



# Mahatma Gandhi Dental College & Hospital

MAHATMA GANDHI UNIVERSITY OF MEDICAL SCIENCES & TECHNOLOGY, JAIPUR

(Sponsoring Body : India Education Trust)

RIICO Institutional Area, Sitapura, Tonk Road, JAIPUR - 302 022 (Raj.) INDIA

Phone : 0141-2770300, 3292139 • Fax : 0141-2770326

email : principal.dental@mgumst.org

No. MGDCH/CDE/DCR/2024/07

Date: 16-04-2024

17<sup>th</sup> DENTAL COMBINED ROUND (DCR)

on

**“Rehabilitation of a 28-Year-Old Patient With Unpleasant Smile”**

**Department of Prosthodontics, Crown & Bridge**

## Speakers

**Dr. Lipi Patel**

PG Resident

Dept. of Prosthodontics, Crown & Bridge

MGDCH

## Under guidance of

**Dr. Narendra Padiyar**

Professor and Head

Department of Prosthodontics, Crown & Bridge

**Dr. Pragati Kaurani**

Professor

Department of Prosthodontics, Crown & Bridge

## Moderator

**Dr. Pragati Kaurani**

Professor

Dept. of Prosthodontics, Crown & Bridge

## Chairperson

**Dr. M L Swarankar**

Emeritus Chairperson

MGUMST

**Wednesday, APRIL 17<sup>th</sup>, 2024, at 02.00 pm - 03.00 pm**

**Venue: LT-1, MGDCH**

All HODs, Faculty members and Residents of Mahatma Gandhi Dental College and Hospital, Jaipur must attend the DCR in LT-1 at 2.00pm sharp. 18<sup>th</sup> DCR will be conducted on 1<sup>st</sup> May 2024 by Dept. of Orthodontics and Dentofacial Orthopaedics.

**Dr. Achal Gulati**

President cum Vice Chancellor  
MGUMST

**Dr. V. K. Kapoor**

Pro. Vice Chancellor  
MGUMST

**Dr. Narendra Padiyar U**

Principal & Dean  
MGDCH

**Dr. Anshuman Jamdade**

Professor and Head  
Dept of Oral Medicine & Radiology,  
**Convenor, DCR**

### Copy to-

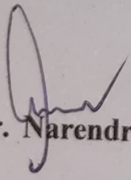
1. PS to the Chairperson, MGUMST
2. PS to the President, MGUMST
3. PS to the Pro-President, MGUMST
4. Principal & Controller, MGMC&H
5. Principal & Controller, MGDCH
6. Principal Adviser to Chairperson, MGUMST
7. Medical Superintendent, MGH
8. Heads of the Departments-Medical College
9. Heads of the Departments-Dental College
10. Director, IOAC, MGUMST
11. Co-Ordinator, IQAC, MGDCH
12. Mr. Virendra Pareek, Director (Marketing) & PRO
13. Mr. Pradeep Das, Incharge Auditorium
14. Office copy

**Prof. (Dr.) NARENDRA PADIYAR**  
Head of Department  
Prosthodontics & Crown & Bridge  
Mahatma Gandhi Dental College & Hospital  
Sitapura, Jaipur-302022

Date: 18/04/2024

## SEVENTEENTH DCR EVENT REPORT

S. No.	EVENT REPORT
1.	<b>Name &amp; Level of Event- "17<sup>th</sup>Dental Combined Round (DCR)"</b> <b>Background/Introduction-</b> Topic of Program: "Rehabilitation of a 28-Year-Old Patient With Unpleasant Smile" Date:18/04/2024 Name of the Organizing Committee: Department of Prosthodontics, Crown and Bridge
2.	Programs Organised: DCR Time of commencing program: 02:00pm IST Time of Conclusion: 03:00 pm IST <b>Total</b> <b>attendees:62(faculty-16, students-46)</b>
3.	<b>Venue:</b> LT-1, Mahatma Gandhi Dental College and Hospital
4.	<b>Sponsors:</b> MGUMST
5.	<b>Inauguration:</b>
6.	<b>Speaker/Judges/Chairman/Panel Team:</b> Speakers: Dr. Lipi Patel Moderator: Dr. Pragati Kaurani
7.	<b>Participants &amp; Delegates:</b> All HODs, Faculty members and Residents of Mahatma Gandhi Dental College and Hospital.
8.	<b>Prize Distribution etc.:</b> Certificates awarded to all Speakers
9.	<b>Valedictory Ceremony:</b> nil
10.	<b>Highlights of the Event:</b> nil
11.	<b>Geo-tagged Photograph:</b> Attached

  
Dr. Narendra Padiyar

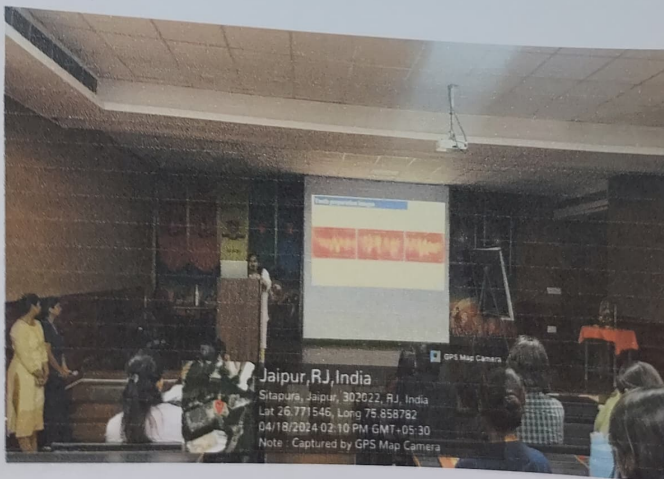
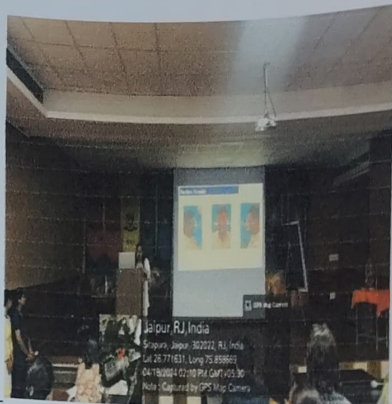
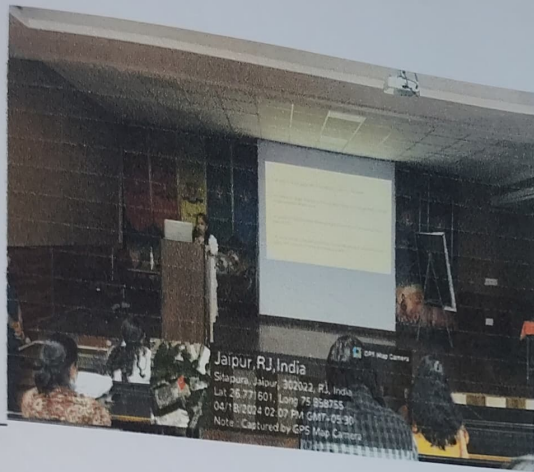
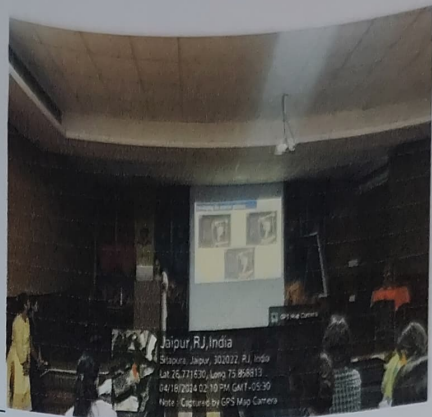
Program Coordinator

