

Content and Survey

by

[Cornell Glisson]

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**DECLARATION**

I, [*Cornell Glisson*], declare that the contents of this dissertation/thesis represent my own unaided work, and that the dissertation/thesis has not previously been submitted for academic examination towards any qualification. Furthermore, it represents my own opinions and not necessarily those of the University.

Signed \_\_\_\_\_

Date \_\_\_\_\_



### Content and Survey

If for some reason you have to extravert some or all of your teeth, chew more frequently and look for a nice smile, a feasible solution is to use a dental prosthesis (or dentures), complete or partial. And to keep it in perfect condition, it is important to know how to care.

At present, the (or dentures) dentures are made so that they look as much as possible to your natural teeth, so there are no noticeable changes in your appearance or improve. However, you may feel strange (or) to start using them, until the muscles of your cheeks and tongue learn to keep them in place and you feel comfortable (or) to wear them and take them off. You could also experience some irritation in the mouth, and increased saliva production at first. But these problems usually disappear as your mouth gets adjusted to use.

Most likely, your dentist will advise you to use your new prosthesis all the time (even sleeping) during the first days. Although this you will be uncomfortable, it is the fastest way to adapt to the prosthesis and identify areas that need some adjustment. Once the necessary changes are made and you feel comfortable (a), you must remove your dentures before bed to give rest to your gums and your tongue and allow your saliva to make a work of cleaning your mouth. The next day, you can get back the prosthesis.

In the early days, you may also have some difficulty pronouncing certain words. The simplest solution is to practice pronouncing the words aloud until you sound as normal. As for the food, you may need a few weeks of practice before you feel comfortable (or) to chew. It is best to start with soft foods cut into small pieces. Chew slowly with both sides of your mouth,

until you get used to use his prosthesis. Yes, be careful with the hard, sticky or very hot foods, and try to avoid chewing gum.

For many people, the dental prosthesis is an extremely important subject, besides being used daily; it also contributes to the well being and self-esteem of the patient. So when she suffers some damage is great concern and fear of losing it completely, it is still higher

Fixed loose dentures or have great durability but some situations may be damaged. To avoid this problem, people need to maintain good hygiene bucal, gums and teeth should remain healthy with brushing after meals, preferably with fluoride toothpaste and flossing daily. You also need to avoid hard foods, ice and other hard foods.

Another important part of maintaining your denture cleaning as indicated by the specialist and with the correct products. In addition, periodic way the dentist is very important for tests, treatments and dressings.

However, if even with all these precautions the prosthesis suffer some damage as fracture, deformation, detachment or even wear for the misuse or time, the patient must take the prosthesis and parts and search for your dentist to see if it can be recovered or if you need to make another.

One of the most recurrent pieces of lack of knowledge from the prescriptions included the clinic through which there originated the prescription. It was because of the having 'in-house' laboratory and it was considered not to necessarily offer this type of knowledge. Hence, the legal needs are to make it essential and in the environment of teaching regarding the information requested which is essential to supply. The dentists were qualified and were poor in offering the information. It was due to the undergraduates who were more thorough when these prescriptions

were complete. It is because the prescriptions were checked by the dentist. The primary reason behind the poor results of participants may be because it was down to assume and have supervision checking indicating that these prescriptions were signed by them. The significance of the participants primarily authorizing their work for preventing bad habits and encouraging good practice developed during this experience. Moreover, these dentists were poor in offering authorized signatures, it was often deemed unprofessional and it indicates the education necessity additionally. Hence, the concerns of communication and inadequate prescription between the laboratory and clinician were highlighted first almost thirty years ago (Owall, 1974, pp. 21). There is a need of evidence for demonstrating that such issues still persist. The primary reason for it is not yet clear. Probable advanced reasons in the literature

It is important to follow a set of recommendations for the hygiene and care of the prosthesis. Good maintenance of these, guaranteeing duration largely and functionality thereof.

