y Y Y

## إقرار بالموافقة على إجراء خلع الأسنان (EXTRACTION)

أقر أنا / ولي أمر ..... بالموافقة على خلع السن (الأسنان) رقم .....  
اسم المريض

### المخاطر المحتملة للإجراء المقترح

شرح لي الطبيب المعالج ان الإجراء التشخيصي/العلاجي المقترح قد يؤدي لحدوث مخاطر ومضاعفات، وأدرك ان المرض (الأمراض) الأخرى التي أعاني/يعاني منها المريض قد تؤدي لحدوث مخاطر إضافية، و ان هذه المخاطر تشمل:

- حدوث ألم، التهاب، تورم، و كدمات مما قد يحتاج علاج إضافي.
- حدوث تشقق داخل وحول الفم.
- صعوبة في فتح الفم بعد الخلع وقد تتزايد فرص الإصابة بهذه الحالة اذا كنت تعاني من مشاكل التهاب المفصل الفكي مسبقاً.
- تلف للأسنان المجاورة أثناء الخلع وخاصة الأسنان التي تحتوي على تركيبات صناعية وحشوات كبيرة بالحجم.
- خدران مؤقت على جانب الجراحة في الأسنان، اللسان، الشفة، والذقن. غالباً تحل اعراض الخدر خلال ساعات و في حالات نادرة جداً قد تفقد الاحساس بشكل دائم.
- النزيف أمر متوقع بعد الخلع و قد يستمر لبضع ساعات. النزيف البين قد يشير الى وجود مشاكل أخرى و لذلك يجب مراجعة طبيبك، فوراً.
- الحاجة الى ترك قطعة صغيرة من جذر السن دون الخلع وذلك للحفاظ على صحة الأنسجة المجاورة من التلف في حال محاولة إزالة القطعة وقد تظهر كزوايا حادة حول الجرح مما يستدعي الأمر الى تدخل طبي لإزالة التهابها.
- حدوث اتصال بين الفم والجيوب الأنفية أوازاحة جذر السن في الجيوب الأنفية. و في هذه الحالة قد تستلزم علاج إضافي.
- كسر في الفك: وهي حالة نادرة تحدث مع وجود صعوبة كبيرة في عملية الخلع أو الجراحة.
- في حالة أخذ ادوية لعلاج هشاشة العظام أو العلاج الكيميائي، وغيرها (مثل اليبوسفونونيت Bisphosphonate or VEGF inhibitor): قد يؤدي أي تدخل جراحي الى التهاب العظم أو قد يصعب شفاء الجرح.

### خطورة عدم إجراء الخلع هي:

- ألم، التهاب و تسوس السن و الأنسجة المجاورة و عدم استطاعة استكمال خطة العلاج.
- أنا أوافق على استخدام التخدير السطحي والموضعي وأعلم ان هناك مخاطر لاستخدام البنج: مثل العض على الشفتين، ظهور كدمات، النزيف، التورم الحساسية، آلام الفك و التقرحات.
- لقد قرأت نموذج الموافقة بكامله، وأعطيته لي الفرصة لطرح الأسئلة كما تمت الإجابة على جميع أسئلتني المطروحة بما يرضي قناعاتي. وقد شرح لي الطبيب المعالج البدائل المتوفرة (إن وجدت) لي لإجراء المقترح بمخاطرها المحتملة. و يحق للطبيب إيقاف العلاج في حال عدم التزامي بالتعليمات أو المواعيد. أن توقيعي ادناه فيه إقرار مني على اني أخول وأوافق على عمل الإجراء الموصوف اعلاه من قبل الفريق الطبي المعالج.

