

Department of Prosthodontics and Crown & Bridge

Month/Year: April/2026

S.NO	NAME OF THE PROCEDURE	NUMBER OF PROCEDURES	DESCRIPTION IF ANY
1)	REMOVABLE PROSTHODONTICS (Special Cases)	04	
2)	FIXED PROSTHODONTICS (Special Cases)	05	
3)	FULL MOUTH REHABILITATION	02	
4)	MANAGEMENT OF TEMPOROMANDIBULAR JOINT DISORDERS & OCCLUSION	10	
5)	SMILE DESIGNING	02	
6)	MAXILLO-FACIAL PROSTHODONTICS	01	

DATE: 22/05/2026


 SIGNATURE
 (INCHARGE/HOD)