

## CASE WORKUP FOR KATHLEEN XXXXXX

5/05

Kathleen is a 37 year old female referred to the office by Dr. XXXXX for a consultation regarding replacing congenitally missing maxillary lateral incisors and improving the appearance of her teeth and smile. She has had consultations with a number of other dentists and has explored several options including implants, orthodontics, and fixed bridgework. She had worn three different "Maryland" type bridges over the last 15 years. "I was never happy with the way any of them looked and they would fall out every so often". At this time she is wearing a removable partial ("flipper" type) replacing both lateral incisors. She had orthodontic treatment at the age of 20 for approximately two years. She states the orthodontics was done to bring the central incisors together and open up space between the centrals and the canines. She is not aware of any grinding or clenching habits and also mentions she is "not comfortable with my teeth touching" ("my bite feels way off and I'm not sure how my teeth should fit together"). She is very self-conscious of her existing teeth/smile and avoids smiling in photographs. She would like whiter teeth, the lateral incisors replaced with fixed restorations, and a smile and bite she feels good about and is comfortable with.

≈ On 5/12/05 diagnostic photographs were taken along with a full set of radiographs, full upper and lower alginate impressions, CR bite record, and facebow transfer. A muscle and TMJ screening exam was performed. The impressions were poured in stone and the models mounted on a Hanau 190 articulator.

### CLINICAL FINDINGS:

- 1) ROM is WNL.
- 2) Well developed facial musculature
- 3) Definitive and consistent click on closing left TMJ.
- 4) Discomfort left TMJ with forward digital pressure left ear.
- 5) Severe "hit and slide" CR to MIP (first and only point of initial contact is ML of tooth #16).
- 6) Joints can be loaded comfortable.
- 7) Acceptable bone levels, healthy appearing gingival tissues, good oral hygiene.
- 8) Missing teeth #'s 7,10,17,32. Teeth #'s 1 and 16 are dwarfed.
- 9) Amalgams present in all 1<sup>st</sup> molars and #16 (#16 also has mesial caries). Endodontic treatment #9 and bonding on some anterior teeth.
- 10) Teeth are generally dark in color (A3.5-D3).
- 11) Gingival recession #8 with thinning of lingual incisal edges 8 and 9.
- 12) Ten teeth visible in full smile.
- 13) Chipping and uneven lower incisal edges.

- ⌘ Tooth #16 is creating and/or contributing to potential occlusal issues and has mesial caries. This is a nonfunctional tooth and in my opinion should be removed as a first step in any treatment plan. Once this tooth is removed the occlusion will again be evaluated to determine if occlusal equilibration is required.
- ⌘ Even though the patient has had orthodontics to reposition the anterior teeth, not nearly enough room exists to place implants in the 7 and 10 positions.

TREATMENT OPTION:

- 1) Extract tooth #16 on models and equilibrate case to CR.
- 2) Diagnostic wax-up of teeth #'s 4-13. This will enable us to visualize what the case would look like and provide a template for provisional restorations and reduction guides.
- 3) Minor tissue sculpting 6-11 to even out the gingival levels, prepare teeth #'s 6,8,9, and 11 for two all ceramic (LAVA) bridges. Adjust and even out lower incisal edges. Take impressions and fabricate provisional restorations based on the diagnostic wax-up.
- 4) Try in frameworks for LAVA brides and prepare 4,5,12, and 13 for porcelain veneers. Take impressions and fabricate provisionals.
- 5) Try in finished case. Once the case is approved it would be bonded and cemented into place: Four porcelain veneers (4,5,12,13) and two 3-unit all ceramic bridges (6-8, 9-11). A total of ten units (4-13).
- 6) Bleaching of lower teeth.
- 7) Night guard/retainer at case completion.

- ⌘ I feel the option above will provide a predictable result in terms of managing the spacing and esthetic issues in this case.
- ⌘ Total case fee: \$XXXX. This is a comprehensive fee that includes: extracting tooth #16, bite equilibration, diagnostic wax-up, tissue sculpting, all tooth preparations, impressions and model work, all provisional restorations, 10 units of high-end ceramics (4-13), bleaching the lower teeth, night guard, case design, coordination, and artistry. Fee does not include periodontal or endodontic treatment (if required).
- ⌘ Porcelain restorations repaired or replaced free of charge for a period of three years after date of placement if any problems during normal use.
- ⌘ \$XXXX deposit due at start of case, \$XXXX at final impressions, and the balance at case insertion.

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

Patient Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_.