

# THE AMERICAN BOARD OF GENERAL DENTISTRY ORAL EXAMINATION APPLICATION

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The final step in the certification process involves passing the Oral Examination. You must submit a formal application to take the Oral Examination within five years after becoming Board Eligible.

The Oral Examination is given each spring in Chicago, IL. You should always contact the ABGD regarding the specific dates for examinations. The following table shows the planned dates of upcoming Oral Examination.

ABGD Oral Examination Dates	
Year	Dates
2012	May 3 – 6

To qualify for the Oral Examination, you must complete all three pages of this application and send them, along with the Oral Examination fee of \$475.00, so that it is **received by the ABGD no later than February 1 of the year in which you are applying for the examination.**

Please read the contents of this application packet very carefully. It contains materials that will assist you in preparing for the Oral Examination. If you are preparing cases to submit for the Case Treatment Planning and Rationale portion of the Oral Examination, keep these materials where you can refer to them frequently during preparation of your required case histories.

**MAIL COMPLETED ORAL EXAMINATION APPLICATION AND FEE -  
\$475 Full Payment or \$400 Re-examination Fee  
(CHECK OR CREDIT CARD) TO:**

**American Board of General Dentistry  
17406 1<sup>st</sup> Street East  
Redington Shores, FL 33708**

**Phone: 561-809-5491  
Fax: 727-586-3331  
E-MAIL: [support@abgd.org](mailto:support@abgd.org)  
Web: [www.abgd.org](http://www.abgd.org)**



I affirm that the information I have provided in this Oral Examination Application is accurate. I agree to abide by the regulations of the American Board of General Dentistry regarding the submission of these materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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I affirm that all photographic and/or radiographic documentation submitted or presented accurately represents the pre-treatment conditions of the patient and the treatment rendered, and has not been altered or retouched in a manner that misrepresents the original condition of the patient or the treatment outcomes.

I, the undersigned, certify the above information is correct. I understand that the fee is partially refunded if the exam reservation is canceled 60 days prior to the exam date; and non-refundable after the exam has been taken or if I do not appear to take the exam.  
I have read the *Rules and Procedures* and agree to abide by the regulations therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Payment Method – Please check the appropriate box(es)**

\$475 – Full Fee                       \$400 – Re-examination Fee

Check - payable to ABGD (in U.S. dollars only)

Credit Card:                       Visa                       MasterCard

\_\_\_\_\_   
3-digit verification code   
(Required)

Total \$ \_\_\_\_\_

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Credit Card #	Expiration Date	Name as it appears on card
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Signature (cannot process credit card without signature)

**Special Accommodations**

The American Board of General Dentistry (ABGD) may grant special accommodations for the Written and Oral Examinations to a candidate who:

- 1) submits a letter, a minimum of 60 days before the examination deadline, requesting special accommodations, and
- 2) provides documentation verifying his/her condition as well as the specifics of the special accommodations from a qualified professional (physician, psychologist, counselor) currently treating the candidate.

The ABGD reserves the right to authorize the use of auxiliary aids or modifications in such

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## Election of Track for Case Treatment Planning and Rationale

The ABGD is offering a dual track for the Case Treatment Planning and Rationale section of the Oral Examination. At the time this application is submitted, you must elect the track on which you will be examined. **Once you have elected a specific track, you may change that track for the examination year in which your application is submitted.**

### Standardized Case Diagnosis, Treatment Planning and Rationale

The Standardized Case Diagnosis, Treatment Planning and Rationale track mirrors the former Federal Services Board of General Dentistry format for this portion of the examination. If you elect this track, you will be presented with a standardized case from which you must develop the treatment plan and provide the complete rationale to support the treatment planning decisions. During the examination you will receive information regarding the patient's history, dental examination findings, casts and radiographs from which to develop the treatment plan and rationale. Further details about this format are provided in the accompanying documents.

### Presentation and Rationale of Two Original Cases

The Presentation and Rationale of Two Original Cases is the track that has been used by the ABGD since its inception to examine candidates in this portion of the examination. If you elect this track, you must submit THREE cases to the ABGD that conform to the case requirements. Two of these cases will be selected by the ABGD for you to present during the Oral Examination. Additional information regarding documentation requirements and other aspects of the case presentations is provided in accompanying documents.