It was also considered to be down to bad habits picked from being a student. The obligations if legal should be highlighted from undergraduates early on education and additional emphasis was placed on fulfilling the prescriptions correctly. The material types need to fabricate the prosthesis was offered poorly. It can be because of insufficient knowledge technically, not being aware of the available materials, and assumptions are often made regarding the standard material use. Officially, it is important to specify such prescriptions and it is known to poses essential queries related to the responsibility of the technicians to offer knowledge. Logically, the material types used usually do not make a difference to the patients regardless of any sort of allergy.

In these cases, it is the responsibility of a dentist to offer appropriate knowledge to the dentist. Just over half of the instructions written it were considered to offer appropriate and clear information for constructing the appliances. It is essential for the dentist for recognizing the legal and ethical responsibilities. The dentist possesses authority and knowledge for delegating the procedures of the laboratory founded on the aesthetical demands and functions of the patients. Hence, it is essential for a dentist to design the prostheses if final without looking for the technician's assistance. The technicians i.e. dentist will possess an access to the knowledge of clinics related to the patients. The technicians responsibility is prosthesis fabricate specifically prescribe by the prescriptions. Such responsibilities are primarily not adhered to the unacceptable prosthesis outcomes. The effective and communication between the technicians and dentist is important for the fabrication successful for the final prosthesis. Unsuitable prescription use will leave much of the technician's decision making. In this study, it was determined that these qualified dentists usually do not offer full or any written prescription and they were also contacted for the explanation and it was additionally regular as compared to undergraduates.

Keep in mind that, according to various conditions precedent (among which the quantity and quality of the bone and the vicinity of important anatomic structures that could be damaged by the placement of implants), it is not always possible to achieve these two purposes absolutely.

The lack of bone can force sometimes to put the teeth away from the gum, artificially forcing play a kind of gum that for reasons of hygiene, should be separated from their true gums 2 implant supported prosthesis some metal posts anchored to the implants (hybrid prosthesis). In these cases, although coverage for lips can give a normal cosmetic appearance, the inside of the mouth is not natural.



It is very important to tell your dentist what you have aesthetic expectations, to assess whether or not you can get a fully satisfying. It is also important to note that bone loss (resorption) that occurs after the loss of the tooth itself is not restored when the implants are placed and fixed implant prostheses. Subsidence is sometimes seen in the upper lip area in canine or in other locations due to bone loss is not completely solved in this way.

A partial denture provisional aims to temporarily replace elements lost due to dental caries or trauma. Its usage time is limited, since this type of prosthesis has to support only the alveolar ridge (bone covered with gum), a structure that does not should receive constant efforts chewing. In some cases, this type of implant may have staples metal (stainless steel) will "embrace" some teeth, so as to impart greater retention part. Although provisional, PPR basic care needs both in its use and in its maintenance, aiming to keep it always clean, aesthetic and functional.

It can be used all the time, even while the patient is sleeping. If you are bothering or pressing somewhere in the mouth, avoid chewing on the site you are hurting and looking for a professional ASAP. Inserting and removing the denture carefully so that there is no warping of the staples. The patient should remove it from the mouth for a few hours during the week.

### Care

After meals, remove the prosthesis to brush the mouth (gums, "palate", and language) with a soft toothbrush and toothpaste. Cleaning removes these local accumulations plaque and food debris as well as stimulates circulation. To sanitize the prosthesis simply rinse it under running water. Brushing the prosthesis must be taken with appropriate or even a

toothbrush and mild soap brushes (avoid products corrosive as disinfectants, etc. The toothpaste used in brushing teeth should be avoided in brushing the dentures, it is much abrasive and can, with constant use, remove the shine from them and damage them. When sleeping, remove the denture, clean it as described above. During the night, you can leave prostheses in a disinfectant solution. A simple and efficient solution for cleaning can be obtained by mixing 15 ml sodium hypochlorite solution with concentration between 2 to 3% (Bleach) in a glass of 300ml of water. In the morning remove the prosthesis of this disinfectant solution and brush it under running water.

