VISHNU DENTAL COLLEGE

Department of Prosthodontics and Crown & Bridge

Month/Year: JUNE/2026

S.NO	NAME OF THE PROCEDURE	NUMBER OF PROCEDURES	DESCRIPTION IF ANY
1)	REMOVABLE PROSTHODONTICS (Special Cases)	02	
2)	FIXED PROSTHODONTICS (Special Cases)	07	
3)	FULL MOUTH REHABILITATION	04	
4)	MANAGEMENT OF TEMPOROMANDIBULAR JOINT DISORDERS & OCCLUSION	05	
5)	SMILE DESIGNING	0	
6)	MAXILLO-FACIAL PROSTHODONTICS	0	

DATE: 30/06/2026

SIGNATURE

(INCHARGE/HOD)