**You must indicate your choice for this portion of the examination by signing only one of the following.**

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**I elect the Standardized Case Diagnosis, Treatment Planning and Rationale.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**I elect the Presentation and Rationale of Two Original Cases.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## American Board of General Dentistry HONOR CODE

I affirm that I will protect the integrity of the ABGD Examination and the examination process. I will not participate in any dishonest behavior and should I observe any dishonest behavior, I agree to report it. Dishonest behavior shall include but not be limited to any or all of the following.

- 1) Copying another candidate's answers.
- 2) Knowingly allowing another candidate to copy from me or another candidate.
- 3) Using notes or other references during the examination.
- 4) Reproducing or attempting to reproduce any specific examination question by any means (e.g., memorizing questions and rewriting them after the examination).
- 5) Contributing toward the reproduction and dissemination of the actual exam or a reconstituted version of the exam.

If I am found to have violated any part of the ABGD Honor Code, my examination results will become null and void, along with any other candidate who participated in the dishonest behavior. I also understand that the American Board of General Dentistry may take further actions against me, and all others who participated in the dishonest behavior. **Failure to sign this statement will render your examination null and void.**

I have read, understand and accept the terms of the above statement.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**THE AMERICAN BOARD OF GENERAL DENTISTRY  
EXAMINATION RESULTS RELEASE WAIVER  
FOR  
FEDERAL SERVICES CANDIDATES ONLY**

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**This is an optional section for active federal services candidates only.** By completing this form, the American Board of General Dentistry will release the results of your Written and/or Oral Examination results to the consultant/representative in general dentistry for the federal dental services in which you serve. This form must be completed and returned to the ABGD **before** your examination results will be released.

1) Which federal services branch to you serve in? (Please check)

\_\_\_\_\_ Air Force

\_\_\_\_\_ Army

\_\_\_\_\_ Navy

\_\_\_\_\_ Other \_\_\_\_\_

2) Which examination results can be released to your service? (Please check)

\_\_\_\_\_ Both the Written and Oral examinations

\_\_\_\_\_ The Written Examination only

\_\_\_\_\_ The Oral Examination only

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I hereby give permission to the American Board of General Dentistry to release the results of my examination(s) as indicated above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**AMERICAN BOARD OF GENERAL DENTISTRY  
ORAL EXAMINATION  
RELEASE OF INFORMATION AND WAIVER**

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Dr. \_\_\_\_\_ and the American Board of General Dentistry have informed me that they will use my dental records, radiographs, study casts, descriptions of my dental diagnosis, and intraoral and extraoral (limited to the head and neck) pictures of me in connection with the Board's examination and certification of

Dr. \_\_\_\_\_. I \_\_\_\_\_, hereby waive all rights of privacy which I may have either at common law or by statute. I further grant full permission to the American Board of General Dentistry to use such records, radiographs, study casts, descriptions of diagnosis, and pictures in their examination and certification as they deem necessary, with full knowledge that these may be disclosed to other persons. I am voluntarily providing this authorization and hereby waive any claims I might have for compensation or otherwise against the American Board of General Dentistry or

Dr. \_\_\_\_\_. In witness whereof, I have hereon set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

# THE AMERICAN BOARD OF GENERAL DENTISTRY ORAL EXAMINATION REQUIREMENTS

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The Oral Examination consists of two parts:

1. Case Treatment Planning and Rationale
2. Discipline-Specific Oral Examinations

## **Case Treatment Planning and Rationale**

The Case Treatment Planning and Rationale section of the Oral Examination is a dual track. These tracks permit the candidate to choose either of the following.

- A. Standardized case diagnosis, treatment planning and rationale, or
- B. Presentation and rationale of two original cases

### **A. Standardized Case Diagnosis, Treatment Planning and Rationale**

This examination is a four-hour exercise in which all candidates will be presented with a reasonably challenging standardized case from which they will develop a treatment plan and provide the complete rationale to support their treatment planning decision.

