VISHNU DENTAL COLLEGE

Department of Prosthodontics and Crown & Bridge

Month/Year: JULY/2026

S.NO	NAME OF THE PROCEDURE -	NUMBER OF PROCEDURES	DESCRIPTION IF ANY
1)	REMOVABLE PROSTHODONTICS (Special Cases)	02	
2)	FIXED PROSTHODONTICS (Special Cases)	04	
3)	FULL MOUTH REHABILITATION	02	
4)	MANAGEMENT OF TEMPOROMANDIBULAR JOINT DISORDERS & OCCLUSION -	03	
5)	SMILE DESIGNING	0	
6)	MAXILLO-FACIAL PROSTHODONTICS	01	

DATE: 31/07/2026

SIGNATURE

(INCHARGE/HOD)