It is considered that the RPD or removable partial denture is employed for edentulous partial dental patients who usually desire to undergo replacement teeth for aesthetic and functional reasons and they cannot have a fixed partial denture or bridge for numerous reasons for instance to be short of required teeth which is known to serve as a bridge support such as financial limitations and Distal abutments. The reason for this prosthesis type is known as RPD because usually the patients can reinsert or remove it when needed without the aid of the professionals. For removable partial denture, 14% (n = 100) of the participants were clear, 55% (n = 100) were a guide and few of the designs were left to the technician, 30% (n = 100) and was considered to be poor and left most of the responsibilities for the design to the technician, and 1% (n = 100) had no written instructions.

A crown is a type of restoration techniques of dentistry which completely encircles and caps a dental or tooth implants. This type of crowns are often required when huge cavity threaten the ongoing tooth health. It is bonded typically to the tooth by employing the dental cement. These types of crowns are often made from a planet of materials which is primarily indirectly

fabricated. These crowns are often employed for improving the appearance or strength of teeth. Whereas, inarguably it is useful to the materials, procedure, and dental health can be comparatively expensive. The above table shows the distribution of the descriptions according to the scheme of funding. When inquired about the instruction related to the quality of written instructions received it was reported that:

There are 3 percent instructions that were clear and these describe adequately the crowns which were planned. Similarly, 73 percent were guide and few of the design were left for the discretion of the technicians. Twenty four percent were a poor whereas, 0 % were illegible instructions.

The bridge is a restoration by dentist which is often fixed as it replaces a missing tooth by permanently joining an artificial tooth to dental implants and adjacent teeth. The types of bridges are known to vary that depends on the adjacent teeth anchored and fabricated. Conservatively, these bridges are made primarily by using restoration method which is indirect. For the fixed bridges, there were 100 participants involved and they were certain about the final impression had been disinfected. The written instruction quality was evaluated by 100 out of 500 participants specifically for fixed bridges. It was reported that 6% instructions were clear, 70 % were a guide, 24% were poor, and however, there were zero percent that did not have any written instructions.

Complete dentures are primarily the full oral coverage devices that normally replace an absolute missing teeth arch. The complete denture fabrication usually not only replaces the teeth missing but it also replaces the function, phonetics, and esthetics. The complete denture characterization offers the denture a life like appearance as it makes it appear additionally

natural. For Complete dentures, 6% (n=100) of the participants were clear, 84% (n = 100) were a guide and few of the designs were left to the technician, 9% (n= 100) and was considered to be poor and left most of the responsibilities for the design to the technician, and 1% (n=1) had no written instructions.

There are artificial substitutes for the materials and body parts that are inserted into the tissue for the therapeutic, cosmetic, and functional purposes. These prostheses can primarily be functional as in the artificial legs and arms, or cosmetics. These implants are surgically grafted or inserted into an individual's body and it tends to be therapeutically utilized. There are 69 percent instructions. Similarly, 28 percent were guide, three percent were a poor whereas, and 0 % were illegible instructions.

One of fundamental components includes the prescription and designs of the prostheses for prosthodontic therapy and it is essential to complete it mindful of the biological and mechanical factors. Such knowledge is essential to be communicated in an unambiguous and clear manner to the dental technicians. Insufficient design of communication of the information results in the prosthesis is thought to be fabricated with limited reference to the benefits of the biological and clinical information.

