

APPENDIX E
MONTHLY REPORT - PROSTHODONTIC RESIDENT

MONTH/YEAR ____ / ____

NAME: _____

Clinical Procedures

a. Diagnostic

- i. Treatment Plans signed: _____
- ii. Pantographic Tracing or Cadiax: _____

b. Fixed Prosthodontics

- i. Single Fixed Units
(all Types including posts and cores): _____
- ii. Fixed Partial Denture Units
(retainers only not pontics): _____
- iii. Complete Arch Restorations
(ONLY the number of arches): _____

c. Removable Prosthodontics

- i. Complete Dentures, Both Arches: _____
- ii. Single Complete Dentures: _____
- iii. Removable Partial Dentures
(including interim RPD's): _____

d. Combined Fixed/Removable Partial Prosthodontics

- i. Arches Restored with a combination of
fixed and removable prostheses: _____

e. Implant Supported Restorations

- i. Removable complete denture, both arches: _____
- ii. Removable single complete denture: _____
- iii. Removable partial denture: _____
- iv. Single fixed restoration (all types): _____
- v. Total Number of Fixed partial
denture retainers (retainers only): _____
- vi. Complete arch fixed restorations
(list only number of arches): _____

f. Implant placement

- i. Single tooth implant placed: _____
- ii. Implants placed to support removable prosthesis: _____
- iii. Implants placed for fixed complete prosthesis: _____
- iv. Site augmentation/preservation
(all types)-as part of implant placement: _____
- v. Immediate implant placement: _____
- vi. Total number of CBCT studies: _____

g. Maxillofacial Prosthesis (all types)

Laboratory Procedures

Total Hours: