**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

**USING THE SIXTH EDITION TEXTBOOK, “DENTAL ASSISTING, A COMPREHENSIVE APPROACH” BY SINGHAL, KANTZ & DAMATTA, 2023, CHAPTER 34 “PEDIATRIC DENTISTRY” DEFINE THE FOLLOWING TERMS AND FILL IN THE BLANKS**

**SECTION 1**

**PEDIATRIC-**

**RAMPANT-**

**IN THE TWENTY-FIRST CENTURY, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IS STILL THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ CHILDHOOD DISEASE ACCORDING TO THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REPORT 2000.**

**WHAT DETERMINES WHEN A CHILD SHOULD HAVE THEIR FIRST DENTAL APPOINTMENT ACCORDING TO PEDIATRIC DENTISTS?**

**DEFINE WHAT A “DENTAL HOME” IS FOR A CHILD-**

**WHY IS IT IMPORTANT TO INCLUDE THE CHILD’S CAREGIVER IN THE TREATMENT OF A CHILD IN THE DENTAL OFFICE?**

**REVIEW ON PAGE 1104 THE RESPONSES YOU AS A DENTAL ASSISTANT COULD GIVE TO A CAREGIVER IF THEY DON’T THINK THAT TREATING DECIDUOUS (BABY) TEETH IS IMPORTANT- HAVE YOU HAD TO DISCUSS THIS WITH A CAREGIVER BEFORE?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 1**

**CHRONOLOGICAL AGE-**

**MATURITY AGE-**

**EMOTIONAL AGE-**

**PEDIATRIC DENTISTS ARE TRAINED TO TREAT CHILDREN WITH SPECIAL NEEDS SUCH AS LEARNING DISABILITIES, ADHD, DOWN SYNDROME, AUTISM, CEREBRAL PALSY, SPINA BIFIDA, ASTHMA, CYSTIC FIBROSIS AND CONGENITAL HEART DISEASE.**

**DOES YOUR OFFICE TREAT SPECIAL NEEDS CHILDREN OR REFER THEM?**

**ACCORDING TO TABLE 34-1 ON PAGE 1105, WHAT AGE GROUP HAS THE MOST NUMBER OF MANGEMENT PROBLEMS?**

**DEMEANING-**

**ABUSE-**

**NEGLECTED-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 1**

**MANDATED-**

**EARLY CHILDHOOD CARIES (ECC)-**

**PEDIATRIC DENTISTS RECOMMEND SEEING THE CHILD WHEN THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEETH ERUPT BY THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDAY, PRIOR TO ANY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROCESS TO BEGIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAREGIVEERS ON THE NEED FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ORAL HYGIENE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AND EARLY \_\_\_\_\_\_\_\_\_\_ HABITS.**

**HOW MANY PRIMARY TEETH DO CHILDREN USUALLY DEVELOP?**

**WHAT NUMBERING SYSTEM IS USED AND HOW ARE THEY “NUMBERED”?**

**TONGUE THRUST-**

**A GOOD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROGRAM SHOULD INCLUDE FIVE MAJOR POINTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**WHY IS IT IMPORTANT TO CLEAN A BABY’S MOUTH EVERY DAY EVEN IF THEY ONLY HAVE A FEW TEETH, OR NO TEETH YET?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 1**

**SEQUELAE-**

**FLUOROSIS-**

**WHAT IS THE TREATMENT IF A CHILD INGESTS A LARGE AMOUNT OF FLUORIDATED TOOTHPASTE AND GETS AN UPSET STOMACH?**

**BRIEFLY DESCRIBE DENTAL SEALANTS-**

**INTERVENTION-**

**PHARMACOLOGICAL-**

**EXPLAIN “SHOW-TELL-DO”-**

**DISTRACTION-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 1**

**MODELING-**

**PROTECTIVE STABILIZATION-**

**NITROUS OXIDE-**

**CONSCIOUS SEDATION-**

**SEDATION-**

**PULSE OXIMETER-**

**GENERAL ANESTHESIA-**

**HOW ARE PEDIATRIC RESTORATIVE PROCEDURES THE SAME OR DIFFERENT?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 1**

**EXTRACTION FORCEPS-**

**WHAT ARE THE INDICATIONS FOR USING A STAINLESS-STEEL CROWN (SSC) ON PEDIATRIC PATIENTS?**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**ABUTMENT-**

**VENEERED-**

**PULPOTOMY-**

**CAUTERIZE-**

**FORMOCRESOL-**

**PULPECTOMY-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 1**

**BARBED BROACH-**

**LENTULO BUR-**

**INTERCEPTIVE-**

**SPACE MAINTAINERS-**

**CROSSBITE-**

**NECROSIS-**

**OBLITERATION-**

**CONCUSSION-**

**SUBLUXATION-**

**LUXATION-**

**EXTRUSIVE-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 1**

**AVULSION-**

**ANKYLOSIS-**

**SUMMARIZE THE PREVENTION OF OROFACIAL INJURY-**

**END OF SECTION 1**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

**USING THE SIXTH EDITION TEXTBOOK, “DENTAL ASSISTING, A COMPREHENSIVE APPROACH” BY SINGHAL, KANTZ & DAMATTA, 2023, CHAPTER 35 “ORTHODONTICS” DEFINE THE FOLLOWING TERMS AND FILL IN THE BLANKS**

**SECTION 2**

**ORTHODONTICS-**

**OCCLUSION-**

**MALOCCLUSION-**

**ABFRACTIONS-**

**SUMMARIZE WHAT AN ORTHODONTIST IS ACCORDING TO YOUR TEXTBOOK-**

**ORTHOGNATHIC-**

**ORTHODONTIC SCHEDULING COORDINATOR-**

**ORTHODONTIC TREATMENT AND FINANCIAL COORDINATOR-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

**ORTHODONTIC CHAIRSIDE ASSISTANTS OR CERTIFIED ORTHODONTIC ASSISTANT (COA)-**

**INFECTION CONTROL COORDINATOR-**

**ACCORDING TO YOUR TEXTBOOK, WHAT IS THE PURPOSE OF THE ORTHODONTIC EXAM? HINT-PAGE 1132**

**WHY IS KNOWING THE CHIEF COMPLAINT OF THE PATIENT IMPORTANT AT THE NEW PATIENT EXAM?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

**WHAT TYPE OF RADIOGRAPH DO ORTHODONTISTS PREFER? AND WHY?**

**FACIAL EXAM AND PROFILE ASSESSMENT-BRIEFLY SUMMARIZE-**

**TMJ AND FUNCTIONAL EVALUATION-BRIEFLY SUMMARIZE-**

**WHY IS EXAMINING THE TEETH AND GINGIVA IMPORTANT PRIOR TO STARTING ORTHODONTIC TREATMENT?**

**HYPOCALCIFICATIONS-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

**DIASTEMA-**

**ANTERIOR-POSTERIOR PLANE OF OCCLUSION AND RELATED SKELETAL PATTERNS-BRIEFLY SUMMARIZE-**

**DESCRIBE THE FOLLOWING ANGLE CLASSES-**

**ANGLE CLASS I DENTAL RELATIONSHIP-**

**ANGLE CLASS II DENTAL RELATIONSHIP-**

**ANGLE CLASS III DENTAL RELATIONSHIP-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

**PROCLINED-**

**UNDERBITE-**

**OVERJET-**

**CROSSBITE-**

**RETROCLINATION-**

**TRANSVERSE PLANE-**

**FACIAL MIDLINE-**

**DENTAL MIDLINES-**

**FULL POSTERIOR LINGUAL CROSSBITE (BILATERAL)-**

**UNILATERAL POSTERIOR LINGUAL CROSSBITE-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

**UNILATERAL FULL POSTERIOR LINGUAL CROSSBITE-**

**SINGLE TOOTH POSTERIOR LINGUAL CROSSBITE-**

**BILATERAL POSTERIOR BUCCAL CROSSBITE-**

**SINGLE TOOTH POSTERIOR BUCCAL CROSSBITE-**

**WHY IS ARCH WIDTH AND ARCH SHAPE IMPORTANT WHEN A PATIENT HAS A CROSSBITE?**

**OVERBITE-**

**OPEN BITE-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

**CURVE OF SPEE-**

**PERIMETER PLANE-**

**BRIEFLY LIST THE THREE CATEGORIES WHICH CAN CAUSE THE ETIOLOGY (ROOT CAUSE) OF MALOCCLUSION-**

**1.)**

**2.)**

**3.)**

**WHY ARE CLINICAL PHOTOGRAPHS, STUDY MODELS, DIGITAL SCANS OF THE TEETH, AND RADIOGRAPHS AN IMPORTANT PAT OF ORTHODONTICS?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

**AT WHAT AGE SHOULD A PERIODONTAL EXAM BE DONE ON A FUTURE ORTHODONTIC PATIENT AND WHY?**

**FRENECTOMIES-**

**ASYMETRIES-**

**IN ORTHODONTICS, WHY ARE STUDY MODELS OR DIGITAL DIAGNOSTIC PLANNING USED?**

**BRIEFLY EXAPLAIN THE FOLLOWING IN THE PROCESS OF DIAGNOSIS AND TREATMENT PLANNING-**

1. **THE PROBLEM LIST-**
2. **OBJECTIVES OF TREATMENT-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

1. **POTENTIAL TREATMENT-**
2. **TREATMENT OPTIONS-**

**ORTHODONTIC TREATMENT CONSULTATION-BRIEFLY EXPLAIN WHAT THIS MEANS FOR THE BOTH THE DOCTOR AND THE PATIENT-**

**AT WHAT AGE DOES THE AMERICAN ASSOCIATION OF ORTHODONTICS RECOMMEND THAT ALL CHILDREN BE SEEN BY AN ORTHODONTIST?**

**WHY WOULD OBSERVATION AND COUNSELING BE IMPORTANT FOR YOUNG CHILDREN?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

**INTERCEPTIVE-**

**MYOFUNCTIONAL THERAPY-**

**PHASE I EARLY TREATMENT WITH LIMITED BRACES, GROWTH APPLIANCES, EXPANSION AND EXTRACTIONS-BRIEFLY EXPLAIN-**

**PROTRACTION-**

**FACEBOW-**

**IN ADOLESCENTS, WHAT ARE THE LEVELS OF TREATMENT?**

**WHY IS OBSERVATION AND COUNSELING NEEDED IN ADOLESCENT ORTHODONTICS?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

**DELETERIOUS-**

**PHASE II TREATMENT (COMPREHENSIVE ORTHODONTIC TREATMENT) OF ADOLESCENTS FOLLOWING PHASE I-BRIEFLY EXPLAIN-**

**COMPREHENSIVE ORTHODONTIC TREATMENT OF ADOLESCENTS WITH GROWTH APPLIANCES-BRIEFLY EXPLAIN-**

**THE GOAL IS TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ THE \_\_\_\_\_\_\_\_\_\_\_\_ COMPLETELY AND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIPS TO ALLOW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FUNCTION AND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (PAGE 1155)**

**RETROGNATHIC-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

**COMPREHENSIVE ORTHODONTIC TREATMENT OF ADOLESCENTS COMBINED WITH MULTIDISCIPLINARY CARE-BRIEFLY EXPLAIN**

**CLEAR ALIGNER THERAPY FOR ADOLESCENTS-BRIEFLY EXPLAIN-**

**ORTHODONTIC TREATMENT OF ADULTS-BRIEFLY SUMMARIZE-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

**COMPREHENSIVE ORTHODONTIC TREATMENT COMBINED WITH MULTIDISCIPLINARY TREATMENT-BRIEFLY EXPLAIN-**

**COMPREHENSIVE ORTHODONTIC TREATMENT WITH ORTHOGNATHIC SURGERY-BRIEFLY EXPLAIN-**

**CLEAR ALIGNER THERAPY-BRIEFLY EXPLAIN-**

**PROPRIETARY MATERIAL-**

**PRACTITIONERS MUST ALSO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROGRAM OFFERED THROUGH THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IN ORDER TO TREAT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WITH THEIR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (PAGE 1158)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

**RETAINERS-**

**REMOVABLE RETAINERS-**

**BONDED LINGUAL FIXED RETAINERS-**

**ARE RETAINERS FOR A SHORT PERIOD OF TIME OR LIFE? EXPLAIN-**

**SEPARATORS-**

**BANDS-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

**BRACKETS-**

**FOR MOST PATIENTS THERE ARE FIVE PHASES OF OTHODONTIC TREATMENT AND FIVE TYPES OF WIRES-LIST EACH-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 2**

**ELASTIC TIES-**

**LIGATURE WIRE-**

**WHERE SHOULD USED AND CUT LIGATURE WIRES BE DISPOSED OF?**

**WHAT IS THE “RETIE” APPOINTMENT AND WHO CAN PERFORM THIS?**

**ORTHODONTIC DEBANDING/DEBONDING APPOINTMENT FOR REMOVAL OF THE BRACES-BRIEFLY EXPLAIN-**

**END OF SECTION 2**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

**USING THE SIXTH EDITION TEXTBOOK, “DENTAL ASSISTING, A COMPREHENSIVE APPROACH” BY SINGHAL, KANTZ & DAMATTA, 2023, CHAPTER 36 “ORAL AND MAXILLOFACIAL SURGERY” DEFINE THE FOLLOWING TERMS AND FILL IN THE BLANKS**

**SECTION 3**

**ADJUNCTIVE-**

**MAXILLOFACIAL-**

**EXTRACTIONS-**

**CONGENITAL CRANIOFACIAL-**

**ORAL AND MAXILLOFACIAL SURGEON-**

**RECEPTIONIST AND BUSINESS STAFF-**

**SURGICAL DENTAL ASSISTANT-**

**NURSE ANESTHETIST OR ANESTHESIOLOGIST-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 3**

**EXPLAIN WHAT A CONSULTATION APPOINTMENT IS WITH AN ORAL SURGEON ONCE A GENERAL DENTIST HAS REFERRED A PATIENT-**

**WHY IS IT IMPORTANT FOR THE ORAL SURGEON TO DO A CONSULTATION FIRST FOR SOME CASES?**

**EXPLAIN SOME OF THE DIFFERENCES THAT AN ORAL SUREON’S OFFICE SETTING MIGHT HAVE THAT A GENERAL DENTAL OFFICE DOESN’T-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 3**

**ORTHOGNATHIC SURGERY-**

**INFORMED CONSENT-**

**DO PREOPERATIVE INSTRUCTIONS NEED TO BE PART OF THE PATIENT’S RECORD? EXPLAIN-**

**ANXIOLYSIS-**

**GENERAL ANESTHESIA-**

**NITROUS OXIDE-**

**SURGICAL ASEPSIS-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 3**

**EXPLAIN ROUTINE EXTRACTIONS BRIEFLY-**

**EXPLAIN MULTIPLE EXTRACTIONS BRIEFLY-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 3**

**GRAFTING-**

**ALVEOPLASTY-**

**ALVEOLECTOMY-**

**GINGIVOPLASTY-**

**EXTRACTION OF IMPACTED TEETH-BRIEFLY SUMMARIZE-**

**LIST THREE DIFFERENT TYPES OF BIOPSIES-**

**1.)**

**2.)**

**3.)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 3**

**CLEFT LIP-**

**CLEFT PALATE-**

**TINNITUS-**

**ARTHROSCOPY-**

**ARTHROCENTESIS-**

**ARTHROPLASTY-**

**ALVEOLITIS-**

**PARESTHESIA-**

**END OF SECTION 3**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 4**

**ENDODONTICS-**

**WHAT IS PULP TISSUE (THE NERVE OF THE TOOTH) MADE UP OF?**

**WHAT DOES THE BLOOD TISSUE PROVIDE TO THE TOOTH?**

**LIST THE PARTS OF THE PULP-**

**ODONTOBLASTS-**

**VITAL PULP-**

**TERTIARY DENTIN-**

**CHRONIC PULPITIS-**

**ACUTE PULPITIS-**

**NONVITAL PULP-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 4**

**PULPITIS-**

**OCCLUSAL ATTRITION-**

**IATROGENIC-**

**ANTI-INFLAMMATORY REACTION-**

**ODONTALGIA-**

**ROOT CANAL THERAPY (RCT)-**

**NECROSIS-**

**NEOPLASMS-**

**PURULENT EXUDATE-**

**FISTULA-**

**PARULIS-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 4**

**GRANULOMA-**

**CYST-**

**OSTEOMYELITIS-**

**CELLULITIS-**

**WHAT IS REFERRED PAIN?**

**DESCRIBE WHAT AN ENDODONTIST LOOKS FOR IN A CLINICAL EXAMINATION-**

**WHAT TYPE OF RADIOGRAPH IS ASKED OF THE DENTAL ASSISTANT FOR THE ENDODONTIST? WHY THIS KIND?**

**ENDODONTIA-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 4**

**ELECTRIC PULP TEST-**

**THERMAL TEST-**

**GUTTA-PERCHA-**

**PERCUSSION TEST-**

**MOBILITY TEST-**

**TRANSILLUMINATION TEST-**

**SELECTIVE ANESTHESIA-**

**WHY IS A TREATMENT PLAN NEEDED?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 4**

**INDIRECT PULP CAP-**

**DIRECT PULP CAP-**

**PULPOTOMY-**

**APEXOGENESIS-**

**PULPECTOMY-**

**EXTIRPATED-**

**DEBRIDEMENT-**

**INTRACANAL-**

**SCLEROTIC-**

**OBTURATED-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 4**

**ORIFICE-**

**BIOMECHANICALLY-**

**REAMERS-**

**FILES-**

**WHY IS DETERMINING THE WORKING LENGTH OF THE CANAL IMPORTANT?**

**WHAT HAPPENS IF THE CANAL IS FILLED TOO SHORT?**

**WHAT HAPPENS IF THE CANAL IS FILLED TOO LONG?**

**ACCESSORY-**

**INTRACANAL SOLUTIONS-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 4**

**INTRACANAL MEDICATION-**

**ENDODONTIC MICROSCOPE-**

**SILVER POINTS-**

**AUXILIARY-**

**TEMPORARY RESTORATION-**

**PERMANENT RESTORATION-**

**RETROGRADE-**

**ENDODONTIC RETREATMENT-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 4**

**LIST THE SIX REASONS THAT A ROOT CANAL MAY FAIL-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**SURGICAL ENDODONTIC PROCEDURES-WHY MAY THESE BE NECESSARY?**

**APICOECTOMY-**

**FLAP-**

**APICAL CURRETTAGE-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 4**

**SURGICAL CURETTE-**

**RETROGRADE SURGERY-**

**HEMISECTION-**

**FURCATION-**

**AMPUTATED-**

**RESECTION-**

**END OF SECTION 4**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 5**

**PERIODONTAL DISEASE-**

**PERIODONTICS-**

**PERIODONTAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ARE THE MOST COMMON REASON FOR \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IN ADULTS.**

**THE AAP HAS REPORTED THAT APPROXIMATELY \_\_\_\_\_\_\_\_\_\_\_\_\_ OUT OF \_\_\_\_\_\_\_\_\_\_\_ ADULTS WILL EXPERIENCE SOME FORM OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IN THEIR LIFETIME.**

**PELLICLE-**

**WHERE DOES DENTAL BIOFILM BEGIN TO FORM AND WHAT DIRECTION DOES IT GO?**

**WHAT DO CURRENT RESEARCHERS BELIEVE IS THE MAIN RISK FACTOR FOR PERIODONTAL DISEASE?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 5**

**LIST TEN DIFFERENT RISK FACTORS FOR PERIODONTAL DISEASE-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**8.)**

**9.)**

**10.)**

**GINGIVITIS-**

**PERIODONTITIS-**

**LIST THE SIGNS AND SYMPTOMS OF PERIODONTAL DISEASE-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 5**

**GINGIVITIS DOES \_\_\_\_\_\_\_\_\_\_\_ ALWAYS PROGRESS TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, BUT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALWAYS STARTS WITH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**GINGIVITIS IS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WITH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IN HOME CARE, BUT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**WHAT IS THE FIRST APPOINTMENT WITH A PERIODONTIST USUALLY FOR?**

