Something Old, Something New: Partial Dentures and Attachments

M. Nader Sharifi, D.D.S., M.S.
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About Your Speaker:

M. Nader Sharifi, D.D.S., M.S. holds a certificate in prosthodontics and a masters degree in biomaterials from Northwestern University. He received his dental education at the University of Illinois. He has presented numerous topics on implant dentistry since his graduation. His presentations on restorative dentistry and patient care have earned him recognition from esteemed study groups, societies and associations nationwide. Dr. Sharifi is a former assistant professor at Northwestern University and former on-call consultant for Nobel Biocare.

Dr. Sharifi currently maintains a full-time private practice of adult general dentistry in Chicago’s downtown loop. As a five day a week wet gloved dentist, he is interested in ensuring time saving and cost effective care. In 1996 he was named to the American Dental Associations Speakers Bureau and in 2007 Chicago Dental Society honored him with the Gordon Christensen Distinguished Lecturer Award.

If you would like, you can reach Dr. Sharifi easiest via the internet. Please feel free to direct any questions or comments at any time to his Email address at MNSDDSME @AOL.com.
Removable Prosthodontic Classification
M. Nader Sharifi, D.D.S., M.S.


A. Class I
1. Edentulous area in a single arch only.
2. Edentulism limited to 2 teeth in the maxillary anterior – or – 4 in the mandibular anterior – or 2 in the posterior (molars excluded).
3. Abutments are ideal and require no restoration.
4. Angle Class I jaw classification.
5. High, well rounded residual ridge.

B. Class II
1. Edentulous areas can exist in both arches.
2. Edentulism limited to 2 teeth in the maxillary anterior – or – 4 in the mandibular anterior – or 2 in the posterior (molars excluded).
3. Abutments or occlusion requires mild intervention.
4. Angle Class I jaw classification.
5. High or low, well rounded residual ridge.
6. Mild systemic or psychological modifiers.

C. Class III
1. Edentulous areas can exist in both arches.
2. Edentulism of more than 3 teeth in any area or 2 molars.
3. Abutments or occlusion requires moderate therapy.
4. Angle Class I, II or III jaw classification.
5. Occlusion is compromised with supra-eruption.
6. Moderate systemic or psychological modifiers.

D. Class IV
1. Edentulous areas can exist in both arches.
2. Edentulism of more than 3 teeth in any area or 2 molars.
4. Angle Class I, II or III jaw classification.
5. Occlusion requires a change in vertical dimension.
6. Severe systemic or psychological modifiers.
8. Maxillary-mandibular incoordination (Parkinson’s)
Patient Name________________________Social Security Number___________Date________

**Prosthetic Findings**

**Maxillary Arch:** U Shaped______ V Shaped_________ O Shaped___Square Shaped_____  
Ridges: High____ Low____ Post-extraction____ Knife-edged_____ Basal bone___  
Hard Palate: Deep____ Shallow____ Medium____ Soft Palate Class________  
Tuberosities (R)________ (L)_______ Torus______ Attached Mucosa____%  
Frenum: Anterior______ (R)________ (L)_______ Teeth____________________  

**Mandibular Arch:** U Shaped______ V Shaped_________ O Shaped___Square Shaped_____  
Ridges: High____ Low____ Post-extraction____ Knife-edged_____ Basal bone___  
Lateral Throat Form Class_______ Torus__________ Attached Mucosa____%  
Buccal Shelf: Large_______ Medium_________ Small______  
Frenum: Anterior______ (R)________ (L)_______ Teeth____________________

**Tongue:** Position________________________ Movement_________________________  
Saliva Consistency________________________ Amount___________________________  

**Jaw Classification:** Class I________ Class II_________ Class III__________  

**Existing Prosthesis:**________________________  
Pt.’s Opinion:  
Retention: Good_____ Adequate______ Poor__________  
Stability: Good_____ Adequate______ Poor__________  
Support: Good_____ Adequate______ Poor__________  
Esthetics: Good_____ Adequate______ Poor__________  
Phonetics: Good_____ Adequate______ Poor__________  
Occlusion: Good_____ Adequate______ Poor__________

