PT 1 Denture making recipe 1

Ingredients required

• Some alginate for impressions 6-8 scoops
• Some yellow stone for models
• Some plaster for articulation
• Room temp water to mix dry ingredients
• Some wax
• Some ready made teeth pink acrylic for base
• Little bit fire / heat
• Boiling water for cooking
• And a bit of something special
Presto!

Dentures made

Approximate hours of clinical work?
3 hours
PT 2 Denture making recipe 2

Ingredients required (all the same except for one)

- Some alginate for impressions 6-8 scoops
- Some yellow stone for models
- Some plaster for articulation
- Room temp water to mix dry ingredients
- Some wax
- Some ready made teeth pink acrylic for base
- Little bit fire / heat
- Boiling water for cooking
- And a LOT of something special
Not so easy exhausted!

Dentures made

Approximate hours of clinical work?
3 hours ++ + + + more hours
The 2 pt compares dentures, they look similar. Are all dentures made the same way?

- There are reason why we need to know and use different methods and procedures
- The PATIENT is an individual each with own clinical issues clinic lab procedures
- 2 mouths are never the same
- Do they all require the same level of skills?
- Are there different ways to make dentures?
Dentures the Elderly, and Special Needs Patients

Domiciliary / clinic service

Benefits of copy, replica, duplicate or template Denture Construction.

Including an explanation of different impression methods
And general look at denture issues
By Anthony Varos
WHEN IT COMES TO NEW DENTURES
A COPY
DENTURE IS NEVER A 100% PERFECT COPY OF THE ORIGINAL THERE WILL ALWAYS BE A VARIATION

The Provider/ Patient determines where and how much

This procedure is intended to be used with selected cases
Copy / Replica Dentures

• Copy dentures are not a new phenomena
• If we look at dental history you are sure to find methods and procedures.
• Changes have occurred over the years due to material and technical changes
• Also due to clinical patient expectations
• Techniques developed over 30 years as a Dental technician / Prosthetist providing successful copy / replica dentures to patients
A New patient presents for treatment, and they have an existing set of dentures.

1. Do we look at the old set of dentures?
2. Do we discuss with the patient, issues, or how successful the old set was? Who made them? How old? Praise / admire good workmanship?
3. What problems they have with old dentures?
4. Or do we remove them from the mouth not look at them and start treatment with new dentures without discussion re: old set? Or Patient expectations
Basic Criteria for copy denture technique

• Patient satisfied with current dentures
• Clinician satisfied that current dentures have all required criteria of
  • Aesthetics
  • Speech
  • Function
  • Comfort with extensions
• Full history of previous materials used
• Why patient wants copy denture or variations
• Why clinician wants copy denture or variations
Some fundamentals that require understanding.

1. Impression methods
2. Practicality of copy
3. Why copy:
4. Why make changes:
5. Materials:
6. Method of copy complex or easy
7. Clinical complexity or ease in method depending on clinicians skills
8. Laboratory skills training to achieve desired results in copy denture
Knowledge and use of different *Impression materials, Lab Materials, Techniques*

- To succeed in denture construction the knowledge and use of different impression materials along with the circumstances e.g. oral conditions of when the different material should be used is important.
- Therefore the formula for increasing the chance of success especially in the difficult cases must include.
- The oral conditions $\times$ *Different impression materials* $\times$ Clinical/ lab Techniques $\times$ patients / clinician rapport $= \text{increase success rate}$
Impression techniques 3 methods
1: 3 types Impression techniques

1: mucostatic.

2: mucocompressive.

3: functional: 2 methods (a.b)
   3a: clinician assisted.
   3b: patient produced.

Remembering the issue of hydrophobic / hydrophilic or water repelling / attract impression (saliva: issue of retention) impression material springs away from tissue surface if incorrect material used
MUCOSTATIC

• **Mucostatic:** For all day use of dentures poor during eating, chewing biting pressure, poor during general function. *Unless very healthy supporting tissues and healthy saliva quality volume,*

• .

• Use the impression tray to achieve mucostatic result think of the s/s mesh tray and the amount of resistance it caused in the impression material while compressing it against the positive side or perhaps a stock plastic tray with customized holes, more holes, or perhaps slightly bigger holes. Min resistance against positive side along with medium or light body impression material = mucostatic result
Mucostatic
• **Mucocompresive:** Better for dentures during function but poor for all day use, e.g. *This is when supporting ridges are poor and flabby and lacking supporting bone.*

• Again think of the impression tray which is solid with no perforations, or customized acrylic tray and how the impression material medium or light body with no escape acts against the positive side while its been pressed into position, produces resistance against positive side = **mucocompresive**
Muco compressive
FUNCTIONAL clinician / patient assisted

• Is best for f/f situations: This allows for static and compression in required areas to provide max comfort during use, well fitting best overall during use for patient.