اسم المريض / ولي الأمر \_\_\_\_\_  
توقيع المريض / من يحل محله قانوناً \_\_\_\_\_  
التاريخ \_\_\_\_\_

## إقرار بالموافقة على إجراء إزالة عصب السن (PULPECTOMY)

أقر أنا / ولي أمر ..... بالموافقة على إزالة عصب السن (الأسنان) رقم .....  
اسم المريض

- الحاجة لإجراء إزالة عصب للسن (الأسنان) يعتبر إجراء طبي طارئ ومؤقت من أجل التخفيف من حدة الألم و الالتهاب والحفاظ على الضرس المعالج.
- إزالة العصب هو إجراء أولي ضمن مراحل علاج العصب حيث يجب عمل حشوة العصب لاحقاً في إحدى مراكز طب الأسنان التخصصية.

قد شرح لي ان الغرض والفائدة من هذا الإجراء هو:

- الحفاظ على السن المعالج كجزء أساسي من الفم.
- حماية الأسنان الأخرى من التآكل الوظيفي.
- القدرة على استكمال خطة العلاج المتكاملة.
- تجنب الحاجة لخلع السن.
- منع تآكل أو انحسار العظم المحيط بالسن.
- التخلص من الألم و الالتهاب.

### المخاطر المحتملة للإجراء المقترح

شرح لي الطبيب المعالج ان الإجراء العلاجي المقترح قد يؤدي لحدوث مخاطر ومضاعفات، وأدرك ان الأمراض الأخرى التي أعاني/يعاني منها المريض قد تؤدي لحدوث مخاطر إضافية، و ان هذه المخاطر تشمل:

- الشعور بالألم الحاد و ظهور انتفاخ (تورم) أو التهاب في الأنسجة المحيطة بالسن. وكذلك الام في الفك.
- كسر أو تلف تاج الضرس الطبيعي أو الصناعي أو كسر /فقدان الحشوات.
- الشعور بالخدر أو التميل بالشفة، اللسان، اللثة أو الخد. في أغلب الأحيان يكون مؤقت إلا أنه قد يكون دائم.
- حساسية من المواد المستخدمة في العلاج. نادراً ما يحدث.
- الحاجة لخلع السن بسبب فقدان نسبة كبيرة من هيكل السن بعد العلاج والتي تؤدي الى هشاشة السن.

أنا أوافق على استخدام التخدير السطحي والموضعي وأعلم ان هناك مخاطر لاستخدام البنج: مثل العض على الشفتين، ظهور كدمات، النزيف، التورم الحساسية، آلام الفك و التقرحات.

### خطورة عدم إجراء إزالة العصب هي:

- حدوث ألم، التهاب، تسوس، و كسر للسن و الأنسجة المجاورة وكذلك عدم القعدة على استكمال خطة العلاج.

اسم المريض / ولي الأمر \_\_\_\_\_  
توقيع المريض / من يحل محله قانوناً \_\_\_\_\_  
التاريخ \_\_\_\_\_





Patient's Name : \_\_\_\_\_

Civil ID : \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y

## EXTRACTION PROCEDURE CONSENT FORM

I, \_\_\_\_\_ the patient/the patient's legal guardian consent to the extraction/ removal of tooth No.: \_\_\_\_\_  
Patient's Name

### Possible risks

The dentist has explained the need to extract a tooth (teeth) and the risks involved include but are not limited to:

- Pain, swelling, bruising, and/or infection (dry socket) that may require further treatment.
- Ulcers and tears around and inside the mouth
- Difficulty opening the mouth which is more common if you suffer from TMJ problems already.
- Damage to surrounding teeth, especially ones that contain large fillings or crowns.
- Temporary numbness of the site of the procedure, tongue, lips and chin. The numbness usually subsides within hours. In very rare conditions, the patient may lose sensation permanently.
- Bleeding is expected after extraction, and may last for several hours. Severe bleeding may indicate other problems, and a visit to the doctor is necessary.
- Possibility of a small fragment of root or bone being left in the jaw intentionally when its removal is not appropriate (such fragments may work their way partially out of the tissue and need to be removed later)
- Damage to sinuses or dislocation of roots requiring additional treatment or surgical repair at a later date
- Jawbone fractures or dislocation very rarely occur due to severe complications during surgery.
- Bone infections/ delayed healing in patients receiving chemotherapy or osteoporosis medication. These medications include but are not limited to Bisphosphonates and VEGF inhibitors.

