TRAUMATIC DENTAL INJURIES IN PEDIATRIC PATIENTS

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BY

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MASTER OF DENTAL SURGERY (M.D.S.)

IN

PEDODONTIA AND PREVENTIVE DENTISTRY

(Branch VIII)

DEPARTMENT OF PEDODONTIA AND

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GOVERNMENT DENTAL COLLEGE AND HOSPITAL,

AHMEDABAD





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NON-PHARMACOLOGIC MEANS OF BEHAVIOR MANAGEMENT

DR. PARIKRAMA SOLANKI

NON- PHARMACOLOGIC MEANS OF BEHAVIOR MANAGEMENT

BY

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AVULSION OF TOOTH AND ITS CLINICAL CONSIDERATIONS



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BIOMIMETIC MATERIALS IN PEDIATRIC DENTISTRY

SUBMITTED BY: DR SWETA WAGHELA

GUIDE: DR SHANTANU CHOUDHARI

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CODE OF CONDUCT HANDBOOK



INDEX

Sr.No.	Content	Pg. No.
1	About Dean & Additional Director (Dental)	1
2	Welcome note from Dean & Additional Director (Dental)	2
3	Oath	3
4	Vision and Mission	4
5	General rules and regulations of college	5
6	Curriculum	7
7	Academic Calendar	9
8	Time table	10
9	Code of ethics for Staff	15
10	Code of ethics for Students	17
11	Rights and duties of staff	19
12	List of faculty members	21
13	Hostel rules and regulations for students	24
14	Anti ragging policy	28
15	Other important contact numbers	33
16	Code of Conduct Monitoring Committee	34

ABOUT THE DEAN & ADDITIONAL DIRECTOR (DENTAL)



Dr.Girish Parmar, Dean & Additional Director (Dental), has taken on his responsibilities with remarkable enthusiasm. A strict administrator, known for his earned Bachelors leadership qualities .He his as well as Masters Degree(Conservative Dentistry & Endodontics) from GDCH, Ahmedabad. He began his teaching career thereafter and soon rose to the post of 'Head of the Dept' at the age of 32. He passed his Ph.D degree in 2004 and went on to become the Dean of GDCH Ahmedabad next year.

A dynamic personality, Dr.Girish Parmar has many contributions in various books and scientific articles pertaining to his subject. He is always keen towards organizing various scientific lectures & workshops in order to benefit the students and faculty. He is awarded fellowships from various organizations like Royal Society of Health (London), World Health Organization (U.S.A.) & International College of Dentist (India and Sri Lanka Section). He is also awarded "Jewel of India" & "Life time achievement gold medal" award in the year 2005 for excellence in his field. He was Chief Investigator of WHO project on 'Atraumatic Restorations' in rural areas. He is also responsible for the quality of the institution's academic programs. Our institution competes with the best institutions all over India in providing quality education and caters to different oral healthcare needs of the society. He has done an outstanding job in achieving its present state of the institute.

Institute will continue to scale new heights of the achievements in the near future under his able leadership.

WELCOME NOTE FROM DEAN & ADDITIONAL DIRECTOR

It is rightly said "Education and Knowledge provide a good coordination between one's mind and soul." It is my proud privilege to be assuming the role of Dean, GDCH, Ahmedabad, one of the oldest Dental Institute imparting its services to the people of Gujarat and its neighbouring states established in 1963. The college has garnered a reputation for academic and scientific excellence and achievements. The mission of this institute is to educate and impart knowledge to its students, train them in the clinics and thereby render good service and care to the patients. In short we are all about INCREASING ACCESS to education and quality patient care.

Amongst the Government Colleges our institute has the highest number of undergraduate (BDS:125) as well as post graduate (MDS: 41) seats which are recognized by DCI. Institute also runs Ph.D course under the affiliation of Gujarat University. Our institute has a daily OPD of more than 500-700 from Gujarat as well as neighbouring states and provides quality treatment to patients. Our faculty members are highly skilled & proficient academicians and clinicians and continue to work hard to make our institute the best of its kind in the nation.

Our Institute releases its own indexed Scientific Journal (JGDCH) which contains review articles, interesting case reports and original research articles by the staff as well as students. Scientific lectures, seminars, and workshops are regularly arranged by the eminent speakers of national and international repute. The institute has secured modernized facilities and infrastructure required for research, education and clinical practice. We have the latest state of the art equipments in our institute. A library with a vast collection of books and scientific journals along with internet facility is available for the students.

Our institute has received **NABH** accreditation, the highest level of accreditation for hospitals in 2020. The institute has also received the KAYAKALP award in 2018, NQAS accreditation in 2019 & SKOCH award-Swasth Bharat in 2019. We regularly conduct the Academic Audit to assess performance of our students & teachers. We are committed to provide superior oral health care in our clinics and through our outreach activities, have prepared thousands of students to be excellent Dental Professionals.

We are continuing to work together in making our institute the one that fosters the highest level of clinical education and research, with cutting-edge facilities for students and faculty, and the one where patients are served in an environment that is welcoming and efficient. I encourage you to explore our website (www.gdchahmd.org) to learn more about our institute, its faculty, education & activities. Join us on our journey to enhance the Oral and Dental health of our community.

OATH

I solemnly take this oath that:

- 1. I shall strive to study the dental subjects with all sincerity.
- 2. I shall conduct myself with dignity and humanity.
- 3. As a student I shall always be polite and shall behave with a sense of responsibility towards the patients, fellow students and teachers.
- 4. I shall never behave in a way which might be disrepute to the college or damage the property of the college.
- 5. I shall abide by the rules and the regulations of the college.
- 6. May the Almighty give me strength and wisdom to observe the oath I take today

VISION AND MISSION

VISION

To evolve as an institution of excellence in the field of Dentistry for imparting quality dental education, research and oral health care at par with global standards.

MISSION

Government Dental College and Hospital is committed to pursuit of exemplary standards of professional excellence in dentistry.

OBJECTIVES

- To inspire academic excellence in the field of dental education through rigorous implementation of the course, along with innovative teaching-learning practices with continuous evaluation.
- To inculcate skills, ethics and values among students.
- To provide safe, affordable, accessible and evidence based oral health services in order to improve the oral health related quality of life of the community.
- To promote use of technology and foster global competencies among students.
- To quest for excellence by quality initiatives, enhancement, sustenance, assurance and quality culture.
- To contribute to national development by conducting quality research.

GENERAL RULES AND REGULATIONS

(College Timings: 9.00 AM To 05.00 PM, Recess: 01.00 PM To 2.00 PM) (Saturday: 9.00 AM To 01.00 PM)

1. ATTENDANCE:

Regularity in attending lectures and practical sessions is compulsory. Students must have attended minimum 75% of each theory and practical in each term to be eligible to appear for the annual exam at the end of each year.

2. DISCIPLINE:

Discipline and decorum in the class is an absolute requirement from each student whether in college or hospital premises. Student should be polite and respectful with staff, patient, fellow colleagues and junior colleagues. Indiscipline shall be dealt strictly. Proper formal dress code with Apron and Nameplate should be worn by student at all times when attending practical classes. Ragging, in any form, is not permitted and severe disciplinary action would be taken in case any student is found to indulge in ragging. Every student is required to carry his or her identity card at all times and must produce the same when demanded.

3. INTERNAL EVALUATION:

Every student is expected to take internal test at the end of each term and preliminary exams as scheduled .Score for each test /exam will constitute to total internal examination marks in theory and practical. Marks obtained in these exams will be later taken into account while computing internal evaluation marks for both theory and practical.

4. PAYMENT OF FEES AND DUES

College tuition fees and other expenditure for journals and all other dues should be paid as per scheduled.

5. HOSTEL FACILITIES

Hostel facilities are provided to UG and PG students in the newly constructed hostel building behind the college campus.

6. EXTRACURRICULAR ACTIVITIES

While these activities have an important role to play in student's life they should not be indulged in at the cost of academics. These activities shall be encouraged by the institute and students shall be motivated to participate in them by the college, however students should not remain absent from lecture / practical for the purpose.

7. STUDENTS/TEACHER RELATIONSHIP

Interpersonal relationships between lecturers and students go a long way in the overall development and upliftment of students. All students are expected to discuss any problems with the staff and to communicate freely. However respect from students is expected for all teaching and non teaching staff members.

8. ANTI-RAGGING COMMITTEE

The committee has been formed by the institute to prevent any untoward event due to ragging/gender harassment within campus. Any form of misbehavior by any person within the campus should be reported immediately to member of the concerned committee.

THE CURRICULUM

The Government Dental College is affiliated to Gujarat University and follows new course curriculum as described by DCI. The UG course is of 4 years plus 1 year internship & the PG course is of 3 years

YEAR	SUBJECTS/THEORY	PRECLINICS/PRACTICAL	DURA-
			TION
Ι	ANATOMY	PRACTICAL	1 YEAR
BDS	PHYSIOLOGY	PRACTICAL	
	DENTAL ANATOMY	PRACTICAL	
	AND DENTAL		
	HISTOLOGY		
II	GENERAL	PRACTICAL	1 YEAR
BDS	PHARMACOLOGY		
	GENERAL	PRACTICAL	
	PATHOLOGY/		
	MICROBIOLOGY		
	DENTAL MATERIALS	PRACTICAL	
		PRECLINICAL	
		PROSTHODONTIA	
		PRECLINICAL	
		CONSERVATIVE	
		DENTISTRY	
III	GENERAL MEDICINE	WARD/CLINICS	1 YEAR
BDS	GENERAL SURGERY	WARD/CLINICS	
	ORAL PATHOLOGY	PRACTICAL	
IV	ORAL DIAGNOSIS	CLINICS	1 YEAR
BDS	AND RADIOLOGY		
	ORAL SURGERY	CLINICS	
	ENDODONTICS	CLINICS	
	PROSTHODONTICS	CLINICS	
	PERIODONTICS	CLINICS	
	PEDODONTICS	CLINICS	
	PUBLIC HEALTH	CLINICS	
	DENTISTRY		
	ORTHODONTICS	PRE-CLINICS	

PG	ORAL DIAGNOSIS	CLINICS	3 YEARS
	AND RADIOLOGY		
	ORAL SURGERY		
	ENDODONTICS		
	PROSTHODONTICS		
	PERIODONTICS		
	PEDODONTICS		
	ORTHODONTICS		
	ORAL PATHOLOGY		

ACADEMIC CALENDER

MONTHS	ACTIVITY		
July-August	Commencement of 1 st term for 3 rd , 4 th year BDS		
August	Orientation programme for , 3 rd , 4 th year BDS for student		
September	commencement of 1 st and 2 nd year BDS		
September	Orientation programme for 1 st and 2 nd year BDS		
October	Orientation programme for Interns		
May to October	Preclinical exercises for 1 st year MDS students		
November /December	Clinical posting start for 1 st year MDS		
October /November	Diwali vacation for BDS students		
November/December	1 st terminal exam for BDS students		
October	Cultural and sports activity for BDS & MDS students.		
November/December	Start of 2 nd teaching term for MDS		
December	Library thesis submission for 2 nd year MDS studnets		
December	Dissertation submission for 3 rd year MDS		
December/January	Start of 2 nd teaching term for BDS		
March	2 nd terminal exam for BDS students		
March/April	Prelim(MOCK) exam for 3 rd year MDS & Prelim theory		
	exam paper 1 for 1 st year MDS (New syllabus)		
April/May	University exam for 3 rd year MDS & University theory		
	exam paper1 for 1 st year MDS (New syllabus)		
May/June	Prelim exam for BDS students		
May	Commencement of 1 st term for 1 st , 2 nd , 3 rd year MDS		
May	Orientation programme for MDS student		
June	Reading Vacations for BDS Students		
July	Final university exam for BDS		

Note: Diwali vacation will not be given to 3rd, 4th BDS and MDS students as they have clinical posting. Oral surgery department is working 24*7 as a part of civil hospital campus. Final dates of internal examinations will be circulated before 15 days and university examinations dates will be declared as per university circulars.

