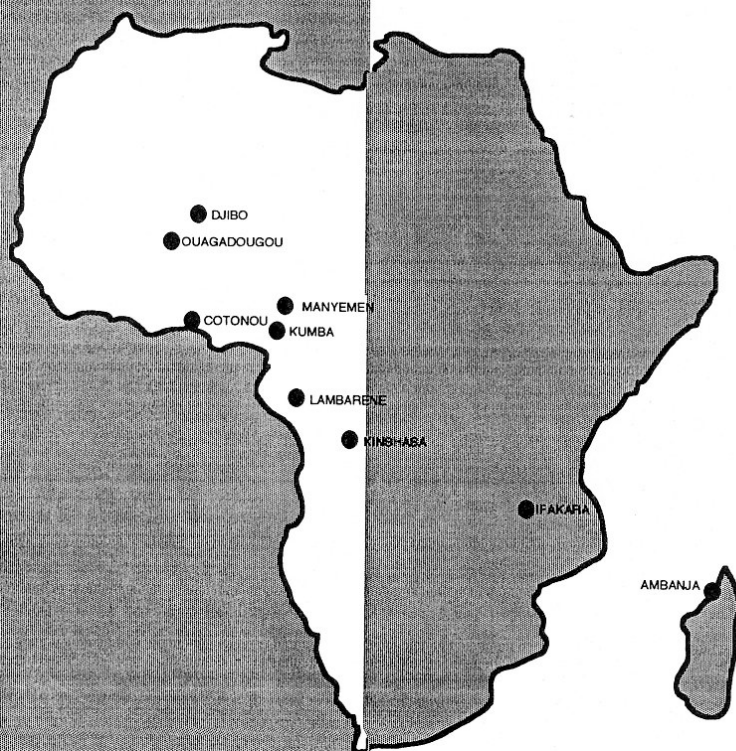




**SECOURS
DENTAIRE
INTERNATIONAL**

DOCUMENTATION



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SDI DOCUMENTATION

For the use of the dentists and assistants working in the social dental clinics of
SDI

.....

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CHAPTER 1



SDI PHILOSOPHY



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concerning help for the emerging nations

1.1. SDI PHILOSOPHY

At the dawn of their independence, the African nations found themselves faced to cope with a great variety of problems. With help and assistance from numerous industrialized countries, these struggling nations expected a smooth transition. During this initial phase of assistance, however, many expectations were never realized due to poor planning and the incomplete following through of various projects. No one group or organization can be held responsible for this failure but, rather all those involved contributed to it.

In the area of dentistry, the situation has deteriorated dramatically over the past thirty years. According to the World Health Organization, we are witnessing a devastating increase in the number of cavities and gum disease in this area of the world. Various factors attributing to this decline in oral health include the following:

- the unfortunate modification of eating habits which include excessive sugar intake,
- the lack of knowledge of mouth and dental diseases and of their prevention (in the traditional African society this means forgetting the use of the woodstick),
- the shortage of health services available including qualified staff and management and lack of equipment,
- the overall poor health of the general population which can often mask or worsen a dental problem,
- the harsh environment with its demographic problems both socio-economic and geographic.

In recent years, various collaborators of this great venture have become aware of these problems. They have altered their approach considerably by learning to share the responsibilities amongst the parties involved. This new policy has also been adopted by the SDI, which has deliberately cast aside an unmotivating charity-like form of aid in favour

of a more participating motto : "We help you to help yourselves". Hence according to our ideology, the effectiveness of a social dental system requires the following:

- cooperation with a trustworthy local partner organization.
- the delivery by the SDI of a standardized fully equipped dental clinic,
- the progressive increase of native health-care-providers so that the clinics may one day be manned solely by the Africans themselves.
- the professional training of the staff by non-native SDI instructors.
- continuous and permanent management by SDI project managers.
- transfer of responsibility to the local staff which includes self-financing to cover ongoing costs along with the initiative to expand and build new clinics.
- transfer of financial responsibility to the patients themselves through a differential cost-system based on income.

General agreement on the statements mentioned above insure for success. In the clinics managed by the SDI, all human resources and financial means possible are used to bring about the SDI's objectives and to support local African executives. On the other hand, the SDI, in return, expects from its collaborators absolute loyalty and unfailing honesty in addition to the necessary qualifications and a code of ethics.

Thanks to their commitment, the SDI hopes to progressively set up in its clinics a reasonable and correct form of dentistry, which can be adapted to a vast population, humanitarian care for the poor, generalized school services, and ultimately a coherent and credible prophylaxis organization, which alone can lastingly improve the situation created by teeth and mouth diseases.

The future is in everyone's hands ...



1.2. INTRODUCTION

This booklet is meant for all collaborators working in SDI clinics. It is equally valid for short-term non-native instructors and for African dentists, assistants and technicians.

The need for doctrinal unity in care procedures and prophylaxis has rapidly become evident due to an increase number of SDI clinics.

Owing to limited means, the Governing Board of the SDI has set the following objectives :

- To insure the greatest number of patients an equal and permanent quality of treatment.
- To avoid unnecessary waste of equipment and supplies.
- To enable a continuous recycling of local collaborators.

In order to achieve these objectives, techniques must be rationalized and a strict limitation of equipment, tools and supplies is essential. The SDI has therefore taken upon itself to adapt dental standards to local conditions. These standards are to be simple, realistic, correct and adaptable everywhere, meant for a population suffering from severe pathology and living in difficult socio-economic conditions.

Therefore, this booklet presents in logical order :

- standardized equipment, stressing maintenance
- measures essential for cleanliness, hygiene and sterilization
- patient admission procedures into the clinics

-diagnosis and treatment schemes with accepted techniques.

We realize that certain expatriated colleagues may regret not being able to use a certain personal method or have at hand certain supplies to which they are accustomed. We thank them for making the effort to adapt themselves, during their limited stay, to SDI standards and to the recommended methods which have been tested over a long period of time in the field.

On the other hand, some African colleagues may wish to practice a more sophisticated type of dentistry following the Western standards. Let the SDI once more remind everyone that its social clinics, in opposition to private dental offices, are above all meant for children and people of modest means, and that a costly, highly technical form of dentistry cannot be considered.

Finally let us not forget, that the most efficient organization, the most modern equipment coupled with the most up to date techniques are totally useless unless they are administered with a feeling of compassion. "Science without conscience is but ruin of the soul" : this saying reminds us that the PATIENT must remain at the heart of our concerns.

Thanks to everyone for your collaboration!

J.F.Guignard, President



1.3. GUIDELINES FOR DENTISTS ON DUTY IN SDI DENTAL CLINICS

1. A written contract is to be established between the local Partner Organization of the SDI and the practicing dentist. It should define salary, benefits, work schedule and vacation (days time-off) according to the law and customs in each particular country.

2. The SDI is responsible for the initial overall organization of the dental clinic, which includes installation, list of methods and procedures to be used, administrative guidelines and overall management. Ongoing supervision of the facility will be done by the SDI through an appointed "project manager" whose job is to oversee the continued operation of the clinic.

3. The practicing dentist (therapist) must commit himself to work exclusively with the equipment, tools and materials supplied by the SDI. He must agree to use only materials and items listed in the handbook, and to neither change the recommended methods of procedure or the equipment at hand.

4. The practicing dentist (therapist) must agree to work in his field of knowledge (dentistry) only under the conditions specified by SDI. Engaging in activities outside of the agreement will lead to breach of contract.

5. The dental services rendered are to be adapted to the various social classes. For this reason a differential cost system is to be used. In addition to emergency and therapeutic treatment given the attending dentist is obligated to play an active roll in the prevention of dental disease. This is to be achieved through consultation, home

care instruction and training of auxiliary personnel.

6. In the dental clinic itself, the operator is responsible for:

- the hygiene, tidiness, cleanliness of premises
- the discipline and continuing education of auxiliary personnel
- the disinfection and sterilization at all levels
- the maintenance of equipment and tools.

7. As far as administration the operator is responsible for:

- daily registration of patients and treatments given
- applying the differential cost-system
- collecting fees and keeping an up-to-date record of the clinic's income
- keeping statistics and controlling inventory
- bi-annual reports to the SDI.

8. The project manager will visit his assigned dental clinic at least twice a year with the following objectives in mind:

- to keep an ongoing contact with the local partner-organization
- to discuss with the practicing dentist any problems which may have arisen
- to keep an up to date of the statistics
- to insure maintenance of installations
- to deliver supplies in agreement with the decrease in inventory and recorded number of treatments

9. Any problems which should arise not defined in this handbook are subject to the parties involved (SDI and the local partner organization).



1.4. GUIDELINES FOR SDI PROJECT MANAGERS

Responsibilities of the SDI project managers include the following:

1. To establish and maintain a close relationship with:

- the European organizations participating in the financing of the project
- those responsible in the hospitals or mission partners
- the rightful authorities in the host countries.

2. To present to the Foundation Council of the SDI a detailed annual budget of the project for which they are responsible.

3. To establish during supervising visits a list of proposed repairs, purchases and of parts, as well as a list of the dental supplies needed for the upcoming semester.

4. To insure repair service and maintenance of installations, with the help of locally competent personnel.

5. Together with the local partner coordinators to assist in the search and replacement of qualified personnel and to insure the continuing education of the staff at hand.

6. In clinics with European instructors, the project manager is responsible for finding and interviewing possible candidates. He is responsible for arranging work-agreements for the upcoming year. This means completing a work schedule including having signed contracts of future staff personnel one year in advance. He must also instruct the new staff member on the organizational policies and procedures.

7. The project manager must see to it that his appointed clinic is run efficiently and "professionally". He must never forget to abide by the social and ethical principles of the SDI. He watches that supplies are not wasted and always in stock, and that the necessary statistics and records are kept up to date. He is also responsible that all administrative and legal norms of the host country are respected.

8. The project manager is responsible for the organization of oral health programs in schools, dispensaries and other places deemed necessary. He is to organize for the mobile unit to aid people in the bush (outback). He should encourage and organize for the expansion of his clinic to include services such as prosthodontics (technical lab) and additional available mobile units.

9. In order for these objectives to be accomplished it is imperative that each clinic be visited twice a year. The project manager must personally visit the facility a minimum of once a year. The other visit may be made by an assistant project manager, by the SDI president or by an SDI director.

10. The annual report of any given dental clinic is to be prepared by the project manager and should include any critiques or suggestions. It should be in the hands of the SDI president by the end of February so that it may be included in the Foundation Councils yearly bulletin. A copy of the annual report should also be sent to the corresponding local partner organization.



CHAPTER 2



INSTALLATIONS EQUIPMENT



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2.1. EQUIPMENT

In all dental clinics of SDI we use standard equipment and material. It is generally new and of good quality. Most materials are given to us through donations. And this makes each one of us is responsible to these donors.

It is our duty to take best care of this equipment and material. To maintain this equipment in the best order helps prevent breakdown and damage. Each piece of equipment should have a check-list for maintenance attached nearby. Each person in the office must learn to service the

equipment. If equipment breaks down because of faulty maintenance, or is continually neglected, the treatment capacity is reduced and this could lead to the closing of an office and the loss of jobs.

2.1.1. Daily check-list for equipment

Patient's chair (electric):	No maintenance necessary, just disinfect the surface.
Unit (MDT or Dentech):	Know how to remove the tip of the spray (syringe) and cover to replace O-rings; know how to regulate the height of the bracket table.
Water container of the unit:	Every evening turn off the pressure; refill only with filtered water!
Airhandpiece MM:	Every evening one drop of oil (MM white) (see check-list nearby).
Angle and straight hand-piece blue and green:	Every evening one drop of oil (MM white) (see check-list nearby). Each week take it apart and clean.
Anglepiece red:	Every evening one drop of oil (TS red) (see check-list nearby).
Rolux lamp:	Spray dust away with air syringe and know how to change out halogen light bulb.
Ultrasonic cleaner:	Always immerse the handpiece with the tip in container with Grotanat. Know how to change the tips.
Suction DURR 626:	Noontime: Empty and rinse the container and the two filters. Evening: Empty and rinse the container and the two filters. Use Orotol to suction the lines and then empty container again and rinse with water to prevent corrosion. After every patient and if a long procedure suction water during treatment.
Dry sterilization:	Always dry instruments before sterilizing to keep from rusting!!
DURR Compressor:	Every evening turn off, open valve to relieve pressure and condensation. Every six month change paper filter!
Katadyn filter:	Clean with the brush once a week and wash container.



2.2. INSTALLATION AND EQUIPMENT

Control of supplies

Use disposable materials and instruments sparingly and in proportion to the treatment.

Usage will be controlled regularly by computer with the statistics of treatment to prevent waste and loss. Only open one package at a time. Every removed article must be marked off the pink list "Removal of dental supplies" (see.2.2.1.)

Ordering supplies

The pink list 2.2.1. must be given to the project manager at his next visit. This is the baseline used for receiving new supplies. Keep old and damaged instruments in exchange for new ones! When receiving new supplies record on blue list "Receipt of dental supplies" (see 2.2.2.) and have it signed by the person in charge.