Dean, MGDCH

Prof. (Dr.) NARENDRA PADIYAR  
Head of Department  
Prosthodontics & Crown & Bridge  
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Sitapura, Jaipur-302022



# EVENT PHOTOGRAPHS



**Prof. Dr. NARENDRA PADIYAR**  
Head of Department  
Prosthodontics & Crown & Bridge  
Mahatma Gandhi Dental College & Hospital  
Sitapura, Jaipur-302022

# 17<sup>th</sup> Dental Combined Round

## Rehabilitation of a 28-Year-Old Patient With Unpleasant Smile

Presenter:

Dr. Lipi Patel  
3<sup>rd</sup> Year Postgraduate  
Dept. of Prosthodontics and Crown & Bridge

Under Guidance:

Dr. Narendra Padiyar U.  
Principal & Head of Department  
Dept. of Prosthodontics and Crown & Bridge

Dr. Pragati Kaurani  
Professor  
Dept. of Prosthodontics and Crown & Bridge

### History

- Medical History: No relevant history
- Dental History: H/o RCT done 6 years ago in a private clinic.

### Habits

- No relevant habits

### Family History

- No relevant family history

## CASE HISTORY

### GENERAL INFORMATION

- Name : Devendra Sharma
- Age : 28 years
- Sex: Male
- Address: Pratapnagar, Jaipur
- Occupation: Engineer

### General Physical Examination

- Height- 6'1" , Weight- 74kg
- Blood Pressure- 121/84 mmHg (right arm, supine position)
- Pulse- 72 beats/minute

### Chief complaint

- Patient C/O discolored teeth and unpleasant smile due to fractured teeth since 6 years.

### History of present illness

- Fractured due to trauma from road accident and discolored maxillary anterior teeth since 6 years.

### Extraoral Examination

- ✓ Facial form was oval
- ✓ Shape of head - Mesocephalic
- ✓ Posture and gait - no abnormality detected
- ✓ Build - Ectomorphic



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## Ideal Smile Principles

### Facial profile

- For smile design in a frontal view are the interpupillary line (IPL), the commissural line (CL), and the facial flow.
- For profile view 4 reference lines are there The Frankfort horizontal, Camper's plane, Nasolabial angle, Ricketts E-plane.

### Lip esthetics

- The smile line of the upper teeth follows the curve of the lower lip.



- The range for width: height ratio of the maxillary centrals is 75% to 85%.
- RED proportion ranges from 62% to 80% and differs based on the desired length of teeth, height and gender of the patient.
- An untreated maxillary median diastema (MMD) of more than 0.5 mm was regarded as less esthetic.
- The buccal corridor is the dark space visible between the corners of the mouth and the upper teeth, classified as narrow, intermediate, or wide.

### Gingival esthetics

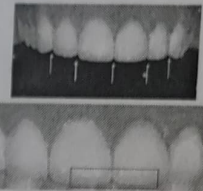
- The gingival margin should maintain parallelism with the occlusal plane and horizontal references such as the IPL and CL.
- It is suggested that gingival exposure of more than 2 to 3 mm is regarded as excessive.
- Long contacts with no papilla are regarded as unesthetic and should be avoided.



- Midline deviation of greater than 2 mm was regarded as unesthetic.

### Teeth color and anatomy

- Shade selection- the current recommendation is to whiten teeth to a lighter shade before cosmetic procedures.
- incisal embrasures increase gradually as we move distally.
- incisal edge anatomy and translucency are essential in creating a more natural smile.



Atwood, Sakthik RDS, Smile Analysis: Diagnosis and Treatment Planning, 10.1016/j.cden.2017.03.001

### Dental esthetics

- In the resting phase, if lip length is normal, the incisal edge display is 3 to 4 mm in women and 1 to 2 mm in men.
- The F sounds are also used to determine the incisal edge position. During its pronunciation, the incisal edge should touch the wet/dry border of the lower lip.
- Smile arc is classified into 3 categories: convex/positive, straight/plane, or inverted/reverse.



## Evaluation of Smile Phase 1

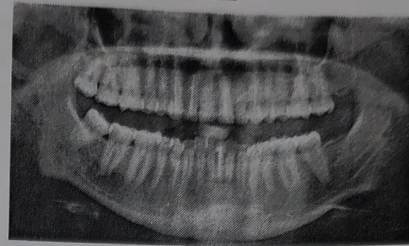
DR. NAINENDRA PADIYAR  
Head of Department  
Prosthodontics & Crown & Bridge  
Mahatma Gandhi Dental College & Hospital  
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### Intraoral Examination

- Upper and lower arch - 'U' shaped
- Discoloration of tooth 12, 21, 31
- Lower midline shifted towards right by 2mm
- Ellis Class 1 Fracture w.r.t 11, 12, 13, 21, 22, 23, 31 (patient recall H/O trauma before 6 years)



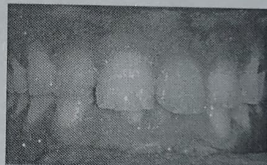
### Radiographic Investigation



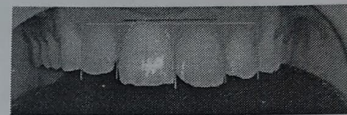
### Intraoral Examination

#### SOFT TISSUE EXAMINATION

- Oral hygiene was good. ( According Oral Hygiene Index Simplified )
- Color : Reddish Pink
- Biotype- Normal (As per Kois classification)
- Stippling present
- Frenal attachments were normal



### Examination of Smile



- The gingival zenith of the maxillary anteriors was also asymmetrical.
- The Gingival Zenith Line is also not within the ideal parameters.

• Ahmed Siddiqui, Smile Analysis: Diagnosis and Treatment Planning. Dent Clin North Am. 2022 Jul;66(2):367-381.doi: 10.1016/j.cden.2022.03.001.  
• 21 principles of smile design. Dr Lee Hunter, DDS

### Intraoral examination



Molar relationship: - Right: Class I

Left : Class I

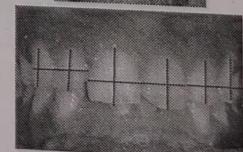
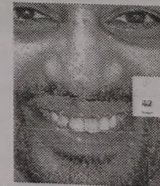
Canine relationship: Left - Class I ,

Right - class I

Overjet : 2 mm

Deepbite- 3.5 mm

- Ellis class 1 fracture of 11,12,13,21,22,23, 31
- Width/height ratio for displaying teeth is 0.7-0.8 % in appearance.
- Normal display of buccal corridor.



• Ahmed Siddiqui, Smile Analysis: Diagnosis and Treatment Planning. Dent Clin North Am. 2022 Jul;66(2):367-381.doi: 10.1016/j.cden.2022.03.001.  
• 21 principles of smile design. Dr Lee Hunter, DDS

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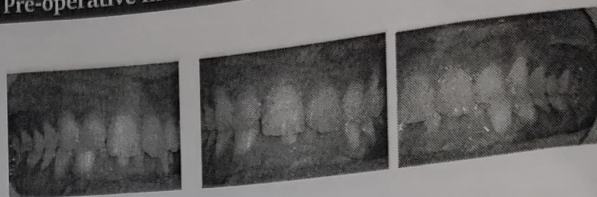
### Before treatment

- Red proportion calculation- Right side
- Width of lateral incisor- 7mm
- Width of central incisor-10.5
- Red proportion is 66.6%
- Width of lateral incisor- 7mm
- Width of canine-6mm
- Red proportion is 85.7%

- Red proportion calculation- left side
- Width of lateral incisor- 7mm
- Width of central incisor-9mm
- Red proportion is 77.7%
- Width of lateral incisor- 7mm
- Width of canine-6mm
- Red proportion is 85.7%

For shorter teeth, the 80% RED proportion was found to be the most esthetic, whereas for longer teeth the 62% RED (Golden) was ideal.

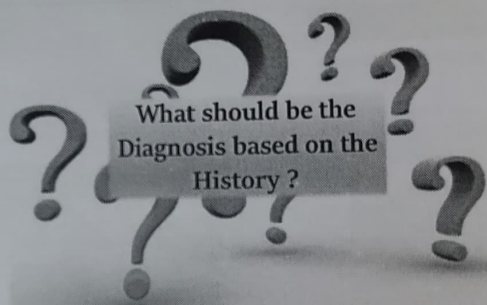
### Pre-operative Intra-oral Images



### Pre operative - Extra Oral Examination



What should be the  
Diagnosis based on the  
History ?



### Case summary

- Right and left side molar relation : Class I
- Overjet of 2mm & deepbite of 3.5 mm present
- Maxillary Midline was in harmony with facial midlines while mandibular midline was to patients right by 2 mm.
- Ellis Class 1 Fracture w.r.t 11, 21, 12, 22, 13, 23, 31
- Root canal treated irt 12,13,21,23,31
- Discoloration present w.r.t 12, 21, 31

### Provisional Diagnosis

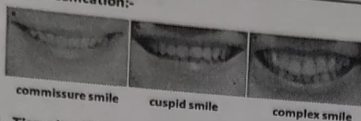
- Angle's Class 1 Malocclusion
- Ellis class 1 fracture irt 11, 12, 13, 21, 22, 23, 31
- According to Rubin's classification : Commissure Line Smile
- According to H.L. Tjan, Gary Miller, Josephine G.P. : Average smile

Rubin LR, Ishikawa Y, Levi S. Anatomy of the nasolabial fold: The keystone of the smiling mechanism. Plast Reconstr Surg 1989;83:1-8.  
Tjan AHL, Miller GD, The JGP. Some esthetic factors in a smile. J Prost Dent 1984;51:24-28.

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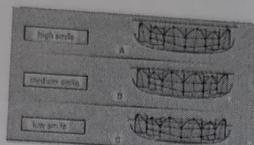


➤ According to Rubin's classification:-



➤ According to H.L. Tjan classification:-

- High smile- reveals cervicoincisor length of max. ant. teeth, & continuous band of gingiva
- average smile—displays upto 75%-100% of teeth & interproximal gingiva and
- low smile- displays less than 75 % of ant teeth



Treatment Plan -3

Gingivectomy

Full coverage all ceramic crowns for discolored tooth 12, 21, 31

Treatment Plan -4

Gingivectomy treatment will be required to provide optimum esthetics

Full coverage all ceramic lithium disilicate crowns for maxillary anteriors and mandibular discolored tooth

What should be the Treatment plan ?

Phases of Treatment

PHASE 1

- Objective:
- To correct the gingival contours to achieve esthetic smile line.

PHASE 2

- Objective :
- Rehabilitation with Full Coverage all ceramic (lithium disilicate) crowns

Treatment Plan -1

Orthodontic treatment for correction of deep bite

Gingivectomy

Composite full coverage crowns

Treatment Plan -2

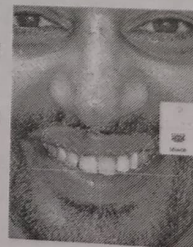
Injection Endodontic treatment in 11, 22

Gingivectomy

Full coverage all ceramic Crowns for maxillary anteriors and mandibular 31

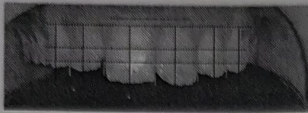
DSD-Digital Smile Design

- The digital smile design (DSD) is a digital planning tool for esthetic dentistry, in which the evaluation of the esthetic relationship among the teeth, gingiva, smile, and face is obtained through lines and digital drawings that are inserted on the facial and intraoral photographs of the patient.
- Many advantages over more traditional treatment planning methods, the mock-up technique is still regarded as an objective and efficient tool in treatment planning communication.



