Preclinical

MODELCHECKLISTFORTHEEVALUATIONOFWAXCARVINGSOF

PRIMARYTEETH

Sr. No.	Tooth Carving		Date	Poor 0	Below Average1	Average 2	Good 3	Very Good 4	Sign
1	Maxillary Central Incisor	R							
2	Maxillary LateralIncisor	R							
3	Maxillary Canine	R							
4	Maxillary FirstMolar	R							
5	Maxillary SecondMolar	R							
6	Mandibular central Inciser	R							
7	Mandibular lateral Inciser	R							
8	Mandibular Canine	R							
9	Mandibular first Molar	R							
10	Mandibular second Molar	R							

MODEL CHECK LIST FOR THE EVALUATION OF WAX CARVINGS OF
PERMANENT TEETH

Sr. No.	Tooth Carving		Date	Poor 0	Below Average1	Average 2	Good 3	Very Good 4	Sign
1	Maxillary Central Incisor	L							
2	Maxillary Lateral Incisor	L							
3	Maxillary Canine	L							
4	Maxillary First Premolar	L							
5	Maxillary Second Premolar	L							
6	Maxillary First Molar	L							
7	Maxillary Second Molar	L							
8	Mandibular Central Incisor	L							
9	Mandibular Lateral Incisor	L							
10	Mandibular Canine	L							
11	Mandibular First Premolar	L							
12	Mandibular Second Premolar	L							
13	Mandibular First Molar	L							
14	Mandibular Second Molar	L							

MODELCHECKLISTFORTHEEVALUATIONOFBASICWIREBENDING EXERCISES

Sr. No.	Exercise	Date	Poor 0	Below Average1	Average 2	Good 3	Very Good 4	Sign
1	Straight wire 0.7 mm							
2	Straight wire 0.9 mm							
3	Triangle wire 0.7 mm							
4	Triangle wire 0.9 mm							
5	Square wire 0.7 mm							
6	Square wire 0.9 mm							
7	Circle 0.7mm							
8	Circle 0.9mm							
9	Rectangle 0.7mm							
10	Rectangle 0.9 mm							
11	U-V Loop 0.7mm							
12	U-V Loop 0.9mm							

MODEL CHECKLIST FOR THE EVALUATION OF WIRE BENDING

EXERCISES

Sr. No.	Exercise Clasps	Tooth No.	Date	Poor 0	Below Average 1	Average2	Good 3	Very Good4	SIGN
1.	C-Clasp								
2.	Jackson's Clasp								
3.	Triangular Clasp								
4.	Adam's Clasp								
5.	Modifications of Adam's clasp								

MODEL CHECKLIST FOR THE EVALUATION OF WIRE BENDING

EXERCISES

SPRINGS

Sr. No	Exercise	Date	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4	SIGN
1.	Single cantilever spring irt 11							
2.	Double Cantilever Spring irt 11							
3.	Double cantilever spring irt 11 & 21							
4.	Finger spring on 11 & 21							
5.	Coffin Spring							
6.	T- Spring							

CANINE RETRACTORS

Sr. No.	Exercise	Date	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4	SIGN
1.	U loop Canine Retractor							
2.	Buccal Canine Retractor							
3	Palatal Canine Retractor							
4.	Helical Canine Retractor							

MODEL CHECKLIST FOR THE EVALUATION OF WIRE BENDING

EXERCISES

LABIAL BOWS

Sr.No.	Exercise	Date	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4	SIGN
1.	Short labial bow							
2.	Long labial bow							
3.	Split labial bow							
4.	Reverse labial bow							

MODEL CHECKLIST FOR THE EVALUATION OF FABRICATION OF APPLIANCE

Sr. No.	Exercise	Date	Poor 0	Below Average 1	Average 2	Good 3	Very Good4	SIGN
1.	Hawley's Appliance							
2.	Bite plane with Cantilever spring							
3.	Canine retractor Appliance							
4.	Maxillary Expansion screw Appliance Removable type Fixed type							
5.	Habit breaking appliances Removable type Oral screen Semi-fixed type							

Sr. No.	Exercise	Date	Poor 0	Below Average 1	Average 2	Good 3	Very Good4	SIGN
6.	Catalans Appliance							
7.	Myo-functional Appliance							
8.	Feeding Appliance							

BASIC SOLDERING AND WELDING EXERCISE

Sr. No.	Exercise	Date	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4	SIGN
1.	Basic soldering Exercise							
2.	Basic welding Exercise							

MODEL CHECKLIST FOR THE EVALUATION OF FABRIVATION

OF SPACE MAINTAINERSRE

<u>REMOVABLE TYPE</u>

SPACE MAINTAINERS

Sr. No.	Exercise	Date	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4	SIGN
1.	Anterior aesthetic Space maintainer							
2.	Unilateral Functional space maintainer							
3.	Unilateral non functional space maintainer							
4.	Bilateralfunctional space maintainer							
5.	Bilateral non functional space maintainer							

SPACE REGAINERS

MODEL CHECKLIST FOR THE EVALUATION OF

TYPHODONT EXERCISE

Sr. No.	Exercise	Date	Tooth no:	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4	Sign
1	Phantom head exercise: performing ideal cavity preparation for various restorative materials for both permanent and deciduous teeth		Class I 36 (Composite)						
			Class II 46 (Composite)						
			Class II 11 (Composite)						
			Class I 16 (Amalgam)						
			Class II 26 (Amalgam)						
			Class II 36 (GIC)						
			Tunnel Preparation 26 (GIC)						
			Class I 55 Conventional						
			Class I 16 Palatal extension						
			Class I 65 Conservative						
			Class I 46 Buccal Extension						
			Class II 85 Conventional						

MODEL CHECKLIST FOR THE EVALUATION OF
TYPHODONT EXERCISE

Sr. No	Exercise	Date	Tooth no:	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4	Sign
2	Preparation of teeth for various types of crowns								

MODEL CHECKLIST FOR THE EVALUATION OF
EXTRACTED TEETH EXERCISE

Sr. No.	Date	Exercise	Tooth no:	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4	SIGN
		Access cavity preparation for various endodontic procedures							

Clinical Work
Pediatric Restorative Dentistry

Sr No.	Date	OPD No.	Name	Procedure done

Pediatric Endodontics

Sr No.	Date	OPD No.	Name	Procedure done

Apexification

Sr No.	Date	OPD No.	Name	Procedure done

Functional Appliance

Sr No.	Date	OPD No.	Name	Procedure done

SS Crown

Sr No.	Date	OPD No.	Name	Procedure done

Other Crown

Sr No.	Date	OPD No.	Name	Procedure done

Space Maintainer

Sr No.	Date	OPD No.	Name	Procedure done

Case Under General Anesthesia / Conscious Sedation

Sr No.	Date	OPD No.	Name	Procedure done

Treatment of the special child

Sr No.	Date	OPD No.	Name	Procedure done

Preventive   measures

Sr No.	Date	OPD No.	Name	Procedure done