[illegible]

2.2.2. Pattern: Receipt of Dental Supplies (Blue List)

[illegible]

CHAPTER 3



MAINTENANCE HYGIENE CLEANING STERILISATION



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3.1. OPERATION OF THE DENTAL CLINIC

The person in charge of the dental clinic is responsible for enforcing the following rules:

3.1.1. Personal hygiene

That all employees have proper attire and hygiene: This means clean uniforms, shoes, clean hands (wash frequently throughout the day and of course before and after every patient; this includes short finger-nails), proper oral hygiene (clean teeth and no smoking in clinic) Rubber gloves are required. They can be worn one half day; wash between each patient.
Face mask use: According to treatment and always for clean-up and surgery.

3.1.2. Keeping clinic in order

Read labelled shelves and drawers correctly. Always return items used to their original storage space. Remove garbage such as empty packages, waste materials and any food garbage.
Use all dental materials sparingly. Open only one package at a time.

3.1.3 Cleaning

Shelves, surface of the cabinets: Should be cleaned daily, be aware of spots (use damp cloths).
Windows: clean weekly (soap water and rinse with clean water).

Trash can: Empty every day (burn or bury contents), wash the trash can with water.

Materials: Wash regularly with powdered soap and rinse for 15 minutes.

Toilets: Clean daily with 🍏.....🍏

Insects (flies, cockroaches): Keep clean, watch for bloodspots. Use fly swatter and insect spray.

3.1.4. Disinfection

The disinfection is a must for controlling microorganisms!

- Disinfect dental installation and surrounding area!

- Disinfect burrs, tip of ultrasonic cleaner that can not tolerate high temperatures.

Two different disinfectants used are:

Alcohol 70%, 90% or 🍏.....🍏

- For surfaces such as tables, trays, laboratories and handles, clean with spray and sponge.

- For surfaces of the installations such as patient's chair, unit, handpiece, anglepiece, ultrasonic unit, x-ray unit, clean with damp disposable cloth.

- Grotanat or Alcohol: Prepare according to the directions on the package.

- Prepare 1 container for burrs and reamers

- Prepare 1 container for ultrasonic tip

- Prepare 1 container for other instruments (wash and clean with brush before putting them in containers or before sterilizing).



3.1.5. STERILIZATION

It is an absolute must from a professional, moral and legal standpoint, to sterilize all instruments. No exceptions allowed!

The purpose of sterilization is to kill viruses and bacteria, and to protect from patient to patient contamination, and patient to operator contamination. The increase of infections of Aids (HIV) and Hepatitis A and B virus show the importance of this procedure.

The person in charge of the dental clinic is fully responsible for the organization, the following through and control of the following:

DIRTY ZONE

Trays after treatment:

1. Remove disposable parts: Use pick-ups and not your hands.

- Throw in the trash: used cotton materials, carpules, extracted teeth etc.

- Put in bottles: needles with covers.

- Put in container: all burrs, diamonds, which are no longer useable.

2. Rinsing

Remove everything from the tray without touching it, place in instrument basket and rinse under running water. This removes the blood!

3. Soak

Place the basket with the instruments in container and soak in Grotanat for 20 minutes.

4. Trays

Scrub with soap, then wipe with a disposable cloth with 🍏.....🍏

5. Cleaning of the instruments

Remove instruments from the basket of Grotanat solution. With gloves on, brush until clean. This allows for proper sterilization technique.

CLEAN ZONE

6. Dry

Lay all instruments on a clean towel to dry before placing in sterilizer to prevent rust.

7. Dry Sterilization

For all metal instruments: time:

- 30 minutes: temperature from 30 to 180;

- 30 minutes at 180;

- 30 minutes temperature from 180 to 30;

Never open door of sterilizing unit until sterilization is completed. Never cool instruments under cold water.

8. Sterilization with damp heat (autoclave or pressure cooker)

To be used for gloves, plastic instruments, amalgam plunger, root canal instruments, bandages etc.

- 5 minutes to remove air, 5 minutes to boiling

- 15 minutes: temperature from 30 to 120 up to 2 atmospheric pressure.

- 15 minutes at 120 (two atmospheric pressure

- 15 minutes: Temperature from 120 to 30 (1 atmospheric pressure)

9. Placement of sterilized instruments

Remove items from sterilizer with gloves and sterile pick-ups. Place on disinfected trays and return to their proper storage



CHAPTER 4



ADMISSIONS AND ADMINISTRATION



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4. 1. PROCEDURE FOR THE PATIENT

According to the rules of the SDI the dental clinics are obligated to see all patients including those who have a low or no income. Should an acute problem be evident, they are to be seen immediately regardless of their ability to pay.

According to the SDI, the following procedures should be recognized:

1. Every patient must be treated regardless of race, sex, age, religion or social rank.
2. Every patient is to be seen in the order they come in. They should be given a number regardless of who they are.

Should there be too many patient on any given day those who have not been seen, will be first in line the following day.

3. Exceptions are to be made for real emergencies such as sickly people with high fever, extreme pain, swelling or patients with difficulties in breathing. They are to be treated first.

4. Each patient must make a contribution for the services rendered according to his financial ability and treatment received. The cost of services are visibly posted within the clinic. Free treatment can be given in exceptions, especially when health is in danger.

Various categories of toddlers and school aged children are treated free.

5. Every patient must be registered in a patient's record book: Information to be included: Patient number, date, name, age, sex, profession, place (and distance from clinic) see 4.1.1. "SDI Daily Registration of Patients and Treatments"

6. A registered patient must be seen by an operator. The procedure of a first visit includes:

- case history
 - general inspection
 - examination of the month
 - further examinations, x-rays
 - diagnosis
 - treatment plan (eventually)
 - inform patient of treatment needed
 - prophy-information
 - inform of cost-expense to be expected
 - permission to proceed from patient
 - method of payment (full or partial payment)
 - initial treatment
 - Arrange appointments needed to follow through with treatment plan.
7. At the end of each treatment the dental assistant will record treatment rendered in patient's book (see 4.1.1. "SDI Daily Registration of Patients and Treatments") According to the system, the patient must pay for the services rendered immediately following each appointment either at the bookkeeping department of the hospital or at the clinic itself. In each case the patient should be given a receipt. SDI does not require an individual card for each patient.
 8. Remarks
 - In an emergency situation the procedure can be changed to accommodate the situation at hand.
 - A patient should normally receive some type of treatment and not only be given medication (antibiotics etc.).
 - Every patient should be controlled as long as his condition is not stabile. For further details see the charts in chapter 5.



S D I DAILY REGISTRATION OF PATIENTS AND TREATMENTS DENTAL CLINIC OF

MONTH:..... YEAR:..... OPERATOR:.....

[illegible]

4.2. PRINCIPLES OF THE COSTS AND TREATMENTS

Goal

The varying cost system is necessary

- to assure the survival of the clinic and allow it to become self-sufficient
- to encourage each patient to become aware of his own dental health (free treatment has shown big disadvantages)
- The varying cost system allows each patient quality treatment.

Method

With the varying cost system each patient will pay for treatment given according to his financial standing.

The normal cost is to be based on the average cost for the same treatment rendered at any main hospital in the capital city.

There are two exceptions to the normal cost:

Lower income: This includes the majority of the population

Those with a low income living in rural areas: These patients can be given free treatment. Children should always receive preferential treatment.

Application

These costs should be presented with tact and feeling and should be judged using local knowledge, psychology and African mentality. To make such a judgement call is often not an easy task, but must be done to arrive at a just system.

Treatment

The treatment cost is determined as written on the list 4.1.1. "SDI Daily Registration of Patients and Treatments": x-ray, anaesthesia, cleaning, extraction, surgery, endodontics, amalgam, composites and prosthetics.

Income of the office

Is based on the:

- number of patients (depending on clinic's reputation)
- amount and quality of treatment
- number of operators and their abilities
- ability to handle the differential cost system

Cost estimation and receipt

It is a must that each patient receive a receipt according 4.2.1. "Estimate-Receipt"

Payment

The payment for treatment is done either at the dental clinic or at the bookkeeping department of the hospital (according to the system).



4.2.1. Pattern: "Estimate-Receipt"

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4.3. FINANCES

Principle

- The Swiss Government will help finance the SDI projects only if the following rules are complied with:
- The local organization (mission, hospital) must finance the basic structure. This includes construction, upkeep and administration.
- SDI will finance the initial investment. this includes equipment, instruments and materials needed for the first year of operation. SDI also will pay for the professional education of the local staff by European instructors, and the cost for the project manager.

Budget

- The dental clinic must have enough income to become self-sufficient.

Bookkeeping and recording of the clinic:

Record the following:

- Income

1. Payment for treatment
2. For free rendered services given to the low income population; treatment provided to be paid by insurance companies etc
3. For service rendered to be paid by the government
4. Donations from other organizations
5. Donations from other European partner organizations
6. Other payments

- Expense

1. Net salary for first operator


2. Withholdings and benefits (housing, travel etc.) for first operator
 3. Net salary for second operator
 4. Withholdings and benefits (housing, travel etc.) for second operator
 5. Net salaries for dental assistants
 6. Withholdings and benefits (housing, travel etc.) for dental assistants
 7. Taxes and other costs
 8. Housing costs (rent, maintenance, cleaning, guard)
 9. Utilities (water, electricity, telephone)
 10. Local costs (disinfectant, cleaning materials, etc.)
 11. Payments to SDI for disposable materials etc.
 12. Cost for the vehicle
 13. Cost for prophylaxes, school children caries controls, dental treatments in the villages
 14. Unexpected expenses
- All Salaries and benefits should not exceed 60 % of the total expense.

Remarks

1. The daily patient list (see 4.1.1. SDI Daily Registration of Patients and Treatments) is to be used as a bookkeeping record. The dental assistant is responsible for the completion of this record and taking the daily income to the bookkeeping department of the mission or hospital. The bookkeeping department maintains the records for the dental clinic.
2. All funds must be kept in a safe place (lost, theft). Losses will not be paid by SDI.
3. The bookkeeping of the dental clinic must be shown to the project manager at every visit as well as the annual statistics (see 4.3.1. "SDI Annual Statistics of Dental Treatments")



4.3.1. Specimen-List: SDI Annual-Statistics of Dental Treatments



SDI

ANNUAL STATISTICS OF DENTAL TREATMENTS

DENTAL CLINIC OF

YEAR

OPERATORS	MONTH	NUMBER OF PATIENT	RADIO	ANESTH	CLEANING	EXTR.	SURG.	ENDO	AMB.	COMP.	PROTH.	REMARKS	MEDICATION PRICE	INCOME
	JANUARY													
	FEBRUARY													
	MARCH													
	APRIL													
	MAY													
	JUNE													
	JULY													
	AUGUST													
	SEPTEMBER													
	OCTOBER													
	NOVEMBER													
	DECEMBER													
TOTAL														

The annual and monthly statistics are the base to predict the activities of the dental clinic and to control its development . They have to be up-to-date everytime and must be sent to the project-manager regularly!



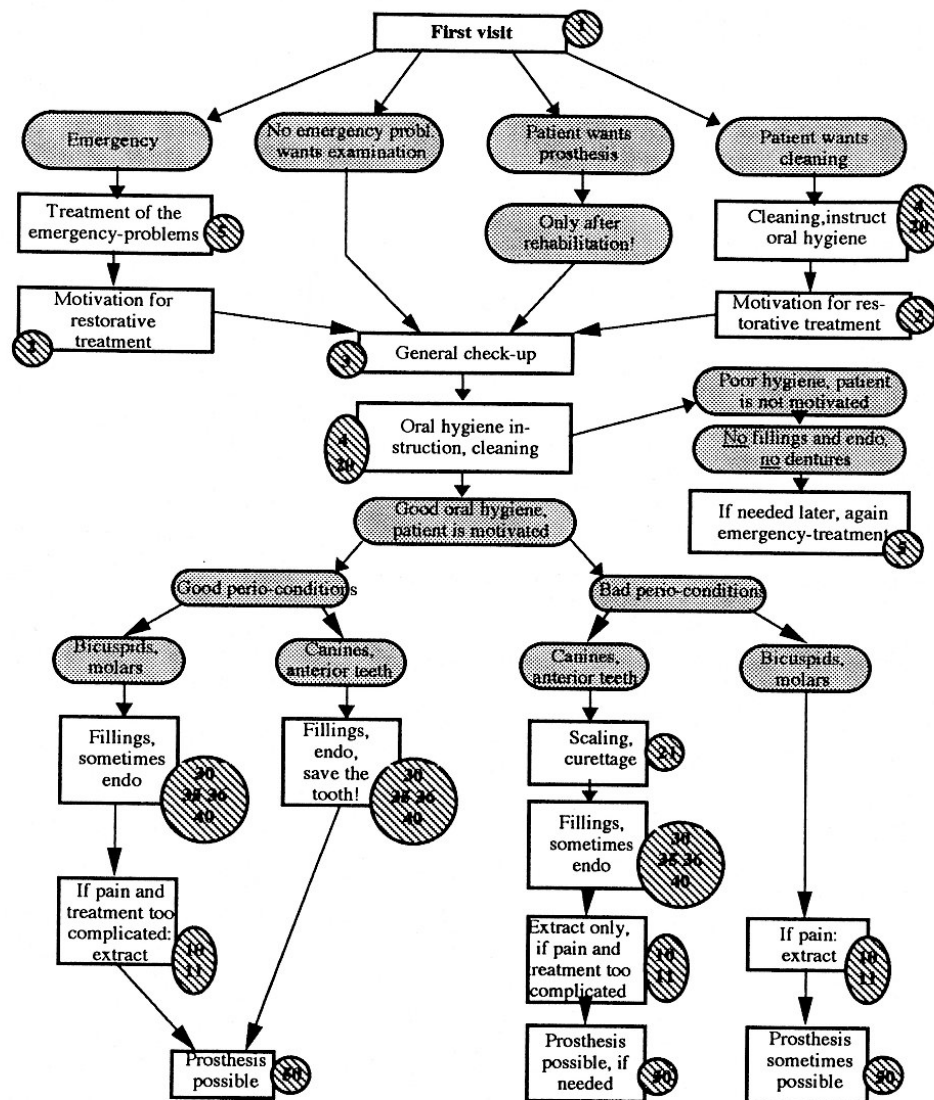
CHAPTER 5



DENTAL PROSTHETIC TREATMENTS



SECOURS DENTAIRE INTERNATIONAL
13.12.1992 © JÜRG JENT & MARCO SANTINI



Explanations:

Frames: Findings, Decisions

Frames: Actions, Treatments

Indication,
Nr. of Chart
with further
explanations



First visit

Chart



- ☐ What is the patient's problem?
- ☐ Four needs: emergency care, examination, prosthetics or cleaning, see ●0
- ☐ General appearance of oral health?
- ☐ Patient's interest in his oral health?
- ☐ Possible financial situation?
- ☐ Present treatment plan!
- ☐ If emergency see ●5
- ☐ If cleaning is needed see ●20
- ☐ If examination needed see ●3
- ☐ If prosthetics needed see ●0
- ☐ For further details see **script!**



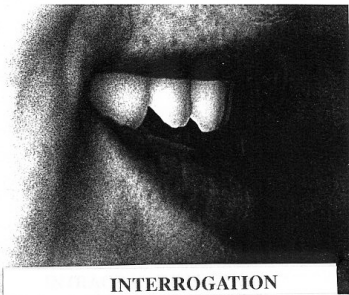
Motivation for Treatment

Chart  2 

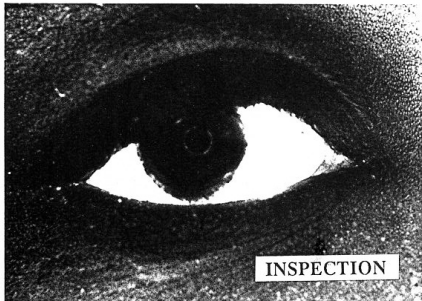
The following points must be discussed with the patient:

- ☐ Stress importance of maintaining teeth (function, to prevent other complications, appearance)
- ☐ What is the advantage of treating the teeth?
- ☐ What treatment can we offer?
- ☐ Patients complaints/problems with any form of treatment such as pain, discomfort, time etc.
- ☐ How much time the treatment will take?
- ☐ How much will the cost of treatment be?
- ☐ Does the patient want this treatment?

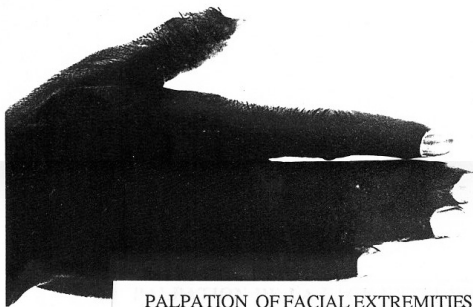




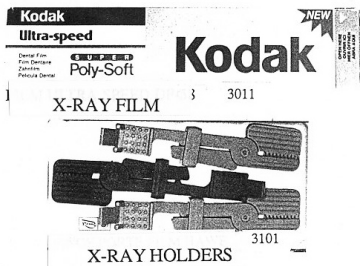
INTERROGATION



INSPECTION

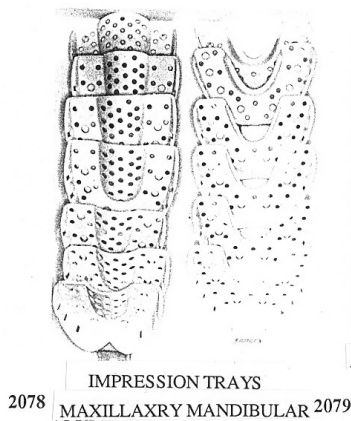


PALPATION OF FACIAL EXTREMITIES



X-RAY FILM

X-RAY HOLDERS

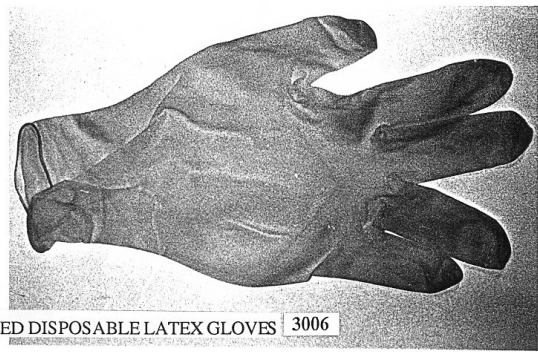


IMPRESSION TRAYS

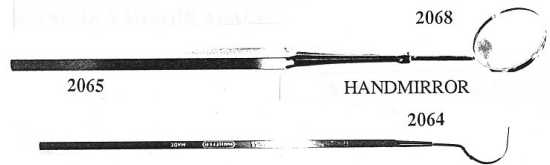
MAXILLARY MANDIBULAR



ALGINATE IMPRESSION MATERIAL



STERILIZED DISPOSABLE LATEX GLOVES 3006



HANDMIRROR

EXPLORER

CLINIQUE DENTAIRE SDI

Nom:
 Prénom:
 Lieu:

87654321	12345678
87654321	12345678

..... prest. =
 proth. =
 Total =

acompte	date	signature
.....
.....
.....

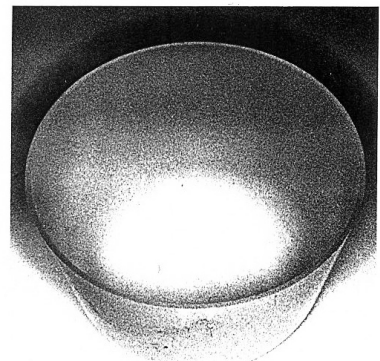


3007

SPRAY FOR VITALITY TEST



PLASTIC SPATULE FOR ALGINATE



PLASTIC BOWL FOR ALGINATE 2080



Examination

Chart 3

Patient has no emergency problem and wants a general examination.

Case history:

☐ Reason for coming to the clinic etc.

-Get a general medical history and history of immediate problem.

Examination:

☐ Inspection:

- general appearance (illness, anemia, nutrition etc.)
- extraoral: facial habits; symmetry; skin etc.
- intraoral: mucous tissues: cheeks, roof of mouth, throat, under the tongue, vestibule, tongue, gingiva
teeth: number, general appearance, oral hygiene

☐ Palpation: - neck, cheeks, lips, lymph glands, hardenings, swellings

☐ Caries check: - mirror, explorer

☐ Periodontal exam: (mobility; alignment of teeth; condition of the periodontal tissue, pocket depth)

For further information see **script!**

Special Examinations:

☐ In special cases:

- vitality test of teeth
- x-rays (see **6**)
- models
- other special examinations
- indications for above see **script!**

Treatment Plan:- hygiene, see **4,20**

- surgery, extractions, see **10,11**
- restorative treatment, see **30,35, 36**
- endodontics, see **40**
- possible prosthetics only, when the patient is motivated and has had restorative treatment!!, see **0,50**

☐ For further information see **script!**



Oral Hygiene

Instruction

Chart  4 

The patient is to be motivated and instructed in methods of cleaning that are appropriate to his needs and manual dexterity!

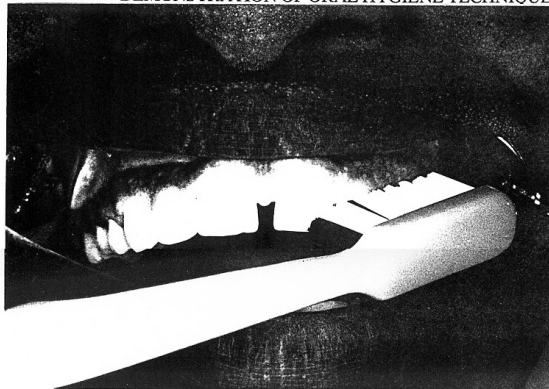
- ☐ Instruction:
 - Reason for oral hygiene.
 - Reason for destruction of the teeth (and tissue)
 - Nutrition counseling according to the individual patient.
 - How has the patient been taking care of his teeth?
 - If cleaning method is adequate, perfect it!
- ☐ Recommendations:
 - Method and technique are demonstrated in the patients mouth!
- ☐ Patient training:
 - Allow the patient to practice the new technique demonstrated in the office!
- ☐ For the different methods see **script!**



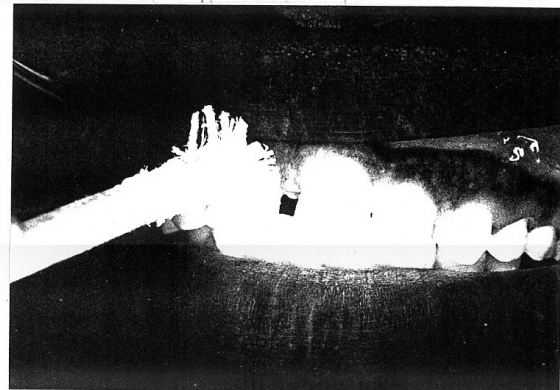
INFORMATION



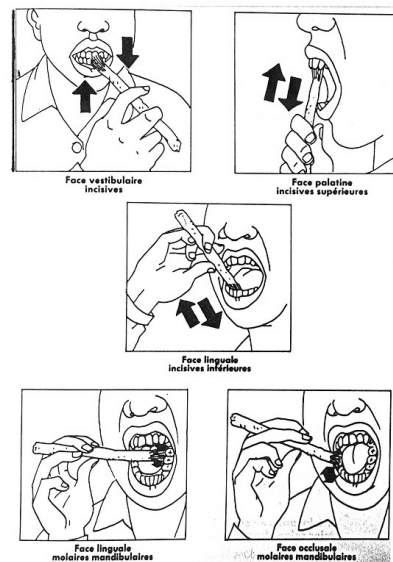
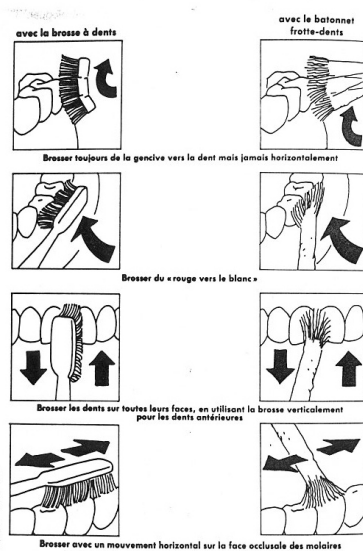
DEMONSTRATION OF ORAL HYGIENE TECHNIQUES OR ORAL HYGIENE INSTRUCTION



WITH THE TOOTH BRUSH



WITH TOOTH-STICKS



Emergency-Treatment, Pain-Treatment














Chart  5 

- ☐ Case history - see **script!**
 - ☐ Examination: - Check up
 - Palpation
 - Mirror, explorer
 - special Methods (cold test, tab test, x-ray)
- > for further details, see **script!**

☐ ——> **DIAGNOSIS**

☐ Inform the patient of possible treatment necessary. Is it complicated to treat? How much time does it need? How much does it cost? Does it hurt?

☐ Most frequent diagnosis:

- | | |
|---|--|
| <input type="checkbox"/> Caries: | - indication of treatment see  |
| | - treatment see  30,35, 36 |
| <input type="checkbox"/> Pulpitis: | - indication of treatment see  |
| | - treatment see  40 |
| <input type="checkbox"/> Abscess, dental infection: | - indication of treatment see  |
| | - treatment see  11 |
| <input type="checkbox"/> Gingivitis, periodontitis: | - indication of treatment see  |
| | - treatment see  20,21 |
| <input type="checkbox"/> Tooth fracture: | - indication of treatment see  |
| | - treatment see  15 |
| <input type="checkbox"/> Tooth luxation : | - treatment see  15 |
| <input type="checkbox"/> Jaw luxation: | - treatment see  17 |
| <input type="checkbox"/> Bone fracture: | - treatment see  16 |
| <input type="checkbox"/> Injuries to the soft tissue: | - treatment see script! |



X-Rays

Chart



- ☐ A chart which shows the angulations of the x-ray head for different teeth (maxilla: molars, premolars, incisors; mandibula: molars, premolars, incisors) should be posted next to the x-ray machine!
- ☐ A lead apron should be draped over the patient for every x-ray taken!!!
- ☐ Every patient (except in rare occasions) is to hold the x-ray himself! If unable to hold the film it should be held by the patient's escort.
- ☐ The entire staff including escorts should stay a distance of at last 2 m from the x-ray- head (use a long line to trigger).
- ☐ All escorting children should leave the room!!
- ☐ The x-ray is to be developed immediatly in dark conditions (under the lid).
 - 2 minutes in the developer
 - 1 minute in the rinse water
 - 2 minutes in the fixer
 - 1 minute in the rinse water
- ☐ Always prepare developer and fixer according to directions on the package. Change when quality of x-rays are no longer clear to allow for proper diagnosis.