### Risks of refusing extraction procedure:

- Spread of pain, decay, and infection to the adjacent teeth and tissues. In addition, the inability to continue with the treatment plan.

I authorize the use of local anesthetic and I understand the possible side effects and risks that may occur, such as lip biting, bruising, bleeding, swelling, allergic reactions, muscle pain, and ulcers.

I have read this form in its entirety and I was given a chance to ask questions, and all of the questions I have asked have been answered to my satisfaction. The treating dentist verbally explained the procedure, its purpose, the benefits, and explained all possible therapeutic alternatives (if available) with possible risks. The treating dentist has the right to stop the treatment if I do not follow the directions and attend the appointments. My signature below is a written consent that confirms my authorization to perform the aforementioned procedure(s) by the treating medical team.

Patient/legal guardian's name	Patient/legal guardian's signature	Date
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## PULPECTOMY CONSENT FORM

I, \_\_\_\_\_ the patient/the patient's legal guardian consent to a Pulpectomy on tooth No.: \_\_\_\_\_  
Patient's Name

- A Pulpectomy is an temporary emergency procedure to on the tooth .
- A Pulpectomy is the first step in a multistep root canal procedure that requires subsequent visits to a specialized dental clinic

### My treating dentist explained that the purpose of this procedure is

- To preserve the tooth
- To complete a comprehensive treatment plan
- Avoid the extraction of the tooth
- Protect the other teeth
- Prevent bone loss.
- Treat the pain and infection

### Possible risks

My dentist explained the suggested treatment plan, its risk and complications. I acknowledge that the preexisting medical conditions I/the patient has could cause further complications, such as:

- Severe pain and swelling and inflammation of the surrounding tissues and jaws.
- Fracture or damage of crowns and fillings.
- Numbness of the lips,tongue, gums, and cheek, which is usually temporary but can become permanent (very rare).
- Allergic reaction to dental materials (very rare)
- Dislocation or separation of materials or instruments used in the procedure, which could reduce success rates for the procedure.
- The need for extraction of the tooth due to loss of significant amount of tooth structure during this procedure.

### Risks of refusing treatment

- Pain and swelling of surrounding tissues.
- Inability to complete treatment plan
- Tooth extraction due to inflammation, cavities, and/or fracture

I authorize the use of local anesthetic and I understand the possible side effects and risks that may occur, such as lip biting, bruising, bleeding, swelling, allergic reactions, muscle pain, and ulcers.

Patient/legal guardian's name	Patient/legal guardian's signature	Date
-------------------------------	------------------------------------	------

***The implant checklist:***

<b>Resident's name:</b> _____	<b>Date:</b> _____
<b>Patient's name:</b> _____	<b>Implant system:</b> _____
<b>File No.:</b> _____	<b>Implant size:</b> _____

**Missing tooth/teeth:** \_\_\_\_\_

	<b>Stage of Treatment</b>	<b>Comments</b>	<b>Faculty signature</b>
<b>1</b>	<b>Prosthetic consultation</b>		
<b>2</b>	<b>Diagnostic cast &amp; wax-up</b>		
<b>3</b>	<b>Surgical consultation</b>		
<b>4</b>	<b>Surgical guide</b>		
<b>5</b>	<b>CBCT review</b>		
<b>6</b>	<b>Other disciplinary/ medical consultations</b>		
<b>7</b>	<b>Phase 1 completion</b>		
<b>8</b>	<b>Implant placement</b>		
<b>9</b>	<b>2<sup>nd</sup> stage procedure</b>		
<b>10</b>	<b>Implant restoration</b>		

*[sequence of signatures should be followed in accordance to the above table]*

## طلب استئذان

**السيدة / مساعد مدير برنامج البورد الكويتي في طب الأسنان العام المحترمة**

تحية طيبة وبعد ،،

أرجو التكرم بالموافقة والسماح لي على مغادرة مقر عملي لظروف خاصة ، وأتعهد بأن أعود في نهاية المدة المرخص بها .