The candidate must develop and/or address the following:

Diagnosis/Problem list by discipline

Medical considerations

Treatment plan and rationale by phase:

- Emergency Phase
- Systemic Phase (i.e. medical consults, tx modifications)
- Preparatory Phase (i.e. caries/perio disease control, Oper, Endo, OS)
- Reevaluation Phase (i.e. compliance, disease control)
- Corrective-Restorative Phase (i.e. Prosthodontics )
- Maintenance Phase

Development of the treatment plan and rationale should be written so that the treatment plan is on the left side of the paper and the corresponding rationale is on the right. Each candidate must complete the entire exam and submit all required information in order for the exam to be eligible for grading. For example, a completed exam includes: problem list by discipline, medical consults if indicated, objective/overview of the case, treatment plan and rationale by phase, case prognosis, charting of treatment rendered, prosthodontic lab work authorizations (if indicated), and any other requested information discussed at the time of the exam. Diagnosis and treatment rendered during each “phase” must be written in the order in which it is expected to be completed.

The Comprehensive Treatment Plan format is as follows:

Diagnosis Problem List  
Treatment Objective Overview  
Treatment Plan with Rationale:

A. EMERGENCY PHASE

Treatment	Rationale

B. SYSTEMIC PHASE

Treatment	Rationale

C. PREPARATORY PHASE

Treatment	Rationale

D. RE-EVALUATION PHASE

Treatment	Rationale

E. CORRECTIVE PHASE

Treatment	Rationale

F. MAINTENANCE PHASE

Treatment	Rationale

Prognosis  
Medical/Dental Specialty Consults  
Charting of Treatment Rendered  
Prosthodontic Lab Work Authorizations

(See “Sample Standardized Treatment Planning Case” on this website for additional information)

The candidate will be provided with:

Chief complaint  
Medical and dental history  
Complete dental examination findings  
Full mouth and panoramic radiographs (duplicate films or pictures)  
Extraoral and intraoral photographic series  
Perio charting  
Unmounted diagnostic casts  
Access to articulated casts and original radiographs  
Lined 8.5x11 inch paper

The **candidate** will provide:

Pens (blue or black only)  
Colored pencils (red, blue and brown)  
Surveyor and table with all rods, gauges, leads, etc.  
Instruments to remove pencil marks on cast

The examination will be administered in a proctored environment. At the end of the examination period, you must return all testing materials to the proctors. No candidate is permitted to remove any testing materials or copies thereof from the proctored environment. Anyone found doing so will receive a failing grade and may not be permitted to retake the exam.

Important points to consider:

The treatment plan must be well organized and chronologically sequenced so that all problem areas are identified and then properly addressed according to current accepted standards and guidelines. Diagnosis must also be appropriate and supported by a thorough systematic method of identifying oral disease, occlusal discrepancies, esthetic concerns and the overall ability to provide health, function and comfort for the patient.

Submitted exams will be considered unacceptable if the diagnosis and/or treatment plan is considered incomplete, not supported by clinical findings or information provided, there are gross errors in content and sequencing, treatment rendered is clearly inappropriate and not supported by the current standard of accepted dental therapeutics.

All basic components of accepted design concepts for implants, fixed and removable prosthesis must be considered and optimally applied. Furthermore, restorative materials must be appropriate to the situation in which employed and the restorations must be physiologically compatible and well integrated with other elements of care. Dental laboratory work authorizations must be carefully written and drawn on the lab form so that all pertinent information is present and clearly described. Critical information, which cannot be easily identified, on a properly prepared lab work authorization will be considered missing. At a minimum, the following RPD components must be included on the written aspect of the dental lab work authorization when indicated: retentive undercut, guideplanes, clasps, rests, reciprocation, major connector, minor connectors, occlusal scheme, denture tooth selection, and shade. Drawings must include acrylic outlines and an appropriate framework design. The only markings allowed on dental casts are survey lines. The drawing of an RPD design will not be accepted on a dental cast. Improper prosthetic design concepts, missing components of design concepts, or components, which have not been addressed, will be considered unacceptable.

**Any missing item, general oversight, or failure to address the above mentioned items may ultimately result in a failing grade**

## **B. Presentation and Rationale of Two Original Cases**

The Presentation and Rationale of Two Original Cases within the Case Treatment Planning and Rationale section of the Oral Examination allows the candidate the opportunity to demonstrate clinical abilities in diagnosis, treatment planning, case organization, documentation and treatment.