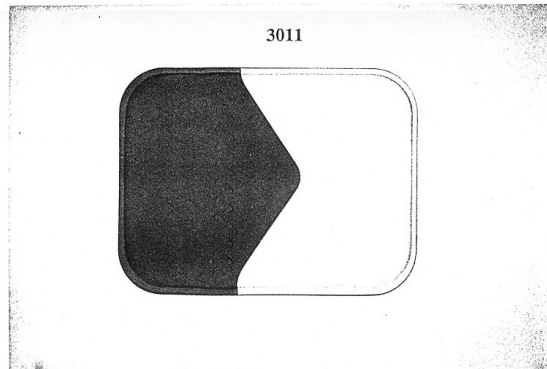




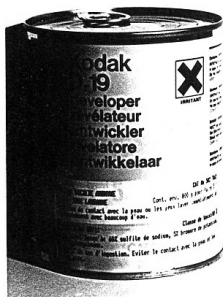
X-RAY MACHINE



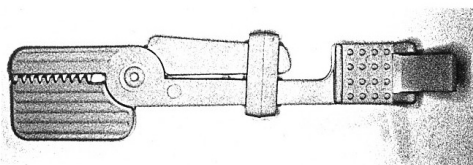
LEAD APRON



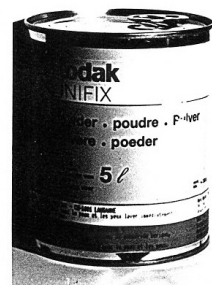
FILM ULTRA SPEED DF-58



3010 KODAK DEVELOPER POWDER 5027065



X-RAY HOLDER HAWE



KODAK FIXING POWDER 5011036 3011

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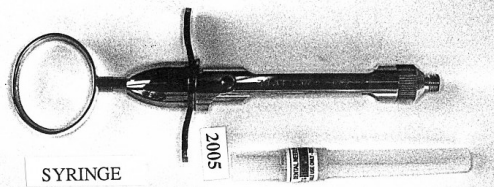
Tooth-Extractions

Chart



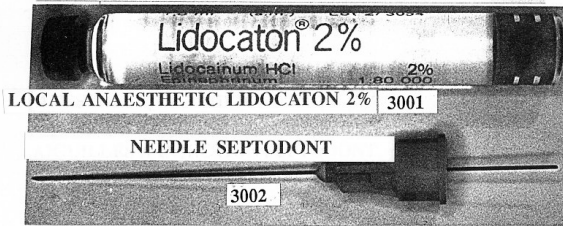
- ☐ Explain the procedure to the patient!
- ☐ Tell the patient, that he may take the extracted tooth home!
- ☐ Indications see ●0
- ☐ Local anaesthesia!
- ☐ Extraction: technique and procedure: see ●18 and **script!**
- ☐ Clean alveola only if necessary!
- ☐ Medication: - for pain in special cases!
- ☐ Let patient bite on a gauze! (Don't use dental cotton-rolls!, you can make your own or use those from the hospital!)
- ☐ Watch patient until bleeding has stopped!
- ☐ Instructions: do not allow patient to spit or rinse or drink for 1 hour!
- ☐ Give the tooth to the patient!





SYRINGE

2005

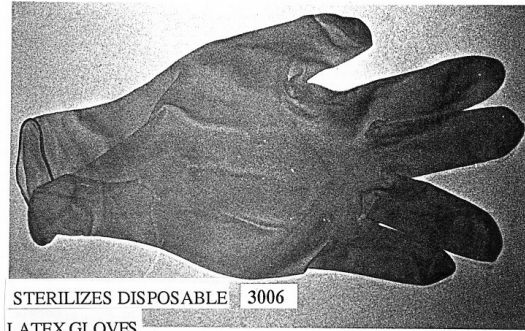


LOCAL ANAESTHETIC LIDOCATON 2%

3001

NEEDLE SEPTODONT

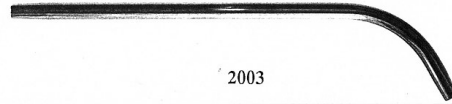
3002



STERILIZES DISPOSABLE

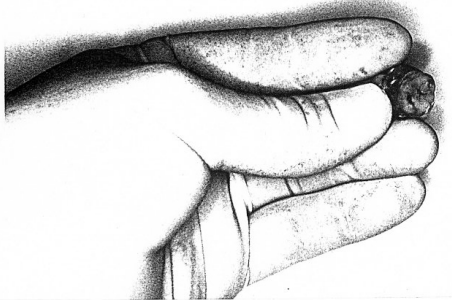
3006

LATEX GLOVES

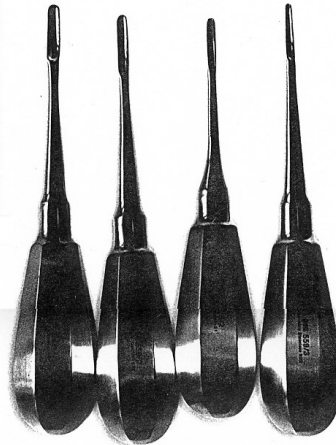


2003

METAL SURGICAL SUCTION TIP 5 MM



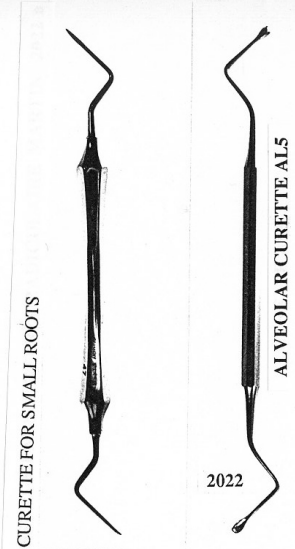
OFFER TO GIVE THE TOOTH TO THE PATIENT



ELEVATOR #560/2	2012
ELEVATOR #561/4 LEFT	2007
ELEVATOR #561/5 RIGHT	2008
ELEVATOR BEIN #559/1	2009
ELEVATOR BEIN #559/2	2010
ELEVATOR BEIN #559/3	2011
ELEVATOR #561/23	2013a
ELEVATOR #561/24	2013b



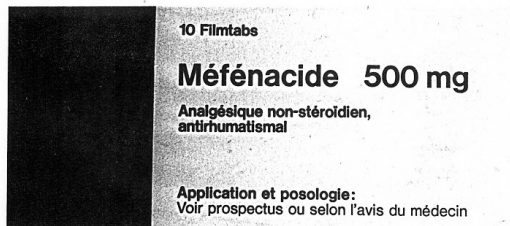
- ELEVATOR M 13 LOWER PREMOLARS
- ELEVATOR M 17 UPPER RIGHT MOLARS
- ELEVATOR M 18 UPPER LEFT MOLARS
- ELEVATOR M 33 LOWER INCISIVES
- ELEVATOR * 22 LOWER MOLARS
- ELEVATOR *51A UPPER ROOTS
- ELEVATOR *67A UPPER THIRD MOLARS
- ELEVATOR *7 UPPER PREMOLARS
- ELEVATOR M1 UPPER INCISIVES
- ELEVATOR *133.1/2 DR/G LOWER THIRD-MOLARS



CURETTE FOR SMALL ROOTS

ALVEOLAR CURETTE AL5

2022



10 Filmtabs

Méfénacide 500 mg

Analgésique non-stéroïdien,
antirhumatismal

Application et posologie:
Voir prospectus ou selon l'avis du médecin

MEFENACIDE ANALGESIC

17.8.1992 © M.S. SDI

ASPIRINE®



20 comprimés

ANALGESIC (NEVER USE FOR CHILDREN)



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Treatment of Abs- cess and Infection

Chart  11 

- ☐ Treat emergencies immediatly (even after office hours)!
- ☐ Tell the patient the problem and recommended form of treatment necessary!
- ☐ Treat the root of problem as soon as possible! (see **script!**)
- ☐ A major consideration: To save the tooth or extract it? see **○0**
 - Open (incision) to allow for drainage: see **○18** and **script!**
 - in special cases treat as endo or do curettage, see **○40,21**
 - Cleaning of the teeth see **○20**
 - possible medication see **○19**
 - Antibiotics only in slightly severe or severe cases
 - If the patient's general health is poor: consult a physician or send him directly to the hospital!
 - Prescribe pain medication if necessary!
 - Details see **script!**



Tooth Fracture

Tooth Luxation

Chart  15 

- ☐ Tell the patient the problem and recommended treatment necessary!
- ☐ Decide if tooth can be saved. Indication see ●0
- ☐ In most cases take an x-ray (see ●6)
- ☐ Check antagonist and adjoining teeth!
- ☐ Check and clean the affected region!
- ☐ Tooth fracture: Remove the fractured portion ●10,18
- ☐ Final decision: can the tooth be saved?
 - Tooth fracture:
 - if root is fractured: normally extract ●10
 - if crown is fractured:
 - if necessary do endo, see ●40
 - Reconstruct the crown with appropriate techniques, see ●30, 35, 36 or script!
 - Tooth luxation:
 - reposition the tooth, see script!
 - if necessary do endo ●40
 - reconstruct if necessary, see ●30,35, 36
 - brace the tooth, see script!



Jawfracture

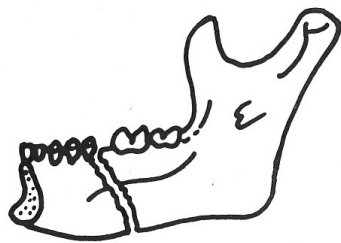
Chart 16

- ☐ Tell the patient the problem and recommended form of treatment necessary!
- ☐ When possible under local anaesthetic (be aware of the occlusion). Stabilize with intermaxillary wiring!

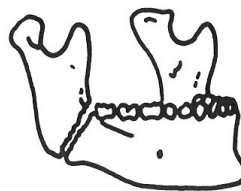
Two techniques: use a prefabricated appliance or wire.

- objective to achieve: normal occlusion! (If necessary make models to check occlusion)!
- in special cases: wire the jaw bone together with a surgeon under general anaesthetics.
- For special procedures see **script!**





FRACTURE IN THE HORIZONTAL PORTION OF THE MANDIBLE



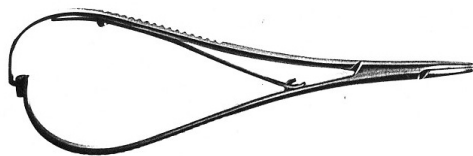
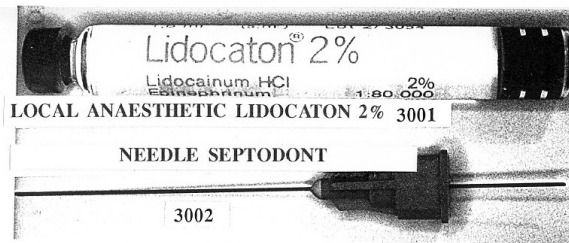
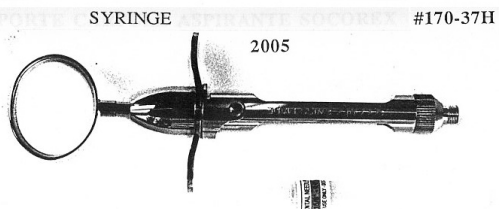
ANGULAR MANDIBULAR FRACTURE



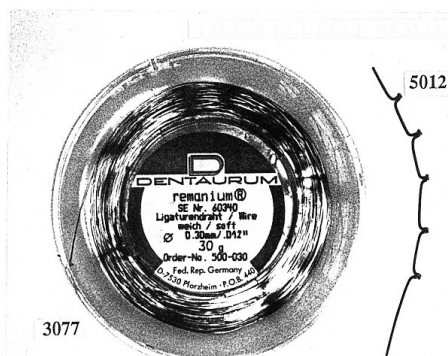
FRACTURE OF THE RAMUS



FRACTURED CONDYLE



MATHIEU NEEDLE HOLDER #1160/17 2018



SUTURE (WIRE) MATERIAL



Temporo-

Chart



17



Mandibular-Joint Luxation

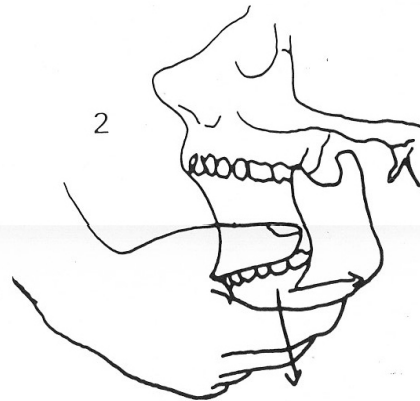
- ☐ Tell the patient the problem and recommended form of treatment necessary!
- ☐ Check: Usually the patient can not close his mouth anymore.
- ☐ Reposition the mandible: With both hands direct the mandible down and back into position. Protect your thumbs! If unable to reposition call a surgeon. Prepare with medication or general anaesthetic!
- ☐ During healing (several months): caution patient about yawning, biting down hard and opening too wide.
- ☐ For further details, see **script!**



DISLOCATED JAW



1
PLACE THUMBS ON OCCLUSAL SURFACES OF
MANDIBULAR POSTERIOR TEETH
CURVE FINGERS AND PLACE UNDER BODY OF
MANDIBULE



2
PRESS DOWN AND BACK / WITH THUMBS



3
AT THE SAME TIME PULL UP AND FORWARD WITH FINGERS

17.8.1992 © M.S. SDI



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13.12.1992 © JÜRGEN JENT & MARCO SANTINI