**MEDICAL AND DENTAL HISTORY-BRIEFLY EXPLAIN WHY THIS IS NEEDED-**

**PLAQUE AND CALCULUS ASSESSMENT-BRIEFLY EXPLAIN WHY THIS IS NEEDED-**

**PERIODONTAL PROBING-**

**TOOTH MOBILITY-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 5**

**FURCATION-**

**GINGIVAL EVALUATION-**

**BLEEDING ON PROBING-**

**GINGIVAL RECESSION-**

**GINGIVAL CLEFT-**

**OCCLUSAL EVALUATION-**

**SUPPURATION-**

**RADIOGRAPHIC SURVEY-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 5**

**PRESENTATION OF TREATMENT PLAN-**

**CHEMOTHERAPEUTIC AGENTS-**

**WHY IS INSTRUMENT SHARPENING BENEFICIAL TO THE PERIODONTIST?**

**PERIODONTAL PROBES-**

**EXPLORERS-**

**CURETTES-**

**SCALERS-**

**SICKLE SCALERS-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 5**

**JACQUETTE SCALERS-**

**CHISEL SCALERS-**

**HOE SCALERS-**

**FILES-**

**ULTRASONIC INSTRUMENTS-**

**AIR POLISHING SYSTEMS-**

**PERIODONTAL KNIVES-**

**INTERDENTAL KNIVES-**

**PERITOMES-**

**SURGICAL SCALPEL-**

**ELECROSURGERY-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 5**

**POCKET MARKING PLIERS-**

**PERIOSTEAL ELEVATORS-**

**PERIODONTAL SCISSORS-**

**RONGEURS-**

**TISSUE FORCEPS-**

**LASERS-**

**WHAT DO THE LETTERS IN LASER STAND FOR?**

**L-**

**A-**

**S-**

**E-**

**R-**

**WHO REGULATES LASERS IN DENTISTRY?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 5**

**WHAT IS ANSI ANS WHAT DO THEY RECOMMEND?**

**DOES YOUR OFFICE USE LASERS AND IF SO, DO YOU HAVE A LASER SAFETY OFFICER?**

**LIST THE USES OF THE DENTAL LASER-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**8.)**

**9.)**

**10.)**

**11.)**

**12.)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 5**

**ARE THERE OTHER USES? PLEASE LIST-**

**WHAT IS THE PRIMARY REQUIRED SAFETY MEASURE WHEN USING LASERS?**

**WHO NEEDS TO BE PROTECTED AND WHY?**

**LIST THE BENEFITS OF USING LASERS IN DENTISTRY-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**8.)**

**9.)**

**10.)**

**11.)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 5**

**NONSURGICAL PERIODONTAL THERAPT (NSPT)-**

**OCCLUSAL ADJUSTMENT-**

**ROOT PLANING-**

**GINGIVAL CURETTAGE-**

**ORAL IRRIGATION-**

**SYSTEMIC ANTIBIOTIC THERAPY-**

**LOCALLY APPLIED DRUG DELIVERY-**

**PERIDEX-**

**ENZYME SUPPRESSION THERAPY-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 5**

**WHAT WOULD BE SOME PRECAUTIONS OR CONTRAINDICATIONS FOR USING ANY OF THE ADJUNCTIVE THERAPIES IN NONSURGICAL PERIODONTAL THERAPY?**

**AT WHAT INTERVAL WOULD HEALING BE CHECKED AFTER NONSURGICAL PERIODONTAL THERAPY?**

**WHAT ARE THE REASONS FOR PERIODONTAL SURGERY?**

**GINGIVECTOMY-**

**GINGIVOPLASTY-**

**PERIODONTAL FLAP SURGERY-**

**OSSEOUS SURGERY-**

**BONE GRAFT-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 5**

**MUCOGINGIVAL SURGERY-**

**GINGIVAL GRAFT-**

**CONNECTIVE TISSUE GRAFT-**

**FRENECTOMY-**

**GUIDED TISSUE REGENERATION (GTR)-**

**CROWN LENGTHENING-**

**WHY ARE SUTURES USED AFTER PERIODONTAL SURGERY?**

**PERIODONTAL DRESSINGS OR PACKS-**

**LIST THE OBJECTIVES OF THE PERIODONTAL DRESSING-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 5**

**ZINC-OXIDE EUGENOL MATERIALS-**

**NONEUGENOL MATERIALS-**

**LIGHT-CURED PERIODONTAL DRESSINGS-**

**GELATIN-BASED DRESSINGS-**

**BRIEFLY DESCRIBE PATIENT HEALING AFTER PERIODONTAL SURGERY-**

**PERIODONTAL MAINTENANCE-**

**WHAT IS THE ROLE OF THE DENTAL ASSISTANT IN PERIODONTICS?**

**END OF SECTION 5**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 6**

**DENTAL IMPLANT-**

**LIST THE ADVANTAGES OF DENTAL IMPLANTS-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**8.)**

**9.)**

**LIST THE DISADVANTAGES OF DENTAL IMPLANTS-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 6**

**ONE DETERMINING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOR IMPLANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_ IS THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AND THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OF THE BONE WHERE THE IMPLANT IS TO BE PLACED.**

**WHAT METAL IS GENERALLY USED FOR THE DENTAL IMPLANT BODIES? WHY?**

**IMPLANT BODY OR FIXTURE-**

**ABUTMENT-**

**HEALING SCREW-**

**HEALING CAP-**

**LIST AND DESCRIBE THE THREE MAIN CONNECTOR TYPES-**

**1.)**

**2.)**

**3.)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

**USING THE SIXTH EDITION TEXTBOOK, “DENTAL ASSISTING, A COMPREHENSIVE APPROACH” BY SINGHAL, KANTZ & DAMATTA, 2023, CHAPTER 39 “DENTAL IMPLANTS” DEFINE THE FOLLOWING TERMS AND FILL IN THE BLANKS**

**SECTION 6**

**LIST THE CONSIDERATIONS FOR DENTAL IMPLANTS-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 6**

**LIST THE CONTRAINDICATIONS FOR THE PLACEMENT OF IMPLANTS-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 6**

**IMPLANT SUCCESS IS DEPENDENT ON THE FOLLOWING PREDICTORS:**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**8.)**

