

Department of Prosthodontics and Crown & Bridge

Month/Year: May/2026

S.NO	NAME OF THE PROCEDURE	NUMBER OF PROCEDURE S	DESCRIPTION IF ANY
1)	REMOVABLE PROSTHODONTICS (Special Cases)	04	
2)	FIXED PROSTHODONTICS (Special Cases)	11	
3)	FULL MOUTH REHABILITATION	03	
4)	MANAGEMENT OF TEMPOROMANDIBULAR JOINT DISORDERS & OCCLUSION	09	
5)	SMILE DESIGNING	01	
6)	MAXILLO-FACIAL PROSTHODONTICS	01	

DATE: 01/06/2026

[Handwritten Signature]

SIGNATURE

(INCHARGE/HOD)