CASE WORK-UP FOR XXXXXXXX 10/04

The patient presets to the office with the chief complaint, "I have a problem". The patient states he had a number of congenitally missing teeth and had fixed bridgework placed (in all four quadrants) approximately 20 years ago. He has what appears to be internal and/or external resorption of tooth #8 which is the mesial abutment for a fixed bridge that runs from 2-8 (pontics at 4,5,6). According to the patient this area abscessed a few weeks ago. He also feels a space has developed between 8 and 9. In his dental history he reports bleeding gums as well as sensitivity to hot, cold, and biting. He is interested in replacing the existing bridgework and resolving the problems associated with tooth #8.

- **On the patient's initial visit two digital x-rays were taken of the 8-9 area. A 12mm pocket was noted on the mesial aspect of tooth #8. The patient was referred to the office of Dr. XXXX for an assessment of this area. On 9/27/04 Dr. XXXX called our office and recommended tooth #8 be extracted ASAP.**

- **On 9/29/04 a comprehensive exam was performed that included an FMX (digital), diagnostic photographs, TMJ and muscle screening exam, full upper and lower alginate impressions, face-bow transfer, and bite record. The alginate impressions were poured in stone and the models mounted a Hanau 190 articulator.**

CLINICAL FINDINGS:

1) **Well developed facial musculature.**
2) **Limited straight opening (max opening is approximately 34mm).**
3) **Some pain right TMJ area with medial pressure.**
4) **Intermediate click right TMJ on translation.**
5) **Consistent clicking in both joints on excursive movements.**
6) **Joints can be comfortably loaded.**
7) **Missing teeth #'s, 1,4,5,6,11,12,13,15,16,17,18,20,21,23,26,28,29,31,32.**
8) **Four existing fixed bridges that run: 2-8 (pontics at 4,5,6), 9-14 (pontics at 11,12,13), 19-24 (pontics at 20,21,23), and 25-30 (pontics at 26,28,29).**
9) **Internal and/or external resorption tooth #8 with significant bone loss and pocketing this same tooth.**
10) **Possible resorption of some type starting in tooth #9.**

11) **Generalized moderate horizontal bone loss with large radiolucent rectangular area noted lower anterior region.**
12) **Gingival recession with root exposure in several areas.**
13) **Diastema between 8 and 9.**
14) **Marginal breakdown of existing bridgework in some areas.**
15) **Acceptable incisal edge position.**
16) **Existing bridgework appears bulky, stark, and opaque in character.**

- **There are many issues to consider in this case. The joints and all of the periodontal structures must be evaluated before a definitive treatment plan is finalized. The patient has expressed concerns about the placement of dental implants but, in my opinion, dental implants represent the most predictable treatment alternative the patient has if he wants to stay with "fixed" dental prosthetics.**

TREATMENT OPTION:

- **I strongly recommend an MRI of the joints due to the limited opening and clicking present in many jaw movements.**
- **My feeling is we should start with the upper arch since this is the most problematic area for the patient at this time. It will also allow us to focus on one area at a time and give the patient a chance to evaluate what is done on the upper arch and then see how he feels about a similar approach on the lower arch.**
- **Evaluation of 4,5,6 and 11,12,13 areas for dental implants (Dr. XXXX).**

Appointment #1 (3-4 hours): Remove existing bridgework 2-14, evaluate existing preparations, clean and buildup support teeth where required, take impressions for lab processed provisional bridge that will run from 2-14 and surgical stent which will be used as a guide for the placement of dental implants, fabricate temporary chair-side provisional (2-14) which will be worn while the laboratory provisional is being fabricated.

Appointment #2: Once we have the upper provisionals back from the lab, tooth #8 would be extracted and the tissues treated in such a way as to minimize any gingival defect. The lab provisionals would be place and adjusted. The dental implants may also be placed at this time.

- **While in the provisional restorations any needed periodontal treatment would be performed on the support teeth. I would also want tooth #9 evaluated by an endodontist. The provisionals would be accessed for comfort, speech, and esthetics. Once the case is worked out successfully in the provisional restorations we would use them as a template for the final restorations.**

- **I envision the final upper case to be: Porcelain to high gold crowns teeth #'s 2,3,14. Implant supported crowns 4,5,6 (joined) and 11,12,13 (joined), and a four unit fixed bridge 7-10 (pontic at #8). Of course this treatment plan is subject to change depending on what we find as the case progresses.**

- **Fee for upper case: $XXXXX plus the lab fee for the implant component of the case. This is a comprehensive fee that includes: removing existing dentistry, cleaning and building up support teeth, tooth preparations, all impressions and model work, all provisional restorations, 13 units of high-end porcelain to gold restorations (six of those units are implant supported), night guard at completion of case, case design and artistry. Fee does not include any needed periodontal or endodontic treatment or the placement of dental implants.**

- **Crowns/bridgework will be repaired or replaced free of charge for a period of three years if any problems during normal use. The longevity of any dental treatment is highly dependent on patient home-care and maintenance.**

- **A $10,000 dollar deposit is required at the start of treatment.**

- **An alternative treatment would be a fixed splint from 2-14 (without the use of implants). In my opinion this is <u>NOT</u> a predictable long-term treatment alternative and I would advise against it. A removable partial denture in conjunction with crown and bridge is also a less expensive alternative.**

The aforementioned has been explained to me in detail and I have received a copy of this report:

Patient Signature: _____Date:__/__/__.