• Clinician assisted: Where the clinician stimulates cheeks / lips to reproduce function. Not possible on ridges. Occurs at peripheral roll of denture.

• Patient assisted: Where the patient stimulates all areas during use to provide a functional base and peripheral roll for impression taking or completely functional as is.
FUNCTIONAL

Clinician assisted

• **WHEN:** During impression taking
• **MATERIALS:** silicone/ polyvinyl/ rubber/zoe
• **METHOD:** clinician stimulates cheeks and lips during impression taking, stimulation basically entails stretching and moving lips and cheeks as material is setting.
• commonly used.
• *Remember* water repelling / attract impression material (*saliva: issue of retention*) choice of impression material important.
FUNCTIONAL  Patient assisted

- **MATERIALS:** Tissue conditioner / soft liner
- **WHEN:** Before final impression, with extra light body impression
- **METHOD:** Apply tissue conditioner to labio/buccal extensions (this allows room for imp) allow patient to make own cheek and lip movements and encourage them to talk as base is setting. Once set use light body to take final wash impression. In case of flabby ridges apply material to fitting surface as well the patient stimulates all areas to provide a functional base during normal use. Can also be used 1 week prior light body wash impression.
Functional tissue conditioning
2: Practicality of copy

- Uses materials that are available in clinic / laboratory
- Straight forward easy procedure for clinician Dental lab technician to follow
- Taking into consideration practical and non complex steps to reduce chances of mistakes from both operators, clinician or dental technician
- Time required reduced due to simplicity
3: Why copy?

• You or other provider made previous denture and patient extremely happy wants the same or similar in new replacement denture
• Patient extremely happy wants a spare set
• Patient happy with everything except for shade/mold
• Patient old frail minimal changes to reduce complications
• Patient medically compromised: Stroke, M.S, Oral Scleroderma, Micro Stoma. Parkinson's, Oral Cancer history or Psychological Disorders. Neuromuscular control already established with old dentures.
• TMJ Guidance established, occlusal plane established
Scleroderma

- Word origin Greek: Scleroderma
- Derived from two words
  - **Sclero:** Hardening
  - **Derma:** Skin
- When this condition occurs to the mouth: it can result in pain and **Micro Stoma**
- It causes difficulties in examination and treatment
**Micro Stoma**: As found in Aged S/N Patients

*Origin of words: Greek*

**Micro**: Small  
**Stoma**: Mouth

Complexities in obtaining 1\(^{st}\), 2\(^{nd}\) impressions, and centric registration in scleroderma micro stoma cases are reduced when using **the Copy Denture Technique**. Therefore increasing chance of success with less injury during impression taking/registration for new dentures.
4: Why make changes? clinical

- Lost vertical dimension (over closure 10mm + change in stages) or with explanation to patient and patient prepared to try (age)
- Aesthetics shade or shape of teeth
- Speech problems (Sounds not formed correctly teeth in wrong location)
- Incorrect occlusal plane (e.g: reverse curve)
- Incorrect neuromuscular control (Y ki Ki wave Dr R)
- Incorrect arch teeth location ants or posts (tongue, cheeks, lips)
- T.M.J problems developed (pain noise clicking)
Materials required for Copy Replica Denture procedure:
5: Materials required for procedure:

- Alginate
- Wax
- Lab putty
- Plaster mixing bowls / spatula
- Stone
- Semi adjustable articulator
- Clear self cure acrylic or Special tray acrylic
- Silicone / polyvinyl impression light body /med/heavy zoe
- Tissue conditioner tray adhesive, Vaseline
- Portable Bunsen burner / dental tech instruments
6 (a.b.c): The following methods described are a guide there are variations:

We are in a profession that is scientific, technically based, each skilled person will vary procedures to achieve desired results. The ease or complexity will keep evolving with each person and as materials change.

Clinically able to examine existing dentures and find +ve and –ve features which all areas to examine are known to you via training.

