

Removable Partial Dentures (RPD) - 11/2000

	Procedure/(Step #)	Criteria
4 2 0	Treatment Planning (.1) (preliminary survey, design)	Patient examination is complete, medical consultations (if necessary) have been completed * Preliminary impressions have been made and are adequately extended Preliminary casts mounted on the articulator, surveyed, design drawn on cast * RPD treatment appropriately sequenced in comprehensive treatment plan *
4 2 0	Mouth Preparations and Master Cast (.2)	Buccal-labial borders are neither over nor under extended Tissue detail is accurately reproduced with no voids present in periphery, tooth preparations or stress-bearing areas * Impression material is distributed evenly without areas where tray contacts tissue * Rest seat / RPD component location does not interfere with occlusion *
4 2 0	Fit of Framework / Corrected Tissue Impression for Distal Extension (.3)	Framework contacts all tooth surfaces as designed * Transition from framework to tooth is smooth and not penetrable by explorer * Framework does not rock when pressure is applied to rests * Corrected impression appropriately extended, tissue detail is evident with no more than 2 voids ($\leq 1\text{mm}$) present No impression material is present under rests or on tooth contacting surfaces *
4 2 0	Verified Mounting (.4)	Subsequent records are repeatable and consistent with mounting No evidence of slide or shift when tooth contact is made Occlusion without framework is identical to occlusion with framework if applicable
4 2 0	Finished Prosthesis (.5) following adequate post insertion adjustments (graded by 2 instructors)	Prosthesis seats evenly, with no evidence of rocking * Occlusion exhibits prosthetic tooth contact and is shared equally by prosthetic and natural teeth and demonstrates no shifts or slides * Patient is comfortable with no evidence of soreness or tissue irritation * Prosthesis is well polished, with no sign of roughness * Prosthesis is not over-polished to the point at which the tooth / resin phase boundary is obliterated

* = Critical Criteria

4 = Exceptional performance of all criteria--comments required on the Daily Evaluation Sheet

2 = Clinically acceptable performance, but capable of improvement

0 = Clinically unacceptable, one or more critical criteria not met--comments required on the Daily Evaluation Sheet