### **Case Requirements**

Each candidate is required to submit three reasonably challenging (moderately complex) cases. Each case must include a minimum of three specialty categories which cannot be referred out for treatment. These specialty categories include:

1. Fixed Partial Dentures, Removable Partial Dentures, or Implants
2. Periodontics
3. Operative Dentistry (restoration of single teeth to include single unit crowns, inlays or onlays)
4. Oral Pathology/Oral Medicine
5. Oral Surgery (extraction of at least three teeth)
6. Orthodontics
7. Endodontics

One case must include replacement of multiple missing teeth, using fixed partial dentures, removable partial dentures or implants.

One case must include surgical periodontal treatment (NOT referred out to another provider and is initiated to control/ eliminate the disease process which involves some

form of surgery in at least one quadrant, e.g. flap for debridement, osseous grafting, root amputation, surgical treatment of furcations, soft tissue augmentation, etc), and

One case must include operative dentistry (multiple teeth in multiple quadrants).

All cases must conform to the following criteria:

1. The ***majority of care, to include a minimum of three specialty disciplines, must be provided by the candidate*** acting as the primary clinician. In the case of specialty referrals, the overall management of patient care remains the sole responsibility of the candidate. As such, the candidate is accountable for and will be evaluated on the quality of diagnosis, treatment planning and care provided to the patient including any procedures performed by other dentists.
2. All documentation required by the Board, to include forms, treatment plan format, and other pertinent materials, must be used and submitted with the case.

Cases that are submitted must document complete care from diagnosis and treatment planning through completed treatment. Furthermore, all cases submitted must follow the “phase treatment” format:

- Emergency Phase
- Systemic Phase (i.e. medical consults, tx modifications)
- Preparatory Phase (caries/perio disease control, Oper, Endo, OS)
- Reevaluation Phase (i.e. compliance, disease control)
- Corrective-Restorative Phase (i.e. Prosthodontics)
- Maintenance Phase

Diagnosis and treatment rendered during each “phase” must be written in the order in which it is expected to be completed. Development of the treatment plan and rationale should be written so that the treatment plan is on the left side of the paper and the corresponding rationale is on the right.

The Comprehensive Treatment Plan format is as follows:

Diagnosis/Problem List  
Treatment Objective Overview  
Treatment Plan with Rationale:

A. EMERGENCY PHASE

Treatment	Rationale

B. SYSTEMIC PHASE

Treatment	Rationale

C. PREPARATORY PHASE

Treatment	Rationale

D. RE-EVALUATION PHASE

Treatment	Rationale

E. CORRECTIVE PHASE

Treatment	Rationale

F. MAINTENANCE PHASE

Treatment	Rationale

Prognosis  
Medical/Specialty Consults  
Pre-treatment and Post-treatment Perio Charting  
Charting of Treatment Rendered  
Prosthodontic Lab Work Authorizations

(See "Sample Case Presentation" on this website to better visualize the format)

Incomplete cases will not be approved. Any missing item, general oversight, or failure to address the above mentioned items may ultimately result in a failing grade.

Prior to February 1<sup>st</sup> each year, copies of the following items for each case are to be submitted to the Board for review and verification. Please note that more detailed information for the following items will be enclosed with the application as described below and in other areas on this website:

1. Application form
2. Patient release form
3. Medical history
4. Comprehensive Treatment Plan
5. Pre-treatment and post-treatment full mouth periapical radiographs and bite-wings (may be from digital radiographs)
6. Pre-treatment and post-treatment 3x5 clinical photographic print series taken from 35 mm color slides or digital images
7. Pre-treatment and post-treatment 3x5 photographic print series of casts taken from 35 mm color slides or digital images

After the preliminary Board review is completed, all cases will be returned to the candidate. ***Cases must meet all Board established criteria in order to be accepted for presentation.*** If a case is judged as “Conditionally Acceptable,” it will be returned to the candidate with instructions on corrections and procedures for resubmission.

If a case is judged as “Unacceptable,” it will be returned to the candidate. The candidate must then submit a **new** case to the Board.

If all three of the submitted cases are judged to be “Acceptable,” the Board will identify **two** of the cases that the candidate must present and defend during the Oral Examination.