**Facial Shape:** Square_____ Square-tapering____ Ovoid______ Triangular___ Round____  
Profile: Flat_______ Rounded_________ Inverted__________

Coloring: Hair _______ Eyes_________ Complexion__________
Course Outline: Something Old, Something New: RPDs and Attachments

I. Morning Session – Review Frame Design, Impression and Delivery

II. Afternoon Session – Discuss Attachments and Combination Case Issues

III. Something Old – RPDs; Something New – Attachments
   A. Attachments may be added, but base design should remain
      1. Keep Guide Planes and Rest Seats
      2. Only Change Attachments for Clasps

IV. Kennedy Classification – Visual Learning (watch slides)

V. Patient Evaluation
   A. Partially Edentulous Case Classification - See Page 2
   B. Anatomic Limitations – Problems with removable prosthodontic success related to the clinical situation of the patient. Changes can only be achieved with surgical correction. (See Exam Sheet Pg 3)
   C. Evaluation of Existing Prosthesis
      1. Retention – Doctor’s Perspective: Good/Adequate/Poor
      2. Stability – Doctor’s Perspective: Good/Adequate/Poor
      3. Support – Doctor’s Perspective: Good/Adequate/Poor
      4. Esthetics – Doctor and Patient Perspective
         a) May not agree
      5. Phonetics – Doctor and Patient Perspective
         a) Does the patient notice problems?
      6. Occlusion – Doctor and Patient Perspective
         a) How does the patient eat?
   D. Clinical Limitations – Problems with the existing prosthesis due to insufficient use of the available anatomy of the patient. Changes can be achieved with fabrication of a new prosthesis.
      1. Are the patient’s complaints in line with their anatomic and clinical limitations?
      2. Can we improve their current clinical situation?

VI. Removable Partial Denture Requirements – Retention, Stability, Support, Esthetics, Phonetics and Occlusion
   A. Retention – Clasp Arms and Attachments
   B. Stability – Guide Planes and Major Connector
   C. Support – Rest Seats, Major Connector and Saddles
   D. Esthetics, Phonetics and Occlusion – Denture Teeth

VII. Removable Partial Denture Components
   A. Guide Planes – Horizontal stop (lateral) is secondary requirement of the remaining tooth in RPD design.
      1. Indication for Guide Planes – Path of insertion, stability.
      3. Anterior versus Posterior Path of Insertion.

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a) Eliminate one or the other with C&B or Implants
b) Or...apply posterior to anterior – check papilla areas

B. Reason for Rest Preps – Vertical stop is primary requirement of the remaining tooth for RPD design. Creates the Fulcrum line.
   a) Shares Saddle Forces With Existing Teeth
   b) Identifies Complete Seating of Prosthesis
   c) Keeps the Direction of Force Down Long Axis
d) Can Create More than 180° encirclement
e) Provides Indirect Retention

2. Rests for Cuspids
   a) Cingulum (Chevron) Rest
   b) Horizontal Rest – Fill exposed dentin with composite
c) Finger Rest – No Vertical Stop – Indirect rest only

3. Rests for Premolars and Molars
   a) Occlusal Rest – accentuating the mesial or distal pit

C. Indirect Retention
1. Prevention of Saddle Area Lifting for Free-End Saddles
2. Preparation – Tooth appropriate.
3. Fulcrum Selection –
   a) Combine most distal REST SEATS.
   b) Greatest perpendicular placement – contralaterally.
c) Required for Kennedy Class I and II
d) Necessary for Tooth Borne?
   (1) Yes, Class III can act like a free-end (Class II)
   (2) Class IV is really a Class I turned around.

4. Indirect Retention as a Reline Indicator
   a) Need for Reline – Pressure on saddle lifts indirect rest.
b) Confirms Reline Seating – No biting during impression
c) Adjust occlusion at delivery.

