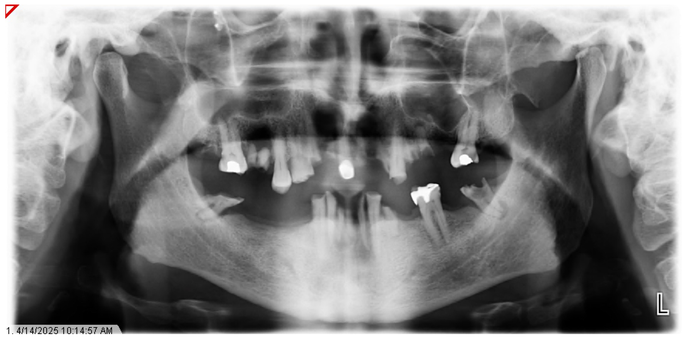
# Comprehensive Dental Treatment Plan: Oral Rehabilitation with Extractions, Upper Denture & Lower Partial Utilizing Survey Crowns

**Rachel Wasyluka - C/O 2026**

## SUMMARY OF PROJECT

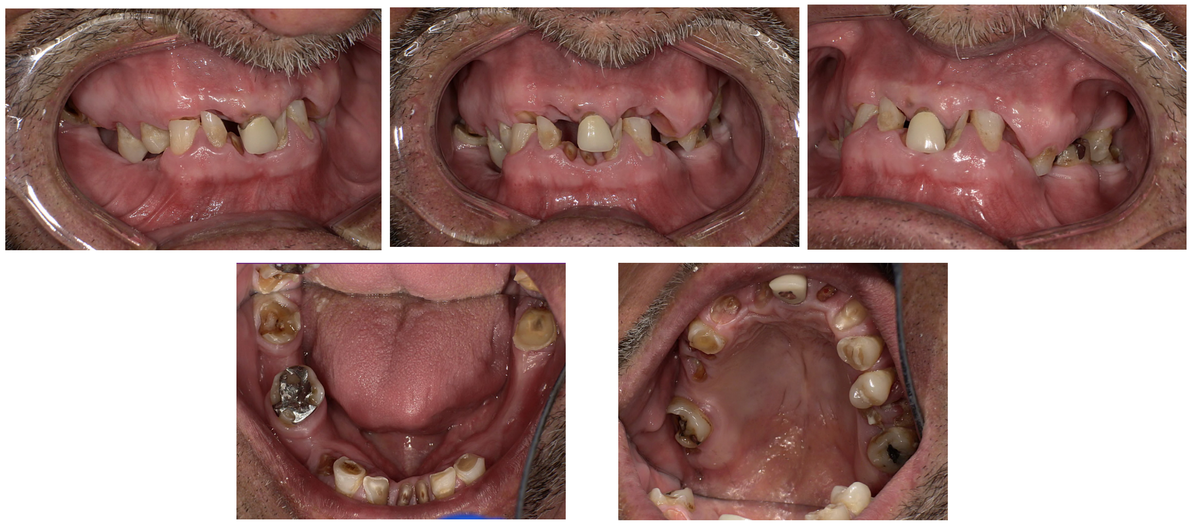
This Oral Rehabilitation case involves a 54-year-old patient requiring the extraction of all teeth except for three functional mandibular teeth (#19, #22, and #27), and the fabrication of a complete maxillary denture and a mandibular removable partial denture (RPD) supported by three survey crowns. During the ODTP appointment, diagnostic records—including casts and intraoral/extraoral photographs—were collected to develop a phased, quadrant-based, and chronologically sequenced treatment plan. The plan encompasses all phases of care: urgent, disease control, reconstructive, and maintenance.

In brief, the treatment involves extraction of all unrestorable teeth, followed by a 3-month healing period to allow for alveolar ridge resorption. Survey crowns will then be prepared and placed on teeth #19, #22, and #27, followed by fabrication of a complete maxillary denture and a mandibular RPD. These crowns are designed to provide stable retention and support for the RPD as a long-term transitional solution until a complete lower denture is indicated. The patient also presents with a collapsed vertical dimension of occlusion (VDO), which will be reestablished with the new prostheses, improving both function and esthetics.




## SIGNIFICANCE

This case highlights the importance of strategic prosthodontic planning in managing complex edentulous transitions. By preserving and restoring critical mandibular abutments with survey crowns, we enhance the current removable prosthesis' retention while ensuring future adaptability. Fabrication of a complete maxillary denture provides immediate esthetic and functional improvements, and reestablishing the vertical dimension of occlusion (VDO) significantly improves patient comfort, oral function, and quality of life. Establishing the VDO through the maxillary denture prior to the mandibular RPD fabrication is essential for achieving proper occlusal relationships. Thoughtful sequencing — by priority, quadrant, and timing — is crucial to delivering an optimal, sustainable long-term outcome.