TIME TABLE

GOVT. DENTAL COLLEGE AND HOSPITAL, AHMEDABAD 1ST B.D.S. TIME TABLE HOURS MONDAY FRIDAY TUESDAY WEDNESDAY THURSDAY SATURDAY 9-10 Anatomy lec Physiology lec DADH Lec Physiology lec Physiology lec Physiology lec 10-11 Biochemistry lec Anatomy lec Physiology lec DADH Lec -DADH B -DADH A Batch Batch 11-12 DM Prac A batch -DM Prac B batch -Anatomy prac B -Anatomy prac -Prosthetic A -Prosthetic B A batch batch Batch Batch - Physio/Bio B - Physio/Bio A 12-1 -Physio/Bio B -Physio/Bio A batch batch batch batch 1-2 RECESS -DADH Prac A DADH Prac B -DADH Prac A -DADH Prac B DM Lec 2-3 batch batch batch batch 3-4 Anatomy lec -Anatomy prac -Anatomy prac A -Anatomy prac B -Anatomy prac A _____ B batch batch batch batch 4-5 DADH Lec

GOVT. DENTAL COLLEGE AND HOSPITAL, AHMEDABAD

2nd B.D.S. TIME TABLE

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9-10	DM(PRAC)-A	РАТНО	DM(PRAC)-A	DM(PRAC)-B	DM(L)	DM(L)
		(PRAC)-A				
10-11		(PRAC)-A			PATHO(L)	PATHO(L)
	PATHO	DM(PRAC)-B	PATHO(PRAC)-B	РАТНО		
	(PRAC)-B			(PRAC)-A		
11-12	OP(PRAC)-A	OP(PRAC)-B	PATHO(L)	PATHO(L)	PHARM(L)	OP(L)
12-1			PHARM(L)	PHARM(L)	ENDO(L)	PROSTHO(L)
	DM(PRAC)-B	DM(PRAC)-A				
1-2			RECES	S		
				-		
	PROSTHO	PROSTHO	ENDO(PRAC)-A	ENDO(PRAC)-B	PHARM	
	(PRAC)-A	PRAC-B			PRAC-A	
2-5			PROSTHO	PROSTHO		
	ENDO(PRAC)-B	ENDO	PRAC-B	PRAC-A	PROSTHO	
		PRAC-A			PRAC-B	
GOVT. DENTAL COLLEGE AND HOSPITAL, AHMEDABAD

3rd B.D.S. TIME TABLE

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9-10	L Oral Path	L Oral Path	Med/Surgery	Med/Surgery	Med/Surgery	L Oral Path
10-11	L Operative	L Perio	Med/Surgery	Med/Surgery	Med/Surgery	L Pedo
11-12	L Prostho	L Med	Ortho/Oral Path	Ortho/Oral Path	L Med	L od
12-1	L Surgery	L Surgery	Ortho/Oral Path	Ortho/Oral Path	L Oral Path	L os
1-2			RECE	SS		
2-3	L Ortho	Dental Clinic	Dental Clinic	Community L	Dental Clinic	
3-4	Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic	
4-5	Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic	

GOVT. DENTAL COLLEGE AND HOSPITAL, AHMEDABAD

FINAL B.D.S. TIME TABLE

				-	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
L Prostho	L Oral Medicine	L Perio	L Comm.	L Operative	L Oral Surgery
Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic
Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic
Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic
		RECE	ESS		
Dental Clinic	L Operative	L Prostho	L Pedo	L Ortho	
Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic	
Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic	Dental Clinic	
	L Prostho Dental Clinic Dental Clinic Dental Clinic Dental Clinic Dental Clinic Dental Clinic	LProsthoLOral MedicineDental ClinicDental ClinicDental ClinicDental ClinicDental ClinicDental ClinicDental ClinicDental ClinicDental ClinicDental ClinicLOperativeDental ClinicLDental ClinicDental ClinicLDental Clinic	LProsthoLOral MedicineLPerioDental ClinicDental ClinicRECEDental ClinicLOperativeLProsthoDental ClinicDental ClinicDental ClinicRECE	LProsthoLOral MedicineLPerioLComm.Dental ClinicDental ClinicLDental ClinicLPedoDental ClinicDental ClinicDental ClinicDental ClinicDental ClinicDental ClinicLDental ClinicDental ClinicDental Clinic	LProsthoLOral MedicineLPerioLComm.LOperativeDental ClinicDental ClinicLDental ClinicLProsthoLPedoLOrthoDental ClinicDental ClinicDental ClinicDental ClinicDental ClinicDental ClinicDental ClinicDental ClinicLDental ClinicDental Clinic

GOVT. DENTAL COLLEGE & HOSPITAL, AHMEDABAD

	9-10	10-11	11-12	12-1	2-3	3-4	4-5
Monday	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work
Tuesday	Seminar on basic science	PreCinical/ Clinical work	PreCinical/ Clinical work	Interdiscipli nary discussion	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work
Wednesday	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work
Thursday	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work	Seminar	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work
Friday	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work	Case Presentation	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work
Saturday	PreCinical/ Clinical work	PreCinical/ Clinical work	PreCinical/ Clinical work	Journal club	-	-	-

WEEKLY TIME TABLE POST GRADUATE STUDENTS (I YEAR)

WEEKLY TIME TABLE FOR POST GRADUATE STUDENTS (II AND III YEAR)

	9-10	10-11	11-12	12-1	2-3	3-4	4-5
MONDAY	Clinics	Clinics	Clinics	Clinics	Clinics	Clinics	Clinics
TUESDAY	Clinics	Clinics	Clinics	Interdisciplinary discussion	Clinics	Clinics	Clinics
WEDNESDAY	Clinics	Clinics	Clinics	Discussions/ Demonstrations	Clinics	Clinics	Clinics
THURSDAY	Clinics	Clinics	Seminar	Seminar	Clinics	Clinics	Clinics
FRIDAY	Clinics	Clinics	Clinics	Case Presentation	Clinics	Clinics	Clinics
SATURDAY	Clinics	Clinics	Clinics	Journal club	-	-	-

*Note: Day &Timings for Journal Club/Seminar/Case Presentations Subject to vary as per departmental convenience

CODE OF ETHICS FOR STAFF

RESPECT

- The teachers should practice and demonstrate interactions with patients like listening attentively, communicating clearly, understanding and solving patient problems, and always placing the welfare of the patient above personal interests.
- Should accept and embrace cultural diversity, beliefs, different ways of thinking, and others' priorities that are present among patients, faculty, staff and other students.
- Should maintain and promote a safe environment that prevents harassment of any nature at all levels and never abuse authority.
- Should value other staff members and expect fellow faculty and students to treat them with respect and confidence as competent professionals.
- Should treat intellectual property appropriately

TRUTH

- Be truthful in communications with patients about all aspects of dental care (diagnosis and treatment recommendations).
- Should demonstrate to students how to communicate with patients in a truthful manner.
- Should demonstrate to students how to describe clearly advantages and disadvantages of treatment alternatives to patients so that together they can make the best possible decisions about their care.
- Assume a responsibility to maintain our own professional development and assure that teaching materials are accurate, up to date, and appropriately credited. Practice evidence based decision making in both patient care and in the classroom.

RESPONSIBILITY

- Acknowledge that you are ultimately responsible for the quality of patient care in treatment centres it should be everyone's highest priority.
- Work with students to ensure that all patients under your supervision are treated well.
- Make sure that what you teach and what you do will give the highest priority to the welfare of the patient at the highest level.
- Enthusiastically encourage participation in community health care programs.
- Maintain confidentiality in all aspects of discussion about patients, students and coworkers.
- Honour time commitments, being punctual for lectures, labs, clinic, and meetings, and be respectful of the time constraints of others.

FAIRNESS

- Should be fair and equal for treatment of patients.
- Understand their obligation to avoid bias when interacting with students.
- Create an environment where everyone feels safe in expressing their opinions and concerns.
- Deal with wrong doing (detecting and reporting) with no bias.
- We apply the rules of professional conduct and standards for student evaluation fairly.

COMPASSION

- Serve as role models for compassion in dealing with all patients.
- Work cooperatively with students to solve problems.
- Strive to understand all sides of a story.
- Understand that being compassionate toward everyone creates a positive environment for all.

CODE OF ETHICS FOR THE STUDENTS

- 1. <u>Integrity</u>: Integrity is defined as " Adherance to moral and ethical principles, soundness of moral character, honesty. Having integrity means being totally honest and truthful in every part of your life. Students with integrity will work hard to earn their degrees in a fair and honest way by putting in the hours to study and complete assignments.
- 2. <u>**Respect**</u>: Respect could be defined as "a feeling or understanding that someone or something is important, serious, etc. and should be treated in an appropriate way. Being respectful towards people is a key aspect in life in order to form and maintain positive relationships in order to become successful.
- 3. <u>Open mindedness</u> : Being open minded means you have a willingness to listen to other ideas and opinions and consider the possibility that you are wrong or may change you own perspective. Open mindedness can advance mutual understanding, which accommodated the ideal of students working constructively and cohesively toward achieving common goals, despite intense disagreement.
- 4. **Discipline** : The word "Discipline" comes from the word "disciple" meaning a learner. Discipline means tearing to obey certain rules. Without it, there will be complete chaos and disorder everywhere in our societies. The students should always follow & incorporate principles of discipline in their life.
- 5. <u>Tolerance</u>: Tolerance can be seen as the willingness to accept feelings, habits or beliefs that are different from your own. Tensions arising from religious, cultural and linguistic difference are increasing, but tolerance is an

effective and sustainable way of ensuring our young students understand and that's why this value is so present in code of ethical student conduct.

- 6. <u>Team Spirit</u> : Team spirit can be defined as when the members of a group want the team to succeed. Team spirit improves the ability of individuals to work together & boosts moral. Each student can benefit on a personal level from team work. A team of students must actively listen to each other, articulate ideas and use genuinely constructive criticism to be effective.
- 7. <u>Sense of Responsibility</u> : Responsibility is one of the traits of our character means that a person is able to respond for his actions, is able to take some duties and to face certain consequences of the actions that may occur. It has been formulated to provide a clear statement of the University's expectations of students in respect of academic matters and personal behavior. Students have responsibilities towards professors, other employees and other students.

RIGHTS AND DUTIES OF STAFF

RIGHTS

- No discrimination against any employee based on age, sex, religion, region, caste etc.
- Right to be treated with respect and dignity.
- Right to salary as per applicable government rules and regulations.
- Right to be heard (grievance redressal).
- Open door policy : any employee has the right to voice his/her opinion to higher authorities within the organization.
- Right to know the risks and hazards of specific job on health before employment with the organization.
- Right to avail informed leaves as per government policy.
- Right to know details of performance appraisal regarding weaknesses and improvement required.
- Right to information regarding key performance indicators and key deliverables, to enable understanding of the role.
- Right to have all training and orientation as per the job specification.

DUTIES

- To adhere to professional work practices as per the hospital's rules, regulations and practices.
- To provide complete and accurate information to the hospital management during employment process.
- To learn and follow safety rules and practices that has been established for the job position. Every employee has to comply with safety standards & protocols, wear proper masks & follow hand hygiene; report unsafe & hazardous work conditions to the superiors.
- To maintain confidentiality- Employees should not divulge confidential data/secrets or any other valued information gained during the employment to any other individual or institution while in service or even after leaving the service.

- To treat patients, patients relatives, clients, coworkers with respect and dignity.
- To understand and adhere to patients rights and responsibilities.
- To report for duty on time.
- Employee represents the hospital, so they should behave professionally on & off the job and should come in descent formal clothing.
- Employee should not put the organization in any legal or financial trouble due to their off the job behavior.
- All the staff members should enroll their biometric punching (in and out) on daily basis.