D. Clasp Design
1. Suprabulge Clasps – above height of contour
   a) Akers Clasp – Basic use (free-ends?)
b) Wrought Wire Clasp – For wrong Side of Fulcrum
c) Equipoise Clasp – Terminal tooth is an incisor
d) Ring Clasp – Tipped Mandibular Second Molar

2. Infrabulge Clasps
   a) I-Bar Clasp – Contraindications: molars, buccal
      vestibule undercuts, lingual tipping and high frenums
   b) T-Bar Clasp – Modification (not any more)

3. Free-End Saddle Clasp Design
   a) Major Options: Distal Akers vs. RPI
      (1) Suprabulge versus Infrabulge
Pushing versus Pulling Retention
Engage during load versus Disengage
“Esthetic” options

4. Clasp Conclusions:
   a) RPI – Free-End Saddles
   b) Equipoise – Terminal Incisors
   c) Akers – Always Points Backwards
   d) Wrought Wire – Wrong Side of Fulcrum Line

5. Attachments – Ensure they are necessary
   a) Only replace clasps – Keep Guide Planes/Rest Seats
   b) Intracoronal Attachments – Tooth Borne RPDs only
      (1) Stern G/L, Number 7, etc.
      (2) Virtually all Intracoronal Attachments are Non-Resilient – and we want them to be so that we gain support from fixed abutments.
   c) Extracoronal Attachments – Preferred method
      (1) Must Double Abut. – Creates cantilever
         (a) Law of Beams: Stress/Strain = (K)l³
      (2) Bredent Attachments – Smallest on the market
         (a) Non-resilient
      (3) ERA – My favorite
         (a) Resilient
         (b) Has non-resilient Processing Component
      (4) Can be used for relines

VIII. Removable Partial Prosthodontics Impression Techniques
A. Canned alginate – Will you weight measure the powder?
B. Custom Tray Fabrication/Selection – Reinventing the wheel?
C. Impression Materials
   1. Irreversible Hydrocolloid (Alginate) – Mucostatic
      a) Canned Alginate – canned.
      b) “System 2” Syringable Alginate – Simple, inexpensive, quick to retake when necessary.
         (1) System 2 with ERA attachment impression procedure is outlined later in this handout.
   2. Rubber Base – For use with custom trays.
   3. Polyvinyl siloxane – not ideal, but best if you don't pour
      a) Follow Massad/Dentsply Aquasil impression tech.
   4. Polyether – Rigidity is best for Square imp. copings.
D. Free End Saddle Registration
   1. Altered Cast Technique – Lacks Confidence – reline is required when it fails => Cut out the middle man and…
2. Reline at Delivery with PVS, Polyether, or Rubber Base
   a) Massad Aquasil PVS Technique – Dentsply DVD
      (1) 30 to 60 seconds of border molding
   b) Tissue Stop with Heavy Body (fast set)
   c) Border Mold with Monophase (regular set)
      (1) Need ideal borders to proceed - expect to repeat
   d) Final Wash with Light Body (regular set)

A. Hydrocast Reline Technique - This gives 24 hrs of border molding
   1. Fabricate RPD in standard fashion from System 2 Alginate impression with one modification – Add three times normal relief for retention webbing in the saddles for the frame.
   2. For Processing, ask your lab to process the lingual flange past the myohyoid ridge, but cut the facial flanges short (Use Myostatic Outline Technique). Have them relieve the saddle area acrylic after processing.
   3. Mix Microseal and bench set for one minute. Load saddles and seat in the mouth for 7 minutes holding the framework in place – do not let the patient bite, nor apply pressure to the saddle areas. Trim Microseal to be 2 mm short of the flange. This is the “tissue stop” to support vertical.
   4. Check and adjust the centric and eccentric occlusion – do it now, the RPD will be too sticky after the Hydrocast is used.
   5. Mix Hydrocast and bench set for three to five minutes. Fill the denture with Hydrocast and seat it in the mouth.
   6. Have the patient read aloud for ten minutes then remove
   7. Trim excess Hydrocast with a hot spatula (#7 works great)
   8. Reseat, patient wears for 24 hours straight – including meals and bedtime.
      (1) To clean: they only use fingers and running water.
   9. At next day appointment pour stone to support the saddles & create a base overlapping onto the Hydrocast material. Send cast to the lab for a lab processed reline and then redeliver.