Able to explain to patient and to lab technician treatment plan, lab requirements.
6a: Lab putty mold technique method 1
6a: Construction of lab putty mold
measure lab putty and mix with activator
Apply putty to fitting area to produce model and cut locating groves
Apply putty all around denture base and place upright this helps when filling mold.
Remove denture to expose all areas of mold for accuracy

In house 15-20 min then give dentures back to patient

Dental lab produced allow for the day
6a: Lab putty mold. Method: (1)

- 1 Construct lab putty mold and model (Vaseline to separate)
- 2 Produce cold cure duplicate in mold
- 3 Articulate duplicate dentures
- 4 Grind teeth of cold cure duplicate to allow set up
- 5 Set up new teeth (same mold as previous set if on record)
- 6 Ready for try in up to this stage copy denture
- 7 Take wash impression in hard base using light body impression material (as a reline) making sure centric and OVD is correct
- 8 Re-try if required
- 9 Finish for insert
6a: Lab putty mold technique Method 2
6a: Lab putty mold variation method:(2)

- 1 Construct lab putty mold and model (Vaseline to separate)
- 2 Produce cold cure duplicate in mold up to this stage copy denture
- 3 Take wash impression in duplicate dentures using light body impression material (as a reline) making sure centric and OVD is ok
- 4 Articulate duplicate dentures
- 5 Grind teeth of cold cure duplicate to allow set up
- 6 Set up new teeth (same mold as old set if on record)
- 7 Ready for try in
- 8 Re - try if required
- 9 Finish for insert
6b: Soap box technique

described in Prosthetic treatment of the edentulous patient
6b: Soap box technique
Outline indicates approximate finish line of first half of mold in alginate or lab putty

In house produced 15-20 min (be aware of path of opening and closure)
6b: Variation

use lab putty for two halves better record
alginate cannot be kept as record of procedure

• Make shellac or acrylic base plate on model. Pour wax into mold to obtain duplicate of teeth and base
• Take wash impression in duplicate dentures base and record new centric
• Trim wax teeth and fit denture teeth into same location.
• Ready for try in
• Insert
DENTAL FLASKS PROCEDURE

Dental flask procedure slightly harder to work with due to locating key ways of Dental flask. An older flask with locating grooves for key way works best for opening and closing the flask during copy procedure.

Requires greater skills and understanding of complete procedure.
WHY DO WE NEED TO KNOW AND UNDERSTAND THESE TECHNIQUES

- Advantages and Disadvantages of technique
- To patient
- To clinician
- To laboratory
- To use a method that produces desired results
- *Dental Laboratories can use variety of methods to copy replicate dentures, clinician should discuss and understand procedure Dental Lab is using*
To Patient

ADVANTAGES

• Very Similar to old dentures easily adapt to new. Neuromuscular acceptance
• Time saving less appointments (cost saving)
• Discomfort during impressions reduced
• Occlusal plane kept similar reduced difficulties during eating
• Tmj discomfort reduced

DISADVANTAGES

• Required to be without denture for the day
• Morning appointment and to collect old dentures in afternoon
To clinician

ADVANTAGES

• Require less appointments
• *(Minimal intervention dentistry)*
• Reduced follow up appointments
  Increase chance of acceptance of dentures
• Reduces wait list
• Accepted method of treatment with explanation to patient and dental laboratory
• **Over all less appointments**
  wait room, reception staff, nursing staff, utilities reduced
• Flow on affect

DISADVANTAGES

Special training to clinician

• Special team effort required by Clinician and Dental laboratory
• Chair side occlusal adjustments at insert or c.v
• Lab does not always have time. Due to different procedure cost variation on lab fees
To laboratory

Advantages

• Fewer deliveries
• Increase productivity
• Reduced chance of re try
• New skills learning
• Possible increase in fees due to time variants of procedure

Disadvantages

• No special trays, less fees
• No registration rims,
• Create all new key ways
• Re articulate after process and spot grind. Time + skills
• Require some extra training
• Team effort time flexibility different skills require different time to produce this procedure more labor intensive in lab
6c: Method of copy

• The ease and use of standard procedures and materials
• The basic reasons why this method is used
• 1: allows you to copy the shape of labio/bucal surfaces
• Approximate Occlusal surfaces tooth location size and shade, or exact if you have on record previous teeth used
• Fitting area extensions of acrylic base same or variations as required
Step by step method Dental Lab
Constructing custom incisive guidance

this step important from your lab as practiced at P.V Ceramist 1981

Tray acrylic applied and molded with finger for general shape

incisive guidance pin on articulator moved following ware facets on old dentures to create custom angles for complex case

