

ARMAMENTARIUM

A. Basic Set-Up (Present at all Times)

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| 1. Patient Record | 7. Tongue Blades |
| 2. Removable Department Folder | 8. Cotton 2x2 Gauze |
| 3. Napkin on Patient | 9. Gloves |
| 4. Sterile Mirror | 10. Masks |
| 5. Sterile Explorer | 11. Indelible Pencil |
| 6. Sterile T-Ball Burnisher | 12. Napkin on Tray Table |

B. Extended Set-Up

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| 1. Basic Set-Up | 5. HANAU Torch Filled w/Alcohol |
| 2. Buffalo Knife | 6. Bunsen Burner |
| 3. Red Handle Bard-Parker Knife | 7. Handpieces and Sterile Burs |
| 4. Wax Spatulas | |

C:1 Preliminary Impression Set-up (Complete Denture)

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| 1. Basic Set-Up | 5. Shears |
| 2. Extended Set-Up | 6. Pliers |
| 3. Water Bath | 7. Red Cake Compound |
| 4. Sterile Edentulous Trays | 8. Green Stick Compound |

C:2 Preliminary Impression Set-Up (Immediate/Partial Denture)

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| 1. Basic Set-Up | 5. Plaster Bowl |
| 2. Extended Set-Up | 6. Spatula |
| 3. Green Stock Trays | 7. Blue Physiologic Wax |
| 4. Alginate and Water Measure | |

C:3 Final Impression Set-Up (all Dentures)

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| 1. Basic Set-Up | 5. Rubber Base Adhesive |
| 2. Extended Set-Up | 6. Disposable Brushes |
| 3. Water Bath | 7. Green Stick Compound |
| 4. Light Bodied Rubber Base | |

D. Bite Registration / Patient Remount Set-Up

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| 1. Basic Set-Up | 3. Aluwax |
| 2. Extended Set-Up | 4. Plastogum/Quick Set Plaster (If Facebow is indicated) |

E. Tooth & Denture Base Selection Set-Up

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| 1. Basic Set-Up | 4. Tooth Selection Chart |
| 2. Trubyte Bioform & Bioblend Shade Guide | 5. Denture Base Shade |
| 3. Trubyte Mold Guide | 6. Clear Plastic Ruler |

F. Tissue Treatment Kit

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| 1. Tissue Conditioner | <i>or</i> | 2. Soft Denture Reline Material |
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G. Partial Denture Accessory

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| 1. Ortho Pliers | 2. Ortho Wire Cutter |
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H. Indicating Pastes

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| 1. Pressure Indicating Paste (P.I.P.) | 2. Sorenson's Paste |
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PROCEDURES

Complete Denture Procedures

1. Exam & Consultation - "A"
2. Preliminary Impression - "C:1"
3. Final Impression - "C:3"
4. Wax Rim Try-In : "B"
5. Intermaxillary Record - "D"
6. Tooth Selection - "E"
7. Tooth Try-In: "D"
8. Insertion - "D & H"
9. Adjustment - "B & H"

Immediate Denture Procedures

1. Exam and Consultation - "A"
2. Preliminary Impression - "C:2"
3. Final Impression - "C:3"
4. Wax Rim Try-In (if indicated) - "B"
5. Intermaxillary Record - "D"
6. Tooth Selection - "E"
7. Tooth Try-In (if indicated) - "D"
8. Insertion - "B, F, & H"
9. Adjustment - "D, F, & H"

Partial Denture Procedures

1. Exam and Consultation - "A"
2. Preliminary Impression - "C:2"
3. Final Impression - "C:3"
4. Framework Try-In: "B & G"
5. Altered Cast Impression (if indicated) - "C"
6. Wax Rim Try-In (if indicated) - "B"
7. Intermaxillary Record - "D"
8. Tooth Try-In (if indicated) - "D"
9. Insertion - "D, C:2, G, & H"
10. Adjustment - "B, G & H"

Reline & Repair Procedure

1. Exam & Consultation - "A"
2. Impression - "C:2 & C:3"
3. Tooth Selection - "E"
4. Tooth Try-In (if indicated) - "D"
5. Insertion - "B & H"
6. Adjustment - "B & H"

Provisional Denture Procedure

1. Exam & Consultation - "A"
2. Preliminary Impression - "C:2"
3. Final Impression - "C:3"
4. Tooth Selection - "E"
5. Tooth Try-In (if indicated) - "D"
6. Insertion - "B, G, & H"
7. Adjustment - "B, G, & H"