The candidate must bring all case presentation materials to the Oral Examination. The candidate will have a maximum of 10 minutes to orally present the comprehensive treatment highlights of each case to the examiners in the following format:

1. Present pre/post-treatment radiographic and clinical images of the maxillary and mandibular arches as described in the “radiograph” and “photographic series” section of the oral examination application.
2. Additional images presented may include documentation of technical aspects for various surgical procedures (implant placement, periodontal surgery, oral surgery, etc.)

The examiners will question the candidate on each case for 20 minutes including questions about hypothetical situations suggested by the case history or clinical presentation. Examiners will evaluate all questions and responses individually and independently

Important points to consider:

Treatment plans must be well organized and chronologically sequenced so that all problem areas are identified and then properly addressed according to current accepted standards and guidelines. Diagnosis must also be appropriate and supported by a thorough systematic method of identifying oral disease, occlusal discrepancies, esthetic concerns and the overall ability to provide health, function and comfort for the patient. Medical/Dental specialty consults, if indicated, must be written appropriately and accompanied by the corresponding recommendation from the attending physician/dental specialist.

The comprehensive treatment plan must follow the example provided on the American Board of General Dentistry website -- "Sample Case Presentation." This includes: patient history, examination findings, diagnosis/problem list by discipline, treatment objective/overview, six phases of treatment, prognosis, medical/dental specialty consults, prosthodontic lab work authorizations to include RPD design/drawing (if applicable), periodontal charting and treatment rendered charting.

Submitted cases will be judged unacceptable if the diagnosis and/or treatment plan is considered incomplete, not supported by clinical findings or information provided, there are gross errors in content and sequencing, and treatment rendered is clearly inappropriate or not supported by the current standard of accepted dental therapeutics.

Candidates may utilize digital photographs and radiographs provided no alteration of the images has been performed with the exception of peripheral cropping, brightness, and contrast. Any other alteration will be considered unacceptable. Photographs must exhibit excellent contrast and sharpness and all required views must be present.

All pre/post treatment radiographs must be of diagnostic quality possessing excellent contrast and sharpness and properly mounted. Cone cuts, distortions, and apical "cut-offs" seriously compromise diagnostic quality and are not considered acceptable.

Articulated casts must be properly mounted, clean and without blebs, bubbles or other significant imperfections.

All basic components of accepted design concepts for implant, fixed, and removable prosthesis must be considered and optimally applied. Furthermore, restorative materials must be appropriate to the situation in which employed and the restorations must be physiologically compatible and well integrated with other elements of care. Dental laboratory work authorizations must be carefully written and drawn on the lab form so that all pertinent information is present and clearly described. Critical information which cannot be easily identified on a properly prepared lab work authorization will be considered missing. At a minimum, the following RPD components must be included on the written aspect of the dental lab work authorization when indicated: retentive undercut, guideplanes, clasps, rests, reciprocation, major connector, minor connectors, occlusal scheme, denture tooth selection, and shade. Drawings must include acrylic outlines and an appropriate framework design. The only markings allowed on dental casts are survey lines. The drawing of an RPD design will not be accepted on a dental cast. Improper prosthetic design concepts, missing components of design concepts, or components which have not been addressed will be considered unacceptable.

Candidates must be prepared to defend their diagnosis, problem list, objective/overview, prognosis, treatment planning, treatment rendered/rationale, material selection, and maintenance program based upon evidence based dentistry, accepted current literature, classical literature, and the current standard of accepted dental therapeutics.

The candidate who demonstrates a superior understanding of the broad scope of comprehensive dentistry and can apply that knowledge in the clinical setting by

demonstrating exceptional treatment outcomes will most certainly achieve board recognition.

## **Oral Examination**

### Case Treatment Planning and Rationale

When the candidate submits the three required cases to the Board, the Board will select **two** of the three for the candidate to present at the Oral Examination and inform the candidate of their decision as to which cases will be presented. The candidate will have a maximum of 20 minutes to orally present each case to the examiners. The examiners will question the candidate on each case, including questions about hypothetical situations suggested by the case histories and the rationale for the treatment presented.

The examiners will evaluate all oral questions and responses individually and independently, based on prearranged, well-understood, and well-specified criteria.