Similar to Gothic Arch Tracing only out of the mouth in 3D rather than flat 2D arch tracing
6c: To increase or reduce vertical dimension

Procedure of increase or reduce vertical dimension is nominated by clinician and Dental laboratory makes relevant adjustments to set up as per instructions.
Reasons and Benefits to copy /replicate

- Most of our special needs patients and elderly with numerous medical / physical / cognitive issues with the added possibility of deteriorated neuromuscular control
- We know the importance of good neuromuscular control when it comes to dentures. This is evident on a 1st time denture wearer and observation after a period of time how they improve and adapt to the new shapes in mouth
  - REASONS
    - If the patient wishes a spare set of dentures happy with existing set
    - If the dentures are old worn e.g. (15 -20 years old) wishes new set
    - if patient has poor neuromuscular control (common with S/N/Patient)
    - If patient has speech issues (copy used as a diagnostic starting point)
    - If patient has appearance issues (copy used as a diagnostic starting point)
6c: Alternative Method: Direct Procedure

Dental lab requires dentures for day *must be planed in advance*

New patient presented

Denture over 20 years old, worn teeth, thin base plates, frail, patient

*exercise* for students

Spot the mistake or error in clinical procedure that’s in photographic sequences with this case
Right and Left aspect of centric occlusion
1 Duplicate existing dentures (study models)
2 Take wash impression in light body (as a reline)
3 Take centric
Provide correct v.d and give instructions to lab technician as to opening of v.d delegate from which f/u or f/l or both
4 Record shade and mold of teeth for lab
Wash impression light / med body upper and lower
Z.o.e mixed for centric registration
z.o.e applied to lower denture
Vaseline applied to upper occlusion
Record centric
Z.o.e centric registration
Duplicate upper denture for a study model before or after impression taking
Impressions and centric registration ready for Dental lab
Dental Lab Procedures must be discussed, observed and understood by clinician as clinician is totally responsible for result.
2\textsuperscript{nd} Appointment

clinician

• Try in Dentures.

• Check all relevant areas

• Make any minor changes

• Send back to lab for finish
Copy /replica dentures with required variations try in stage
Dental Lab Procedure cont
prior 3rd appointment lab work

this step important for lab

• Apply thin sheet of wax over labio bucal surfaces

• This gives enough room for cut back and polish after process (without this step loss of base thickness due to finishing procedure patient can feel the difference)

• Process and finish

• Mount models back on articulator and spot grind dentures to customized occlusal guidance plate on semi adjustable articulator for complex cases
Aesthetics a brief look
AESTHETICS
follow basic guidelines

• Shade of teeth: use skin tones, hair color, eye color.
• Tooth shape and size.
• Characterization of set up. Direct Copy or Natural look v’s artificial look.
• Compare other dentures, if any photographs. Not only the ones you will copy good history
• A special needs patient may experience increased confidence and an enhanced level of well being when aesthetics have been achieved. With history taking opportunity to improve if required or copy only with discussion (some times patient wishes minor alterations)
Request to see pt in dom setting:

Hi -------- the pt were talking about is ----- ------- Ur------- the pt family member says he is not eating well .

This is a common request or referral to see S/N Aged pt
EATING

• Patients that are frail aged or not willing to undergo treatment
• Poor oral conditions and at high risk of injury
• To try to provide this type of patient with new dentures at an advanced age to improve eating ability is extremely difficult
• We cannot force treatment on patient unless they are willing to be treated
• That the treatment will have a +ve result without further injury or distress to patient
• Sometimes puree food is all that will be tolerated.
EATING and depression
Dom patient feedback

- Australia Multicultural, food variety, and options have changed
- Aged S/Needs patients in Nursing Homes can become *Depressed* if cultural food not available. Greater Family Involvement and assistance with N/Home awareness is needed for these patients.

*Listen to patient comments on what issues they are having with eating record in progress notes and inform N/H chose treatment option to help patient*
Migration trends

types of food patients are use to

Recent African Afghanistan Asian and Refugee migration (new Australians)

Cultural, Religious backgrounds must always be considered during exam and treatment,

Treating patients with understanding required with the aged and S/N group of patients within migrant groups.

Acceptance of new dentures and replacing old not easy

Patient might have different expectations of dental treatment.