اسم الطبيب : \_\_\_\_\_ مكان العمل : \_\_\_\_\_

اليوم	التاريخ	ساعة الخروج	ساعة العودة	أسباب الاستئذان	توقيع الطبيب	مدة التأخير	يضاف التأخير لمدد الشهر

رأي المسئول :

الاستئذان الأول	الاستئذان الثاني	الاستئذان الثالث	الاستئذان الرابع

ملاحظات :

- عدد مرات الاستئذان أربع مرات في الشهر .
- مدة الاستئذان لا يزيد عن ثلاث ساعات في المرة الواحدة .

## Appendix 1

### Progress to Final Case eligibility

#### Case 1

The case presented must be of removable complete denture or a removable partial denture with metal framework. Single arch or double arch cases are accepted.

Full documentation of the case must be presented to the examiners in PowerPoint format or keynote.

The minimum required photographic documentations are:

- 1- Preoperative extra oral frontal and lateral view with old prosthesis (without prosthesis if its missing)
- 2- Preoperative intra oral occlusal view, frontal without prosthesis at estimated VDO.
- 3- Any natural teeth must be presented in occlusal and buccal view.
- 4- Picture of the custom tray after boarder molding showing the quality of boarder molding.
- 5- Picture of the final impression showing the quality of final impression.
- 6- Intra oral frontal view of CR record with occlusal rims and bite registration materials.
- 7- Frontal view of the articulated master casts with occlusal rim and bite registration material.
- 8- Frontal view of the upper and lower 6 anterior teeth setup on the articulator
- 9- Extra oral and intra oral frontal view of the esthetic try in stage.
- 10-Frontal view of full setup on the articulator
- 11-Frontal view of the lab remount.
- 12-Picture of final prosthesis intaglio.
- 13-Extra and intra oral of final prosthesis (frontal and lateral views in CR position)
- 14-Intral oral photos frontal and lateral views of eccentric movements (Protrusive, mediotrusive and laterotrusive. Total eccentric photos are 9)

#### Radiographic requirements

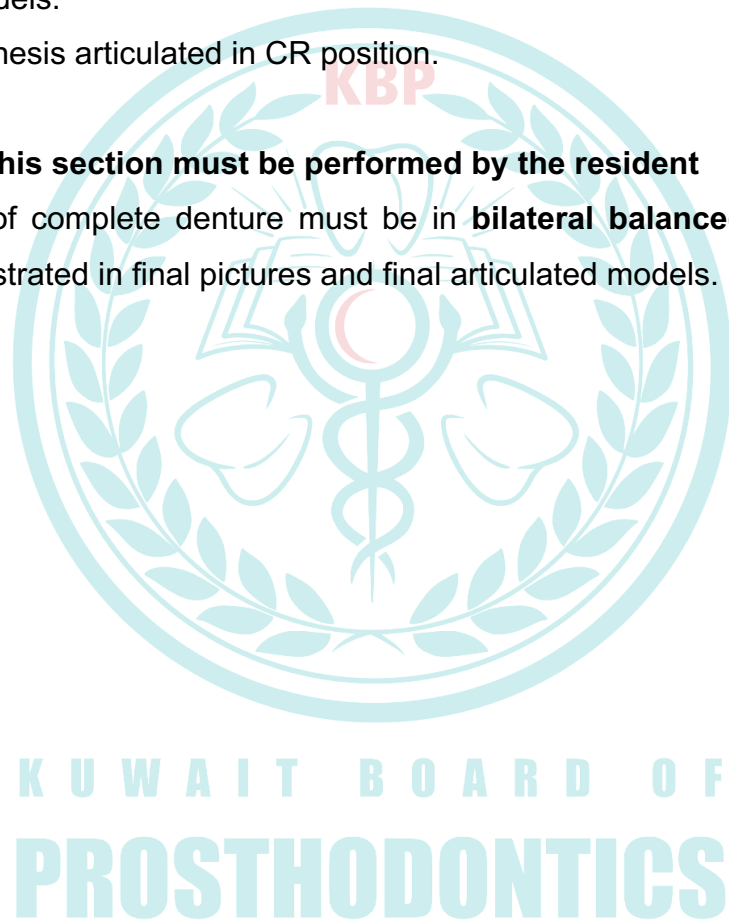
- 1- OPG of excellent quality is required
- 2- Intra oral x-rays for any natural teeth as indicated.