IX. Removable Partial Denture Framework Design

A. Framework Requirements
   1. Stability – Guide Planes, Major Connector and Flanges
   2. Support – Rest Seats (fulcrum), Major Connector, Saddles
   3. Retention – Clasp Arms or Attachments

B. Basic Kennedy Class II Framework – Page 14 in this Handout
   1. Kennedy Class I and III – Page 17 and 18 in this Handout

C. Frame Fit More Important than Design
D. Class IV Rotational Path RPD
   1. Engage Fists under Guide Planes

E. Class III Rotational Path RPD
   1. Prefer Mesial Rest to Distal Rest for Rotational Point
   2. Length of Guide Plane Dictates Undercut, not Rest Seat
      a) 3 mm Guide Plane: Standard 0.01” undercut
      b) Less than 3 mm Guide Plane: Use 0.02” undercut
   3. Rotational Path Only for Tooth Borne RPDs

F. Attachments necessary for Free-End Saddles
   1. Prefer to Double Abut and Use Resilient Attachments (not stress breakers, resilient). Attachment Options
   2. Attachments – ERA, Stern G/L and Dalbo attachments.
      SternGold-Implamed. 800-243-9942 ERA is Resilient
      a) This is my preferred attachment because it can be used with the Black ERA male for relines – especially the Hydrocast walking reline. When ERA is resilient, abutment stress is zero. However, double abut for future protection – when case needs reline stress increases greatly.
   3. Attachments – VKS - SG vertical or horizontal Bredent Ball attachment. Bredent USA, Miami, FL; 800-328-3965.
      a) Use vertical attachment on the guide plane (VKS) it is non-resilient, but less than 2mm cantilever. I prefer to use these for strong lower canines (lateral as double abutment is fairly worthless).
      b) Horizontal version (trailer hitch) increases cantilever but can be used resiliently (still prefer ERA)
   4. Attachments – Ceka, Hader and Dolder Bars. Preat, 800-232-7732 (Ceka can be Resilient – so can SOME bars)
      a) Zaag can be resilient, Locator is not – it rotates.
   6. Attachments International 800-999-3003

X. Occlusal Design – Not Covered in Lecture – Only on Handout
   A. Lingualized Occlusion – Very Easy to Deliver this Occlusion
      1. Bilateral Working and Balancing Side Contacts
      2. Cusp Form Teeth in Maxilla, Flatter Plane in Mandible
      3. Indications – Esthetics with poor bone remaining or One arch is natural, the other removable partial or complete.
      4. Controlled in Set-up on the Articulator.
         a) Maxillary incisors, cuspids, premolars and first molar mesial cusps all on same plane.
         b) Cusps then rise to shallow Curve of Spee.
c) Mandibular posterior teeth have central groove contact to palatal cusps of the maxilla.

d) No posterior contact of maxillary buccal cusps.

e) Anterior open bite. If lowers are 0° – no overbite.

XI. Prosthesis Delivery – Not covered in Lecture – Only on Handout
A. Have confidence with the fit, spend time on bite.
B. Lab should complete selective grind before breakout
C. Use Occlusal Indicator Wax to eliminate centric prematurities.
   1. Tap, tap, tap, squeeze with 80% pressure.
   2. If set up is lingualized occlusion, eliminate buccal contacts.
   3. Prosthesis - equal retention with and without wax
D. Eccentric Occlusion – Use horseshoe red/black articulating paper to develop working and balancing side contacts in group function.
   1. Lingualized – can do side-to-side and evaluate both sides working and balancing at the same time.
      a) Red to Upper, adjust buccal molar contacts on upper
      b) Red to Lower, adjust lower buccal premolar contacts
      c) Visualize “hitches” and Ask Patient to Identify Them
      d) Red to Upper, slide side-to-side; Black to Upper, tap-tap-tap in centric, then adjust the upper denture.
      e) Red to lower, slide side-to-side; Black to Lower, tap-tap-tap in centric, then adjust the lower denture.
      f) In lingualized occlusion, eliminate all buccal contacts.
      g) Upper Prosthesis Should be Very Stabile In Eccentrics

XII. Post Delivery Adjustments – Not Covered in Lecture – Only on Handout
A. Most Sores are Occlusal Related: Always adjust occlusion first
   1. Pressure Indicating Paste – Vertical dab, apply PIP to entire intaglio surface, seat and have patient chew up and down on cotton rolls while you move them around the arch.
   2. Crestal Marks – Adjust centric prematurities with wax
   3. Non-crestal Ridge Marks – Adjust eccentrics with paper
   4. Flange Extensions – Adjust pink acrylic and pumice.

