VISHNU DENTAL COLLEGE

Department of Prosthodontics and Crown &Bridge

Month/Year: AUGUST/2026

S.NO	NAME OF THE PROCEDURE	NUMBER OF PROCEDURES	DESCRIPTION IF ANY
1)	REMOVABLE PROSTHODONTICS (Special Cases)	06	
2)	FIXED PROSTHODONTICS (Special Cases)	01	
3)	FULL MOUTH REHABILITATION	06	
4)	MANAGEMENT OF TEMPOROMANDIBULAR JOINT DISORDERS & OCCLUSION	15	
5)	SMILE DESIGNING	0	
6)	MAXILLO-FACIAL PROSTHODONTICS	01	

DATE: 31/08/2026

SIGNATURE

(INCHARGE/HOD)