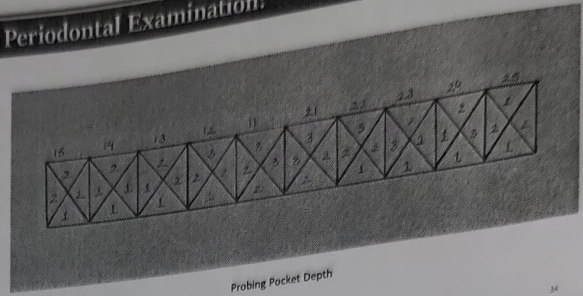
Garcia PP, da Costa RG, Calgiero M, Ritter AV, Correr GM, da Cunha LE, et al. Digital smile design and mock-up technique for esthetic treatment planning with porcelain laminate veneers. J Conserv Dent 2018;21:455-6

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- After Smile Evaluation it was concluded that vertical crown height was insufficient, and the gingival zenith & zenith line were also asymmetrical
- Thus, crown-lengthening procedure had to be carried out to increase the vertical height of the clinical crown

## Periodontal Examination:



Probing Pocket Depth

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## Phase 2- surgical phase

## Crown lengthening

Gingivectomy

Osseous crown lengthening

## Gingival Examination:

	Right posteriors	Anteriors	Left posteriors
M Colour	Pinkish red	Pinkish red	Pinkish red
A Consistency	Firm and resilient	Firm and resilient	Firm and resilient
N Contour	Scalloped	Scalloped	Scalloped
I Site	Normal	Normal	Normal
E Position	1-2mm coronal to CEJ	1-2mm coronal to CEJ	1-2mm coronal to CEJ
L Surface Texture	Slipping -st	Slipping -st	Slipping -st
B Bleeding on probing	Absent	Absent	Absent
E Exudation	0 2 6 5 4	3 2 1 1 2 3	4 5 6 7 8
M Colour	Pinkish red	Pinkish red	Pinkish red
A Consistency	Firm and resilient	Firm and resilient	Firm and resilient
N Contour	Scalloped	Scalloped	Scalloped
I Site	Normal	Normal	Normal
E Position	1-2mm coronal to CEJ	1-2mm coronal to CEJ	1-2mm coronal to CEJ
L Surface Texture	Slipping present	Slipping present	Slipping present
B Bleeding on probing	Absent	Absent	Absent
E Exudation	Absent	Absent	Absent

- Probing pocket depth and biologic width were taken into consideration.
- There was adequate amount of attached gingiva so the vertical height could be increased by gingivectomy itself.
- Routine blood investigations were carried out which showed no negative findings

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## Procedure

As a part of Initial periodontal therapy:

- Scaling and root planing done
- Patient was recalled after 7 days for crown lengthening

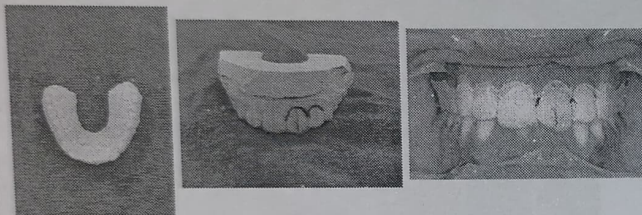


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Probing Pocket Depth Was Marked Using A  
Pocket Marker

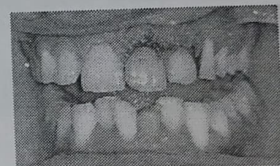
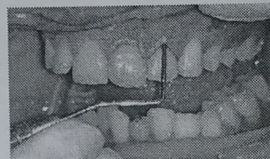
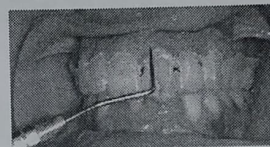


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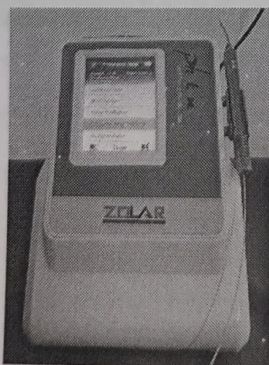
- Cast with stent fabrication and try-in

39

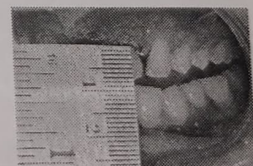


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Soft tissue diode  
laser was used for  
the procedure



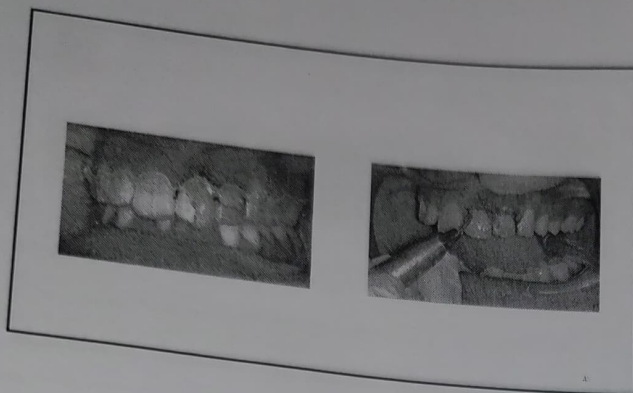
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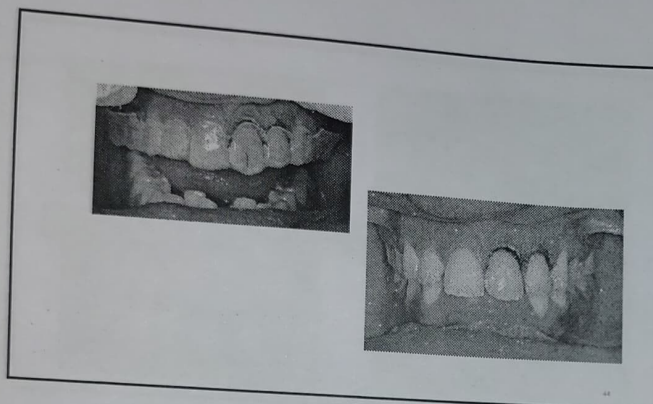
42

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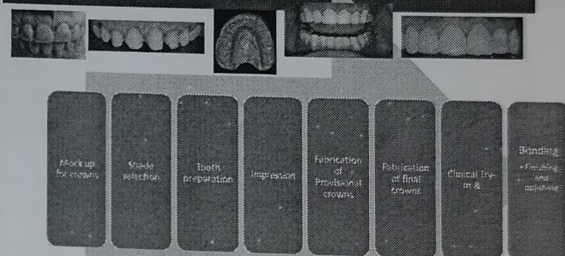




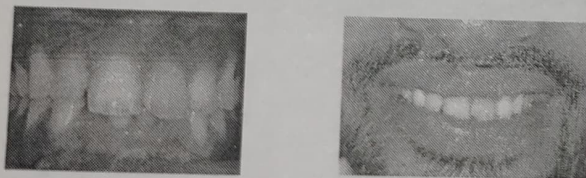
### Phase 3- Prosthetic Phase



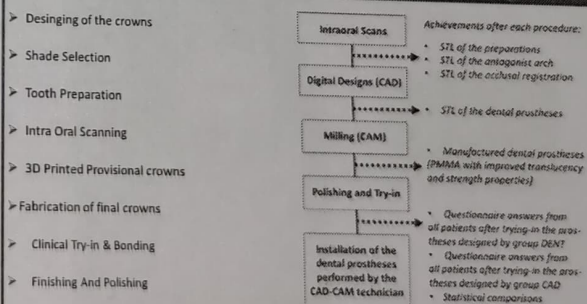
### Procedure For Conventional Full Coverage Crowns