XIII. Combination Case – Start to Finish Detailed Steps
A. First Visit: Initial Models – Diagnosis
   1. Basic Study Casts – Staff can make these, but consider making them yourself as a “Trial Run” for the final impression.
   2. Design Free End Saddle framework or Rotational Path frame
      a) Free End Saddle Frame for Kennedy Class I, II, III (ignore last tooth and then clasp at the end of your design process) and Class IV (free-end saddle turned around)
      b) Nearly All Labs Can Assist, But Call and Discuss
B. Second Visit and more: Caries Control, Endo & Perio PRN, C&B
1. First Complete all caries control, endo, perio and other treatment

2. If C&B is involved, do the following steps, though they will be repeated later, this is what makes combination cases successful.
   a) Visit 3+: System 2 impression of arch receiving combination
      (1) Fabricate baseplates and wax rims
   b) Visit 4+: Wax records, CR bite, tooth selection – lab sets teeth
   c) Visit 5+: Wax trial – Then Process and Duplicate interim RPD
      (1) Deliver interim partial denture PRN
      (2) Impress the model using the baseplate as the “impression tray.” Use light body Rubber Base for this with a small amount of vasaline on the model.

3. Visit 6: Prep Crown and Bridge
   a) Seat Wax trial and confirm prep clearances
   b) Make final impression for crown and bridge with wax trial PROPERLY seated
      (1) Use a stock impression tray. Cut a large hole in the middle of the palate. When making the final impression of the preps, have the wax trial (with rubber base model impression) already seated. Inject light body PVS impression material for your preps and partially seat the loaded stock impression tray. Before fully seating the impression tray, press one finger through the hole you’ve made in the palate and ensure the wax trial is properly seated – then fully seat tray.

4. Laboratory Fabricates Crown and Bridge
   a) Use wax trial on Master Die model to ensure C&B are planned, waxed, cast and fabricated to meet denture teeth
   b) Use a Milled Anterior Strap when Indicated
   c) Double Abut for Cantilevered Attachments
   d) Consider Ney MS attachment in #8//9 area to separate right and left sides, create an appearance of separate crowns, and simplify preparation
      (1) Standard Use – Female Supports
      (2) Inverted – Male Supports
      (3) Have lab make die model before removing the wax up and a solid model after removing the wax up
      (4) Fabricate C&B with an intimate understanding of where the denture teeth are supposed to be