### Discipline-specific Oral Examinations

The Discipline-specific Oral Examinations will be administered in eight individual sessions. Each session will last **25** minutes. The eight sessions will consist of topic groupings as follows:

- Oral Diagnosis/Oral Medicine/Oral Pathology
- Oral Surgery/Oral Radiology
- Orthodontics/Pediatric Dentistry/Public Health Dentistry/Infection Control
- Endodontics
- Periodontics
- Operative Dentistry/Dental Materials
- Fixed Prosthodontics/Implants
- Removable Prosthodontics/Implants

## **THE AMERICAN BOARD OF GENERAL DENTISTRY ORAL EXAMINATION FORMAT FOR SUBMITTING CASE REPORTS**

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### **Purpose of Structured Format**

The structured format has been developed to minimize both the variations between cases and the amount of material submitted for each case, to the benefit of both the examiner and examinee.

### **Forms**

For each of the three cases, you must submit the following:

- American Board of General Dentistry Oral Examination Release of Information and Waiver (see above)
- Complete Medical History (your personal office form)
- Comprehensive Treatment Plan (see example on website)
- Medical Consultations (as appropriate)
- Dental Specialty Consultations/Referrals (as appropriate)
- Prosthodontic Lab Work Authorizations (for all Implants, FPD's, RPD's)
- Complete Pre/Post-treatment Periodontal Charting
- Charting of Completed Treatment (i.e. Operative, Pros, Endo, O.S. etc.)

For cases involving various forms of dental specialty care, additional instructions are provided below.

### **Radiographs**

A set of pre-treatment and post-treatment full mouth radiographs (minimum 18 film series) is required for every case. Films are to be mounted "dots out" convexity toward the viewer. All pre/post treatment radiographs must be of diagnostic quality possessing excellent contrast and sharpness and properly mounted. Deficiencies such as cone cuts, distortions, and apical "cut-offs" seriously compromise diagnostic quality and are not considered acceptable. Candidates may utilize digital radiography provided printouts are submitted on diagnostic quality photo paper and can be accurately and easily read.

### **Photographic Series**

A set of twenty color images (ten pre-treatment and ten post-treatment) is required for each case. These images may be submitted in one of the following formats:

3 x 5 high quality color prints or

PowerPoint presentation -- resolution of high quality images contained in PowerPoint not less than 300 dpi. The candidate must save the created PowerPoint file to a CD and submit the CD to the ABGD. No other electronic submission or data storage device will be accepted.

<b>Clinical Photographic Series</b>	<b>Number of Images</b>
Anterior view with arches in centric occlusion (CO)	1
Left and right buccal views with arches in CO	2
A lingual view of each posterior quadrant	4
An occlusal view of each arch	2

Full face frontal view	1
<b>TOTAL</b>	<b>10</b>

Follow these guidelines when taking photographs:

Appropriate magnification should be used to fill the frame with the desired teeth. Ensure to crop cheeks, retractors, mirror edges, lips, nostrils, mustaches, and fingers from the photograph.

Photographs should be well composed with sharp focus on the area to be displayed.

Periapical radiographs must include the apices of the teeth in the view.

Edges of mirrors should not be visible. The teeth should be well focused in the reflected image.

Facial or lingual views should contain only the reflected image and not two images of the same tooth.

Ideally, all images should be parallel to the deck. Canted images significantly detract from the presentation.

3 x 5 high quality color prints produced from 35mm slides or high resolution digital images (no less than 300 dpi) are acceptable formats to document cases.

**Captured still images from an intraoral video camera are not acceptable** as they do not have the image quality and do not replicate the prescribed 10 photograph series mandated for case submission.

**Photographic prints may not be used to present the case during the Oral Examination.** Only images (no less than 300 dpi) placed into a PowerPoint presentation may be used for the Oral Exam case presentation.

One LCD projector and screen will be made available for the candidate to use during the case presentation. Dual projection presentations are not permitted.

## Study Casts

Study casts reflecting the initial condition are required for every case. All stone casts **must be mounted in centric relation on a Class 3 semiadjustable articulator** at the time the candidate is defending the case during the formal Oral Examination. See special instructions for other cast requirements in this section.

