

# Clinical Mastery

Presented by *Gold Dust*

## Full Mouth Rehabilitation Case Selection Guidelines

Full Mouth Rehabilitation was designed to raise your standard of care and comfort level with complex anterior aesthetic dentistry. With this in mind, case selection becomes a very important factor. The type of case we would like you to bring can cover a wide range of possibilities. Some clinicians will be more comfortable bringing a more difficult anterior case as opposed to a full mouth case. The following represents ideal parameters for participation in the program. We request that you source and find a minimum of TWO options that meet the criteria, so your mentor can help you select factors that will make the experience the best it can be.

### Patient Selection Criteria

- The patient will receive a full mouth restorative rehabilitation utilizing the most modern and predictable metal free techniques.
- The patient must be ready, willing and able to have all their teeth restored. They must be able to physically withstand the rigors of having 5-8 hours of “dental chair” time each day of treatment. Consequently, they need to be receptive to local anesthesia. They should be medically and emotionally sound.
- The patient will be required in Mesa for diagnosis and treatment during the following times:

<b>Sept 30<sup>th</sup></b>	<b>2pm – 5pm</b>
<b>October 2<sup>nd</sup></b>	<b>8am - 5pm</b>
<b>November 5<sup>th</sup></b>	<b>8am – 5pm</b>
<b>November 7<sup>th</sup></b>	<b>9am – 12pm</b>

In addition to several pre and post operative appointments at the doctor’s office and any follow – up visits.

### Dentally, the following requirements will be necessary for the patients:

- No dental implants
- No removable prosthetics
- No bridges longer than 4 units
- No severe skeletal Class II cases
- Patient must have at least first molar occlusion on each arch (e.g. at least 24 units to be restored)
- No history of TMD
- No signs or symptoms of TM joint pathology
- Periodontally, healthy with no pockets greater than 4mm
- No metal endodontic posts or silver point endodontic in cuspids or incisors

### An Ideal patient would have some or all of the following:

- Class I or Class III (up to end - to - end cuspids/bi)
- Worn dentition
- Recovered Bulimic Patients

- Over-closure and/or short face height
- Relapsed orthodontic cases and / or moderate mal-positioned cases
- Piece meal restorative over the years
- Occlusal discrepancies and /or interferences
- Color and appearance issues
- Missing anterior tooth with good alveolar contours

Since tissue health plays such a vital role with both impression taking and control of hemostasis during cementation, the patient's gingival health should be as close to ideal as possible. Your patient must have good periodontal health. Please bring a patient to the course that has had a comprehensive exam and cleaning within the last 6 months. A current full mouth radiograph series along with recent periodontal charting (within the last year) along with duplicate study models will be required.

**As a reminder, there is no nitrous oxide available at the clinic. Should your patient require sedation they are likely not a great candidate for the program. Any and all sedation must be managed within the scope of your personal licensure and monitored appropriately. Each case must be submitted and pre-approved.**

**Please send the Following records for evaluation.**

1. **Polyvinyl Full Mandibular and Maxillary Arch Impressions.** (Make sure they are good enough to fabricate a release appliance utilizing these models.)
2. **Photos** (pre-op – Full Face, smile, retracted open, retracted closed, profile at resting, stick bite full face, left lateral, right lateral, face bow full face.)
3. **Kois Earless Facebow Record**
4. **Copy of Current FMX and Perio Charting**

**Send to: Gold Dust Dental Lab Attn: FMR RECORDS 2242 S McClintock Dr. Suite 1 Tempe, AZ 85282**

**Once records are received, a call with a mentor will be scheduled to review your case. Include best contact number to reach you.**

Questions often arise about how to charge your patient for this service. Below are some guidelines.

1. *Charge your patient full – fee. They are getting a great service.*
2. *Reduce the fee by a pre-determined percentage (usually 20% - 30% reduction) to offset the cost of travel.*
3. *Charge the lab cost only (the 2010 fee is \$320 per all ceramic restorative unit and \$50 per wax up unit final restorations.)*
4. *Don't charge the patient. (This is the least favorite choice because value is decreased for the patient when there is no expense involved.) Make sure if you are doing a gratis case that there is some marketing opportunity for you such as agreement to use their photographs in marketing, on your wall etc. or a potential referral source for future work.*

As a marketing recommendation, it's advisable to restore a staff member as part of the course; they will become a major promotional tool in your practice. Although many doctors choose to restore their spouse, the marketing potential is greatly reduced as compared to assistants or other staff members, unless they work in the office.

Case selection questions: Dr. David Hornbrook [david@hornbrook.com](mailto:david@hornbrook.com) Dr. Mike Smith [drmike@thebitingedge.com](mailto:drmike@thebitingedge.com)