*Copy / replica dentures as treatment option* for comfort and acceptance to patient and provider record and inform family if types of food are an issue.
Eating cont:

• This area seems a complex area and requires a team effort to resolve eating difficulties or eating disorders.

• *Dentures are not always the issue*
Speech

Patients with special needs might have speech difficulties.

Before treatment:

• Assess and conduct a basic speech exam and ascertain if new dentures might be of benefit in improving speech.

• *Or copy replica technique as a choice*

• Patients can become frustrated if new dentures interfere with speech and may give up on dentures. Use of Copy replica option might be best.

• *Assessment is purely a visual and listening process* This skill requires time and effort to develop looking and listening for specific sounds and correct position of tongue, lips and teeth.
3rd appointment
Clinician

• Insert

• Adjust in centric and laterals

• C.V one week later
We have the ability to copy replicate beautiful functional dentures

- The question is: Do we in the Dental industry believe there is a need or a want for this procedure?
- Some may believe there is
- Others may not
- For the undecided or did not know procedure group
- The choice is yours.
- These methods give another treatment option to patient and provider.
Right and Left aspect of centric occlusion original dentures

exercise for students

Same mistake or error in clinical procedure that’s in photographic sequences with this case
Centric registration after impression taking
Centric registration ready for lab
Right and left aspect of centric occlusion at insert
Upper and lower dentures
old set and new copy / replica set
Before and after photograph

A little more lip support doesn't hurt
A smile at insert
Patient presented for new dentures existing dentures aprox 15 years old. New dentures made, 100% text book perfect Patient not satisfied due to changed appearance, eating, speech, wanted similar to old, dissatisfied patient.

We look at old dentures to obtain information along with patient and clinician input we arrive at an outcome and obtain our treatment plan.

Photo bellow shows original and new denture patient does not like. Even though made almost 100% to text book standard
Before and after photo with copy / replica denture technique 3 appointments to insert
Original and Copy /replica dentures minor variations to patients requirements for aesthetical reasons
Case 3  Patient presented for new f/f no history of old dentures. R.V.D 59, original O.V.D 43, with new dentures O.V.D 56 patient not able to cope with sudden change (even though clinically text book!100% correct)

Re-make dentures O.V.D 49 patient able to tolerate change + 3-6 mm O.V.D Giveaway comment from patient not enough space for the food between teeth

Copy lower denture with desired alterations

Copy of upper denture with desired alterations
The lower denture shows part of build up attempting to restore lost V.D this shows how an elderly, or special needs patient would find it hard to cope with such a change. Recommend increments of 2-3mm in stages of aprox 6 months to restore max of 70-80% lost V.D in these type of cases. In younger patients almost 100% lost V.D with increments 3-4mm as early as 3 months can be achieved.
Summary of method
Summary of method

• Traditional practiced methods require duplication of dentures including fitting area with acrylic

• Other methods work directly onto final model with a wax duplicate as technique in a new denture with the added advantage of copying good aspects and removing faulty ones as working with wax makes it easy than on acrylic
Some articles claim a copy denture is a good way for students to learn how to make dentures.

Others explain the complexity of process.

The **ease or difficulty** of any dental procedure depends on the individual clinicians’ ability, skills and knowledge. And patient been treated **No easy methods**

What you have seen in regards to copy dentures requires that you have a full understanding of all aspects of denture construction clinical and technological.

There are a number of Clinical areas to look out for in providing successful denture construction these areas can affect the success or failure in dentures.

As +ves and –ves the key areas can be categorised

These areas categorized in 7 main groups

Retention/stability,(including shape, contours) Aesthetics, Occlusion, Speech and Class I,II,III setup  patient ability clinicians ability
Chair side appointment schedule

Comparison of procedure
comparison of techniques

Chair side appointment schedule

**Conventional Method 180 min**
- **1st Appointment**
  1st impressions History/med
- **2nd Appointment**
  2nd impressions
- **3rd Appointment**
  centric registration tooth selection
- **4th Appointment**
  Try in
- **5th Appointment**
  Delivery insert of dentures
- **6th Appointment**
  feedback, discuss and resolve issues and close case on good terms shows you are interested (as important as 1st appointment if not more)

**Copy Denture Method 120 min**
- **1st Appointment**
- **Final impressions / Reg History/med**
- **2nd Appointment**
  try in
- **3rd Appointment**
  Delivery
- **4th Appointment**
  feedback, discuss and resolve issues and close case on good terms shows you are interested (as important as 1st appointment if not more)
It might seem easy to copy, restore, or construct new dentures, but to also have an understanding of the Key clinical points, Lab Techniques, all materials, patients medical, physical, psychological and social well being of the S/N and Aged patient and how that impacts on the patient and dentures will achieve success
exercise for students