A set of ten (10) images (5 pre-treatment and 5 post-treatment) of the pre-treatment and post-treatment diagnostic casts is required for each case submission. Views required include: anterior view with arches in centric occlusion (CO), left and right buccal views with arches in CO, and an occlusal view of each arch. These must be 3 x 5 high quality color prints produced from 35mm slides or high resolution digital images (no less than 300 dpi). During the case presentation, pre-treatment diagnostic casts mounted on a Class 3 semi-adjustable articulator must be available. Any type of interim casts and diagnostic wax-ups must also be brought to the Oral Examination.

## **Comprehensive Treatment Plan**

Use the following treatment plan format:

- Emergency Phase
- Systemic Phase (i.e. medical consults, tx modifications)
- Preparatory Phase (i.e. caries/perio disease control, Oper, Endo, OS)
- Reevaluation Phase (i.e. compliance, disease control)
- Corrective-Restorative Phase (i.e. Prosthodontics)
- Maintenance Phase

Include the following items with the treatment plan:

- . Medical Consultations (as appropriate)
- A. Dental Specialty Consultations/Referrals (as appropriate)
- B. Prosthodontic Lab Work Authorizations (for all Implants, FPD's, RPD's)
- C. Completed Pre/Post-treatment Periodontal Charting
- D. Charting of Completed Treatment (i.e. Operative, Pros, Endo, O.S. etc.)

(see Comprehensive Treatment Plan example on website located under "Study Aids" then click on "Sample Case Presentation.")

## **Additional Instructions/Requirements**

For cases having an Orthodontic component:

A panoramic radiograph taken no more than six months before initiation of therapy.

Pre-treatment and Post-treatment casts (poured in orthodontic stone and prepared with the heels of the casts trimmed so that the teeth are in centric occlusion when the heels are placed on a flat surface).

A preoperative cephalometric radiograph and analysis.

Note: If this therapy is delegated to a specialist, the applicant must be sure that this essential data is recorded and presented.

**For cases having a Periodontal component:**

1. Complete a periodontal charting form of your choosing that includes the following information:

- Missing teeth
- 6-point probing depths of all teeth
- Level of gingival margin in relation to the CEJ
- Location of the mucogingival junction
- Furcation designations
- Mobility of teeth
- Bleeding and/or suppuration

This charting must be done prior to and at the completion of periodontal therapy at a reasonable re-evaluation interval.

Submit a set of pretreatment and post-treatment full mouth radiographs, minimum 18-film series, which includes four vertical bitewings. Candidates may utilize digital radiography provided printouts are submitted on diagnostic quality photo paper and can be accurately and easily read. Please note that for any case in which the periodontal therapy will be submitted as an essential and defensible portion of the case, this set of radiographs **must** be prepared.

Other indices, radiographs, and 3x5 clinical photographs are encouraged as long as they help to clarify and not encumber the case.

Note: If this therapy is delegated to a specialist for such procedures as implant placement, tissue/osseous grafts, or sinus lift/grafts for example, the applicant must be sure that all essential data is recorded and presented. The candidate is also responsible for being able to adequately defend the specific treatment modality and corresponding rationale.

**For cases having Fixed Prosthodontics as a component:**

Submit pre-treatment and post-treatment unmounted casts.

Copy of prosthodontic lab work authorizations

**For cases having Removable Partial Dentures as a component:**

Submit pre-treatment and post-treatment (RPD in place) unmounted casts

Copy of prosthodontic lab work authorizations.

Post-treatment images of the mouth with the prosthesis(es) out AND in. (At a minimum include the teeth in occlusion and occlusal views)

**For cases having Operative Dentistry as a component:**

Submit pre-treatment and post-treatment unmounted casts

Copy of prosthodontic lab work authorizations and any pertinent photos which will enhance your presentation.

**For cases having Endodontics as a component:**

1. Pretreatment periapical films.
2. Working length and completed obturation films.
3. Description of instrumentation and obturation techniques.

**For cases having Oral Surgery as a component:**

1. Narrative of procedure (if other than simple extractions).

Note: If this therapy is delegated to a specialist for such procedures as implant placement, biopsies, pre-prosthetic surgery, or sinus lift/grfts for example, the applicant must be sure that all essential data is recorded and presented.

