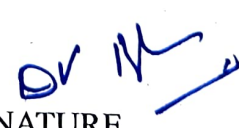


Department of Prosthodontics and Crown & Bridge

Month/Year: JULY/2026

S.NO	NAME OF THE PROCEDURE	NUMBER OF PROCEDURE S	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)