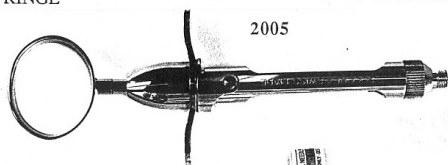
Chart 18

- ☐ All oral surgery must be done with sterile instruments that have been kept in a sterile condition!!
 - ☐ Remarks to the basic instrumentation (see material list) for oral surgery:
 - scalpel: - always use disposable scalpels!
 - sutures: - the normal silk is 3-0; should only be used if patient can come back for suture removal!
 - when in doubt use catgut sutures!
 - drilling the bone: - to remove the bone (as with a root fracture or resectioning of the apex of the tooth etc.): always use a large sterile round burr!,
 - to cut roots, teeth etc.: - use special sterile Zekria-burr!
 - ☐ To lay a flap to expose the root:
 - for extraction of a fractured root:
 - incision in the gingival sulcus and vertical incision if necessary. **No vertical incisions at the lingual and palatal sides!!**
 - for root-resection:
 - half-circle incision! leave 3 mm at the gingival margin of the tooth!
 - ☐ Clean and curette the alveola only if absolutely necessary!
 - ☐ Perforation of the maxillary sinus:
 - instruct patient, not to blow nose hard!
 - Check in 2 weeks: control! If sinus is still open, send patient to the surgeon in the hospital!
 - ☐ For further information see **script!**

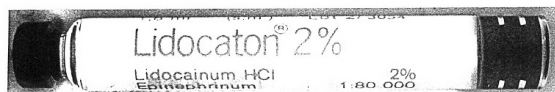


SYRINGE

#170-37H



2005



LOCAL ANAESTHETIC LIDOCATON 2% 3001

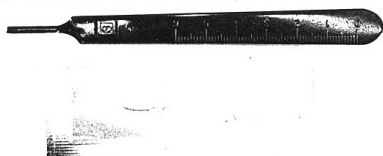
NEEDLE SEPTODONT



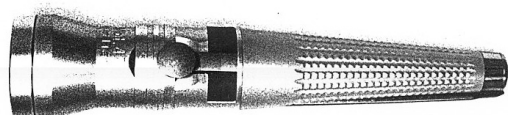
3002

SCALPE

#871A/3 2025

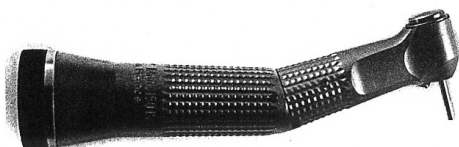


BLADE



HANDPIECE

1026



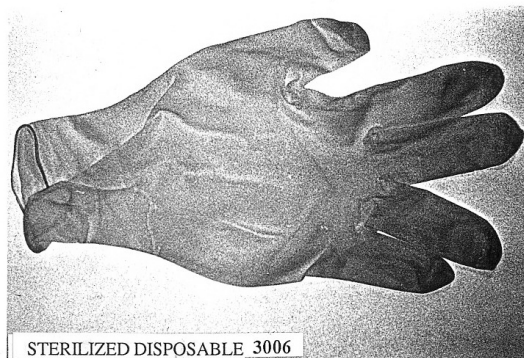
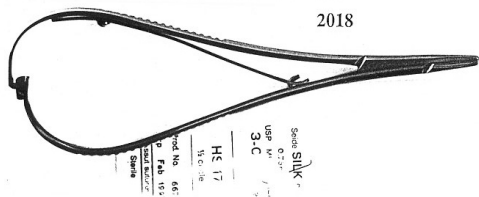
CONTRA OR RIGHT ANGLE HANDPIECE (RED) 1028



CURETTE AL5 2022

MATHIEU NEEDLE HOLDER #1160/17

2018



STERILIZED DISPOSABLE 3006

LATEX GLOVES

DISPOSABLE BLADE

3023



ROUND BURR

7013



ROUND BURR CONTRA-ANGLE

7012



ZEKRYA-BURR

7030



LONG ZEKRYA-BURR

7031



SILK Sole

0.75m

USP METRIC (EP)

3-0

2

3023

HS 17

1/2 circle

Prod. No. 6674

Exp Feb 1997

Assut sutures

Sterile

SUTURING SILK (MATERIAL)

17.8.1992 © M.S. SDI



SECOURS DENTAIRE INTERNATIONAL
13.12.1992 © JÜRG JENT & MARCO SANTINI

Medication

Chart 19

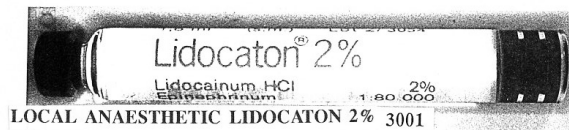
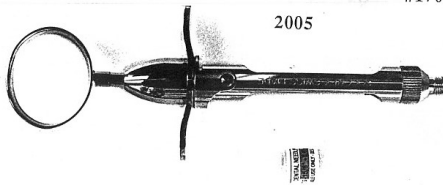
- ☐ Gauze-swabs: make them yourself or get them from the hospital!
- ☐ Aneasthetic:
 - carpule of lidocaton
 - use disposable needles (a new one for each patient!)
- ☐ AVD:
 - used to cover the open bone and for special alveolas:
 - Aureomycine 50% / vaseline 50%,
gauze 1 cm; prepare in a
sterile container with cover
(warm it)
- ☐ Chlumsky-drains:
 - For incisions: keep incision open for drainage
 - use gauze 1 cm soaked with Chlumsky
solution, use short drains, don't press
- ☐ Special rubber-tubes for draining:
 - for big abcesses (fixation with suture absolutely
necessary!)
- ☐ Rinses:
 - use those provided by the hospital or dispensary!
 - Solution 🍏.....🍏 (should be present at the
hospital!)
 - Saline solution (NaCl) (boiled salt-water, 1 tea-
spoon of salt per litre)
- ☐ Antibiotics:
 - As provided by the hospital or dispensary
 - If not:
 - oral penicillin
 - large spectrum antibiotics (Supramox)
 - use in slightly severe or severe cases. If
the patient's general health is poor,
consult a physician or send patient
directly to the hospital!
- ☐ Pain medication:
 - As provided in the hospital or dispensary
 - If not:
 - Aspirin (never for children!!)
 - Mefenacid (Ponstan)
- ☐ Rinsing the mouth:
 - salt-water warm or hot!
- ☐ For details, see **script!**



SYRINGE

#170-37H

2005

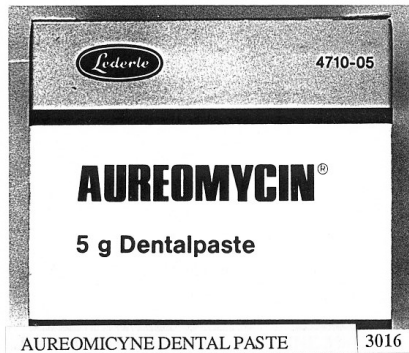


LOCAL ANAESTHETIC LIDOCATON 2% 3001



NEEDLE SEPTODONT

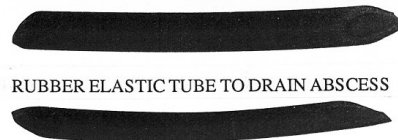
3002



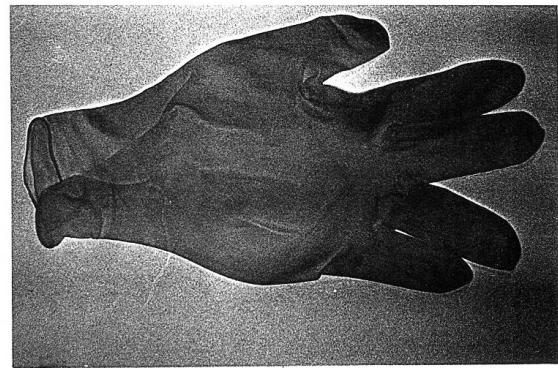
AUREOMICYN DENTAL PASTE

3016

3020



RUBBER ELASTIC TUBE TO DRAIN ABSCESS



LATEX GLOVES

3006



GAZE 1CM USED FOR DEFECT CAUSED BY AN EXTRACTION) LUNATCHECK

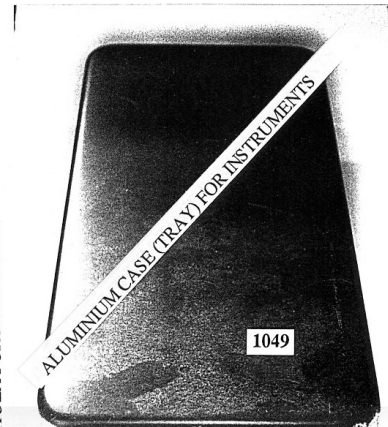
3019



#1106

SPATULA FOR MEDICATION

2083



ALUMINUM CASE (TRAY) FOR INSTRUMENTS

1049



12 comprimés filmés

Phénocilline
1 Mio

Pour la pénicillino-thérapie par voie orale

Posologie :
Selon prospectus ou selon
prescription du médecin

PENICILLIN

Supramox® 750 mg

Amoxicilline orale

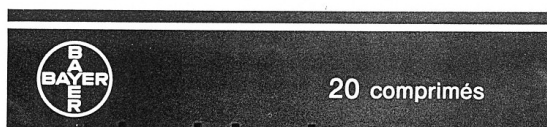
10 comprimés

Sauf avis contraire du médecin,
avaler 1 comprimé 3 fois par jour, sans croquer,
avec beaucoup de liquide, avant ou après les repas.
Voir prospectus ci-joint.

1 comprimé contient:
860,96 mg de trihydrate d'amoxicilline,
corresp. à 750 mg d'amoxicilline. Excipients.

SUPRAMOX (AMOXILLINE: WIDE SPECTRUM ANTIBIOTIQUE)

ASPIRINE®



ANALGESIC (NEVER USE FOR CHILDREN)

17.8.1992 © M.S. SDI



10 Filmtabs

Méfénacide 500 mg

Analgésique non-stéroïdien,
antirhumatismal

Application et posologie:
Voir prospectus ou selon l'avis du médecin

MEFENACIDE

ANALGESIEE



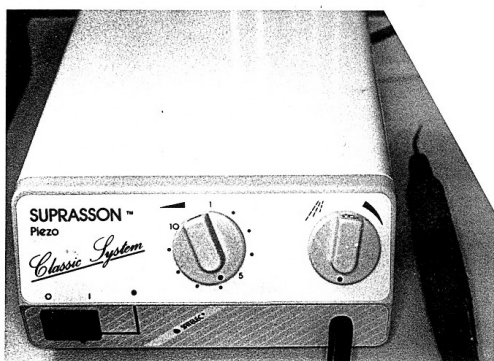
SECOURS DENTAIRE INTERNATIONAL
13.12.1992 © JÜRGEN JENT & MARCO SANTINI

Cleaning and Removal of Calculus

Chart  20 

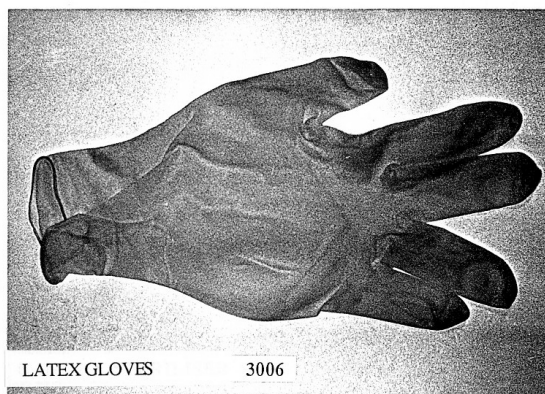
- ☐ Inform the patient of the procedure!
- ☐ Ultrasonic (standard tip)
- ☐ Scaling
 - straight sickle scaler
 - double-ended universal scaler
 - keep instruments sharp! (use Arkansas stone!)
- ☐ Polish:
 - rubber-cup and polishing-paste
- ☐ For details, see **script!**





ULTRASONIC MACHINE (UNIT)

1010



LATEX GLOVES

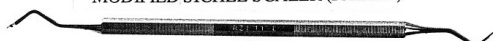
3006

STRAIGHT SICHLER SCALER



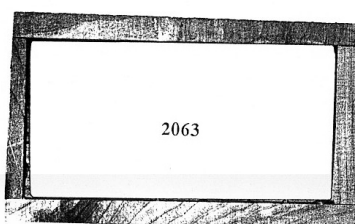
2062

MODIFIED SICHLER SCALER (PAIRED)