**9.)**

**10.)**

**BRIEFLY EXPLAIN WHY A THOROUGH MEDICAL HISTORY IS NECESSARY PRIOR TO PERFORMING AN IMPLANT-**

**BRIEFLY EXPLAIN WHY A THOROUGH DENTAL HISTORY IS NECESSARY PRIOR TO PERFORMING AN IMPLANT-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 6**

**AUTOGRAFTS-**

**ALLOGRAFTS-**

**XENOGRAFTS-**

**ALLOPLASTIC GRAFTS-**

**IS IT NECESSARY FOR THE ORAL SURGEON TO ASSESS THE PATIENT’S PSYCHOLOGICAL STATUS DURING A CONSULTATION? WHY OR WHY NOT?**

**WHY IS CLINICAL EVALUATION IMPORTANT PRIOR TO PERFORMING AN IMPLANT?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 6**

**EXPLAIN RADIOGRAPHIC EVALUATION-**

**LIST THE RISKS ASSOCIATED WITH PERFORMING IMPLANT SURGERY-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**8.)**

**WHAT DOES THE WORD “LOAD” MEAN REGARDING AN IMPLANT?**

**WHAT IS A “HEALING CAP”?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 6**

**WHAT IS THE “ABUTMENT”?**

**SUBPERIOSTEAL IMPLANT-**

**ENDOSTEAL IMPLANT-**

**MINI DENTAL IMPLANT (MDI)-**

**TRANSOSTEAL IMPLANT-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 6**

**IMMEDIATE LOAD DENTAL IMPLANTS-BRIEFLY DESCRIBE-**

**SINGLE-SURGERY TECHNIQUE-BRIEFLY DESCRIBE-**

**TWO-SURGERY TECHNIQUE-BRIEFLY DESCRIBE-**

**BRIEFLY DESCRIBE DENTAL IMPLANT MAINTENANCE THAT THE PATIENT MUST DO AT HOME-**

**BRIEFLY DESCRIBE THE ROLE OF THE IMPLANT COORDINATOR ROLE-**

**END OF SECTION 6**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 7**

**PROSTHODONITCS IS ONE OF THE NINE DENTAL SPECIALTIES RECOGNIZED BY THE AMERICAN DENTAL ASSOCIATION (ADA).**

**HOW MANY EXTRA YEARS OF SCHOOLING IN A POST DOCTORATE PROGRAM WOULD A PROSTHODONTIST NEED TO COMPLETE IF THEY CHOSE TO?**

**SPECIALIZING IN PROSTHODONTICS INCLUDES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MISSING \_\_\_\_\_\_\_\_\_\_\_\_ THROUGH THE USE OF REMOVABLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DENTAL APPLIANCES OR A COMBINATION OF THE TWO. (FILL IN THE BLANKS)**

**FIXED PROSTHESIS-**

**INDIRECT RESTORATION-**

**WHAT FACTORS ARE CONSIDERED BETWEEN THE DENTIST AND THE PATIENT PRIOR TO MAKING A FIXED PROSTHODONTIC APPLIANCE?**

**HOW IMPORTANT IS IT THAT THE DENTIST AND THE LAB COMMUNICATE IN THE FABRICATION OF A FIXED PROSTHODONTIC APPLIANCE?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 7**

**LIST THE OBJECTIVES OF FIXED PROSTHODONTICS-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**8.)**

**FULL CROWN-**

**PORCELAIN FUSED TO METAL CROWN (PFM)-**

**ALL PORCELAIN OR ALL CERAMIC CROWNS-**

**ALL METAL CROWNS-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 7**

**WHAT METALS THAT ARE USED IN ALL METAL CROWNS COULD POSSIBLY CAUSE IMMUNE PROBLEMS OR TOXICITY?**

**ONLAY-**

**INLAYS-**

**FIXED BRIDGES-**

**PONTIC-**

**ABUTMENTS-**

**CANTILEVER BRIDGE-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 7**

**RESIN BONDED MARYLAND BRIDGE-**

**VENEER-**

**LIST SOME EXAMPLES OF VENEERS THAT WOULD IMPROVE A PATIENT’S APPEARANCE-**

**1.)**

**2.)**

**3.)**

**PORCELAIN VENEERS-**

**DIRECT RESIN VENEERS-**

**INDIRECT RESIN VENEERS-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 7**

**BRIEFLY DESCRIBE SOME PATIENT FACTORS THAT THE DENTIST NEEDS TO GO OVER WITH A PATIENT BEFORE DECIDING IF A FIXED PROSTHESIS WOULD BE GOOD FOR THEM-**

**BRIEFLY DESCRIBE WHAT HAPPENS AT THE PATIENT PREPARATION APPOINTMENT-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 7**

**DESCRIBE WHAT IS PERFORMED AT THE FIRST TREATMENT APPOINTMENT-**

**HOW MUCH TIME WOULD THE OFFICE EXPECT THE LAB TO NEED TO FABRICATE THE FIXED APPLIANCE?**

**POST AND CORE-**

**DESCRIBE WHAT GINGIVAL CORD PACKING IS-**

**DOUBLE CORD TECHNIQUE-**

**ELECTROSURGERY AND LASER-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 7**

**LIST SOME EXAMPLES OF THE MATERIALS USED FOR A FINAL IMPRESSION-**

**HOW WOULD A BITE REGISTRATION BE TAKEN?**

**DIES-**

**WHAT IS THE REASON A PROVISIONAL OR TEMPORARY CROWN NEEDS TO BE MADE?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 7**