The poorly designed potential prostheses often cause the damage to the tissues which is considerably well recognized. within the literature the published investigation have excessively demonstrated the design of communication for the cobalt-chromium based removable partial dentures from the clinicians to the laboratory of dentist is poor. Over the last 30 years these finding have been reported in numerous countries. Lynch, and Allen, (2003) conducted a study previously examining the materials and impression tray selection for the master impressions for

cobalt-chromium based RPD and it has been found to be used extensively in inappropriate materials and impression trays. Limited studies indicate the fixed prosthodontics area however, more notably inappropriate impression trays are extensively used. Such impressions are often acquired by the dental laboratories being not disinfected adequately (Winstanley Carrotte, Johnson, 1997; Winstanley, 1999, pp 209).

Such types of studies were undertaken before professional guideline introduction in this type of area. Over the past ten years, particular legal and ethical guidelines were introduced which the clinicians to undertake suitable prostheses needs design and communicate such features of design to the technicians. The “British Society for the Study of Prosthetic Dentistry” is one of a specialist society which often promoted the removable prosthodontics and its excellence. According to this society the partial denture design is the responsibility and duty of the clinicians and it is often recommended that the master impressions are essential to be made by utilizing either a tray of modified metal stock or special rigid tray and it is usually recorded by employing stable elastomeric material dimensionally. It has been recommended that usually when the alginate is employed the impressions are often immediately poured for minimizing the dimensional alterations (British Society for the Study of Prosthetic Dentistry, 1996). according to British Society for Restorative Dentistry, (1999) the written prescription purpose for fixed prostheses is to communicate and record accurate details of all the bridge work and crown aspects needed.

The General Dental Council, (2002) has placed a particular need on the dental practitioners for offering suitable written instructions when manufacturing of the prosthesis is being performed and the laboratories of dentist produce a specified prosthesis. The guidelines of

the General Dental Council for the dental education indicates that effectively complete dental undergraduate training has to be competent in designing the effectual partial dentures' and indirect restorations. Some most related researches in both the removable and fixed prosthodontics indicate that the dental literature was carried out before introducing these guidelines. No past study has so far examined the prescription and design of both the removal and fixed prostheses.

The RPD fabrication and the prescription quality by the general practitioners worldwide consequently fail to comply with legal and ethical requirements. various studies indicates that the dentist are often negligent along with the fundamental principles regarding the RPD construction and in numerous countries master and impression casts for the RPD's are normally sent to the dental laboratories without the written instructions and mouth preparation for the information of the designs. Therefore, it is important to determine if the discrepancy between the constructions of RPD principles are being described in the literature and the clinical principles reality is due to insufficient programs of education during dentistry schools. Hence, this study aims at demonstrating the knowledge of the senior dental students related to the RPD design and mouth preparation.

A study of De Van (1942) affirmed that an individual should meet the patient's mind before an individual meets a patient's mouth. A strict treatment protocol and accurate diagnosis have proven to predict rates of good long term survival for the care of prosthodontics. Hence, the prosthetic treatment is one of an excellent clinical quality; however, few patients are primarily dissatisfied. The satisfaction with the prosthetic dentistry is considered to have multicausal characters (Sondell, Soderfeldt, Palmqvist, 2004). There are numerous concerns regarding the

relationship of the patients and doctors which was dated in the previous decades as Hippocrates. One of a primary impetus for patient's satisfaction investigations with the health care was the movement of quality assurance in the 1970's.

Currently, the information in the studies regarding the satisfaction of the patients has been shifted from the health care from the sellers markets to the markets of buyers i.e. internal marketing (Kress, 1988, pp. 791). A public shift from the "structures societal driven industry" to the "driven societal structures which are informational" making numerous patients with the main change catalyst (Nermin, Ankara, 2005). It is essential for the Prosthodontists to completely understand their patients as these types of understanding predispose the patients for accepting the treatment kinds they require (Listl, Behr, Eichhammer, Tschernig, 2012, pp 997). In regards to the esthetic issues of prosthodontics the advisable versus possible are major and common concerns making patient's desire considerations and expectations essential for attaining a result with satisfactory treatments (Schwartzberg Cowett, VanGeest, Wolf, 2007). The level of education age and gender possess effects on the satisfaction and previous treatments of dentist are received on the anterior teeth and desired treatment for esthetics improvements (Akarslan, Sadik, Erten, Karabulut, 2009). In prosthetic dentistry, the satisfaction of patients is one of a multidimensional concept, as is the perception of the patients of dental care (Hakestam et al, 1997, pp 96).