<u>Government Dental College & Hospital, Ahmedabad</u> <u>LIST OF STAFF MEMBERS</u>

SR.NO	NAME	DESIGNATION	DEPARTMENT
1	Dr. Girish J Parmar	Dean/Additional Director	GDCHA
2	Dr. Geeta Asthana	Professor	Operative
3	Dr. Shikha K.Kanodia	Associate Professor	Operative
4	Dr. Tasnima S. Abuwala	A.P.	Operative
5	Dr. Nupur R. Dhanak	A.P.	Operative
6	Dr. Abhishek P. Parmar	A.P.	Operative
7	Dr. Niharika J.Patel	A.P.	Operative
8	Dr.Anjali A. Mairal	A.P.	Operative
9	Dr. Harikrishna Ramanuj	Tutor	Operative
10	Dr. Dwitiya P. Shukla	Tutor	Operative
11	Dr. Bhavika M. Patadia	Tutor	Operative
12	Dr. Geeta V. Vaghora	Tutor	Operative
13	Dr. Sonal S. Bhedi	Tutor	Operative
14	Dr. Arti M. Rami	Tutor	Operative
15	Dr. Nidhi J.Thakkar	Tutor	Operative
16	Dr. Hiral H.Mistry	Tutor	Operative
17	Dr. Axita R. Patel	Tutor	Operative
18	Dr. Riya S.Dave	Tutor	Operative
19	Dr. Rupal J. Shah	Professor	Prosthetic
20	Dr. Sanjay B. Lagdive	Professor	Prosthetic
21	Dr. Hemal S. Agrawal	Associate Professor	Prosthetic
22	Dr. Vishal R. Chauhan	Associate Professor	Prosthetic
23	Dr. Rachana J. Shah	Associate Professor	Prosthetic
24	Dr. Manish Katyayan	A.P.	Prosthetic
25	Dr. Preeti Agarwal	A.P.	Prosthetic
26	Dr. Pratik D.Acharya	A.P.	Prosthetic
27	Dr. C.K.Rajput	A.P.	Prosthetic
28	Dr. Bhavyata J. Darji	Tutor	Prosthetic
29	Dr. Chirag P. Shah	Tutor	Prosthetic
30	Dr. Arun A. Soni	Tutor	Prosthetic
31	Dr. Sneha M Vyas	Tutor	Prosthetic
32	Dr. Yashpreet A. Bhatia	Tutor	Prosthetic
33	Dr. Malti D. Zala	Tutor	Dental Material

34	Dr. Foram B.Sutaria	Tutor	Dental Material
35	Dr. Neeta V. Bhavsar	Professor	Periodontia
36	Dr. Mahesh G. Chavda	Professor	Periodontia
37	Dr. Hina M. Shah	A.P.	Periodontia
38	Dr. Nilam A. Brahmbhatt	A.P.	Periodontia
39	Dr. Sujay B.Shah	A.P.	Periodontia
40	Dr. Kirti S. Dulani	Tutor	Periodontia
41	Dr .Shraddha U. Shah	Tutor	Periodontia
42	Dr. Sakshee R.Trivedi	Tutor	Periodontia
43	Dr. Sonal Anchalia	Professor	Oral surgery
44	Dr. Utsav U. Bhatt	A.P.	Oral surgery
45	Dr. Jigar M. Dhuvad	A.P.	Oral surgery
46	Dr. Hardi L.Domadia	A.P.	Oral surgery
47	Dr. Bipin S. Sadhwani	Tutor	Oral surgery
48	Dr. Rekha M. Rathod	Tutor	Oral surgery
49	Dr. Falguni N. Mehta	Professor	Orthodontia
50	Dr. Renuka A. Patel	Professor	Orthodontia
51	Dr. Harshik A. Parekh	A.P.	Orthodontia
52	Dr. Rahul A. Trivedi	A.P.	Orthodontia
53	Dr. Nipa A. Prajapati	A.P.	Orthodontia
54	Dr. Megha Goswami	A.P.	Orthodontia
55	Dr. Harsh S. Modi	Tutor	Orthodontia
56	Dr. Tilak B. Parikh	Tutor	Orthodontia
57	Dr. Sejal D. Patel	Tutor	Orthodontia
58	Dr. Sima P. Odedra	A.P.	Oral Pathology
59	Dr. Falguni Patel	A.P.	Oral Pathology
60	Dr. Vijay A. Patel	Tutor	Oral Pathology
61	Dr. Tejas J. Gadhvi	Tutor	Oral Pathology
62	Dr. Jayshankar P. Pillai	Tutor	Oral Pathology
63	Dr. Jigna S. Shah	Professor	Oral diagnosis
64	Dr. Shilpa J. Parikh	Professor	Oral diagnosis
65	Dr. Hitarthi J. Kubavat	A.P.	Oral diagnosis
66	Dr. Piyush G. Limdiwala	A.P.	Oral diagnosis
67	Dr. Yesha V.Jani	A.P.	Oral diagnosis
68	Dr. Shantanu Choudhari	Professor	Pedodontia
69	Dr. Swati R. Goyal	A.P.	Pedodontia
70	Dr. Kunjal J. Patel	Tutor	Pedodontia
71	Dr .Zankhana J. Shah	Tutor	Pedodontia
72	Dr. Jurmi D. Kothari	Tutor	Pedodontia

72	Dr Durry D. Dutolo	Tutor	Dadadantia
73	Dr.Purva B. Butala	Tutor	Pedodontia
74	Dr.Tej G. Yadav	Tutor	Pedodontia
75	Dr. Janki G Shah	A.P.	PHD
76	Dr.Sajankumar Pandya	A.P	PHD
77	Dr. Parth R. Pandya	Tutor	PHD
78	Dr. Kajal H. Patel	Tutor	PHD
79	Dr. Chirag B. Darji	Tutor	PHD
80	Dr. Harshad P. Patel	A.P.	Gen.patho
81	Dr. Avni M. Patel	Tutor	Gen.patho
82	Dr. Smita A. Patel	A.P.	Gen.Anatomy
83	Dr. Priyanka I. Parmar	Tutor	Gen.Anatomy
84	Dr. Hetal H. Acharya	Tutor	Gen.Medicine
85	Dr. Naina U. Patel	Tutor	Gen.Medicine
86	Dr .Pankaj B. Panchal	A.P.	Physiology
87	Dr. Yatin B. Darji	Tutor	Gen.Surgery
88	Dr. Pravin B. Verma	Tutor	Gen.Surgery
89	Dr. Vaishali M. Gautam	A.P.	Anaesthesia
90	Shri Rajesh V.Chaudhari	AO	Administration

RULES AND REGULATIONS TO BE FOLLOWED FOR HOSTEL STAY

- 1 Admission Criteria :
 - a) Hostel is for UG and PG students of Government Dental College and Hospital, Ahmedabad.
 - b) For admission to the Hostel, application is to be done as per prescribed form.
 - c) Admission will be given as per merit.
 - d) Students transferred from any Dental College of Gujarat State can avail hostel.
 - e) Students from Ahmedabad and Gandhinagar can avail hostel as per merit, once all out- station students have been accommodated and rooms remain vacant.
- 2 <u>Allotment/ Transfer of Hostel Room</u>:
 - a) Students must stay in the rooms allotted to them at the time of allotment
 - b) Once allotment process is over, application for room transfer shall not be entertained.
 - c) Students cannot change/ transfer rooms to other students by themselves.
 - d) In rare occasion if any student wants to change /transfer the room, written application to the hostel superintendent is to be given within 15 days of commencement of new academic calendar. Room is to be changed only after permission is granted.
 - e) Students are required to fill up the admission form for every new academic calendar within the last 15 days of running academic calendar and are to be verified by Hostel Superintendent.
 - f) Students are instructed not to come under any senior students' influence and change the rooms. If anyone will be found guilty of such offence, disciplinary actions will be taken.
- 3 Hostel Fees and Deposits :
 - a) Deposit of Rs1000 and fee of Rs 1200 per year need to be paid before taking the hostel room. Original receipt of the deposit needs to be preserved and to be produced at the time of refund.

- b) Admitted students are required to deposit fee in the account section and collect their receipt and submit a photocopy of the same to the Hostel Superintendent.
- c) Students are required to produce these receipts as and when authorized personnel ask them.
- d) Hostel fee must be paid within 1 month of the commencement of a new academic calendar. Fine of Rs 100 per month will be charged if anyone fails to pay the fee in the stipulated time.
- 4 <u>Types of rooms available</u>:
 - a) **Standard Room**: fee as mentioned in hostel fee and deposit heading (Rs1200 per year).
 - b) **Deluxe Room**: In addition to above mentioned fee, Rs 3000 per month /student. Fee needs to be submitted to RKS (Rogi Kalyan Samiti)

Facilities provided in Standard Room :

- One cot, one mattress, one pillow, one study table, one chair and one cupboard. In a standard room, use of hotplate, heater, iron, air cooler, air conditioner, refrigerator and cooking in the hostel room is strictly prohibited.
- Prohibited items if found, will be taken into custody and the concerned student will be barred and expelled from the hostel.
 Moreover, concerned student will be liable for disciplinary action from the college.

Facilities provided in a Deluxe room :

- One cot, one mattress, one pillow, one study table, one chair, one cupboard.
- Use of AC and other electric/electronic items like refrigerator, iron etc is allowed, but cooking in the room is strictly prohibited.
- All electric/electronic items are supposed to be brought by students on their own expenses. Institute will not provide such items.
- Deluxe rooms are available at 1st floor of UG/ PG Boys Hostel and UG girls Hostel.
- Once deluxe room is allotted, changes will not be allowed till the end of one year.
- 5 <u>Furniture/s provided to the students</u>:
 - a) Cot, Mattress, Pillow, Study Table, Chair, Cupboard.
 - b) Students who damage hostel building and/or furniture will have to pay for the damage and face legal actions.

- c) Shifting of the furniture/s without the permission of the hostel superintendent to other room/s or anywhere else is strictly not allowed.
- d) Students are required to return the furniture/s in same condition as handed over at the time of allotment.
- 6 Hostel identity card :
 - a) ID cards will be given to the students who are admitted to the hostel.
 - b) Students always need to carry Hostel ID card.
 - c) Fee of Rs100 and one passport size photograph need to be given at the time of admission for the ID card.
 - d) Students are required to produce Hostel ID card as and when authorized personnel ask for.
 - e) If ID card is lost, application for new ID card is mandatory along with Rs100 and photo.
 - f) Person without ID card in the hostel will be identified as unauthorized and strict actions will be taken against them.
- 7 <u>No Due Certificate:</u>

At the time issuance of No Due Certificate from the hostel, students are required to hand over the keys of the room and furniture/s to the Hostel Superintendent along with the ID card.

- 8 <u>Un-authorized personnel</u>:
 - a) Person, who is not UG/PG student of Government Dental College and Hospital, Ahmedabad, is identified as an unauthorized person.
 - b) Tiffin, courier service and delivery service is prohibited in the Hostel premises.
 - c) Parents/Guardians of the students can meet students at guest room only provided in the Hostel.
 - d) Legal police actions can be taken against entry of unauthorized person.
 - e) Students who encourage and help unauthorized person to enter hostel building will face disciplinary actions and may be expelled out of the hostel.
 - f) Security person, hostel superintendent, hostel wardens and The Dean of Government Dental College and Hospital, Ahmedabad is authorized to take actions against unauthorized personnel.

9 <u>Food-</u>

The hostel has a very hygienic mess in which the students are provided fresh breakfast, lunch and dinner, the timings for which are displayed at the mess area. There are also options for snacks and cold drinks. The hostel mess remains closed on all Sunday evenings. All the expenses for the food are to be borne by the individual students.

10 Inspection of the hostel/room:

- a) The Dean, Wardens, Hostel Superintendent and security person are authorized to inspect and check any room at any time without giving any reason.
- b) Legal action/s will be taken against students who do not cooperate or create problems during inspection.

11 Following activities are strictly prohibited in the Hostel:

- a) Political or social activities
- b) Female relatives in the room
- c) Banned intoxicants
- d) Cooking in the room
- e) Use of prohibited electric/electronic appliances in standard room

12 Complaints :

Any complaint regarding hostel has to be made to Hostel Superintendent in writing. Verbal complaints will not be addressed.