**WHY IS COMMUNICATING WITH THE DENTAL LAB SO CRITICAL WHEN FABRICATING A FIXED PROSTHODONTIC?**

**FACEBOW-**

**LAB PRESCRIPTION-**

**LIST AND BRIEFLY DESCRIBE SOME DIFFERENT WAYS OF DIGITAL COMMUNICATION WITH THE LAB-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 7**

**BRIEFLY DESCRIBE THE SECOND APPOINTMENT FOR A FIXED PROSTHODONTIC-**

**ORAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CARE AND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IS AN IMPORTANT PART OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROSTHODONTICS.**

**BRIEFLY SUMMARIZE AND GIVE EXAMPLES OF WHY PROPER HOME CARE AND REGULAR MAINTENANCE APPOINTMENTS ARE SO CRITICAL FOR LONG TERM SUCCESS OF A FIXED PROSTHODINTIC APPLIANCE-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 7**

**CHEMOTHERAPEUTIC-**

**CREPITATION-**

**BRIEFLY DESCRIBE WHAT HAPPENS TO THE ABUTMENT TEETH IF THEY GET SENSITIVE TO HOT AND COLD OVER TIME-**

**AUTOIMMUNE-**

**A FIXED DENTAL APPLIANCE SHOULD \_\_\_\_\_\_\_\_\_ BE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IF THERE ARE NO PROBLEMS SUCH AS \_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 7**

**LIST THE THINGS THAT AN INFORMED CONSENT SHOULD HAVE ON IT FOR A FIXED APPLIANCE-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**IF A PATIENT NEEDS TO BE REFERRED TO A SPECIALIST FOR TREATMENT DUE TO IT BEING OUTSIDE THE SCOPE OF PRACTICE FOR THE DENTIST, WHAT MUST THE PATIENT BE TOLD AND WHAT NEEDS TO BE DOCUMENTED REGARDING THE REFERRAL? –**

**BRIEFLY SUMMARIZE THE DOCUMENTATION OF FIXED PROSTHODONTIC TREATMENT-**

**END OF SECTION 7**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 8**

**DEFINE WHAT THE “CAD” PORTION OF THE PROCESS ENTAILS-WHAT DOES “CAD” STAND FOR-**

**DEFINE WHAT THE “CAM” PORTION OF THE PROCESS ENTAIL-WHAT DOES “CAM” STAND FOR-**

**CEREC-**

**WHICH CEREC MODEL HAS THE ADA SEAL OF ACCEPTANCE?**

**COPING-**

**MATERIALS USED TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ THE RESTORATION INCLUDE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BLOCKS.**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 8**

**LIST THE ADVANTAGES OF USING A CAD/CAM SYSTEM-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**8.)**

**9.)**

**LIST THE DISADVANTAGES OF USING THE CAD/CAM SYSTEM-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**BRIEFLY DESCRIBE THE DIGITAL IMPRESSION SYSTEM-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 8**

**COMPUTER SURFACE DIGITIZATION (CSD)-**

**BRIEFLY SUMMARIZE THE ROLE OF THE DENTAL ASSISTANT REGARDING CAD/CAM PROCEDURES-**

**BRIEFLY SUMMARIZE THE PATIENT CONSIDERATIONS FOR USING CAD/CAM-**

**END OF SECTION 8**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 9**

**PROSTHODONICS-**

**LIST THE OBJECTIVES OF REMOVABLE PROSTHODONTIC TREATMENT-**

**1.)**

**2.)**

**3.)**

**4.)**

**TRANSITIONAL PARTIAL DENTURE-**

**RELINE-**

**CAST PARTIAL-**

**KENNEDY’S CLASSIFICATION IS BASED ON THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BETWEEN THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPACES AND THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEETH.**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 9**

**IMMEDITATE DENTURE-**

**OVERDENTURES-**

**THE CAST MAXILLARY OR MANDIBULAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IS MADE UP OF \_\_\_\_\_\_\_\_\_\_ STRUCTURAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**CONNECTORS-**

**MAJOR CONNECTORS-**

**MANDIBULAR MAJOR CONNECTOR-**

**MAXILLARY MAJOR CONNECTORS-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 9**

**MINOR CONNECTORS-**

**REST-**

**RETAINERS-**

**DIRECT RETAINERS-**

**CIRCUMFERENTIAL OR AKERS CLASPS-**

**VERTICAL PROJECTION CLASPS OR BAR OR ROACH CLASPS-**

**UNDERCUT-**

**INDIRECT RETAINERS-**

**SADDLE-**

**ARTIFICIAL TEETH-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 9**

**BRIEFLY DEFINE ACRYLIC TEETH AND LIST SOME ADVANTAGES AND DISADVANTAGES-**

**BRIEFLY DEFINE PORCELAIN TEETH AND LIST SOME ADVANTAGES AND DISADVANTAGES-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 9**

**LIST THE INDICATIONS FOR A REMOVABLE PARTIAL DENTURE-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**LIST THE CONTRAINDICATIONS FOR A REMOVABLE PARTIAL DENTURE-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 9**

**BRIEFLY SUMMARIZE THE ADVANTAGES OF REMOVABLE PARTIAL DENTURES (RPD)-**

**BRIEFLY SUMMARIZE THE DISADVANTAGES OF REMOVABLE PARTIAL DENTURES-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 9**