Rehabilitation of the prosthetic is one of essential aspects of the quality of life of the patients. The reintegration level is directly linked with the satisfaction degree of the rehabilitation (Goiato, Pesqueira, Silva, Filho, Santos, 2009, pp 175). The high technical quality significance is a corner stone of the prosthetic dentistry which often outlines the quality of life of

an individual (Turkyilmaz, Company, McGlumphy, 2010, pp 3), and the satisfaction of the patients are in focus. In numerous instruments for evaluation suggests that instruments technical competence is one of a critical aspect of the perspective of the patients. One of a huge anxiety predictor is the perception of the patients of the technical competence of the dentists' (Hakestam, Karlsson, Soderfeldt, Ryden, Glantz, 1997, pp. 365).

Newsome Wright (1999) suggested that the dentistry and its simple practicing with high technical expertise extent are not convinced necessarily of the patients and they have acquired a high dental care quality. Various other technical factors include the quality of barometers dental treatment. The practitioners should psychotical care aspects and lose sight of the human. One should keep in mind that it is one of essential dental treatment quality components. In simple words, an individual's care cannot be of high quality unless an individual patient is satisfied. The care of quality addresses total psychological and clinical factors of the satisfaction of the patients every effort which is toward the dentistry good quality and quality assurance requires to be included to include the satisfaction of the patients and measures of perception is essential (Nermin, 2005, pp 110).

### *Legislation*

Since, the year 1998, it is essential for the restorations and prostheses manufactured in the dental laboratories to comply with the MDD or European Union Medical Devices Directive. This emerged as one of Healthcare products Regulatory Agency. This organization aimed at aiding the public health. It is attained by ensuring that the compliant medical devices and constructed with materials are thought to be of acceptably safety. It promptly responds when the new issues



come into light. These legal and ethical obligations place a particular need on the dentist for offering the suitable written instructions when an individual manufactures prosthesis and technicians usually manufacture the prosthesis for such a specification. Insufficient design of communication results in a fabricated prosthesis which is essential biological and clinical information.

Regardless of the ethical and legal dentist responsibilities for communicating and prescribing the technicians, there is a variety of information offered by various different dentists. The prescriptions are thought to be abused and used communication form between the technicians and dentist, the poor communication reason in such studies is either an educational or financial factors. Numerous studies are known to compare the written instructions samples offered under different structure of fee and limited differences exist between the instruction qualities. It has been therefore suggested that such concerns are often encountered by the communicating dentist and the prosthesis designs are probably linked with the educational concerns than the financial ones.

The system of diagnosis of the oral diseases and prosthodontics conditions treatment are often modified founded on the shift of paradigm from the system of disease orientation and system of the problem oriented and patients systems. The clinical dentistry trends often influences the patients based outcome significance and holistic diagnosis which has been observed in this field.

Cleaning involves brushing of all crowns or bridges with toothbrush and toothpaste. For the pontic (cover that replaces the missing tooth or teeth) also uses a special thread called dental floss Super to be passed between the pontic and gum from inside to outside or vice versa, making

cleaning and preventing the accumulation of debris food. For the pockets (spaces between gums and teeth) and between spaced teeth with interdental brushes (kind of brushes that slide between teeth inward and outward), or pontics thread. At the end you can use a handpiece with or without mouthwash.