Right and Left aspect of centric occlusion *look at overbite overjet*
Incorrect centric registration
look at overbite overjet patient has moved protrusive
of true centric this is known as Habitual centric
slides in protrusive
Right and Left aspect of current centric occlusion look at overbite overjet

Incorrect centric registration
look at overbite overjet has moved protrusive
of true centric this is known as habitual slide in protrusive
Incorrect centric registration not noticed by clinician ready for lab if not noticed at try in PROBLEMS BEGIN
Right and left aspect of correct centric occlusion at insert
A brief look at the past to now for Dom service
The first steps for domiciliary dental service  

Dr Des Crack
Dr Bertelsen
Internal Domiciliary van 2008
New domiciliary cars 2011
Our equipment trolley for the day 2011
Domiciliary does not have these luxuries or space
Our working area at times can be as small \( .4 m^2 \).
Why do we need this type of service?

Issue of Transport, Mobility
Working space
Our perception of MOBILITY might be:
The use of Cars, Boats or Bikes
MOBILITY for the Aged
Special Needs Patient
MOBILITY for the Aged
Special Needs Patient
There are patients that don’t have freedom of mobility due to physical emotional medical issues. Dom service is important in reaching these patients so they can receive oral health care.
Medicine cupboard of special needs patient Domiciliary
the daily challenges for S/N Patient
These efforts are for our patient
Before / After
IN SUMMARY AGED S / N PATIENT

- Flexibility in approach to treatment is essential
- Knowledge and understanding of difficulties patient has. (Research areas that you don’t understand)
- Try different methods to solve problems
- *Copy replica denture technique as option*
- Be realistic in your own and your teams abilities
- Consult with colleagues if difficulties arise
- Is case likely to have adverse results, be prepared to stop treatment and record reasons.
- Ensure patient comfort during treatment
- Look for patients ABILITIES NOT DISABILITIES

- *Empathy and understanding* for patient and family
Discussions with special needs patients

- Obtaining oral health services as a patient with special needs?

- How patient felt about Domiciliary service?
Patient feedback

• Reluctance from some practitioners to treat special needs patients.

• Patients can become depressed, frustrated and possibly upset (in the manner they have been treated).

• At first patients had reservations did not know how and if treatment can be carried out at own residence.

• During / After treatment: Appreciative, thankful any reservations from domiciliary service soon disappeared and some patients look forward to appointments.
Have we achieve holistic restoration with copy replica technique?

• In majority of cases a great outcome is achieved as close to patient requirements as we can provide. (and that inspires us to keep trying)

• And in some 1\textsuperscript{st} time denture wearing a compromised result. (advise patient of compromised areas prior to completion of new dentures and what they can do to improve situation).

• \textit{Remember the mouth is an ever-changing environment unfortunately with a greater rate in the Aged, and Special Needs Patients.}
In Conclusion

- There is no harm in *copying* the good functional, aesthetical features of a well made denture and excluding the faults and improving on them.
Our Aged and Special Needs Patients Deserve the best Care We can give
Please Note

Entering facilities and approaching patients by your self or D.A alone with patient NOT recommended having photo I.D your D.A and facilities N/Staff with you highly advised. Record in nursing home progress notes re: treatment for resident and your details, follow guidelines of nursing home.
A new challenge begins  
June 2013 Pros R Dep D.H.S.V

Contemplating the Y ki ki ki wave

My thanks to all the Dentist and Dental technicians who supported me, and explained in greater detail than was required for my skills to improve.

Prosthetist spent some time with Dr Raz or Razi to help us along in our journey of learning during mid 1980’s
All techniques require Consultation with your Dental laboratory prior to commencement of case. 
And with patients understanding of procedure.

These or similar procedures for copy/replica dentures are used at DHSV & MONASH HEALTH ORAL HEALTH K.C.H.S. Providing PATIENTS with the HIGHEST QUALITY of care and treatment in the public sector.
Using procedures you are not familiar with can lead to failures and disasters. Skills require appreciation, time, understanding and effort to develop.
Acknowledgements

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Dictionary for Dental Students 2nd edition
THANK YOU
Questions
D.H.S.V

Behind these walls are people that care about your oral health

15 June 2013