13 Absenteeism from Hostel:

Students need to inform the Hostel Superintendent in case of absence from the hostel for more than 2 days in writing. This will help in contacting the student in case of an emergency.

14 <u>Regarding rules breaking :</u>

All students who are admitted to the hostel must follow the rules and regulations. If anyone is found breaking the rules, one can be expelled out and parents/ guardians will be informed about the same.

NOTE:

- The Dean, Government Dental College and Hospital, Ahmedabad has the final authority to change the rules regarding hostel and any dispute regarding hostel admission.
- Hostel gates will be closed at 10 pm. After 10 pm no one will be allowed to enter the hostel.

ANTI RAGGING POLICY

WHAT IS RAGGING?

Ragging means display of disorderly conduct, doing of any act which causes or is likely to cause physical or psychological harm or raise apprehension or fear or shame or embarrassment to a student in any educational institution & includes:

1.) Teasing, abusing, threatening or playing practical jokes on, or causing hurt to such a student; or

2.) Asking a student to do any act or perform something which such student will not in the ordinary course willingly do (Maharashtra Prohibition of Ragging Act,1999).

3.) The human rights perspective of ragging involves the injury caused to the fundamental right to human dignity through humiliation heaped on junior students by seniors; often resulting in the extreme step of suicide by the victims.

Ragging has several aspects which include psychological, social, political, economic, cultural and academic dimensions. The political aspect of ragging is apparent from the fact that incidents of ragging are low in institutions which promote democratic participation of students in representation & provide an identity to students to participate in governance & decision making within the institute bodies.

STEPS THAT MAY BE TAKEN BY STUDENT IN AN EVENT OF INCIDENCE OF RAGGING

1) Contact number of wardens, all members of anti-ragging committee & squads, relevant authorities have been issued on the notice board. In case of any such occurrences, students may contact any of the above.

2) Fresher or any other student, whether being victim, or witness, in any incident of ragging are encouraged to report such occurrence, and the identity of such informants will be protected & will not be subject to any adverse consequence only for the reason for having reported such incidents. Those who want to be anonymous can submit their complaints to administrative office. The identity shall be kept undisclosed.

3) The students can contact the members of anti-ragging committee or squad, whose phone numbers are displayed along with the anti-ragging poster or they can

directly approach the dean who in turn will direct the complaint to anti-ragging committee.

4) Those in hostel can also contact the hostel warden or any other staff members who will in turn direct the case to relevant authorities.

5) Freshers who do not report the incidents of ragging either as victim or as witnesses shall also be punished suitably.

A] PUNISHMENT FOR RAGGING:

a) Penalty for ragging (section 4): Whoever directly or indirectly commits, participates in, abets or propagates raging within or outside any educational institution shall on conviction be punished with imprisonment for a term which may extend to two years and shall also be liable to a fine may extend to ten thousand rupees.

b) Dismissal of student (section 5): Any student convicted of an offence under section 4 shall be dismissed from the educational institution and such student shall not be admitted in any other educational institution for a period of five years from the date of order of such dismissal.

c) Suspension of student (section 6): Whenever any student or as the case may be parent or guardian or a teacher of an educational institution complains in writing of ragging to the head of the educational institution, the head of the educational institution shall without prejudice to the foregoing provisions, within seven days of receipt of complaint, do enquiry in to the matter mentioned in the complaint and if prima facie, it is found true shall suspend the student who is accused of the offence, and shall immediately forward the complaint to the police station having jurisdiction over the area in which the educational institution is situated for further action.

d) Deemed abetment (section 7): If the head of the educational institution fails or neglects to take action in the manner specified in section 6 when a complaint of ragging is made, such person shall be deemed to have abetted the offence of ragging and shall on conviction be punished as provided in section 4.

B] ADMINISTRATIVE ACTION IN THE EVENT OF RAGGING

The institution shall punish a student found to be guilty of ragging after following procedure:

A) Anti ragging committee of the institution shall take an appropriate decision following recommendations of the anti ragging squad.

B) Anti ragging committee may depending on the nature and gravity of guilt recommend one or more of the following punishments namely:

i. Suspension from attending classes and academic privileges

ii. Withholding or withdrawing scholarship/fellowship & other benefits

iii. Debarring from appearing in test or examinations

iv. Withholding results

v. Debarring from representing the institution in any regional, national, or international event

vi. Suspension or expulsion from the hostel

vii. Cancellation of admission

viii. Rustication from institution for period ranging from 1-4 semesters

ix. Expulsion from institution and consequent debarring from admission to any other institutions for a specified period.

Prevention of ragging/anti ragging measures

The college has setup appropriate committees to actively monitor, promote and regulate healthy interaction between the freshers, juniors and seniors students to prevent ragging

1) Anti-ragging committee: The institution has nominated antiragging committee headed by dean .It consists of faculty members, representative of parents, representative of students from fresher's and seniors and non teaching staff. It shall be duty of antiragging committee to co-ordinate with various committees to prevent ragging in the institution .

2) Anti-ragging squad: It is nominated by the principal. The antiragging squad shall remain mobile ,alert and active all time to maintain vigilance and patrolling .It shall make surprise raids on hostel and other places vulnerable to incident of ragging .It shall investigate incidence of ragging and report anti ragging committee.

3) Display: The names of anti ragging committee members ,anti ragging squad members and hostel wardens are displayed on notice board along with their contact number.

4) Mentor- Mentee system: It should be implemented for 1st B.D.S. students with the help of teachers involved in teaching them. About 5-10 students will be allotted to one teacher. They are to meet the concerned teacher every week to discuss various problems faced by students.

5) Orientation programme : A joint 'Sensitization' and orientation programme and counseling for both fresher's and seniors to be addressed by the principal and

professional counsellors. The inmates of hostel shall be addressed by hostel warden.

6) Sensitization towards the ills of ragging and prevention of thereof and obtaining undertaking from every employee of the college including teaching and non teaching members of staff, contract labour employed in the premises. A provision shall be made in service rules for issuing certificates of appreciation such member of the staff who report ragging which will form part of their service record.

7) The employers/employees of the canteens / mess shall be given necessary instructions to keep the strict vigil and to report the incidence of ragging to the college authorities, if any.

8) Wardens of the hostel are to take rounds of the hostel daily.

9) Affidavit from the student and parents: The affidavit from each student and his/her parents is obtained and the copies are available in the office.

10) Counselling of fresher's: The professional counsellors shall counsel fresher's in order to prepare them for life ahead, particularly in regard to life in hostel and to the extent possible , also involved parents and teachers in counselling sessions.

11) For Newly admitted students and for the students who want to be anonymous in their complaints, the complaints should be submitted to the administrative office.

12) Fresher's welcome party: Fresher's welcome party shall be organized by the senior students and the faculty together after admissions within two weeks of beginning of the academic session, for proper introduction to one another and where the talents of the fresher are brought out properly in the presence of faculty, thus helping them to shed their inferiority complex, if any, and remove their inhibitions.

ANTI RAGGING COMMITTEE

Sr. No.	Designation	Name	Phone No
1	Head of the Institute	Dr. Girish Parmar	9426006569
2	Police Department Representative	PSI, Shahibaug Police Station	079-22868025
3	Local Media Representative	Shri R.R. Shukala (Amrutmanthan)	9904246195
4	NGO	Sonalben Modi	9825062644
5	Parents Representative	Shri Harshbhai Solanki (Final year)	9714468226
6	New Student Representative	Dipti Vishwakarma	7016798644
7	Senior Student Representative	Dr. Hardik Parpulia	9099934532
8	Non Teaching Staff Representative	Mr. Piyush Bharvad	9726224429
9	Revenue Administration Department Representative	(Mamlatdar)	079-27561970
10	Faculty Member Representative	Dr. Geeta Ashthana	9925586956

ANTI RAGGING SQUAD

Sr. No.	Designation	Name	Phone no.
1	Hostel Rector	Dr. Sanjay Lagdive	9978713061
2	Senior Student	Dr. Hardik Parpulia	9099934532
	Representative (boys)		
3	Senior Student	Dr. Bansari Tank	7048385552
	Representative(girls)		
4	New Student	Neelang Raval	9979904139
	Representative (boys)		
5	New Student	Dipti Vishwakarma	7016798644
	Representative (girls)	_	

OTHER IMPORTANT CONTACTS

Sr. No.	Designation	Name	Phone No
1	Hostel Rector	Dr. Sanjay Lagdive	9978713061
2	Boys Hostel Warden	Dr. Harshik Parikh	9825866408
3	Boys Hostel Asst. Warden	Dr. Arun Soni	9978016678
4	Girls Hostel Warden	Dr. Rachana Shah	9898111179
5	Asst. Girls Hostel Warden	Dr. Swati Goyal	9909947117
6	Asst. Girls Hostel Warden	Dr. Sonal Bedi	8000395412
7	Administrative Officer	R. V. Chaudhary	9428217376
8	Police Dept. Representative	PSI, Shahibaug Police Station	079-22868025

CODE OF CONDUCT MONITORING COMMITTEE

Name		Designation
Dr. Girish Parmar	Chairperson	Additional Director Dental & Dean
Dr. Jigna Shah	Member	Professor & HOD Dept of Oral Diagnosis & Radiology
Dr. Neeta Bhavsar	Member	Professor & HOD Dept of Periodontology
Dr. Rupal Shah	Member	Professor & HOD Dept of Prosthodontics & Crown & Bridge
Dr.Shantanu Chaudhary	Member	Professor & HOD Dept of Pedodontics
Dr. Geeta Ashthana	Member	Professor & HOD Dept of Conservative Dentistry & Endodontics
Dr. Falguni Mehta	Member	Professor & HOD Dept of Orthodontics
Dr. Sonal Anchalia	Member	Professor & HOD Dept of Oral Surgery
Dr. Janki Shah	Member	Assistant Professor & Incharge Dept of Preventive & Community Dentistry
Dr. Harshad Patel	Member	Assistant Professor & Incharge Dept of General Pathology & Microbiology
Dr. Sima Odedra	Member	Assistant Professor & Incharge Dept of Oral Pathology
Dr. Smita Patel	Member	Assistant Professor & Incharge Dept of General Anatomy
Dr. Pankaj Panchal	Member	Assistant Professor & Incharge Dept of General Physiology
Mr. Rajesh Chaudhari	Member	Administrative Officer





Contact Us Contact Information

Government Dental College and Hospital, Civil Hospital Campus, Asarwa, Ahmedabad, Gujarat, India. 380016 079-22682060, 079-22682070 www.gdchahmd.org COMPARATIVE EVALUATION OF CLINICAL OUTCOME OF PULPOTOMY IN PRIMARY MOLARS TREATED WITH FORMOCRESOL, PULPOTEC AND BIODENTINE - 6 MONTH FOLLOW UP STUDY

2015-2018

DR. BHAWNA VERMA

COMPARATIVE EVALUATION OF CLINICAL OUTCOME OF PULPOTOMY IN PRIMARY MOLARS TREATED WITH FORMOCRESOL, PULPOTEC AND BIODENTINE - 6 MONTH FOLLOW UP STUDY

BY

DR. BHAWNA VERMA

DISSERTATION SUBMITTED TO THE GUJARAT UNIVERSITY, AHMEDABAD, GUJARAT

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF DENTAL SURGERY (M.D.S.)