### Intraoral examination- post surgery



### Procedure For Digitally Fabricated Full Coverage Crowns



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## Intra Oral Scanners

- Intraoral digital scanners fall under either of the 2 systems according to the digital file created :-
  - Closed System
  - Open System
- Digital Intraoral scanners fall under Class I medical electrical devices
  - A wireless mobile workstation
  - A computer monitor
  - A hand held camera wand



Mounika Pulluru\*, Chaitanya Karre, Silla Swarna Swathi, Sarada Pemmetra, Sampath Reddy and Sai Praneer Nagalla. Intraoral Digital Scanners - An Overview. e-ISSN: 3320-7949

## Facebow Transfer

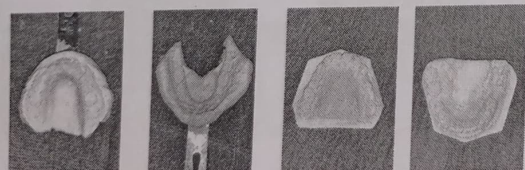
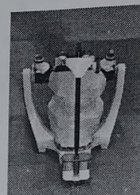
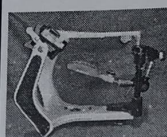


## Designing Software

- CAD software is known for its speedy operation and ease of use, helping you minimize training costs and maximize productivity.
- It is reliable and robust even for solving complex cases on a daily basis.
- The software used was DentalCAD 3.1 Rijeka which highlights dental restoration designs, and is executed in accurately for the patient's final outcome

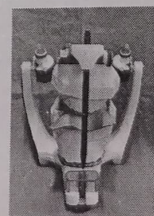


## Facebow Transferred to articulator



- Diagnostic Impression was recorded and cast fabrication was done

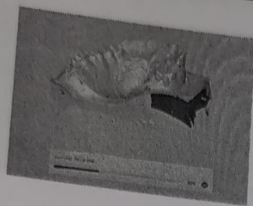
## Programming of the articulator



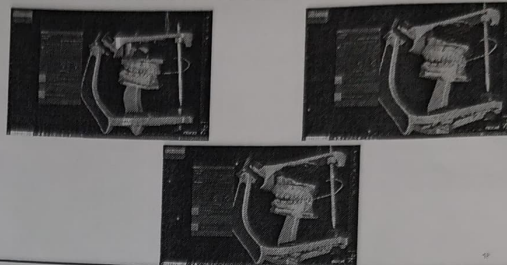
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Head of Department  
Prosthodontics & Crown & Bridge  
Mahatma Gandhi Dental College & Hospital  
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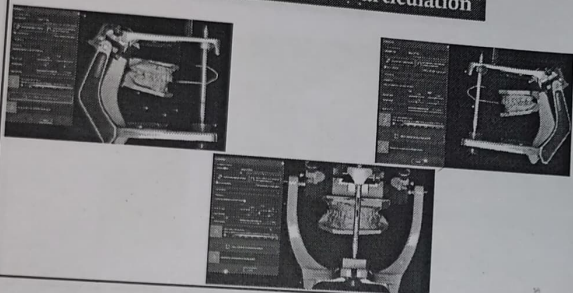
### Lab scanning of the cast



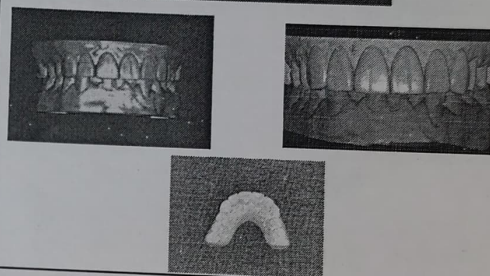
### Developing the anterior guidance



### Scanning and transferring of the articulation



### Final design of the full coverage crowns



### Canine Guided Occlusion

- The canine-guided occlusion is a mutually protected occlusion where the vertical and horizontal overlap of the canine teeth causes disengagement of the posterior teeth in the lateral movement of the mandible.
- Lateral occlusion scheme impacts masticatory function, comfort and aesthetics.
- Throughout prosthodontic treatment that the lateral occlusion scheme be altered by controlling morphologies, alignments and orientations of teeth.
- Canine-guided occlusion protects the posterior teeth laterally because of the canines' strategic location, anatomy and proprioceptive properties.

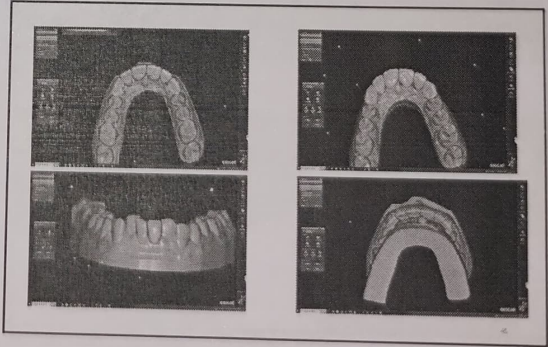
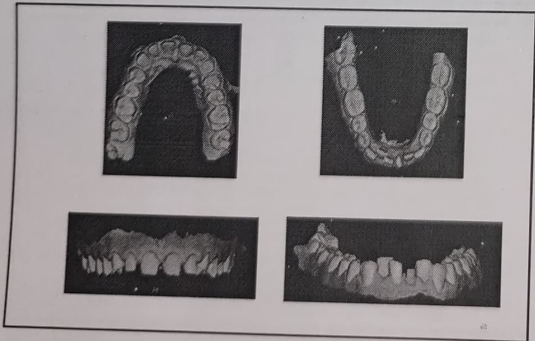
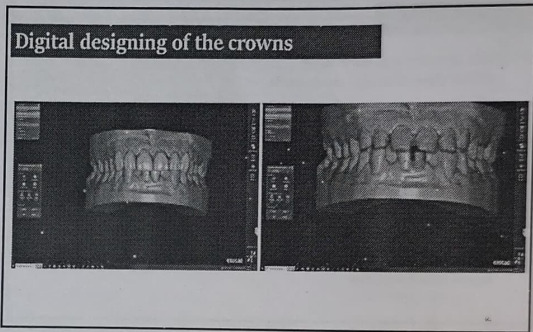
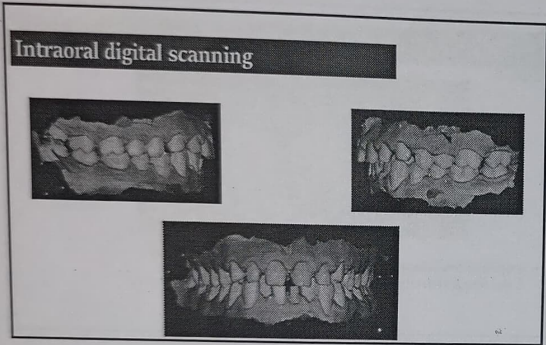
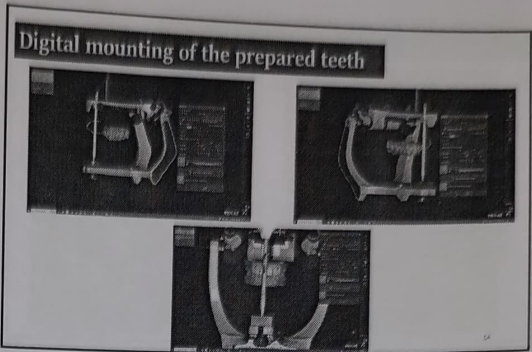
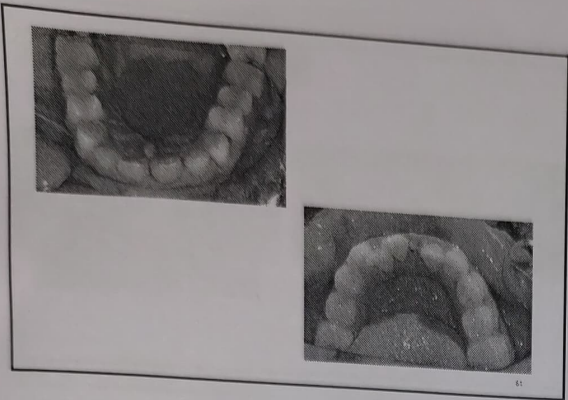
### Tooth preparation images