Be very careful with the fixed prosthesis. Avoid harsh from foods like nuts in shell, seafood shells, etc. (Which they should not bite with natural teeth). Once permanently cemented fixed prosthesis should be reviewed by the dentist every six months to check and to correct time tooth decay, gum inflammation, tooth mobility, possible ulcerations, etc as well as state and setting of the prosthesis. You should go to the dentist whenever it detects any anomaly, especially if you notice discomfort with cold drinks, if your gums bleed while brushing or eating, and if you notice mobility or "splash" in his prosthesis to bite because they are signs that have been taken off.

Often older people who can not properly care for the oral care, long term end up losing their teeth, or allowing them to deteriorate over the years. To replace since teeth are essential to feed and maintain our healthy body prostheses are used, which are often fixed, other removable, and can replace one or more teeth, including exist crowns or caps, bridges, implants and dentures. But the same especially the latter needs some TLC. Especially if it has been newly placed, the patient will be asked to eat soft foods, and is incorporating harder foods. You will also chew soft foods slowly to avoid damaging the structure of the mouth, and to not abuse the prosthesis.

Unless the specialist stated otherwise, the prosthesis must be removed before starting cleaning to prevent the buildup of plaque, they should not be cleaned with boiling water as the

heat and can damage the teeth loosen only the must sanitize with water and liquid natural temperature indicated by our dentist .

If any discomfort or injury, blisters caused by the prosthesis, the patient should immediately consult with your trusted specialist occur. All of a denture wearer should be aware, that besides all these instruments is basically delicate and must be under control, hygiene and housekeeping. The lack of these three criteria can cause a bad state that not only affects the health of anyone, but also the look and wellbeing of the person using it daily. The accumulation of bacterial plaque is the main reason for the incident occurring and provide the appearance of lesions and mouth irritations and stains on the teeth.

Among the recommendations made by specialists to prevent the prosthesis have to perform all cleaning brush further, it should be noted that the apparatus of implants have to be placed on your site as often wet in the mouth, in addition to it is not appropriate to introduce or bite on them without being properly placed, as it can cause undue injury to the gums.

Also worth mentioning one more fact which is to remove the prosthesis at bedtime, this is essential. In general, take a good brush cleaning and maintenance complete dentures can not only facilitate our continually use but can also help to prolong its useful life not having to replace the prosthesis in short periods because they do not cost very cheap also. Recall that in a complete denture cleaning is continuous follows these steps: firstly and after each meal should thoroughly wash the set and the same mouth.

Also, the same element of restitution has to be brushed at least once a day with a little helping toothpaste or whether to use a mild soap, to avoid the formation of tartar and other bacterial plaque deposit. To avoid breaks or bumps and deformations, it is recommended to

remove the appliance out of the mouth while on sleep, and keep the denture in water and which can be added special disinfectants that are available in pharmacies for further care. Always we clean them, do it on a towel or a container, so that the case falls, not likely to break. Apart from all, if any discomfort occurs that is not involved in this case with cleaning, you should see your dentist so you can give a more accurate diagnosis of the issue.

One of the most important phases in the care of a removable prosthesis lies in the oral hygiene of the patient themselves. This should practice a cleaning program that includes both the remaining teeth as a removable prosthesis. You need something better than the usual care of natural teeth, since the presence of the partial denture does not diminish, however, increases the risk of tooth decay in teeth which contact.

The lifetime of a prosthesis will be severely shortened by poor oral hygiene, this will result in the partial edentulous tooth decay and oral mucosa alterations in places of seat, which is also seen in edentulous. Patients may receive personal instructions for plaque removal, which must be met on a regular basis controls.

Patients are then prompted to take out the dentures overnight or at least for a period of 3 hours during the day. Some patients experience fatigue as a result of having them outside the mouth all night, while for others, it is in the rest. Constant contact with a foreign material oral tissues of some individuals, produce those changes. It has been observed that many hyperplastic tissue reactions under dentures occur in patients who use continuously through the day and night.

One of the duties of the team working on patient education is taking the trouble to teach hygiene, uses and care must be taken with prosthetic stomatology and oral self-examination for

possible injuries caused by the prosthesis, at least to ensure that their views have been understood.