C. Visit 7: Deliver Crown and Bridge – Impress for RPD Framework
   2. Prep Guide Planes on any other teeth in the arch First
   3. Prep Rest Seats on any other teeth in the arch second
4. Impression Options for RPD Framework
   a) Pick Up Impression of C&B
      (1) Have had problems with poor impressions in the palate
          – something that never happens with System 2.
   b) Cement C&B – Make Standard RPD frame Impression
      (1) First Iteration I made an Impression of C&B without
          any impression copings or attachments in place
          (a) Had problems with Lab guessing where the
              black male was going to be for the pick up
      (2) Second Iteration I used ERA’s impression copings
          (a) Had problems with frames that had a lot of
              adjustment then overseated the attachment
      (3) Best Technique – Cement C&B and seat ERA Black
          males – then complete RPD Frame Impression
          (a) Now lab knows exactly the shape of our pick up
              will be and they build up a flange around the male
          (b) Now we can complete the pick up after the frame
              is adjusted – and before the case is processed.
          (c) Order a separate wax rim for records
   c) System 2 Alginate Technique with ERA Attachments
      (1) My preferred technique
      (2) Measure water for System 2 syringe gel and tray gel
      (3) Clean and clear intra-oral female component
      (4) Seat ERA BLACK MALE (with or without metal housing
          – I prefer to skip the metal housings for RPDs since they
          are loose) ensure the attachment’s completely seated
      (5) Make and Remove the System 2 Imp as Noted Above
      (6) Remove ERA BLACK MALE, save, but don’t place in imp
      (7) Pour the impression immediately – vacuum mix stone.
      (8) Send to the lab to fabricate RPD framework. The lab will
          cast the frame with “Thickened” latticework around the
          stone where the ERA Black Males were positioned.
          During the Frame Trial, you’ll need to seat the Black
          Males again, and pick them up with GC Pattern Resin
          before making any centric relation records. Read on for
          recommendations.
   d) Visit 7 Alternative Technique - System 2 Alginate
      Impression: Contact Ivoclar for video
      (1) Measure water for System 2 syringe gel and tray gel
      (2) Mix water & powder for syringe gel, back load syringe
          with all the mixed alginate, place intra-oral tip on syringe
          – set aside.
(3) Mix water and powder for tray gel, load tray – ensuring to use enough pressure to extrude some alginate through the retentive holes on the tray. While using the syringe gel, have your staff soak the tray gel under cool water.
(4) Wipe the mouth with 2X2 gauze.
(5) Use the syringe filled with syringe gel and beginning behind the second molar (or most distal tooth) express the alginate out if the syringe while you follow the arch form along the occlusal surface to the midline – switch to the other side and repeat. Don’t repeat on the facial surfaces and don’t go back-and-forth.
(6) Remove the intra-oral tip and syringe material into the vestibule on the right and left side.
(7) If this is an upper impression, syringe a little material into the center of the palate, for a lower impression, syringe alginate into each lingual vestibule: back to the front.
(8) Receive the tray from your auxiliary and seat – only far enough to merge the syringe gel with the tray gel. Border mold gently – alginate is easy to over border mold.
(9) Set your timer and stabilize the impression.
(10) Remove by loosening the alginate in the posterior vestibule – not by using the handle. Soak and treat as you would any standard alginate material.
(11) Pour the impression immediately – vacuum mix stone.
(12) Send to the lab to fabricate RPD framework
e) Visit 7 Alternative Technique: System 2 Alginate with ERA Impression Copings – The ERA way of doing it
   (1) Measure water for System 2 syringe gel and tray gel
   (2) Clean and clear intra-oral female component
   (3) Seat ERA impression coping, ensuring the attachment is completely seated
   (4) Make and Remove System 2 Imp as Detailed Above
   (5) Remove the ERA impression coping.
   (6) Seat an ERA replica fully onto the ERA impression coping and snap these replicas back into the impression – confirm seating.
   (7) Pour the impression immediately – vacuum mix stone.
   (8) Send to the lab to fabricate RPD framework

D. Visit 8: Frame Trial – Most Important Step
   1. Use Occlude Spray
      a) Clear rest seats and any attachments of food debris
b) Dry frame, spray with Occlude, dry teeth, seat, rock across fulcrum line
   (1) Remove and check for shiny areas on the frame where the partial denture binds. Adjust rest seats and indirect retainers more than guide planes to achieve full seating of rest seats into the teeth.
c) Pick up attachments today if you did that impression technique
   (1) Seat the Black Males again, and pick them up with GC Pattern Resin before making any centric relation records.
   (2) Grind master cast to remove “black male” from model

2. Complete wax records – a GREAT trick is to ask the lab to fabricate a separate baseplate and wax rim from the same model that the framework was made. That will allow you to check the framework for proper fit without baseplates attached to it AND we can do the Record visit the same day as the frame trial AND we can use an intra-oral tracing device if this is the upper by having an acrylic palate.
   a) Trim wax to be just below the proper occlusal plane
   b) Carve notches into bite rim on all edentulous areas
   c) Make CR record – Intra-oral tracing devices are ideal

3. Complete tooth selection

E. Visit 9: Wax Trial – Confirm Esthetics and Bite
   1. Last chance to make changes without a fee

F. Visit 10: Free-End Saddle Registration – Done 100% of the time – always better to reline than to evaluate if you need a reline.
   1. Reline at Delivery – If ERAs were used, the Black Males need to be in place now.
      a) PVS, Polyether, or Rubber Base gives you 30 seconds of border molding versus 24 hours with Hydrocast technique

G. Visit 11: Delivery – If ERAs were used, seat White Males in RPD
   1. Centric Occlusion
      a) Use Occlusal Indicator Wax to eliminate prematurities.
   2. Eccentric Occlusion – Use horseshoe paper for group function
      a) With Blue/Blue Horseshoe Paper – Slide side-to-side and Obliterate Upper Molar Buccal Contacts and Lower Premolar Buccal Contacts

