

**MAEER PUNE's**  
**MIDSR DENTAL COLLEGE & HOSPITAL**



Vishwanathpuram, Ambajogai Road, Latur – 413 512

**INTERNS CLINICAL RECORD BOOK**

**DEPARTMENT OF CONSERVATIVE & ENDODONTICS**

**CERTIFICATE**

*This is to certify that Miss/Mr. \_\_\_\_\_*

*has satisfactorily carried out the practical work as prescribed by the Maharashtra University of Health Sciences, Nashik, for the subject of Conservative Dentistry & Endodontics*

**LECTURER**  
Dept. of Conservative & Endodontics  
M.I.D.S.R. Dental College, Latur.

**H.O.D.**  
Dept. of Conservative & Endodontics  
M.I.D.S.R. Dental College, Latur.

Date :        /        /20

Name of Intern:- \_\_\_\_\_

***SILVER AMALGAM RESTORATION (Class I and Class II):***

<b>Sr. No</b>	<b>Date</b>	<b>OPD No.</b>	<b>Patient's Name</b>	<b>Tooth No.</b>	<b>Cavity Type</b>	<b>Signature</b>
01						
02						
03						
04						
05						

(RCT)

***EXTRACTED TEETH***

<b>Sr. No.</b>	<b>Tooth</b>	<b>Working length</b>	<b>BMP / Master Cone</b>	<b>Obturation</b>
1				
2				
3				
4				





Name of Intern:- \_\_\_\_\_

**POST OBTURATION:**

<b>Sr. No</b>	<b>Date</b>	<b>OPD. No</b>	<b>Patient's Name</b>	<b>Tooth No</b>	<b>Amalgam</b>	<b>Composite</b>	<b>Signature</b>
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

Name of Intern:- \_\_\_\_\_

**COMPOSITE RESTORATION:**

<b>Sr. No</b>	<b>Date</b>	<b>OPD. No</b>	<b>Patient's Name</b>	<b>Tooth No</b>	<b>Cavity Type</b>	<b>Signature</b>
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

Name of Intern:- \_\_\_\_\_

**PULP CAPPING:**

<b>Sr. No</b>	<b>Date</b>	<b>OPD. No</b>	<b>Patient's Name</b>	<b>Tooth No</b>	<b>Pulp Capping</b>	<b>Signature</b>
01						
02						
03						
04						
05						

Name of Intern:- \_\_\_\_\_

**GLASS INOMER RESTORATION:**

<b>Sr. No</b>	<b>Date</b>	<b>OPD. No</b>	<b>Patient's Name</b>	<b>Tooth No.</b>	<b>Cavity Type</b>	<b>Signature</b>
01						
02						
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05						
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07						
08						
09						
10						

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