## Defending Your Cases

If you perform a procedure in your office, or have another specialty provider perform it, you must have a very good understanding of the principles, indications, contraindications, and ramifications, of providing such treatment.

Dental materials: You should be very familiar with all the products you use and why you use them. For example, if you use a polyether as your main impression material, why did you choose it and what are its advantages and disadvantages? Why do you use a particular resin material? What kind or classification is it? What are its mechanical characteristics?

Oral pathology is covered with a very strong clinical emphasis. For example, if you noticed a soft tissue lesion on your patient, what do you suspect, what is your differential, and how would you handle it?

In presenting cases keep “organization” in mind. Be brief, to the point, and ensure that you cover all pertinent issues written in your treatment plan during the **20 minute** time period allotted. Remember to include in your Comprehensive Treatment Plan PowerPoint presentation all required radiographs, photos, perio/treatment rendered charting forms, medical history, medical/dental specialty consults, prosthodontic lab work authorizations, and any other pertinent items which may be required to adequately defend your case.

During the case presentation, pre-treatment diagnostic casts mounted on a Class 3 semi-adjustable articulator **must** be available. In addition, any type of interim casts, diagnostic wax-ups, and post-treatment casts demonstrating completed restorative work (i.e. RPD in place intraorally, FPD’s, Implants, Veneers, etc.), **must be present**.

In presenting cases, be brief, to the point, and ensure that you cover only the highlights of comprehensive treatment rendered in the **10 minute** time period allotted. Be prepared to adequately defend all aspects of your case to include, diagnosis, systemic issues, medical consults, treatment plan, treatment rationale, potential treatment options, clinical procedures, disease control, long-term maintenance of the case, dental laboratory work authorizations, and any treatment referred out for specialty support.

### **Suggested PowerPoint presentation sequence:**

- Present patient overview, including chief complaint and any significant medical history
- Present the patient’s problem list, by quadrant or arch, using pre-operative clinical images, radiographs and casts
- Present your comprehensive treatment plan in the proper sequence of phases and order of treatment along with your rationale
- Review current accepted disease control modalities and corrective restorative treatment by quadrant or arch
- Present medical/dental specialty consults, prosthodontic lab work authorizations, prosthetic designs for FPD’s, RPD’s and Implants.
- Review post-operative visual documentation of treatment to include clinical photographs, perio charting, radiographs and casts to demonstrate your finished product.
- Present the patient treatment plan overview, including chief complaint.

- Present visual documentation of comprehensive treatment rendered to include pertinent clinical photographs and radiographs which adequately demonstrate your finished product and any surgical procedures which you personally performed.

The candidate who demonstrates a superior understanding of the broad scope of comprehensive dentistry and can apply that knowledge in the clinical setting by demonstrating exceptional treatment outcomes will most certainly achieve board recognition.

GOOD LUCK!

## **American Board of General Dentistry Oral Examination Case Report Submission Check List**

This form should be used as a final check-list prior to packaging your case for mailing to the American Board of General Dentistry.

Each case submitted MUST have the following items. This form MUST be included with each of the 3 cases submitted to the American Board of General Dentistry.

Paperwork (for each of the 3 cases)

- American Board of General Dentistry Oral Examination Release of Information and Waiver
- Patient Medical History
- Comprehensive Treatment Plan
- Pre/Post Treatment Periodontal Charting
- Medical/Dental Specialty Consults
- Prosthodontic Lab Work Authorizations
- Charting of Completed Treatment

Radiographs (for each of the 3 cases)

- Pre-Treatment Series – minimum 18 films
- Post-Treatment Series – as appropriate per treatment rendered
- Endodontic Treatment Radiographs

Photographic Series (for each of the 3 cases)

- Pre-Treatment Image Series – 10 views minimum
- Additional images to document treatment as desired
- Post-Treatment Image Series – 10 views minimum
- Pre/Post-Treatment Image Series of Casts – 10 views minimum

Casts (for each of the 3 cases)

- Pre-Treatment Unmounted Study Casts
- Pre-Treatment Unmounted Diagnostic Wax-up Casts
- Post-Treatment Unmounted Casts

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Signature and Date