H. Last Visit: One Week Post Delivery Adjustment – Confirm Centric and Balance and Check for Sore Spots - most are occlusally created
   1. Use PIP to locate sore spots, but adjust occlusion, not intaglio
      a) Crestal Marks – Adjust centric prematurities with wax
      b) Non-crestal Ridge Marks – Adjust eccentrics with paper
   2. One post op is all that is scheduled unless major changes were made

III. Big Three Concepts: Frame Design, Frame Fit, Saddle Adaptation
Partial Denture Lab Prescription

30 North Michigan
Suite 1303
Chicago, IL 60602 Phone: 312-236-1576

Laboratory: ____________________ Phone: ____________________
Patient: ________________________ Date Sent: _______________
Next Appt.: ____________________ Time: ________________

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Signature: ________________________________

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# Partial Denture Lab Prescription

M. Nader Sharifi, D.D.S., M.S.  
Lics. No.:  
30 North Michigan  
Suite 1303  
Chicago, IL  60602  
Phone: 312-236-1576

Laboratory: ______________________ Phone: ______________________
Patient: ______________________ Date Sent: ______________________
Next Appt.: ______________________ Time: ______________________

![Diagram of a partial denture](image)

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<td>Major Connector</td>
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<td>Opposing Arch</td>
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Signature: __________________________________ Date ____________________
# Partial Denture Lab Prescription

M. Nader Sharifi, D.D.S., M.S.  
30 North Michigan  
Suite 1303  
Chicago, IL  60602  
Phone: 312-236-1576

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<tr>
<th>Tooth</th>
<th>Guide Plane</th>
<th>Rest</th>
<th>Clasp</th>
<th>Undercut</th>
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Material

Major Connector

Retention Webbing

Tissue Stops

Opposing Arch

Signature: ___________________________ Date __________
Kennedy Class I

Kennedy Class II
Modification Space

Kennedy Class III
Kennedy Class IV

Rotational Path

✓ Mesial #6 & 11 with Rotating 0.020” Undercut
Reference List

Textbooks: (Sorry, I’ve yet to review an acceptable Attachment Textbook.)

Journal Articles:

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49. Millsap C: The posterior palatal seal area for complete dentures. DCNA 1964; 11:663.
52. Pound E: Accurate protrusive registration for patients edentulous in one or both jaws. J Prosthet Dent 1983;
50:584.
59. Saunders T, Gillis R Jr., Desjardins R: The maxillary complete denture opposing the mandibular bilateral distal
60. Schulte JK, Anderson GC, Sakaguchi RL, DeLong R: Wear resistance of isosit and polymethylmethacrylate
occlusal splint material. Dental Materials 1987; 3:82.
61. Shannan J: A bilaterally balanced occlusal scheme for patients with arch width and curvature discrepancies. J
2002.
63. Slagter AP, Olthoff LW, Bosman F, Steen WH: Masticatory ability, denture quality, and oral conditions in
64. Tallgren A: The continuing reduction of the residual alveolar ridges in complete denture wearers: A mixed
59:173-175.
Product List

2. Attachments – ERA, Stern G/L and Dalbo attachments. SternGold-Implamed. 800-243-9942
3. Attachments – VKS - SG vertical or horizontal Bredent Ball attachment. Bredent USA, Miami, FL; 800-328-3965.
4. Attachments – Ceka, Hader and Dolder Bars. Preat, 800-232-7732
5. Attachments – Zaag, Locator (OD on teeth). Zest Anchors 800-262-2310
6. Attachments – Attachments International 800-999-3003
11. Denture Teeth - Myerson Lingualized Integration Teeth. Austenol; Chicago, IL; 800-621-0381.
22. Occlusal Indicator Wax - For Occlusal Adjustments and Delivery of Dentures. Kerr, Romulus, MI; 800-537-7123.
23. Pressure Indicating Paste - For Post Delivery Adjustments of Denture Sore Spots. Order from your dental supplier.
25. Rubber base impression material (light and medium) - Permlastic. Kerr, Romulus, MI; 800-537-7123.