The term “Partial edentulism” is one of a kind of a clinical diagnosis in the Kingdom of Bahrain which is experienced by all the adults and most of these individuals will seek treatment and advice from their oral providers of health care (Misch et al, 2006, pp 340). For such types of patients, the dentist primarily offers 3 main options of treatments including fixed partial dentures, removable partial dentures, and implant supported fixed partial dentures and crowns. The removable partial dentures are usually requested treatment for numerous concerns, However, experience of frustration rate among the dentist and patients is high; specifically distal free-end mandibular RPDs, that is often referred to as Kennedy Class I or II RPDs. In the United Kingdom there are numerous dentists who primarily exclude the treatment of RPD from their practice because of the lack of knowledge, lack of benefit, and negative experience with the treatment types. Hence, this project is will have an immediate timely application in influencing the design of postgraduate clinical training programmes in the Kingdom of Bahrain. It has the full support and cooperation of the Bahrain Dental Society and of the local commercial dental laboratories.

It is noted to diminish the issues related to the teeth, the procedure of implants have been incorporated to maintain bone, increase stability, and offer additional support. This dissertation therefore aims at demonstrating the effectiveness of the prescription of RPD, crowns, fixed bridges, complete dentures and implant supported prostheses. It is considered to be the treatment options and impact of the implant therapy on the oral health quality of life of the patients. . The proposed study will also offer a conclusive overview of the situation regarding prosthodontic

practice and will be of value in assisting the Bahraini Ministry of Health in reviewing the content and scope of its graduate dental training programs.

Moreover, Radhi et al. (2007) and Lynch and Allen (2007) suggested that the impression material such as alginate is employed commonly for the final impressions for the RPD which is often poured after twenty four hours. It has been shown in this study that both the blood and saliva were 19% visible after impression examination. These results were similarly obtained by one of another study conducted by Lynch and Allen, 2005. On the other hand, Al-Kheraif and Mobarak (2008) conducted another research in which the practices of infection control were observed in Riyadh mainly in private laboratories. there were around 9.4% of the laboratories which successfully suggested that they acquire impressions which are often disinfected and they were informed by means of the through notification labels.

**Appendix**

Do you believe RPD serves as the most optimum prosthesis treatment for you?

- A) Clear
- B) Guide
- C) Poor
- D) None

Does RPD satisfy all your dental treatment needs?

- a) Yes
- b) No

Have you had any difficulties in acquiring RPD prosthesis treatment?

- a) Yes
- b) No

Is professional supervision a must for acquiring RPD prosthesis treatment?

- a) Yes
- b) No

Does Crown have any distinctive advantages over the other prosthesis treatment mechanisms?

- a) Yes
- b) No

Do you believe Crown is the answer to all your prosthesis dental needs?

- a) Yes
- b) No

What is the exact nature of instructions in the case of Crown?

- A) Clear
- B) Guide
- C) Poor
- D) None

Does Crown offer you the top most quality associated with prosthesis dental treatment?

- a) Yes
- b) No

Do you believe technicians have an increased role to play in the delivery of prosthesis treatment in the case of Crown?

- a) Yes
- b) No

What is the exact nature of instructions in the case of Fixed Bridges?

- A) Clear
- B) Guide
- C) Poor
- D) None

Are you satisfied with the quality offered by Fixed Bridges?

- a) Yes
- b) No



What is the exact nature of instructions in the case of Complete Dentures?

- A) Clear
- B) Guide
- C) Poor
- D) None

Are you satisfied with the quality offered by Fixed Bridges?

- a) Yes
- b) No

What is the exact nature of instructions in the case of Implant Prosthesis?

- A) Clear
- B) Guide
- C) Poor
- D) None

Are you satisfied with the quality offered by Implant Prosthesis?

- a) Yes
- b) No