## TREATMENT PLAN

### URGENT PHASE:

1. Panoramic radiograph
2. EXT #1
3. EXT #2
4. EXT #3
5. EXT #4
6. EXT #5
7. EXT #6
8. EXT #7
9. Incisional biopsy for intraosseous radiolucency at the apex of #7
10. EXT #8
11. EXT #9
12. EXT #10
13. EXT #11
14. EXT #12
15. EXT #13
16. EXT #15
17. EXT #16
18. EXT #17
19. EXT # 21
20. EXT #23 - 26
21. EXT #32
22. Alveoloplasty UR
23. Alveoloplasty UL

### DISEASE CONTROL:

1. Scaling and Root Planning 1-3 teeth LL
2. ITE re-evaluation
3. Core buildup - #19
4. Core buildup - #22
5. Core buildup - #27

### RESTORATIVE PHASE:

1. Maxillary complete upper denture
2. Zirconia Crown #19
3. Zirconia Crown #22
4. Zirconia crown #27
5. Mandibular partial –cast metal frame

### MAINTENANCE PHASE:

1. D0120 – Recall examination
2. Saliva test
3. Caries risk assessment

## ALTERNATIVE

Complete Upper & Lower extractions

Maxillary Denture
Mandibular Denture

**Patient Chief Concern:** "I want a check-up and cleaning" "I want new teeth"

**Patient's goals:** My patient was adamant about keeping as many teeth as he possibly could but also wanted to restore the function of his mouth.

## CLINICAL EXAM

Medical history: Fatty liver disease
Medications: None reported
Allergies: None reported
Dental history: Hasn't had a dental home in a long time and can't remember the last time he saw a dentist.
Social history: Smokes Marijuana 1x/day

pH: 9+
ATP: Greater than 1500

**Hard tissue exam:**

- Root fragments: #1, #3, #6, #7, #9, #10, #11, #12, #13, #16, #21, #24, #25,
- Missing: #14, #18, #20, #28, #29, #30, #31
- Fractured crown: #23, #26, #32
- PFM: #8
- Active decay: #5, #17, #32
- O-amalgam: #2, #15
- #19 MO-inlay
- #22 & #27: Occlusal wear

Caries Risk Assessment: High to extreme overall caries risk
Perio diagnosis: Generalized moderate chronic periodontitis – Stage III Grade B

## APPOINTMENT BREAKDOWN

1. Panoramic radiograph
2. Extraction of UR teeth + incisional biopsy + Alveoloplasty (2 appts)
3. Extraction of UL teeth + Alveoloplasty (1 appt)
4. Extraction of mandibular teeth (1 appt)

--------- 1 month ---------

1. Preliminary impressions for maxillary denture (1 appt)
2. Fabricate custom tray for final impression
3. Fabricate maxillary denture (2-3 appts)
4. Deliver maxillary denture (1 appt)
5. Prepare & temporize survey crowns on #19, 22, 27 (1-2 appts)
6. Deliver zirconia crowns #19, 22, 27 (1 appt)
7. Fabricate mandibular RPD (2-3 appt)
8. Deliver mandibular RPD (1 appt)
9. Recall

## ACKNOWLEDGEMENTS

I sincerely thank Dr. Gupta for her continued mentorship and support. I'm also grateful to Dr. Pham and Dr. Orson for their guidance in diagnosis and treatment planning. Additionally, I'd like to thank Dr. Mashkoor and Dr. LaBarre for their expertise and guidance with the surgical treatment required for this case. I look forward to continued collaboration and the valuable clinical experience this case provides. Lastly, I thank my patient for his trust throughout this comprehensive process.

# OKU Sutro Excellence Day Project Cover Sheet

## Project Title

Comprehensive Dental Treatment Plan: Oral Rehabilitation with Extractions, Upper Denture & Lower Partial Utilizing Survey Crowns

## Full name(s) and class year(s) of all project collaborators

*Example: Jane Smith, DDS 2022; John Smith, DDS 2022*

Rachel Wasyluka, DDS 2026

## Project Category

DDS/IDS - Clinical Awards: Oral Diagnosis & Treatment Planning

## Enter your abstract text here (max 300 words)

This full-mouth reconstruction case involves a 54-year-old patient requiring the extraction of all teeth except for three functional mandibular teeth (#19, #22, and #27), and the fabrication of a complete maxillary denture and a mandibular removable partial denture (RPD) supported by three survey crowns. During the ODTP appointment, diagnostic records—including casts and intraoral/extraoral photographs—were collected to develop a phased, quadrant-based, and chronologically sequenced treatment plan. The plan encompasses all phases of care: urgent, disease control, reconstructive, and maintenance.

In brief, the treatment involves extraction of all unrestorable teeth, followed by a 3-month healing period to allow for alveolar ridge resorption. Survey crowns will then be prepared and placed on teeth #19, #22, and #27, followed by fabrication of a complete maxillary denture and a mandibular RPD. These crowns are designed to provide stable retention and support for the RPD as a long-term transitional solution until a complete lower denture is indicated. The patient also presents with a collapsed vertical dimension of occlusion (VDO), which will be reestablished with the new prostheses, improving both function and esthetics.

This case underscores the importance of strategic prosthodontic planning in managing complex edentulous transitions. Preserving and restoring key mandibular abutments with survey crowns enhances current prosthesis retention and allows for future adaptability. The complete maxillary denture offers immediate esthetic and functional improvement, while reestablishing VDO contributes to greater comfort, oral function, and overall quality of life. Thoughtful sequencing by priority, quadrant, and timing ensures optimal long-term outcomes.

I sincerely thank Dr. Gupta for her continued mentorship and support. I'm also grateful to Dr. Pham and Dr. Orson for their guidance in diagnosis and treatment planning. I look forward to continued collaboration and the valuable clinical experience this case provides. Lastly, I thank my patient for his trust throughout this comprehensive process.