2061

ARKANSAS SHARPENING STONE



2063



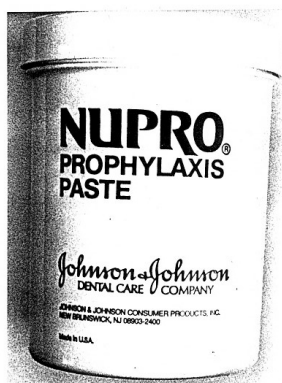
LUBRICANT FOR HANDPIECE



3098

- Lubrificat ☐
- Pflegeöl ☐
- Lubricant ☐

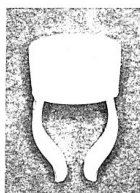
MM



NUPRO POLISHING PASTE

3094

#1112



POLISHING PASTE HOLDER

3093



RUBBER POLISHING CUP

7023



Curettage

Chart

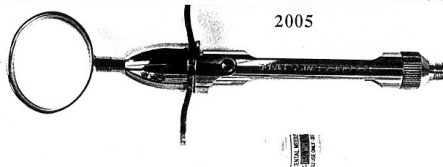


Only pockets up to 6mm when active! Indication see ●0

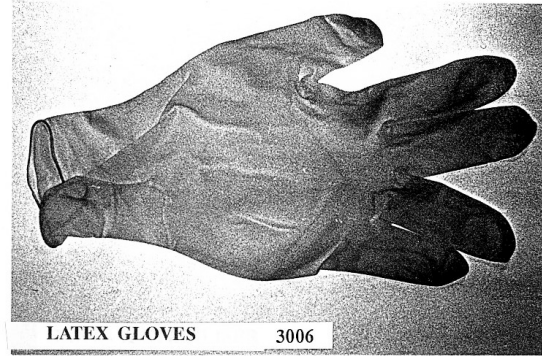
- ☐ To assess the pocket see **script!**
- ☐ Local anaesthetic
- ☐ Curettage with universal-curette! Keep instruments sharp!
- ☐ Polish with rubber-cup and polishing-paste!
- ☐ Demonstrate brushing technique and let the patient practice in the office! ●4
- ☐ Return for a check-up 2-3 times (recall) and polish area again each time!
- ☐ Details, see **script!**



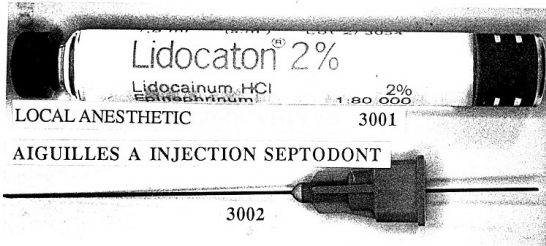
ASPIRATING SYRINGE WITH CARPULE #170-37H



2005



LATEX GLOVES 3006



Lidocaine 2%

Lidocainum HCl

2%
1:80 000

LOCAL ANESTHETIC

3001

AIGUILLES A INJECTION SEPTODONT

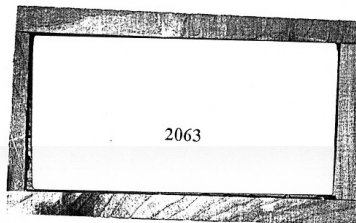
3002



PERIODONTAL CURETTE Z 115

2066

ARKANSAS SHARPENING STONE SS 6A



2063



Chicago, IL 60618
Natural Arkansas
Stone
#6A

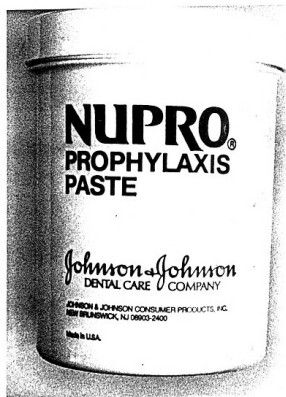


3098

LUBRICANT FOR HANDPIECE

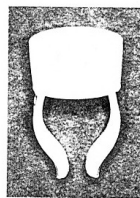
Lubricant □
Pflegeöl □
Lubricant □

MM
MADE IN GERMANY



NUPRO POLISHING PASTE

3094



POLISHING PASTE HOLDER

3093



RUBBER POLISHING CUP

7023

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Amalgam for all premolars and molars (indications see 00). Do not use composite!

- ☐ Occlusal amalgam:
 - Local anaesthetic if necessary
 - Open and excavate (red angle-piece, diamond burr; green angle-piece, round steel burr)
 - Preparation of the cavity (red angle-piece, diamonds)
 - Base filling:
 - Dropsin (apply a thin mix with a small applicator)
 - Amalgam (Dentomat)
 - Place the amalgam with amalgam plunger, tamper
 - Carving (amalgam-carver, explorer)
 - check occlusion
 - collect unused amalgam in a covered container filled with water! Give this container back to the project manager on his next visit!
- ☐ Approximal amalgam:
 - Same as above plus:
 - preparation of approximal box (diamond). Be careful of adjoining tooth!
 - use a matrix band(holder, band; 2 different types:Nyström and Swedia)
 - use wedges always
 - in the approximal use explorer to trim
- ☐ Reconstruction of crown:
 - screws, pins; in special cases! see **script!**
- ☐ Polish amalgam:
 - after 24 hours:
 - round steel-burr light, polishing paste
 - Burlew rubber-cup
- ☐ For further details: see **script!**



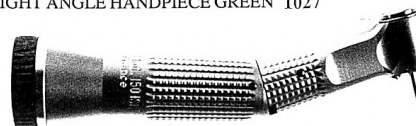
ASPIRATING SYRINGE SOCOREX

#170-37H

CONTRA OR RIGHT ANGLE HANDPIECE GREEN 1027



2005



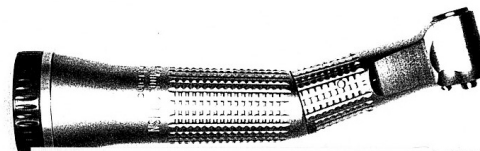
DIAMOND BURR

7001



DIAMOND BURR

7002



CONTRA OR RIGHT ANGLE HANDPIECE RED 1028



ROUND BURR WST REF. 23/018 7011



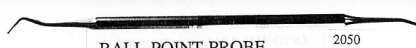
ROUND BURR WST REF. 23/025 '010



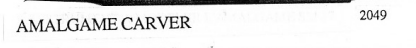
EXCAVATOR 17 EX16 2051



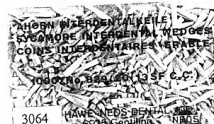
AMALGAM CARRIER #941 2048



BALL-POINT-PROBE 2050



AMALGAME CARVER 2049



WOODEN INTERDENTAL WEDGES

RED OCCLUSION PAPER 3075



MATRIX HOLDER



MATRIX MOLARS 3112

MEDIUM

MATRIX PREMOLARS 3113



MATRIX

MATRIX PKG #209

FLUCKIGER & HUGENY

FLUCKIGER & HUGENY

FLUCKIGER & HUGENY

FLUCKIGER & HUGENY

FLUCKIGER & HUGENY

FLUCKIGER & HUGENY

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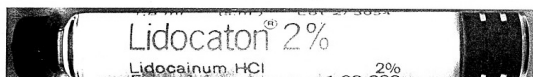
FLUCKIGER & HUGENY

FLUCKIGER & HUGENY

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FLUCKIGER & HUGENY

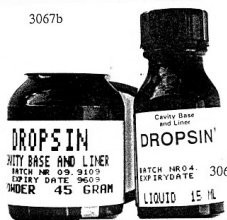
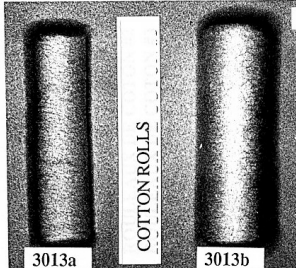
LOCAL ANAESTHETIC LIDOCATON 2% 3001



NEEDLE SEPTODONT 3002



DROPSIN BASE LINER 30 G 3067b



DROPSIN LIQUID 15ML



CEMENT SPATULA #1058 A 2055



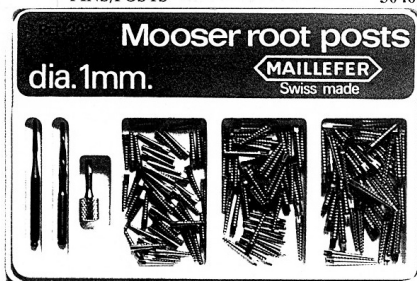
BALL-POINTED PROBE 2056



AMALGAM MIXER 1012

PINS/POSTS

3046



7011



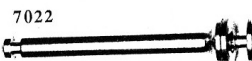
ROUND BURR

7010



ROUND BURR

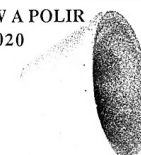
7022



MANDREL

CUPULE BURLEW A POLIR 7020

7020



RUBBER POLISHING CUP 7023

PASTE



Polish 3138

17.8.1992 © M.S. SDI



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13.12.1992 © JÜRGEN JENT & MARCO SANTINI

Composite-Fillings Chart 35

Chemical-Curing Technique

Use only for anterior-teeth and canines! (Indication see )

- ☐ Local anaesthesia if necessary
- ☐ Open and excavate (if possible from palatal side). Red counter-angle, diamond; green counter-angle, round burr
- ☐ Preparation (red counter-angle, diamond-burr)
- ☐ Make bevels, finish preparation (red counter-angle, fine diamonds)
- ☐ Base filling: Dropsin, place with small applicator
- ☐ Etch only the edge of preparation (apply phosphoric-acid 37% with a brush)
- ☐ Bonding: apply with a brush
- ☐ Composite; use new mixed material for each tooth! (spatula, cellophane-strips)
- ☐ Finish and polish (red counter-angle, fine diamonds; green counter-angle, rubber-cups; strips)
- ☐ For further details see **script!**



Composite-Fillings Chart 36

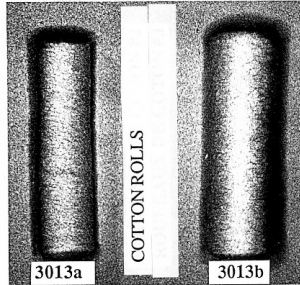
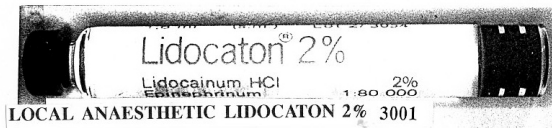
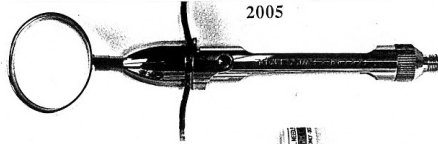
Light-Curing Technique

Use only for anterior-teeth and canines! (Indication see )

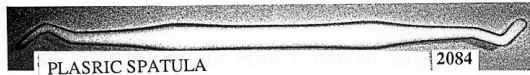
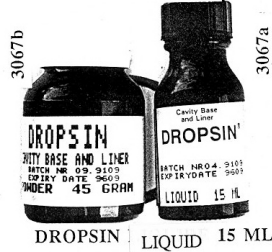
- ☐ Local anaesthesia if necessary
- ☐ Open and excavate (if possible from palatal side). Red counter-angle, diamond; green counter-angle, round burr
- ☐ Preparation (red counter-angle, diamond-burr)
- ☐ Make bevels, finish preparation (red counter-angle, fine diamonds)
- ☐ Base filling: Dropsin, place with small applicator
- ☐ Etch only the edge of preparation (apply phosphoric-acid 37% with a brush)
- ☐ Bonding: apply with a brush ; light-curing 40 seconds (cover the container immediately: light-protection!)
- ☐ Composite; use new portion of material for each tooth! (spatula, cellophane-strips) light-curing 40 seconds from the buccal side, 20 seconds from the lingual side, close the container immediately: light-protection!!
- ☐ Finish and polish (red counter-angle, fine diamonds; green counter-angle, rubber-cups; strips)
- ☐ Desinfect the polymerisation-lamp!
- ☐ For further details see **script!**



ASPIRATING SYRINGE SOCOREX #170-37H
2005



DROPSIN POWDER 30 G



GREEN CONTRA OR RIGHT 10 ISN 1027
ANGLE HANDPIECE



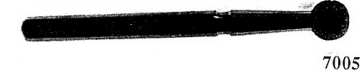
FLAME SHAPED DIAMOND BURR 201 S



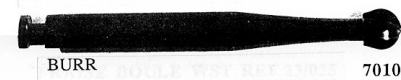
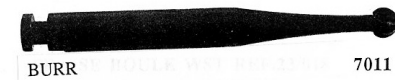
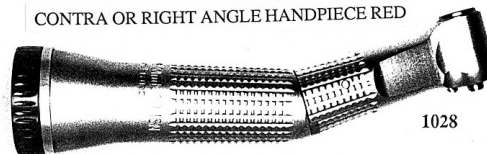
FLAME SHAPED DIAMOND BURR 205 L