IN

PEDODONTICS AND PREVENTIVE DENTISTRY

(Branch VIII)

UNDER THE GUIDANCE OF

DR.SHANTANU CHOUDHARI

PROFESSOR & HEAD

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

GOVERNMENT DENTAL COLLEGE AND HOSPITAL,

AHMEDABAD



2015-2018



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DR.SHANTANU CHOUDHARI PROFESSOR AND HEAD DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY GOVERNMENT DENTAL COLLEGE AND HOSPITAL, AHMEDABAD



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DR. GIRISH PARMAR,

DEAN,

GOVERNMENT DENTAL COLLEGE AND HOSPITAL,

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EVALUATION OF STRESS REDUCING EFFECT OF AUDIO AND AUDIOVISUAL DISTRACTION TECHNIQUES DURING VARIOUS TREATMENT PROCEDURES IN ANXIOUS PEDIATRIC DENTAL PATIENTS



DR. KANWALJEET

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DECLARATION BY THE CANDIDATE

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Date: 07 | 02 | 18 Place: Ahmedabad

DR. KANV LJEET



DECLARATION BY THE GUIDE

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63

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AHMEDABAD

CARIES EXPERIENCE AND DENTAL TREATMENT NEEDS IN CHILDREN WITH CONGENITAL HEART DISEASES IN GUJARATI POPULATION



DR. GAURAV VISPUTE

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APMEDA BAD



(2017-2020)

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BY

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AT GDCH AHMEDABAD

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BY

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AHMEDABAD



"COMPARATIVE EVALUATION OF ANESTHETIC EFFICACY OF WARM AND CONVENTIONAL 2% LIGNOCAINE FOR THE SUCCESS OF INFERIOR ALVEOLAR NERVE BLOCK(IANB) IN PRIMARY MANDIBULAR MOLARS AGE GROUP OF 6 YEARS: AN IN VIVO STUDY"

DR. HARESH VANZA



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This is to certify that this thesis entitled "COMPARATIVE EVALUATION OF ANESTHETIC EFFICACY OF WARM AND CONVENTIONAL 2% LIGNOCAINE FOR THE SUCCESS OF INFERIOR ALVEOLAR NERVE BLOCK(IANB) IN PRIMARY MANDIBULAR MOLARS AGE GROUP OF 6 YEARS: AN IN VIVO STUDY" is a bonafide and genuine research work carried out by DR. HARESH VANZA under my guidance and up to my satisfaction.

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DR.SHANTANU CHOUDHARI PROFESSOR AND HEAD DEPARTMENT OF PEDIATRICS AND PREVENTIVE DENTISTRY GOVERNMENT DENTAL COLLEGE AND HOSPITAL, AHMEDABAD



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DR GIRISH PARMAR,

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COMPARATIVE EVALUATION OF THE CLINICAL AND RADIOGRAPHIC SUCCESS RATE OF THE ANTI-OXIDANT MIX AS A NEW PULPOTOMY MEDICAMENT VERSUS MTA PULPOTOMY MEDICAMENT FOR PRIMARY MOLARS IN THE AGE GROUP OF 6-9 YEARS- AN IN VIVO STUDY

BY

DR. MILIND PREM

AT GDCH AHMEDABAD DISSERTATION SUBMITTED TO THE GUJARAT UNIVERSITY, AHMEDABAD, GUJARAT ON JANUARY 2021,

D) PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF DENTAL SURGERY (MDS)

IN

PEDIATRICS AND PREVENTIVE DENTISTRY (BRANCH VIII) UNDER THE GUIDANCE OF DR. SHANTANU CHOUDHARI PROFESSOR AND HEAD DEPARTMENT OF PEDIATRICS AND PREVENTIVE DENTISTRY

GOVERNMENT DENTAL COLLEGE AND HOSPITAL, AHMEDABAD



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"SALIVARY ALKALINE PHOSPHATASE ACTIVITY. IN BIO-CHEMICAL MARKER FOR SKELETAL MATURITY AND GROWTH PREDICTION: AN IN VIVO STUDY"

BY

DR KHYATI K ABHANGI

AT GDCH AHMEDABAD

DISSERTATION SUBMITTED TO THE GUJARAT UNIVERSITY, AHMEDABAD, GUJARAT ON DECEMBER 2021

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"IDENTIFICATION OF COPPER, ZINC, LEAD, AND SELENIUM IN SALIVA AND ITS ASSOCIATION WITH DENTAL CARIES IN 4 TO 9-YEAR-OLD CHILDREN"

BY

DR. PARTH CHHABRIA

DISSERTATION SUBMITTED TO

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"EFFICACY OF MIDAZOLAM NASAL SPRAY AND NITROUS OXIDE – OXYGEN COMBINATION AS A SEDATIVE AGENT IN CHILDREN"

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BY

DR. JIGYASHA SAKLECHA

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Post Graduate Students

for

Log book

Department of Pedodontics & Preventive Dentistry



Government Dental College and Hospital Civil Hospital Campus, Asarwa, Ahmedabad Star Barris

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nal Colleg & Hosp

Dated: 14/12 2021

Sr.no.	Date	Торіс	Weather relevant publication consulted / cross references	Completeness of presentation	Clarity of presentation and understanding of subject	Use of individual aids	Ability to answer question	Total score (25)	Grade	Sign
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MODEL CHECK LIST FOR THE EVALUATION OF SEMINAR PRESENTATION

Grade:	A+ (Excellent)	A(Good)	B+(Average)	B (Below Average)	C (Poor)
Total Score:	22- 25	18-21	13- 17	8-12	<8

1

.no.	Date	Торіс	publication consulted / cross references	Completeness of presentation	Clarity of presentation and understanding of subject	Use of individual aids	Ability to answer question	Total score (25)	Grade	Sign
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MODEL CHECK LIST FOR THE EVALUATION OF JOURNAL ARTICLE PRESENTATION
PRE CLINICAL EXERCISE

R. No.	Name of exercise	Date of submission	Technical skill	remark	Sign. Of Guide/HOD
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6 7.	Carving of permanent maxillary 1st molar Carving of permanent mandibular tentral incisor			0 ;	d'
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Sr. No.	Dat e	Торіс	Mentio ning of learnin g object	Evokes audien ce interes t in subject	The introduc tion	The sequenc e ideas	The use of practical examples	Speaking style (enjoyable ,monotono us etc)	Ask questions	Questions asked by the audience	Attempts audience participation	Summary of main points in the end	Report of speaker with his audience	Effectivene ss of talk	Total score (25)	grade	sign
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CHECK LIST FOR EVALUATION OF TEACHING SKILL

Grade:	A+ (Excellent)	A(Good)	B+(Average)	B (Below Average)	C (Poor)
Total Score:	22- 25	18-21	13- 17	8-12	<8

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PAPER/POSTER PRESENTED

Sr. No.	Paper / Poster	Торіс	CONFERENCES/ CONVOCATIONS/ WORK SHOP / SYMPOSIUM Attended with date and place	International / national	Signature
1.	Poster:	"Past, Present, Future of Minimal Intervention in Cariology"	41st ISPPD Conference at Greater Noida from 7th - 9th November 2019	National	γ
2 -	Poster	"Talk! Talk! Silence is Deadly"	13th ISPAD PG. Convention at Jaipur 14th - 16th February 2020	National	Sa

11		Name of the PhD/DM/M.Ch/PG	Name of the	Name of the guide	ded per recognized PG teachers* of the Institution of	uning the last five year	5
1	Name of Degree		Department	Name of the guide	Title of the thesis	Year of registration the scholar	PhD/DM/M.Ch/
t		* Eligible PG	teachare are those who r	are responded to DO(D) D			degree
11			touchers are those who a	re recognized as PG/PhD g	uides by the University / respective Regulatory Bod Pre surgical Naso alveolar moulding by	05	1
			Pedodontics and	A Real Provide Street	Gayson's technique and Figueroa technique		
11	PHD	Dr.Sweta Waghela	Preventive Dentistry	Dr.Shantanu Choudhari	prior to Unilateral cleft lip and palate	2020	1 i bolli k
	2 PHD	Dr.Vaibhav Kotecha	Pedodontics and Preventive Dentistry		Painless tooth extraction by Jalandhara Bandha		
+	2 FRU	DI. Velonav Rotecha	Preventive Dentistry	Dr.Shantanu Choudhari	Yoga in Children	2020	
					Evaluation of Parental Satisfaction and clinical		
			Pedodontics and	L'AND REAL	outcomes of stainless steel and zircona crowns		A State
-	3 PHD	Dr.Vishakha Kataria	Preventive Dentistry	Dr.Shantanu Choudhari	in primary molars : a randomized clinical study	2020	1.12
			Pedodontics and		An Estimation of Blood Lead level and its		111
	4 PG	Dr.Khyati Shah	Preventive Dentistry	Dr.Shantanu Choudhari	correlation to occurrence of Dental caries in		1
				on onanana choudhan	children of 8-12 years of age An Estimation of Salivary Lead level and its	2013	-
			Pedodontics and	the state of the second state of the	correlation to occurrence of Dental carles in		a salah Ba
+	5 PG	Dr.Manthan Patel	Preventive Dentistry	Dr.Shantanu Choudhari	children of 8-12 years of age	2013	
1				1.1.1.	An Assessment of parent satisfaction of oral	200	
	1				health care deleivery for their child in department of Pedodontia and preventive		
1	-		Pedodontics and		dentistry ,Government dental college and		
-	6 PG	Dr.Saptak Shah	Preventive Dentistry	Dr.Shantanu Choudhari	hospital,Ahmedabad,Gujarat	2013	
	7 PG	Dr.Chirag Vaghela	Pedodontics and Preventive Dentistry	Dr Shaataau Chuuth	Dental age estimation by using Nolla's method		
1	a mainter a	Strenning valities	rievenuve Denusuy	Dr.Shantanu Choudhari	and Demirjian's method- A comparative study Comparison of root length values determined by	2014	12
	i min				two different types of electronic apex locator and		1 PE
			Dededoor		parelleling radiographic method in primary	· · ·	E State
	8 PG	Dr.Sandip Saxena	Pedodontics and Preventive Dentistry	Dr Shantanu Chauthar	mandibular second molars of children of 3 to 7		C. C. C. C. S. C. S.
	1 1-1 ba	Chooning Cavena	i tovonuvo Denustry	Dr.Shantanu Choudhari	years age group The prevalence of dental caries and gingival	2014	111
			Pedodontics and		disease in institutionalized special children of 6-		and a
-	9 PG	Dr.Parikrama Solanki	Preventive Dentistry	Dr.Shantanu Choudhari	12 years of age in Ahmedabad city	2014	
1		Participation of the second	Pedodontics and		Carles experience and dental treatment needs in		
	10 PG	Dr.Gaurav Vispute	Preventive Dentistry	Dr. Shantanu Choudhari	children with congenital heart diseases in Gujarati population	2015	
	1			Contraction of the original in	Evaluation of Stress reducing effect of Audio	2010	- 1-1+1 A-1
		15	Padadastist	E Sold P	and Audiovisual distraction techniques during		
	th PG	Dr.Kawaljeet B	Pedodontics and Preventive Denustry	Dr.Shantanu Choudhari	various treatment procedures in anxious pediatric dental patients.	2014	
			revenue Dennauy	Conconantana Crioudnan	Comparative evaluation of clinical outcome of	2015	1 1 1 1 1 1 1
	11 MARTIN		D. La		pulpotomy in primary molars treated with		
	12 PG	Dr.Bhavna Verma	Pedodontics and Preventive Dentistry	Dr.Shantanu Choudhari	Formocresol,pulpotec and biodentine-6 month	2015	
			Pedodontics and	Ch.onantanu Choudhan	follow up study	2015	
	13 PG	Dr.Rupinder	Preventive Dentistry	Dr.Shantanu Choudhari	Age estimation using Cameriere's method	2016	1
	14 PG	Dr.Suchita	Pedodontics and Preventive Dentistry	De Shantani Ohauth	An in vitro evaluation of compressive strength of		and the second
		La constanta	Prevenuve Dentistry	Dr.Shantanu Choudhari	newer nano composite materials . Influence of rubber dam on pysiological	2016	
	la la l		Pedodontics and		parameters of stress in children of 7 to 10 years		
-	15 PG	Dr.Dipak Sharma	Preventive Dentistry	Dr.Shantanu Choudhari	of age - an in vivo study	2016	
	It stores	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			The Influence of Resin Infiltration system on Enamel micro hardness and surface roughness		
			Pedodontics and		of White spot lesions after debonding of		The state is a
	16 PG	Dr.Sweta Waghela	Preventive Dentistry	Dr.Shantanu Choudhari	Orthodontic brackets	2017	1 1 1 1
1					Clinical and Raciographical evaluation of Modified 3 mix plus Devamethasone pasts and		A DE LA CARA
	11512	the second second	Pedodontics and	1.	Modified 3 mix plus Dexamethasone paste and metapex in pulpally involved primary molars- an		and the second second
1	17 PG	Dr.Chetana Patel	Preventive Dentistry	Dr.Shantanu Choudhari	in vivo study	2017	1
	and the second		Padodortian and		Clinical and radiographic evaluation of single		
	18 PG	Dr.Bhargavi Patel	Pedodontics and Preventive Dentistry	Dr.Shantanu Choudhan	versus multi visit pulpectomy treatment in primary teeth with apical periodontitis.	2017	2
				Contraction of the second seco			4
			10 11 10 1		Comparative evaluation of the clinical and		
				The second second	radiographic success rate of the anti oxidant mix as a new polpotomy medicament versus MTA		
			Pedodontics and		pulpotomy medicament for primary molars in the		
-	19 PG	Dr.Milind	Preventive Dentistry	Dr.Shantanu Choudhari	age group of 6 to 5 years - an in vivo study	2018	2
	11 11 11		Pedodontics and		Comparative study of antimicrobial effect of Chlomexidine and propolis as an intracanal		
1	20 PG	Dr.Rita	Preventive Dentistry	Dr.Shantanu Choudhan	medicament in primary molar	2018	20
	24.00	Delland	Pedodontics and		Warming of Local anaesthetic . A brimful	2018	
-	21 PG	Dr.Haresh	Preventive Dentistry	Dr.Shantanu Choudhari	approach to pain contoi Saivary Alkaline Phosphatase activity : A bio	2018	20
			Pedodontics and		chemical marker for skeletal maturity and		
1	22 PG	Dr.Khyati K Abhangi	Preventive Dentistry	Dr.Shantanu Choudhari	growth prediction . An in vivo study Efficacy of Midazolam nasal spray and Nitrous	2019	
			Pedodontics and		oxide - Oxygen combination as a sectative agent		
	28 PG	Dr.Jigyasha Saklecha	Preventive Dentistry	Dr.Shantanu Choudhari	in children	2019	and the second
1					Identification of Copper, Zinc., Lead & Selenium in saliva and its association with Dental Caries in	1 Contractor	
1	24 PG	Dr.Parth Chhabria	Pedodontics and Preventive Dentistry	Dr.Shantanu Choudhari	4 to 9 years old children.	2019	
			The ventive controlity				-
			Ded double and		Citoical assessment and estimation of Salivary Nitric Oxide level and its relation to Dental		
	25 PG	Dr.Sujith Gopalan	Pedodontics and Prevenuve Dentistry	Dr. Shantanu Choudhari	Carles in Cardiac Compromised Children.	2020	
-					Complete vs Incomplete Carles removal		
			Pedocontics and	and the second se	procedures and their affects on dental Pulp in		
	26 PG	Dr.Jigna Vaghasiya	Preventive Dentistry	Dr.Shantanu Choudnan	Primary teeth - an in vivo study	2020	