Abdoo J, Benmoun M, Tawant M, McGeachie J. Effect of prosthodontic planning on lateral occlusion scheme: a comparison between conventional and digital planning. J Appl Oral Sci. 2015 Mar-Apr;23(2):194-205. doi: 10.1590/1678-775220140481.PMID: 26018212; PMCID: PMC4428465.

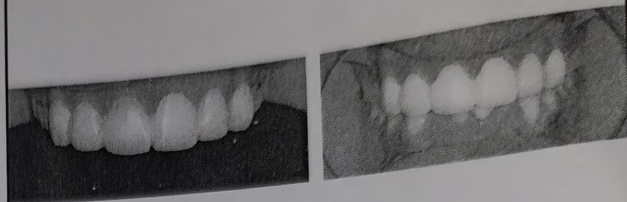
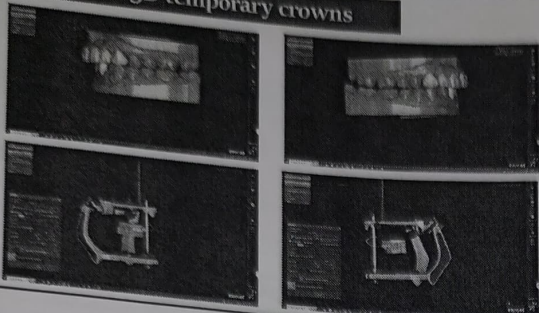
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## Fabrication of 3D temporary crowns



## Shade selection

- Shade selection was done using VITAPAN classical as the shade guide.

- The selected shade for prosthesis was :

Cervical : A3  
Middle : A2  
Incisal : A2



## Li-Disilicate (E-max) crowns fabrication



- E.max press crowns were fabricated
- E. max Press is a lithium disilicate glass- ceramic ingot for the PRESS technology

## Try-in and cementation of 3D printed provisional crowns



- Lithium Disilicate are classified under glass ceramics.
- Lithium disilicate reinforced ceramics are true glass ceramics with a lithium disilicate crystal content of 70%
- Lithium disilicate reinforced ceramics are indicated to fabricate veneers due to their optical properties. These materials can be translucent even with high crystalline content, this is due to the relatively low refractive index of crystals
- Glass ceramics are fabricated through lost wax and heat pressed techniques

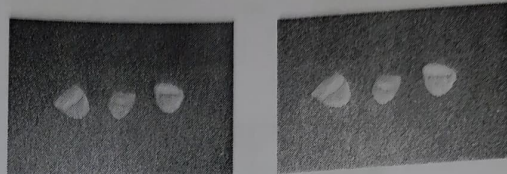
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## E max crown Trial

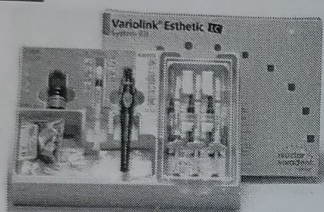


## E max crown Etching



\* E max crowns were treated with Monobond Etch and Prime for 20s and then washed and air dried.

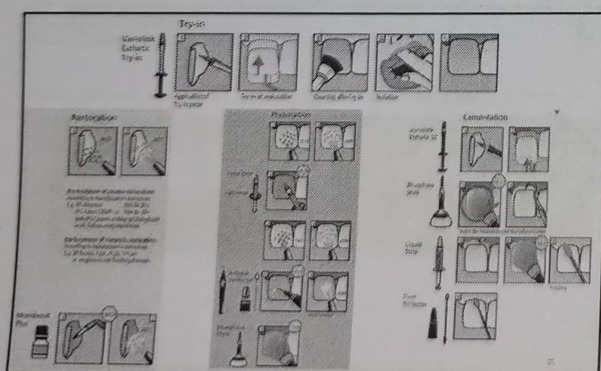
## Bonding kit



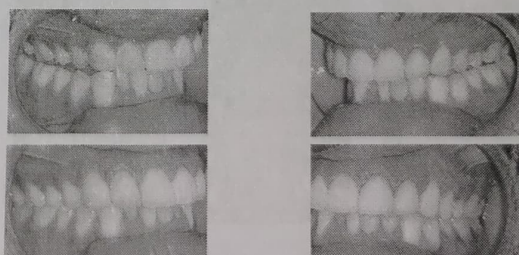
Etchant applied for 15s and then the teeth were washed and air dried