DIAMOND BURR 400



CONTRA OR RIGHT ANGLE HANDPIECE RED



ETCHING

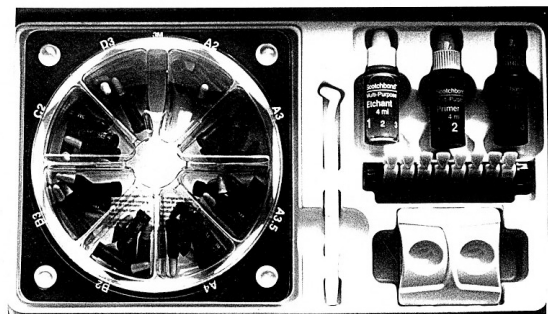


PRIMER



BONDING

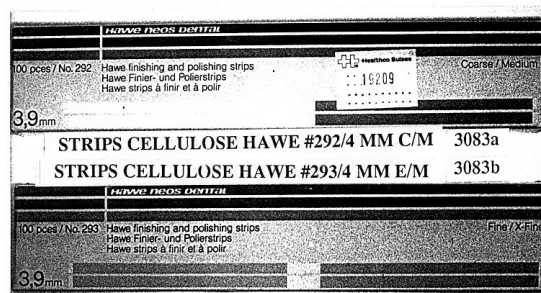
ETCHING SCHOTCBOND 3M 3121
PRIMER SCHOTCBOND 3M 3122
BONDING SCHOTCBOND 3M 3123



COMPOSITE SET Z 100 3M
3078






RUBBER CUPS 7021



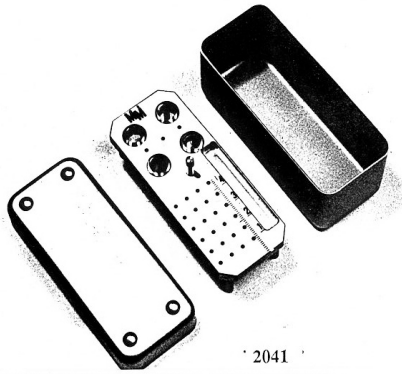
SECOURS DENTAIRE INTERNATIONAL
13.12.1992 © JÜRIG JENT & MARCO SANTINI

Indication see  **Normally only for anterior teeth, canines and premolars!!**

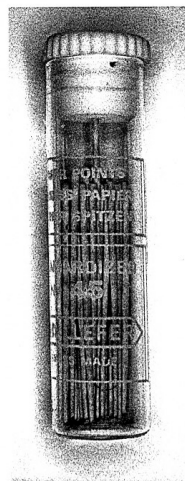
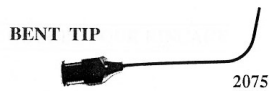
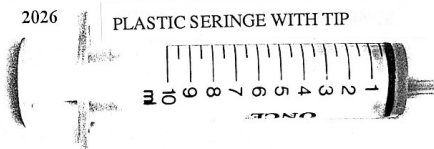
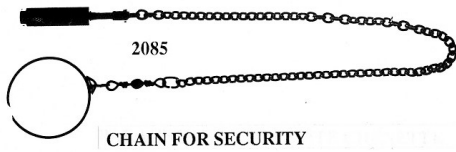
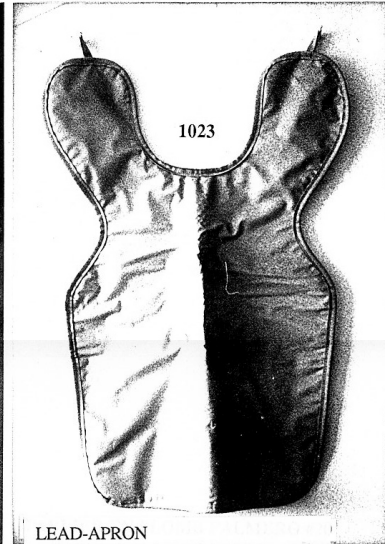
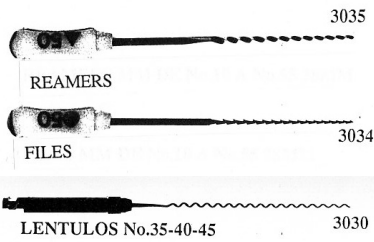
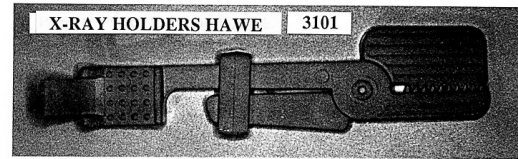
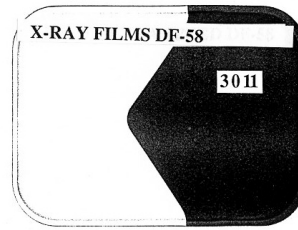
Be careful of aspiration!! You must use "parachute"-chain in every case for security reasons!

- ☐ First visit:
 - local anaesthesia if necessary
 - to open pulp use red counter-angle, diamonds
 - to excavate use green counter-angle, round steel-burr
 - for root canal-preparation see **script!**
 - rinse (NaOCl 3% or .....)
 - dry with paper points
 - medication (Ledermix 50%, Asphaline 50%, lentulo)
 - temporary filling (IRM)
 - for further details see **script!**
- ☐ Second visit: - open the root canal
 - rinse
 - final root-canal-preparation, x-ray with reamer in root-canal
 - dry with paper points
 - fill the root-canal with Endomethasone
 - reconstruction of crown (possibly with pins if necessary) with amalgam (see 30)
- ☐ Endodontics with apicoectomy: **Only for front-teeth and canines!**
 - open the root canal
 - use reamers up to Kerr 30
 - half-circle incision
 - expose apex of the root (handpiece, round steel-burr)
 - cut the apex of the root about 3mm (handpiece, fissurburr)
 - with apex exposed use reamers up to Kerr 60 or more
 - rinse (NaCl)
 - fill the root-canal with a thick gutta-point and Endomethasone (firm mixture)
 - sutures
- ☐ For further details see **script!**





2041
TRAY FOR ROOT-CANAL INSTRUMENTS



PAPER POINTS REF. 22D #15 3031a
PAPER POINTS REF. 22D #30 3031b
PAPER POINTS REF. 22D #45 3031c

17.8.1992 © M.S. SDI



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13.12.1992 © JÜRGEN JENT & MARCO SANTINI

Indication see **00**

- ☐ Information: comfort, hygiene, costs, time involved.
- ☐ For a total prostheses:
 - ☐ First visit: - diagnose ridge! ———> prognosis!
- first impression with alginate (trays, alginate, bowl, spatula)
 - ☐ Second visit: - if necessary individual-tray , second impression with alginate
 - ☐ Third visit: - wax ridge, wax bite, check height of anterior teeth, select teeth and teeth-color
 - ☐ Technique: - talk to the technician about procedure etc.
 - ☐ Fourth visit: - try in wax model, check for: - occlusal stability
- esthetics- contact to cheeks
- A-line - palatal relief
 - ☐ Fifth visit: - place finished prosthesis, give oral hygiene-instruction on home care
 - ☐ later: - follow-up control to check for sore spots, correct occlusion
- ☐ For a partial prosthesis:
 - ☐ First visit: - information comfort, hygiene, cost, time involved
- make a plan, diagnose space available, preparation for clamps
- take an impression with alginate
 - ☐ Second visit: - (if necessary) impression with individual tray
 - ☐ Technique: - Discuss with the technician the position of clamps needed
 - ☐ Third visit: - wax bite, eventually with wax-ridge, select teeth and color
 - ☐ Fourth visit: - try-in wax model (see above)
 - ☐ Fifth visit: - place finished prosthesis, give oral hygiene instruction for home care
 - ☐ Later: - check-ups
- ☐ Small prosthesis (1-2 teeth) can be finished in 2 visits (see **script**)!



CHAPTER 6



ARRANGEMENT OF MATERIALS AND INSTRUMENTS



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6.1.ORGANIZATION OF THE RULERS

1.Prevention, Preparation

10	Pharmacy	→ 3S+ 3M + 1L
11	Cotton Rolls	→ 4L
12	Burs	→ 2 Stands
13	Perio	→ 3L
14	Prophy	→ 1S + 4M +Stand
15	Anesthesia	→ 2L + 1B
16	Gloves	
17	Masks	

2.Surgery

20	Straight Elevators	→ Swedia Tray
21	Curved Elevators	→ Swedia Tray
22	Upper Forceps	→ Swedia Tray
23	Lower Forceps 1-5	→ Swedia Tray
24	Lower Forceps 6-8	→ Swedia Tray
25	Curettes etc.	→ 2Alu-Boxes
26	Surgery 1	→ Swedia Tray
27	Surgery 2	→ Swedia Tray
28	Surgery 3	→ Swedia Tray

4.Miscellaneous

40	Trays 1	
41	Trays 2	
42	Trays 3	
43	C.A.; H.P.; MM	
44	Aspiration	→ 2L + 1B
45	Mirrors, Probes, Pinc.	→ 2L + 1B
46	Tools	→ 4L
47	Impression	→ 2B
48	X-Rays	
49	Prostheses	

3.Restorative

30	Acrylics, Temporaries	
31		
32	Cement	→ 4S + 1M + 2 L
33	Composits	→ 3S + 1L
34	Matrices	→ 6S + 3M
35	Amalgam	→ 6S + 3 M
36	Endo	→ 2L +Box

Subdivisions (plastic): S = Smallt; M =Mediumn; L = Long; B = Big



6.2. CONTENTS OF THE RULERS

Foto of every ruler with its contents.

Every instrument and dental material is shown with its internal SDI code number.



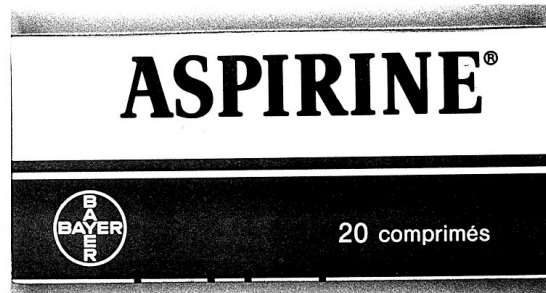
PROPHYLAXIS - PREPARATION

DRAWER NO. 10 (small)
subdivisions: 3 small
3 medium
1 long

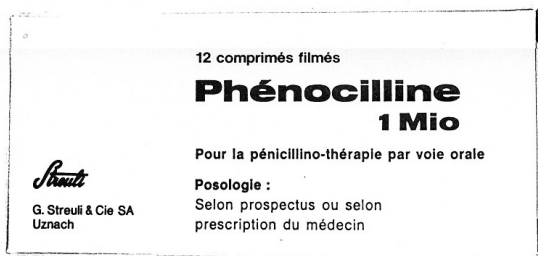
PHARMACY



ANALGESIC STRONG



ANALGESIC NEVER USE FOR CHILDREN



ANTIBIOTICS

Supramox® 750 mg

Amoxicilline orale

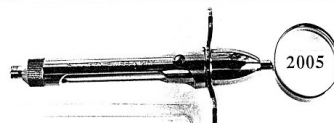
10 comprimés

Sauf avis contraire du médecin,
avaler 1 comprimé 3 fois par jour, sans croquer,
avec beaucoup de liquide, avant ou après les repas.
Voir prospectus ci-joint.

1 comprimé contient:
860,96 mg de trihydrate d'amoxicilline,
corresp. à 750 mg d'amoxicilline. Excipients.

WIDE SPECTRUM ANTIBIOTIC

SYRINGE



3106



DONTISOLON CARPULES

17.8.1992 © M.S.SDI

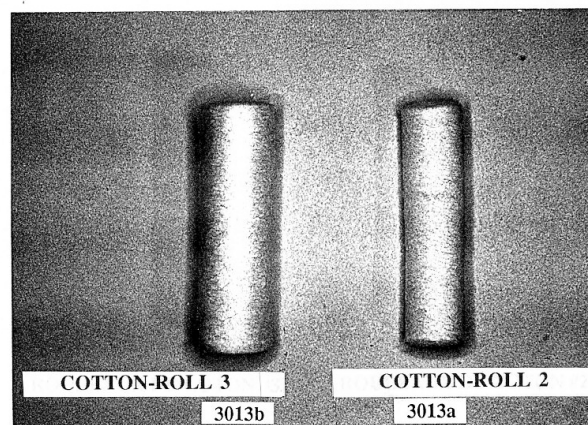
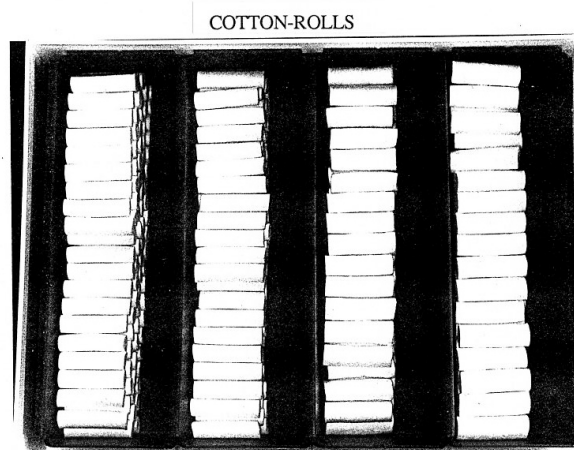