GOVERNMENT DENTAL COLLEGE & HOSPITAL AHMEDABAD 380 016

DEPARTMENT OF PEDODONTICS

8:

PREVENTIVE DENTISTRY

Patient's Name :	ARHISHER	*****	•••••
Nick Name :Al	hi.	er.	
Address :Ah	medabord		
Phone Home :			
••			
Date of Birth :			
Age: 9	Sex :	1	

Date: 19/4/19.
Day in Clinic :
Instructor :
Mobile No. :
Ethnic origin :
Religion :

Reg. No.:

CHIEF COMPLAINT : % pairs from lower left and night -bak teeth region stree Queles

HISTORY OF PRESENT ILLNESS :

Pt way relatively asymptometer before Quely when he had pairs Port 74, 75, 84 and 85. which was not released by medicalities.

DENTAL HISTORY :

- Is this the child's first visit to Dentist?
 Yes No
 If no, Date of last visit to a Dentist :
 What was the previous treatment ?
- 2. Has the child ever had tooth ache? Yes Ver Explain :
- Has the child had any oral trauma ? If yes, explain :
- Age of child with first tooth :
 Which tooth ?
 Any problem during eruption ?

Yes , No.

5. Does the child brush his teeth : Upon rising Before bed
After meals
Is he supervised while brushing ? Does the child use floss ?
With help ? How often ?

PAST MEDICAL HISTORY :

- 1. Is the child under the care of a Physician ? If yes, why ?
- Yes No

Yes

No

Yes

Yes

Yes

No

No

Nò

- Is the child taking any medication ?
 (Ex. Antibiotics, Vitamins, Aspirin etc.)
 If so why ?
- Has the child ever had or have ?

 Yes No
 Heart disease, Diabetes (in family), Hepatitis (Jaundice), Tuberculosis, Asthma,
 Anaemia, Bleeding problems, colds or coughs frequent
- 4. Does the child have any allergies ? Yes No Aspirin, Penicillin, Antibiotics, Anaesthesia, Food, Material, Other. (If yes, to what ?

5. IMMUNIZATIONS

	VACCINES						
Age	BCG	OPV	DPT	MMR	HBV	HIB	TT
At Birth						10.30	-
6 Weeks				-	-		-
10 Weeks		6					-
14 Weeks					-	-	+
9 Months			-				-
15-18				at 1	1.00		
Months				-	1		+
2 Years			-	-			+
5 Years							-
10 Years					-	-	-
16 Years			-	1	-		+
Pregnant							
Woman				1	1	1	_

3

No 6. Has the child ever been hospitalized? Yes If yes, why ? No 7. Any other pertinent Medical History ? Yes Does he have frequent minor accident or injuries ? Yes No 9. Does he have any mental or Physical disabilities Yes No or disease ? 10. Is he allergic to any food or drug? 11. Does he have difficulty in making friends? 12. Does he fail to get along with other children? 13. Would he rather play indoors than outdoors ? No. 14. Does he have brothers/Sisters? Yes, 1 broken. 15. If yes, what is their age? 12 your old. 40 16. Does he have difficulty keeping up with his school work ? 17. Does he fear the Dentist? No. 18. If yes, do you know why ? 19. Has he ever been to a Dentist before? BEHAVIOURAL HISTORY : 1. Has the child had an unpleasant Yes No Medical or Dental experience ? 2. How do you think the child will react to this visit ? Very poorly / Poorly/ Well / Excellently 3. Does the child nap during the day time ? Yes No When ? 4. Does the child has problem in : No Learning : Concentrating : Co-operating Understanding 5. How does your child react without you in a new and possibly stressful situation (i.e. first day of school) (i.e. first day of school)

PARENTAL HISTORY:

- 1. Have you or your spouse undergone previous dental treatment? Yes No
- 2. Do you or your spouse have yellow stains on your teeth? Yes No
- 3. Are you or your spouse afraid of dental treatment? Yes No

PRE-NATAL HISTORY :

- Whether mother had any illness during pregnancy? Yes No If yes, What illness?
- 2. Is there any history of blood incompatibility? Yes No
- 3. Whether mother had undergone any kind of drug therapy?

Yes

No

NATAL HISTORY :

- 2. Type of delivery : Normal / Forceps / Caesarean / Others
- 3. Whether the child had Jaundice at birth ?. Yes No
- 4. Was the child given a blood transfusion?
- 5. Was the child a blue baby at birth? Yes No

POST-NATAL HISTORY :

PUST-INATAL HISTORY.
1. Milestones of development : Early / Normal / Delayed
2. Was the child breast fed? Yes No
How long ? G. marth. Did the child use nursing bottle
How long ?
Go to sleep with bottle
Contains Milk Juice
Frequency
Others
3. Was the pacifier used
5. Was the photoe been
Type How long ?
Thumb sucking

No. 4. Habits : None Frequency Finger / Thumb sucking Nail biting / Lip biting Intensity Tongue biting / Tongue thrusting Bruxism Duration Mouth Breathing Postural & Nocturnal

FAMILY HISTORY :

- 1. Consanguineous / Non-Consanguineous Marriage
- 2. Do you have any siblings? Yes No 2 state
- 3. Patient blood group

EXAMINATION :

General Physical Examination -

1. General appearance of the child (Note gait motor co-ordination, dress, cleanliness, etc.)

2. Vital statistics -

Pt 25 concious, coporation and well oriented to time, place and person Temperature Pulse rate..... Blood pressure Respiratory rate..... Record any deviation from normal. If normal, write WNL (within normal limit)

- 3. Hands Shape Fingers..... Nails.....
- 4. Habits

Fingers..... Bruxism..... Tongue Others.....

5. Head neck and oral soft tissue :

EXTRA-ORAL EXAMINATION:

Cranium, Face, Facial Symmetry

Skin and Eyes
Lymphnodes
Number
Mobility
Tenderness
Consistency

Tone Mucosa (Chapped dry) TMJ Deviation Crepitus...... Clickiing..... Hypermobility.....

INTRA-ORAL EXAMINATION (Soft Tissue)

Mucobuccal Fold

Mucosa
Symmetry
Parulis
Others
Alveolar Mucosa

Gingiva Colour..... Gingivitis..... Stipling.....

Tongue
Size
Mucosa
Lingual fraenum
Sublingual mucosa
Hard Palate
oft palate, Oropharynx
onsils
Size
Colour
Others

Faculty :

7

Date :

e a check in appro	EVELOPMENT Physical / Emotional	EVALUATION Inter Personal	Develo Tasi
Below age level			
Age – Appropriate		19.00	
Above age level			

BEHAVIOURAL OBSERVATION IN CHAIR

Observation	1 st contact	1 st Operative	Completion of Treatment.
Personality		in the second last	
Tolerance span (Minutes)			
	1 boggitte i iss	·	19-1726

FRANKEL'S BEHAVIOUR RATING SCALE :

- 1. Definitely Negative :
- 2. Negative :
- 3. Positive :
- 4. Definitely Positive :

HARD TISSUE EXAMINATION :

 Tooth Numl Dental age a Stains : 	bering : and eruption	GED	CB+		CREÉ
 Stains : Calculus : 		status 6 ED	CBA	AT	3 C D E G
5. Occlusion :	Canine re Canine re Permanent Molar rel	Dentition : C ation lation Dentition : ation			

DMFT/DMFS, dft/dfs index



1 m

DMFT:.....

ORAL HEALTH EVALUATION DEBRIS INDEX (DI-S)

FIR	ST V	ISIT	Total DI score	
	1		Oral hygiene assessment	Poor
				Fair
6	1	6		Good
			Home care instructions	
SEC	OND	VISI	T Total DI score	Poor
				Fair
6	1			
	1	6		Good
	1	6	Home care instructions	Good

TH	IRDV	ISIT	Total DI score Oral hygiene assessment	Poor Fair	
6	1	6	Home care instructions	Good	Z I
L					1
		TEIT	Total DI score		
THI	RD V	1511	Oral hygiene assessment	Poor	
			Start Street Starts	Fair	
6	1	6		Good	
	-	-	Home care instructions		

.....

Reinforcement instructions

Final instructions

P. G. Student Signature

Consultant signature

ANALYSIS OF THE DENTITION AND STUDY MODELS

Discuss availability of space in both arches and findings regarding eruption of the dentition.

MOYER'S ANALYSIS						
	Max-R	Max-L	Max-L	Mand-L		
Space left after alignment of 2 & 1				Maild-L		
Predicted size of 3,4 & 5						
Space left for molar adjustment						
Size of mandibular incisors (in mm)	no phales	-				

ORTHODONTIC DIAGNOSIS AND TREATMENT PLAN

Correlate each Clinical Problem with suggested Treatment

Sr.No.	Diagnosis (Statement of Clinical Problem)	Suggested Treatment.
1.		
2.		
3.		
4.		