**CONSULTATION AND EXAMINATION-**

**RECORDS APPOINTMENT-**

**PREPARATION AND FINAL IMPRESSION-**

**LABORATORY PRESCRIPTION-**

**HEIGHT OF CONTOUR-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 9**

**TRY-IN APPOINTMENTS-**

**DELIVERY APPOINTMENT-**

**HOME CARE INSTRUCTIONS-**

**POSTDELIVERY CARE-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

**USING THE SIXTH EDITION TEXTBOOK, “DENTAL ASSISTING, A COMPREHENSIVE APPROACH” BY SINGHAL, KANTZ & DAMATTA, 2023, CHAPTER 42 “REMOVABLE PROSTHODONTICS” DEFINE THE FOLLOWING TERMS AND FILL IN THE BLANKS**

**SECTION 9**

**SUMMARIZE THE ROLE OF THE DENTAL ASSISTANT IN REMOVABLE PARTIAL DENTURE PROCEDURES-**

**FULL DENTURES-**

**LIST THE INDICATIONS FOR FULL DENTURES-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 9**

**LIST THE CONTRAINDICATIONS FOR FULL DENTURES-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**TISSUE SURFACE-**

**POLISHED SURFACE-**

**OCCLUSAL SURFACE-**

**DENTURE BASE-**

**DENTURE BORDER-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 9**

**PERIPHERAL SEAL-**

**DENTURE FLANGE-**

**POST DAM-**

**LIST SOME ADVANTAGES OF FULL DENTURES-**

**LIST SOME DISADVANTAGES OF FULL DENTURES-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 9**

**FIRST AND SECOND VISITS-**

**ONCE THE OFFICE HAS THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IMPRESSION OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AND**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RIDGES IS TAKEN BY USING \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PASTE, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IMPRESSION MATERIAS OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**POST DAM AREA-**

**BRIEFLY SUMMARIZE THE THIRD VISIT-**

**BRIEFLY SUMMARIZE THE FOURTH VISIT-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 9**

**BRIEFLY SUMMARIZE THE FIFTH VISIT-**

**POSTDELIVERY CARE-**

**BRIEFLY SUMMARIZE THE ROLE OF THE DENTAL ASSISTANT IN FULL DENTURE PROCEDURES-**

**LIST THE SIGNS OF XEROSTOMIA-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**8.)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 9**

**DENTURE SORE SPOTS-**

**DENTURE ADHESIVES-**

**REBASED-**

**LIST THE THREE DIFFERENT TYPES OF RELINES AND GIVE A BRIEF SUMMARY OF THEM-**

**1.)**

**2.)**

**3.)**

**DIRECT RELINING-**

**INDIRECT RELINING-**

**AT HOME RELINING-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 9**

**DENTURE REBASING-**

**DENTURE REPAIR-**

**DENTURE CLEANERS-**

**END OF SECTION 9**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 10**

**WHAT DOES THE TERM “COSMETIC DENTIST” MEAN AND IS IT A RECOGNIZED SPECIALTY OF THE ADA?**

**AACD ACCREDITATION-**

**AACD FELLOWSHIP-**

**DESCRIBE WHAT THE TERM “WHITENING” MEANS-**

**DESCRIBE WHAT THE TERM “BLEACHING” MEANS-**

**ARE WHITENING PROCEDURES APPROVED BY THE FDA AND ADA?**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 10**

**HOW IS TOOTH WHITENING ACHIEVED?**

**HYDROGEN PEROXIDE-**

**CARBAMIDE PEROXIDE-**

**SODIUM PERBORATE-**

**EXTRINSIC STAIN-**

**INTRINSIC STAIN-**

**NAME THE TWO DIFFERENT METHODS OF TOOTH WHITENING-**

**1.)**

**2.)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 10**

**LIST THE INDICATIONS FOR TOOTH WHITENING-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**LIST THE CONTRAINDICATIONS FOR TOOTH WHITENING-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**7.)**

**8.)**

**WHEN PATIENTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ABOUT TEETH WHITENING, DISCUSSING AVAILABLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AND UNDERSTANDING THEIR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ABOUT THEIR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ARE IMPORTANT.**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 10**

**LIST THE FACTORS TO CONSIDER THAT DETERMINE THE ULTIMATE SUCCESS OF THE WHITENING PROCESS-**

**1.)**

**2.)**

**3.)**

**4.)**

**5.)**

**6.)**

**NONVITAL WHITENING-**

**VITAL WHITENING IN DENTAL OFFICE-**

**OFFICE ASSISTED HOME WHITENING TECHNIQUES-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 10**

**WHITENING SHADE GUIDES-**

**WHITENING STRIPS-**

**WHITENING GEL-**

**HOME TRAY WHITENING SYSTEMS-**

**WHITENING TOOTHPASTES-**

**MOUTHRINSES AND CHEWING GUM-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 10**

**HOW DO FIXED AND REMOVABLE PROSTHODONTICS RELATE TO COSMETIC DENTISTRY?**

**WHY IS OCCLUSION IMPORTANT IN COSMETIC DENTISTRY?**

**SOFT TISSUE CONTOURING-**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 10**

**SURGICAL LIP REPOSITIONING-**

**TISSUE GRAFTING-**

**END OF SECTION 10**