Bonding agent/ Universal Adhesive applied, was air dried and light cured for 10s

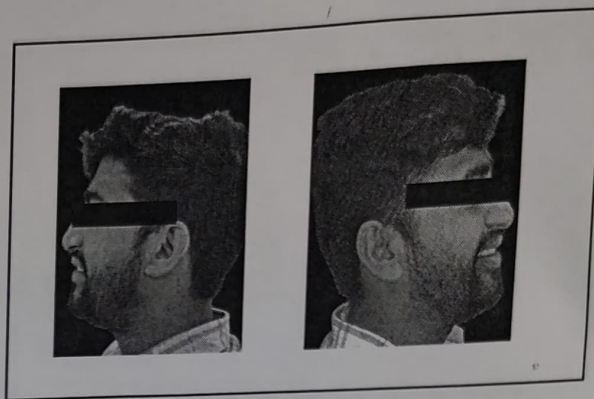
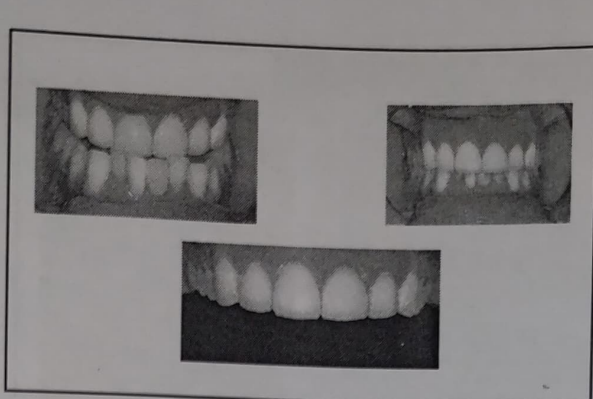


## Bonding of E max crowns




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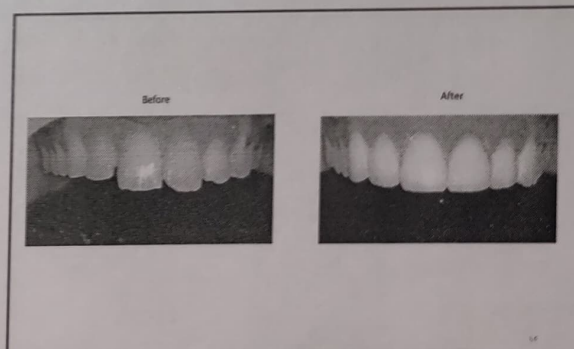
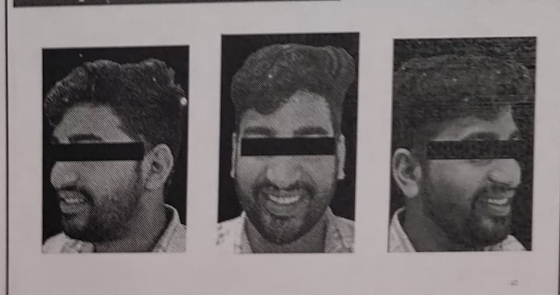
**After treatment**

<ul style="list-style-type: none"> <li>• Red proportion calculation- Right side</li> <li>Width of lateral incisor- 8mm</li> <li>Width of central incisor-12mm</li> <li>Red proportion is 66.6%</li> <li>Width of lateral incisor- 8.5mm</li> <li>Width of canine-7mm</li> <li>Red proportion is 82.3%</li> </ul>	<ul style="list-style-type: none"> <li>• Red proportion calculation- left side</li> <li>Width of lateral incisor- 8mm</li> <li>Width of central incisor-12mm</li> <li>Red proportion is 66.6%</li> <li>Width of lateral incisor- 8.5mm</li> <li>Width of canine-7mm</li> <li>Red proportion is 82.3%</li> </ul>
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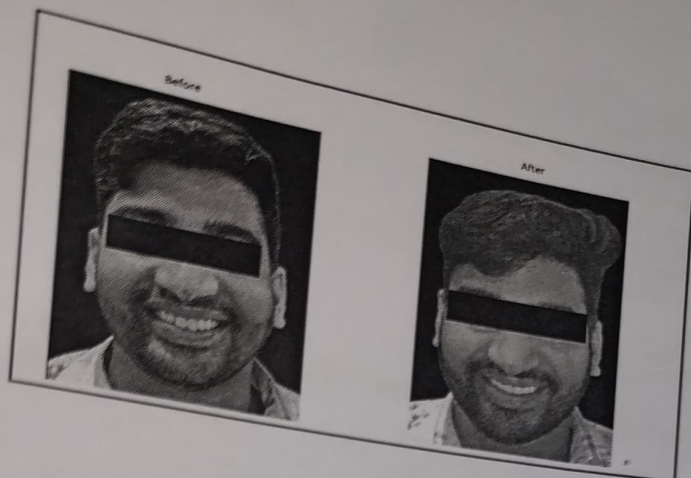


- The gingival zenith around the fabricated E max crowns within the Ideal Smile criteria.

**Facial profile – post operative**

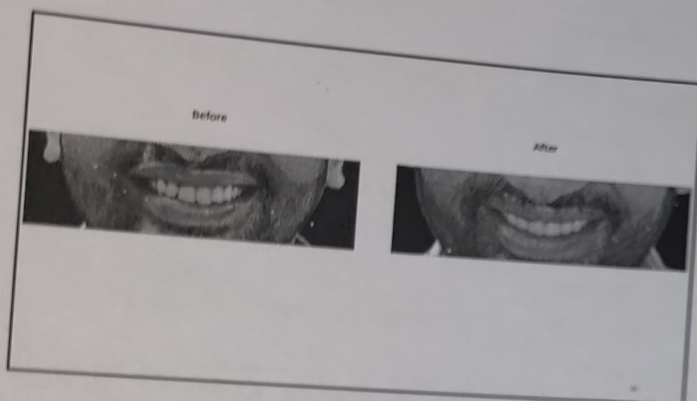


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### Acknowledgement

- Dept. Of Prosthodontics and Crown & Bridge
- Dr. Narendra Padiyar U.
- Dr. Pragati Kaurani
- Dr. Sudhir Meena
- Dr. Ajay Gupta
- Dr. Hemant Sharma
- CCR Review Committee
- All the Head of the Departments



**THANK  
YOU!**

### Conclusion

- This clinical presentation describes an interdisciplinary approach where communication and coordination were the key for an improved & esthetic smile and for improving the overall facial esthetics.
- Smile designing with careful consideration of patient's perception and requests were critical for successful outcome and patient's satisfaction.