Signature of Orthodontic Consultant

Date :

RECOMMENDATION :

Refer to Department of Orthodontics for evaluation Reason for referral :

D:

Date :

. Recommendations from Department of Orthodontics

Date :

Faculty Signature :

DIET ANALYSIS :

Day	Meat	Milk	Vegetable 0			
	Group	Group	Vegetable & Fruit group.	Bread & Cereal group	Detergent food	Sugar equivalents
				0.1	1004	equivarents
	2					
	C gran					

Average number of Sugar exposure per day : Number of Sugar exposure with Meals : Number of Sugar exposure in between meals :

DIETARY PRESCRIPTION

We recommend that you :

Increase :

Decrease :

Special Instruction :

These changes in your diet will help you to maintain good general health and will aid in the **PREVENTION OF DENTAL CARIES & PERIODONTAL DISEASES**.

ENDODONTIC EVALUATION Tooth No.: 54, 64, 74, 75, 84, 85 CHIEF COMPLAINT (Pain/Fracture/Discoloration/Sinus/Swelling)

BRIEF HISTORY :

Trauma Time	
Duration	
Pain :	(Mild/Moderate/Severe/Discomfort)
Loss of Sleep	
Sensation to Heat / Cold	
Tenderness	
Previous Treatment	

CLINICAL EXAMINATION :

Appearance : Normal / Abnormal	the state 1/0 + A/Eluctuant
Fracture	Swelling : Hard/Soft/Fluctuant
	Gingival Pathology
Exposure	Pocket/Bleeding/Calculation
Tondomage	Restoration
	Chronie Provenerable pulpite int 54, 64,74,75,84,85
PROVISIONAL DIAGNOSIS	54,64,74,75,84,81
	Chronze Mereverne (14, 54, 54, 77, 54, 85

VESTIGAT		Hat	Cold	Pulp	Vital	Non Vital	other
Radiographic Evaluation	Percussion	Hot		Test			

BLOOD INVESTIGATIONS

BIOPSY REPORT

REMARKS :

FINAL DIAGNOSIS :

DIFFERENTIAL DIAGNOSIS :

TREATMENT PLAN

1. Systemic Phase :

2. Preventive Phase :

Preventive Procedures :

Personal Oral Hygiene / Home Care :

Diet Counselling :

Fluoride Application	Туре :		No. of Appl	ication.
Date :				
N. V. N.				
			2	
		The second second		
		Salaria Dura		
		Laber Brief		

Pit & Fissure Sealant Application :

Tooth No. :

3. Preparatory Phase :

Determination of working length for Endo Procedure :

Tooth	MB	ML	DB	DL
Radiographic length of instrument			DB	
Working length of instrument	2. 69 35.05	1.7 Julion	9°	
Working Length	,			

Surgical Procedure

Tooth No.	Extraction	Apicoectomy	Flap Operation/ Gingivectomy	Pulpotomy	Rooth Canal	Apexification
64,054	54,64	IF H	Tyl abor	D 1 1		12
74,75,84,85			->	Pulpectory		

Remarks :

Any Bacteriological Evaluation : Organism Antibiotic Culture Sensitivity.

4. Corrective Phase :

Permanent Restorations -

Order	Tooth No.	Restoration Class	Pulp Protection	Material	Completion.
		- Anterettas		a Charles and a	
			A Page 1 August 1	San Sorte 18	
				1 1 1 1 1 1 1 1 1	
			The second second	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
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			2.363.31		
	1000 1000				a standard
			A Service Service		10000
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				A CARLES	A Contraction of the
				AND I	A ME LOLD
		18	and a start of the	12000	
				1	The start of the

	Statu		55	54	53	52	51	61	62	63	64	65	1		-
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
			55	54	53	52	61	64	62	63	64	65			
Score			00	UT	00	JE.	01	01		00	04				
	D =		d =												
	M = F =		m= f=												
. 1	DMFT	-	dmft	-											
Evaluatio	on of o	cclus	ion :												
Molar Re						Rig	ht			I	left				
										15					
Canine R	elation	1:				Rig	ht			I	.eft				
Overjet :															
Overbite :															
Evaluatio	on of B	lestor	ation	(if an	y) :										
		ealan	t Plac	emen	t (if a	ny) :									
Evaluatio	n of S														
Evaluatio	er :	on :													
Evaluatio Any Othe	er :	on :									•				
Evaluatio Any Othe Recomme	er : endatio										•				
Evaluatio Any Othe	er : endatio										•				
Evaluatio Any Othe Recomme	er : endatio														

COMPLETE RECORDS

1. Study Models :

2. X-Rays : IOPA/OCCLUSAL/BITE WING/OPG

IOPA.

3. Cephalogram:

4. Carpel X-Ray:

5. Photography:

ono

6. Any other :

Student's Name (Dr. Howerh Voung

21

Supervisor's Signature

		Description of the Procedure	Follow up details
Tooth No. '	Name of the Surgical Procedure	Description of the	
			4941
		1 71	

SURGICAL PROCEDURES :-

Remarks :

DETERMINATION OF WORKING LENGTH FOR ENDODONTIC PROCEDURE

TOOTH NO.										-						-
	MB	ML	DB	DL	MB	ML	DB	DL	MB	ML	DB	DL	MB	ML	DB	DL
Pre-Radiographic Length of Tooth										Inc	00		IVID	IVIL	00	UL
Length of Instrument									1.2							-
Radi. Length of Instrument									-						-	+
Working Length																
Any Bacteriolog Organism :	gical	Eval	uati	on :.	••••••			••••••								
Antibiotic Sensi	tivity	.:							******		••••••	••••••	•••••			
Culture :									•••••••	••••••	•••••					
								******	•••••							

Permanent Tooth Code	Condition / Status	
0	Sound .	Primary Tooth Code
1	Decayed	А
2		В
3	Filled with decay ·	С
4	Filled no decay	D
5	Missing as a result of caries	Е
	Missing due to any other reason	-
6	Sealant, varnish	F
. 1	Bridge abutment or special crown	G
•. 8	Unerupted tooth	-
9	Excluded tooth	

WHO (1987) CRITERIA FOR PRIMARY AND PERMANENT TEETH

PLAQUE INDEX (SILLNESS AND LOE, 1964)

Scoring Criteria :

- 1. No Plaque in the gingival area
- 2. A film of plaque adhering to the free gingival margin and adjacent area of teeth. The plaque may be seen in situ only after application of disclosing solution or by using a probe on the tooth surface.
- 3. Moderate accumulation of soft deposits within the gingival pocket, or the tooth and gingival margin which can be seen with the naked eye.
- 4. Abundance of soft matter within the gingival pocket and/or on the tooth and gingival margin.

GINGIVAL INDEX (LOE AND SILNESS, 1967)

Scoring Criteria :

1. Absence of inflammation/Normal gingival

- 2. Mild inflammation, slight change in colour, slight oedema, no bleeding on probing.
- 3. Moderate inflammation, moderate glazing, redness, oedema and hypertrophy,
- 4. Severe inflammation, marked redness and hypertrophy, ulcerations. Tendency to Bleeding on probing.
- spontaneous bleeding.

AHMEDABAD-380016.



Department of Pedodontics And

Preventive Dentistry

POST GRADUATE CASE RECORD







GOVERNMENT DENTAL COLLEGE & HOSPITAL AHMEDABAD 380 016 Addient gard pre-

DEPARTMENT OF PEDODONTICS



Nick Name : Date : 11/11/2016 Address: Razdoli, hyperet Day in Clinic : Instructor : Mobile No. : Phone Home : Ethnic origin : Date of Birth :

Religion:Hindy ...

Age :?

Person Accompanying Child (Relationship)

Place of Birth :

Language :

School:

Standard/Div.....

Economic Status :



A PROFILE

Pt. lame For south Detal check p. as he noticed a extra. took in his bouth.

HISTORY OF PRESENT ILLNESS: Patient is relatively Osymptomatic. He came to gott. Dentald collegee from pontine Dental obelieup, as he noticed a extention in

Yes

No

DENTAL HISTORY :

hk

Is this the child's first visit to Dentist?
 If no, Date of last visit to a Dentist :
 What was the previous treatment ?

with.



5. Does the child brush his teeth : Upon rising Before bed
After meals
Is he supervised while brushing ?
Does the child use floss ?
With help ?
How often ?

Yes No Yes No

No

No

No

Yes

Yes

Yes

PAST MEDICAL HISTORY :

1. Is the child under the care of a Physician?

If yes, why ?

- 2. Is the child taking any medication ?(Ex. Antibiotics, Vitamins, Aspirin etc.)If so why ?
- Has the child ever had or have ? Yes No Heart disease, Diabetes (in family), Hepatitis (Jaundice), Tuberculosis, Asthma, Anaemia, Bleeding problems, colds or coughs frequent
- 4. Does the child have any allergies ? Yes No
 Aspirin, Penicillin, Antibiotics, Anaesthesia, Food, Material, Other. (If yes, to what ?

5. IMMUNIZATIONS ALL VACCIMATIONS completed

1.1.1		VA	CCINE	S					
BCG	OPV	DPT	MMR	HBV	HIB	Π			
* Y 117	1 218								
		111754	A						
22	5	្លា	II YERLI						
-									
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, , , , , , , , , , , , , , , , , , ,	Begin -	1.1.1	1	. (te	(1247)				
	BCG	BCG OPV	BCG OPV DPT	BCG OPV DPT MMR <		BCG OPV DPT MMR HBV HIB Image: Second			

- Yes Has the child ever been hospitalized? 6. If yes, why?
- Yes 7. Any other pertinent Medical History?
- Does he have frequent minor accident or injuries? Yes No 8.

No

No. A

1.1

- Does he have any mental or Physical disabilities 9. Yes or disease?
- 10. Is he allergic to any food or drug? NG
- 11. Does he have difficulty in making friends? \sqrt{b} 12. Does he fail to get along with other children? NO 13. Would he rather play indoors than outdoors? 110 14. Does he have brothers/Sisters ? Yes 15. If yes, what is their age? - S = 3. 16. Does he have difficulty keeping up with his school work ? NIG 17. Does he fear the Dentist? NO 18. If yes, do you know why? 19. Has he ever been to a Dentist before?

BEHAVIOURAL HISTORY :

- 1. Has the child had an unpleasant
 - Medical or Dental experience ?
- 2. How do you think the child will react to this visit? Very poorly / Poorly/ Well / Excellently
- 3. Does the child nap during the day time? Yes No When?
- 4. Does the child has problem in : (N P)
 - Learning : Concentrating : Co-operating Understanding
- 5. How does your child react without you in a new and possibly stressful situation? (i.e. first day of school)

Yes



PARENTAL HISTORY:

1. Have you or your spouse undergone previous dental treatment? Yes No-2. Do you or your spouse have yellow stains on your teeth? Yes No 3. Are you or your spouse afraid of dental treatment? Yes No PRE-NATAL HISTORY:

- Whether mother had any illness during pregnancy ? Yes No If yes, What illness?
- 2. Is there any history of blood incompatibility? Yes
- 3. Whether mother had undergone any kind of drug therapy ? If yes, which drug?

NATAL HISTORY :

- 1. Delivery : Full term or premature Fy) Teem
- 2. Type of delivery : Normal / Forceps / Caesarean / Others
- 3. Whether the child had Jaundice at birth? Yes
- 4. Was the child given a blood transfusion?
- 5. Was the child a blue baby at birth? Yes
- 6. Any other abnormalities at birth ?

POST-NATAL HISTORY :

1. Milestones of development :

Early / Normal / Delayed

Yes

No

No

No

No

2. Was the child breast fed? Yes No How long? Did the child use nursing bottle N.o. How long ?

Go to sleep with bottle

Contains Milk...... Juice

Frequency

Others

3. Was the pacifier used

Type..... How long?