#### The requirement for dental models:

- 1- Articulated study models in CR position at estimated VDO.
- 2- Master Models.
- 3- Final prosthesis articulated in CR position.

#### **All lab work for this section must be performed by the resident**

Final prosthesis of complete denture must be in **bilateral balanced occlusion**. This should be demonstrated in final pictures and final articulated models.



## Case 2

The case presented must include dental implant planning, surgical procedures, and final prosthesis. It can be for fixed or removable prosthesis.

The minimum required photographic documentations are:

- 1- Preoperative extra oral frontal and lateral view.
- 2- Preoperative intra oral frontal and lateral view in MIP, occlusal view.
- 3- Picture of implant planning.
- 4- The flap reflected occlusal and lateral view.
- 5- Photo of implant after placement with mounting guide to demonstrate implant orientation.
- 6- Surgical closure (occlusal and lateral view).
- 7- Any soft tissue grafting procedure.
- 8- Picture of provisional intra oral (occlusal and lateral views)
- 9- Picture of developed soft tissue after 2<sup>nd</sup> stage (occlusal and lateral views).
- 10-Final impression with all relevant details showing details.
- 11-Final prosthesis framework design.
- 12-Final prosthesis on master model.
- 13-Final prosthesis intra oral (occlusal and lateral views).

Radiographic requirements

- 1- OPG.
- 2- PA x-ray of guide pin in osteotomy.
- 3- Post implant placement.
- 4- Post prosthesis delivery.

The requirement for dental models:

- 1- Study casts articulated in MIP or CR (as indicated for case).
- 2- Master model articulated with Gingival Mask.
- 3- Final prosthesis model articulated.
- 4- Surgical guide if used.

Lab prescription with full details

### Case 3

The case presented must be a full mouth fixed rehabilitation, with single or double arches involved. Implants are not a requirement for this section but can be included. A minimum of 14 fixed units must be restored in this case.

The minimum required photographic documentations are:

- 1- Preoperative extra oral frontal and lateral view.
- 2- Preoperative intra oral frontal and lateral view in MIP.
- 3- Preoperative intra oral occlusal view..
- 4- Preoperative intra oral frontal and lateral eccentric movements (9 photographs).
- 5- Preoperative Intra oral frontal view of centric relation.
- 6- Extra oral frontal and lateral views with final provisionals.
- 7- Intra oral frontal and lateral views of final provisionals at MIP.
- 8- Intra oral frontal and lateral views of prepared teeth at VDO.
- 9- Intra oral occlusal view of prepared teeth.
- 10-Intra oral frontal view of centric relation with bite registration martial trimmed buccally.
- 11-Final impression with all its details. (All margins must show)
- 12-Framework design of final prosthesis.
- 13-Frontal and lateral view of final prosthesis on the master model.
- 14-Extra oral frontal and lateral views with final prosthesis.
- 15-Smile picture after delivery of final prosthesis.
- 16-Intra oral frontal and lateral view post-delivery in centric relation.
- 17-Intra oral frontal and lateral view in eccentric positions (Protrusive, mediotrusive and laterotrusive. Total eccentric photos are 9)

Radiographic requirements

- 1- Preoperative OPG of excellent quality is required.
- 2- Preoperative FMX (PAs + BW).
- 3- Postoperative BWs and PAs on restored dentition.

The requirement for dental models:

- 1- Articulated study models in CR position.
- 2- Articulated wax up.
- 3- Articulated Master Models.
- 4- Final prosthesis articulated in CR position.

Lab form must be provided with full details

Occlusal scheme must be consistent between provisional stage and final stage.

Controlled outcome must be achieved.



K U W A I T B O A R D O F  
**PROSTHODONTICS**