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email : principal.dental@mgumst.org

## DENTAL COMBINED ROUNDS (DCR)

Presenting Dept.: **PROSTHODONTICS CROWN AND BRIDGE**

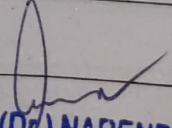
Date: 18/04/2024

### Staff Attendance Sheet

S.NO.	NAME	DESIGNATION	SIGNATURE
1.	Dr V K Kapoor	Pro-Vice Chancellor, MGUMST	
2.	Dr Narendra Padiyar U	Principal and dean, Professor and Head, Dept of Prosthodontics and crown and bridge	
3.	Dr Deepak Raisingani	Professor and Head, Dept of conservative dentistry and endodontics	
4.	Dr Sumanth Prasad	Professor and Head, Department of public health dentistry	
5.	Dr Anshuman Jamdade	Professor and Head, Department oral medicine and radiology	
6.	Dr Anant Nigam	Professor and Head, Department of pediatric and preventive dentistry	
7.	Dr Kamal Bajaj	Professor and Head, Department of orthodontics and dentofacial orthopedics	
8.	Dr Ashish Yadav	Professor and Head, Department of periodontology	
9.	Dr Vikas K. Singh	Professor and Head, Department Oral & maxillofacial surgery	
10.	Dr Manish Jain	Professor and Head, Department of oral pathology and oral microbiology	
11.			
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14.			
15.	Dr. Dileep Soni	Conservative & Endo.	<i>[Signature]</i>
16.	Dr. Apoorva Mathur	Prosthodontics (senior lecturer)	Apoorva
17.	Dr. Radha Chauhan	Prosthodontics (senior lecturer)	Chauhan
18.	Dr. Shivendra	Perio	<i>[Signature]</i>
19.	Dr. Gaurav Ranvi	Orals, Reader	Gaurav Ranvi
20.	Dr. Yashpal Singh	Orals Senior Lecturer	Yashpal
21.	Dr. Rakesh Jain	PHD	Rakesh
22.	Dr. Ajay Gupta	Dept of Prosthodontics	Ajay
23.	Dr. Kunal Sharma	Dept of Prosthodontics	Kunal
24.	Dr. Gabe	Dept of Orthodontics	Gabe
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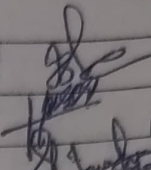
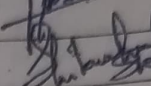
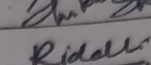
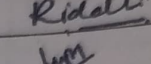
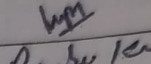
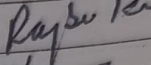
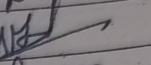
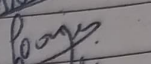
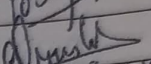
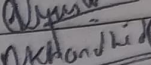
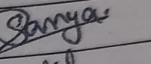
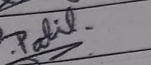
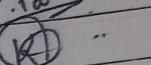
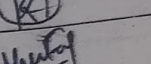
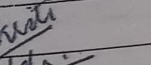
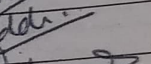
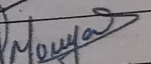
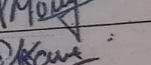
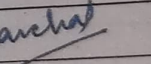
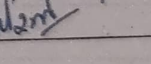
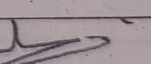
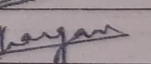
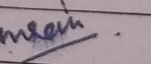
Presenting Dept.: PROSTHODONTICS CROWN AND BRIDGE

Date: 18/04/2024

### Post-Graduate Attendance Sheet

S.NO.	DEPARTMENT	S.NO.	NAME OF POST-GRADUATE	SIGNATURE
1	Oral Medicine and Radiology	1.	Anuja Sharma	<i>Anuja</i>
		2.	Kanupriya Sharma	
		3.	Kanishka Singh	
		4.	Monika Gupta	<i>Monika</i>
		5.	Saurabh Kanawa	<i>Saurabh</i>
		6.	Reeya Garg	<i>R</i>
2	Oral And Maxillofacial Surgery	7.	Aksha Bhargava	<i>Aksha</i>
		8.	Sohini Gupta	<i>Sohini</i>
		9.	Akshita Arya	<i>Akshita</i>
		10.	Prashansa Gaikwad	<i>Prashansa</i>
		11.	Hardik Gupta	<i>Hardik</i>
		12.	Aayushi Agarwal	<i>Aayushi</i>
		13.	Krati Jajani	<i>Krati</i>
		14.	Mahima Jain	<i>MJ</i>
		15.	Chokshi Krupa	<i>CK</i>
		16.	Tara Chand	
		17.	Pooja Sharma	<i>Pooja</i>
		18.	Samiksha Pamnani	<i>SP</i>
		19.	Pooja Meena	<i>PM</i>
		20.	Divesh Jain	<i>DJ</i>
		21.	Avni Singh	<i>Avni</i>

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		24.	Shah Shitanshu Rajesh	
		25.	Riddhi Dhadda	
		26.	Patel Lipi Nayan	
		27.	Rajbir Kaur	
		28.	Naman Goyal	
		29.	Poonjee Gupta	
		30.	Ayushi Goyal	
		31.	Khandhedia Harsh Jayeshkumar	
		32.	Rishika Singh	
		33.	Sanya Dayma	
		34.	Patil Shweta Narendra Kumar	
		35.	Khushboo Meena	
		36.	Sheetal Vijay	
4	Conservative Dentistry & Endodontics	37.	Anubha Singh	
		38.	Shourya Kriti	
		39.	Siddhi Dhadda	
		40.	Vaishali Moryani	
		41.	Avneet Kaur	
		42.	Sohan Sharma L	
		43.	Chanchal Meena	
		44.	Ruchi Chandak	
		45.	Poorva Sharma	
		46.	Anshum Jain	
		47.	Kusum Meena	
		48.	Praveen Singh Chauhan	
		49.	Sakshi Bilaiya <i>Kushi Rhaigana</i>	
		50.	Vookanti Venkat Ramana Reddy	
		51.	Mohit Kumar Jyotiyana	
5	Paediatrics & Preventive Dentistry	52.	Ambika Joshi	
		53.	Vipul Sharma	
		54.	Simran Vangani	
		55.	Vritika Singh	

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CERTIFICATE AWARDED TO SPEAKER



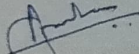
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
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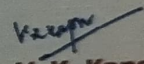


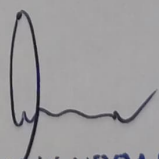
**DENTAL COMBINED ROUNDS (DCR)**  
**CERTIFICATE OF APPRECIATION**

This is presented to Dr. Lipi Patel of Department of  
Prosthodontics, Crown & Bridge for making a Presentation in Dental Combined Rounds  
on 18<sup>th</sup> April, 2024

  
**Dr. Anshuman Jamdade**  
Professor & Head  
Dept. of Oral Medicine & Radiology  
Convenor, Dental Combined Rounds.

  
**Dr. Narendra Padiyar U**  
Principal & Dean  
MGDCH, Jaipur

  
**Dr. V. K. Kapoor**  
Pro-Vice Chancellor  
MGUMST

  
**Prof. (Dr.) NARENDRA PADIYAR**  
Head of Department  
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