Thumb sucking



4. Habits : NO
None
Finger / Thumb sucking Frequency
Nail biting / Lip biting Intensity
Tongue biting / Tongue thrusting
Bruxism Duration
Mouth Breathing
Postural & Nocturnal

FAMILY HISTORY :

1. Consanguineous / Non-Consanguineous Marriage 2. Do you have any siblings? Yes No an an sa shi a shi wa 3. Patient blood group THE REAL TO LEAD · · · 1.3.5 7.1 OLA SHEEK STREET STREET, STREE /



EXAMINATION : **General Physical Examination** – 1. General appearance of the child (Note gait motor co-ordination, dress, cleanliness, etc.) Parient is well-builty w-openeutry whenevy, well-nowsished at time, place & person. 2. Vital statistics $- N \cdot A \cdot O$ Temperature Pulse rate..... Blood pressure Respiratory rate..... Record any deviation from normal. If normal, write WNL (within normal limit) 3. Hands N.A.D. 4. Habits Shape.... Fingers..... Fingers..... Bruxism..... Nails..... Tongue Others.....

Lips

5. Head neck and oral soft tissue :

EXTRA-ORAL EXAMINATION : NA-D Cranium, Face, Facial Symmetry

Skin and Eyes..... Lymphnodes.....

Number..... Mobility..... Tenderness..... Consistency.....

Tone Mucosa (Chapped dry)..... TMJ

Deviation Crepitus..... Clickiing..... Hypermobility.....

INTRA-ORAL EXAMINATION (Soft Tissue) CWAD. **Mucobuccal Fold**

Mucosa.... Symmetry..... Parulis...... Ingual fraenum..... Others..... Alveolar Mucosa.....

Gingiva Colour..... Gingivitis..... Stipling..... Date :

Tongue Size Mucosa..... Sublingual mucosa..... Hard Palate Soft palate, Oropharynx..... Tonsils Size..... Colour.....

Others.....



Faculty :

Place a check in appropriate Box :

D	EVELOPMENT E	VALUATION	
	Physical / Emotional	Inter Personal	Developmental Tasks
Below age level		Q-11-M	
Age – Appropriate			



BEHAVIOURAL OBSERVATION IN CHAIR

Observation	1 st contact	1 st Operative	Completion of Treatment.
Personality			
		344	
Tolerance span (Minutes)			

FRANKEL'S BEHAVIOUR RATING SCALE :

- 1. Definitely Negative :
- 2. Negative :
- 4. Definitely Positive :

HARD TISSUE EXAMINATION :

- 1. Tooth Numbering: 1655547312112122736467262. Dental age and eruption status: 74731211212273646726- 7 yus
- 3. Stains:
- 4. Calculus :
- **Primary Dentition :** 5. Occlusion:

Molar relation ... Merial Shell

213 WEREN **Permanent Dentition:** Molar relation C. (a.) [] Canine relation C.L. 8

113 - T- 1

DMFT/DMFS, dft/dfs index



dfs:....







CONTRACTOR OF A DESCRIPTION OF



DMFT:....

DMFS:....

ORAL HEALTH EVALUATION

DEBRIS INDEX (DI-S)

FIRST VISIT

6

6

1

Total DI score.....

Oral hygiene assessment Poor

Fair







Total DI score..... THIRD VISIT Poor



Oral hygiene assessment

14 B 1 B 8

Fair

Good

Home care instructions.....

Reinforcement instructions

Final instructions

a set Versiense versie

P. G. Student Signature

Consultant signature

A CALL CONTRACTOR STATES




Space left for molar adjustment		
Size of mandibular incisors (in mm)		•

ORTHODONTIC DIAGNOSIS AND TREATMENT PLAN

Correlate each Clinical Problem with suggested Treatment

Sr.No.	Diagnosis (Statement of Clinical Problem)	Suggested Treatment.
1.		sagested freatment.
2.		
3.		
4.		

11

Signature of Orthodontic Consultant

Date :

RECOMMENDATION:

Refer to Department of Orthodontics for evaluation Reason for referral :

Date :

Recommendations from Department of Orthodontics 1





Day	Meat Group	Milk Group	Vegetable & Fruit group.	Bread & Cereal group	Detergent food	Sugar equivalents

Average number of Sugar exposure per day : Number of Sugar exposure with Meals : Number of Sugar exposure in between meals :

DIETARY PRESCRIPTION

We recommend that you :

Increase :

Decrease :

Special Instruction :

These changes in your diet will help you to maintain good general health and will aid in the **PREVENTION OF DENTAL CARIES & PERIODONTAL DISEASES**.



-				
Before bed	Method of Preparation			
Befo	Quantity		•	
Dinner	Method of Preparation			
Q	Quantity			

as regular e snac

ate

Snacks		Method of Prenaration				
		Quantity				
	Lunch	Method of Prenaration				
	Ľ	Quantity			1	
		of	т. 5. т.	ан _и 9	 111-5-5	2.

bet water, This will include candy, gum, , <mark>,</mark> i s 13 ÷.,,

upama, rice, idli, poha, bread, mutton etc., 1. 1. - 1. • . · Approximate amount in household measures. chapati, Type of food þ. a.

time and frequency of diet between meal, snacks are sugar products and consumed 5. č The number of teaspoons of sugar added Particular information is essential on the ч ŝ.

1. 19.24

. Nie

1.00

. Ç

arrep	ccbu		lst	2nd	3rd	4th	5th
	Quantity						
Break Fast	Method of	rreparation					
Sn	Quantity						
Snacks	Method o	Preparatio					

Note: for five days include one week end or public holiday Please record in detail every thing you eat or drink. meals. Γ.

The following should be included i

Preparation (raw, boiled or fried) \mathbf{c}



ENDODONTIC EVALUATION

Tooth No. :

CHIEF COMPLAINT (Pain/Fracture/Discoloration/Sinus/Swelling)

BRIEF HISTORY:

Trauma Time

Mild/Moderate/Severe/Discomfort) Pain :

Loss of Sleep

Sensation to Heat / Cold

Tenderness.....

Previous Treatment.....

CLINICAL EXAMINATION :

Appearance : Normal / Abnormal

Carious...... Gingival Pathology..... Langery 1 15.17 Langery PROVISIONAL DIAGNOSIS

INVESTIGATION:

Evaluation		Hot	Cold	Pulp Test	Vital	Non Vital	Any other
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	8 87.1						



BLOOD INVESTIGATIONS , C.R.C. A.F.

BIOPSY REPORT



FINAL DIAGNOSIS: Inverted Impacted Mesiodense Elitzi

DIFFERENTIAL DIAGNOSIS :

TREATMENT PLAN

1. Systemic Phase: Autibiotic frophylasis.

2. Preventive Phase: publicited roy/by that before out and roy by that before Preventive Procedures: Tab. Butten - 4704/24.

Preventive Procedures: Tab. Rulfer - Gry/y. Personal Oral Hygiene / Home Care: Pasonal cleid . Hypoine Diet Counselling: There in an given to papent.

Fluoride Application	Type :	No. of Application.
Date :		
		her Bull State and
		Later Part Part 1
		second to the second of the second





Tooth No.		Apicoectomy	Flap Operation/ Gingivectomy	Pulpotomy	Rooth Canal	Apexification
Invalled Tupalled Moidles	mériodense		a icoici		-1-87 × 61	And and a second s
Remarks			breegerd breegerd			

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4. Corrective Phase :

Permanent Restorations -

Order	Tooth No.	Restoration Class	Pulp Protection	Material	Date of Completion.



PROSTHETIC REHABILITATION :

SPACE MANAGEMENT : Any other Preventive or Interceptive Procedure :

Tooth No. : Problem : Appliance : • Healing Plane Any other Treatment :

Visit Signature of Staff Members **Procedure Performed** I'st visit Diagugnic procedue is conferred, CBET taken. Jupersion is taken. ballens work bulgare Islesgur Ind visin Insical Renoral singhors in staborer of Inverted Inpart Meroday - Sutures and taken - treating plate Delieured - Followly is done after 10 days - supres are penoved. TIPO visive

18

Date of Completion of Treatment :

Remarks:





Chief complaint (if any) :

FOLLOW-UP CHART

Review Medical History :

Oral Hygiene Habits :

Diet Chart :

Time	Type of Food	Quantity	Method of preparation	Quantity of Sugar added

: Balanced/Unbalanced Diet

Sugar Exposure : Solid

Liquid

Clinical Examination:

Eruptive Status :

Oral Hygiene : (Good/Fair/Poor)

Plaque Score :



Gingival Score







Score

D =d =M =m =F =f =DMFT =dmft =

Evaluation of occlusion :

Molar Relation: Right Left

Canine Relation: Right

Overjet :

Overbite :

Evaluation of Restoration (if any) :

Evaluation of Sealant Placement (if any) : Any Other :

Recommendation :

Maintenance Recall :

Date:

Signature :

Left



COMPLETE RECORDS

Study Models :

Invalid Europical Revord - Enperions is given Follow-of is Inpublic of invested - Francis Larbed done after projety Inposed patrident - Francis Larbed 16 Level 2. X-Rays : IOPA/OCCLUSAL/BITE WING/OPG Ino Landes 2

Barrison brogent bullowit 21 emplorisant

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Prile and plans Ling

3. Cephalogram :

1010

4. Carpel X-Ray:

5. Photography :

photography is done

6. Any other :

- CBCT is falcon.

(chirag Vagher). Supervisor's Signature 1112116 21 Scanned with CamScanner

SURGICAL PROCEDURES:

Tooth No.	Name of the Surgical Procedure	Description of the Procedure	Follow up details
Invalat	Singical period of inversed Inpacted Meriodar	- Florp is raised. - perioral of	to dags 10 dags - cueves are



TOOTH NO.		·														
	MB	ML	DB	DL	MB	ML	DB	DL	MB	ML	DB	DL	MB	ML	DB	DL
Pre-Radiographic Length of Tooth																
Length of Instrument							- Langerty and	-								
Radi. Length of Instrument										4-3-14	1. 199	1		121	1	
Working Length																
Any Bacteriolog																
Antibiotic Sensi	itivity	·.:								•••••		•••••				
Culture :																



WHO (1987) CRITERIA FOR PRIMARY AND PERMANENT TEETH

Permanent Tooth Code	Condition / Status	Primary Tooth Code
0	Sound	A
1	Decayed	В
2	Filled with decay	С
3	Filled no decay	D
4	Missing as a result of caries	E
5	Missing due to any other reason	-
6	Sealant, varnish	F
7	Bridge abutment or special crown	G
8	Unerupted tooth	-
9	Excluded tooth	-

PLAQUE INDEX (SILLNESS AND LOE, 1964)

Scoring Criteria:

- 1. No Plaque in the gingival area
- 2. A film of plaque adhering to the free gingival margin and adjacent area of teeth. The plaque may be seen in situ only after application of disclosing solution or by using a probe on the tooth surface.
- 3. Moderate accumulation of soft deposits within the gingival pocket, or the tooth and gingival margin which can be seen with the naked eye.
- 4. Abundance of soft matter within the gingival pocket and/or on the tooth and gingival margin.

GINGIVAL INDEX (LOE AND SILNESS, 1967)

Scoring Criteria:

- 1. Absence of inflammation/Normal gingival
- 2. Mild inflammation, slight change in colour, slight oedema, no bleeding on probing.
- 3. Moderate inflammation, moderate glazing, redness, oedema and hypertrophy, Bleeding on probing.

4. Severe inflammation, marked redness and hypertrophy, ulcerations. Tendency to spontaneous bleeding.

23

Attended Name of presentor Achivity in Dete 29-5-2000 Seminar: Nithous Dr. Rite Se O 34 oxide - Part I June Jigyarag Stephist 38. 2-6-2020 Seminar: Nithous Tor lita P exide - Part I Nun Jigyasha Acate · ... toto 39 5-6-2020 Seminas: Fluoride Dr Jigyasha. is" History & Mechanism of Action 40 9 -6-2020 Servinas 1- Tooth_ Dr. Jigyasha. Development & 0 theories of Emption

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