SECOURS DENTAIRE INTERNATIONAL
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PROPHYLAXIS - PREPARATION

DRAWER NO. 11 (small)
subdivisions: 4 longs

COTTON-ROLLS



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PROPHYLAXIS - PREPARATION

DRAWER NO. 14 (small)
subdivisions: 1 small
4 medium
1 stands

PROPHYLAXIS

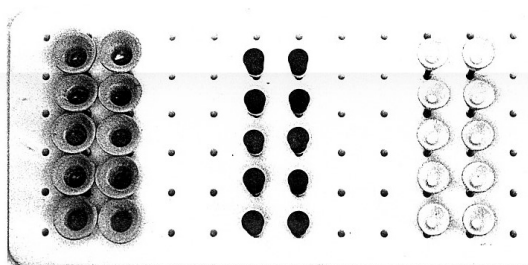


RUBBERS CUPS

7023



3138



BURLEW CUPS MANDRELLS

POLISHING CUPS

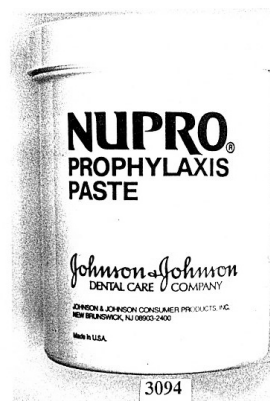
7021

7020

PASTE



PROPHY PASTE CUP



3094

POLISHING PASTE

17.8.1992 © M.S. SDI

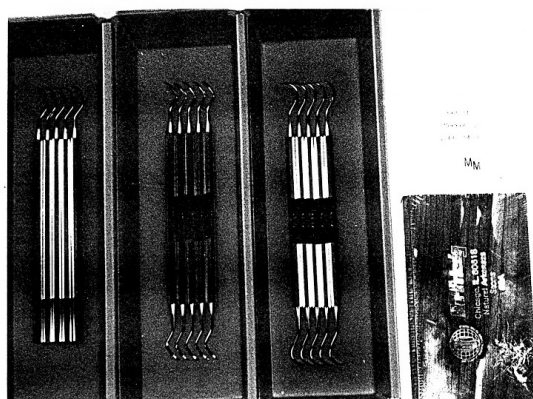


SECOURS DENTAIRE INTERNATIONAL
13.12.1992 © JÜRG JENT & MARCO SANTINI

PROPHYLAXIS - PREPARATION

DRAWER NO. 13 (small)
subdivisions: 3 longs

PERIODONTICS

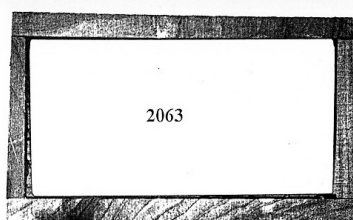


SCALERS/CURETTES



STRAIGHT SICKLE SCALER

UNIVERSAL CURETTE



ARKANSAS SHARPENING STONE



3098

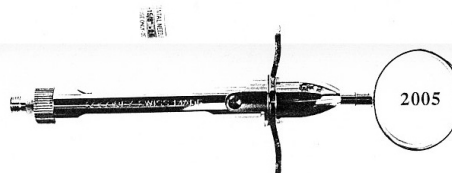
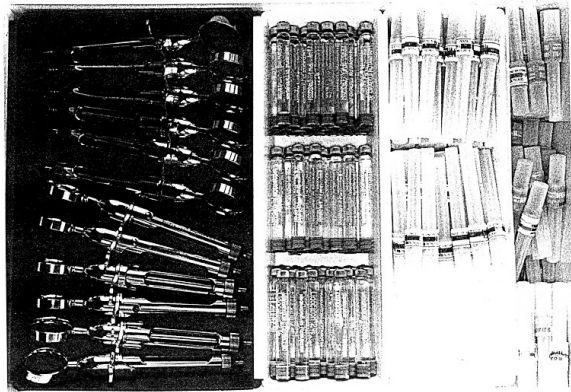
LUBRICANT FOR HANDPIECE



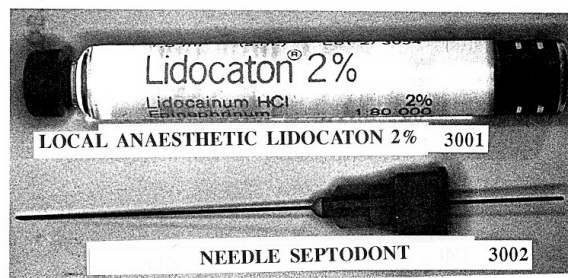
PROPHYLAXIS - PREPARATION

DRAWER NO. 15 (small)
subdivisions: 2 longs
1 big

ANESTHETIC



ASPIRATING SYRINGE SOCOREX #170-37H



17.8.1992 © M.S. SDI

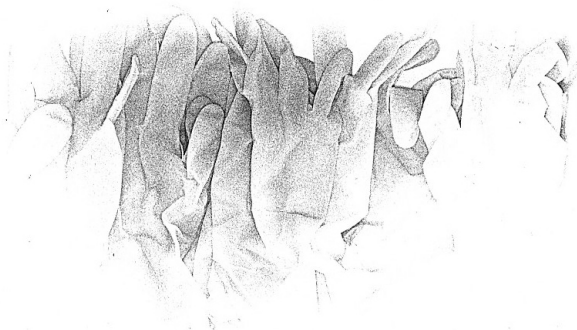


SECOURS DENTAIRE INTERNATIONAL
13.12.1992 © JÜRG JENT & MARCO SANTINI

PROPHYLAXIS - PREPARATION

DRAWER NO. 16 (big)

GLOVES



LATEX GLOVES

3006

PROPHYLAXIS - PREPARATION

DRAWER NO. 17 (big)

FACE-MASKS



FACE-MASKS

3008



CHIRURGIE

TIROIRS NO. 20 (petit)
boite Svenska

ELEVATEURS DROITS



2011



ELEVATEUR DE BEIN #559/3

2012



ELEVATEUR #560/2

2010



ELEVATEUR DE BEIN #559/2

2009



ELEVATEUR DE BEIN #559/1

CHIRURGIE

TIROIRS NO. 21 (petit)
boite Svenska

ELEVATEURS COUDES



ELEVATEUR #561/5 DROITE

2008



2007



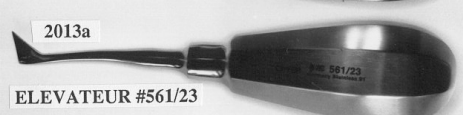
ELEVATEUR #561/4 GAUCHE

ELEVATEUR #561/24

2013b



2013a



ELEVATEUR #561/23

17.8.1992 © M.S. SDI

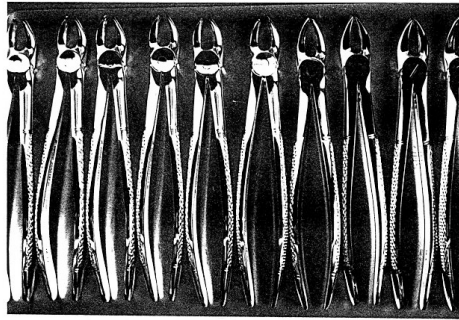


SECOURS DENTAIRE INTERNATIONAL
13.12.1992 © JÜRG JENT & MARCO SANTINI

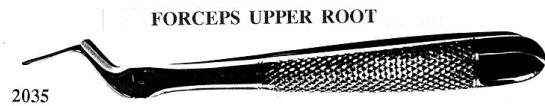
SURGERY

DRAWER NO. 22 (small)
Swenska trays

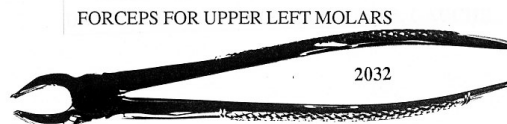
FORCEPS FOR MAX.TEETH



2031
FORCEPS FOR LOWER INCISORS



2035
FORCEPS UPPER ROOT



2032
FORCEPS FOR UPPER LEFT MOLARS



2034
FORCEPS FOR UPPER PREMOLARS



2033
FORCEPS FOR UPPER RIGHT MOLARS

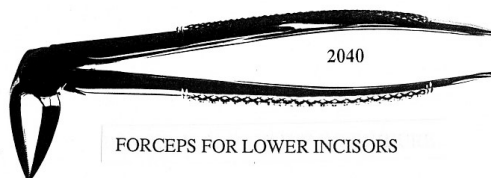
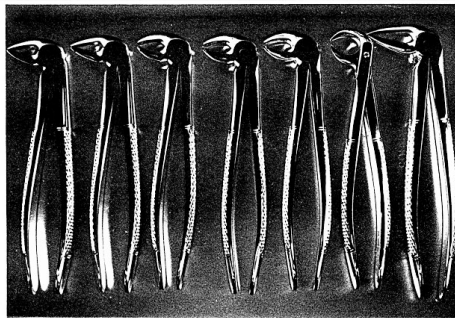


2030
FORCEPS FOR UPPER WISDOM TOOTH

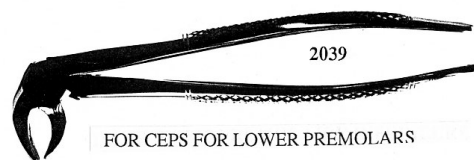
SURGERY

DRAWER NO. 23 (small)
Swenska trays

FORCEPS FOR MAND.TEETH
1-5



2040
FORCEPS FOR LOWER INCISORS



2039
FOR CEPS FOR LOWER PREMOLARS

17.8.1992 © M.S. SDI

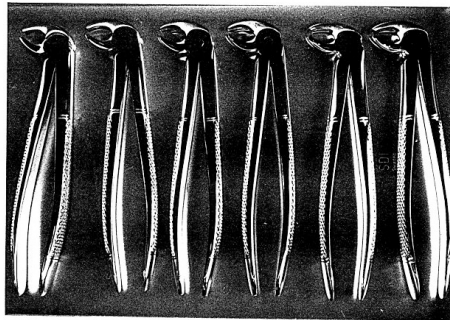


SECOURS DENTAIRE INTERNATIONAL
13.12.1992 © JÜRG JENT & MARCO SANTINI

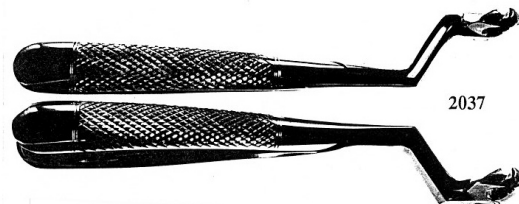
SURGERY

DRAWER NO. 24 (small)
Swenska trays

FORCEPS FOR MAND. TEETH
6-8



FORCEPS FOR LOWER MOLARS



FORCEPS FOR LOWER WISDOM TEETH

SURGERY

DRAWER NO. 25 (small)
2 boîtes alu

ALVEOLAR-CURETTES



4710-05

AUREOMYCIN®

5 g Dentalpaste

3016

ANTIBIOTIC SALVE



3019

GAZE FOR MEDICATION



2083

SPATULA FOR MEDICATIONS



2022

CURETTE AL5

17.8.1992 © M.S. SDI



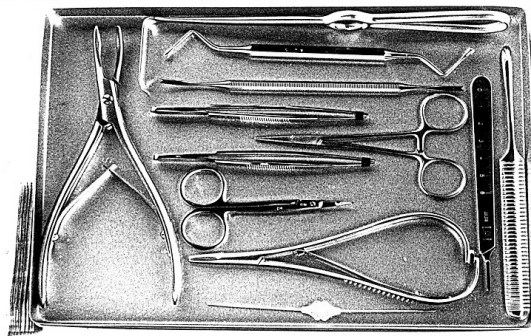
SECOURS DENTAIRE INTERNATIONAL
13.12.1992 © JÜRGEN JENT & MARCO SANTINI

SURGERY

DRAWER NO. 26 (small) SURGERY 1
Swenska trays

DRAWER NO. 27 (small) SURGERY 2
Swenska trays

DRAWER NO. 28 (small) SURGERY 3
Swenska trays

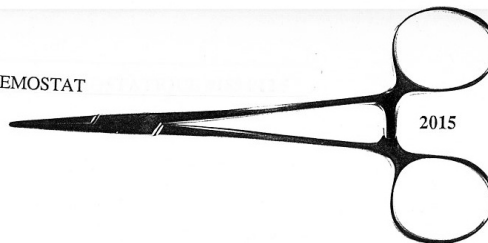


LANGENBECK-HOLDER
2027



ANATOMIC FORCEPS

HEMOSTAT

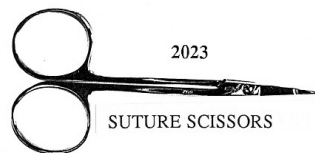


2015

SURGICAL FORCEPS



2020



2023

SUTURE SCISSORS



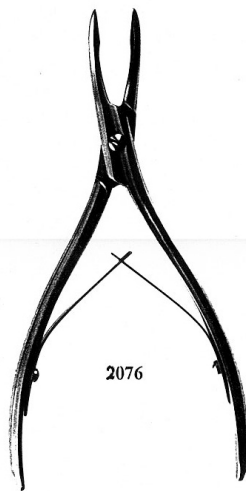
2025

SCALPEL



2021

RASPATORIUM



2076

LUER-FORCEPS



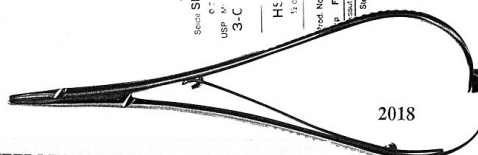
SCALPEL BLADE

3023

3023



SUTURE THREAD



2018

NEEDLE HOLDER



2016

BALL-POINTED PROBE

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TOOTH-REPAIR

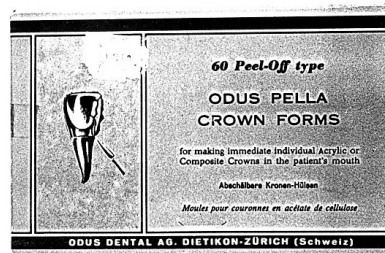
DRAWER NO. 30 (small)

TEMPORARY-RESIN



TRIM SYNTHETIC RESIN

3052



ODUS TEMPORARY CROWN

3045

TOOTH-REPAIR

DRAWER NO. 32 (big)

CEMENTS

subdivisions: 4 smalls
1 medium
2 longs



GLAS PLATE

#724

95x70 MM

2052

DROPSIN LIQUID 15ML

3067a

3067b



DROPSIN POWDER 30G

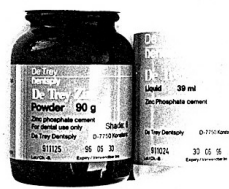
3033



ENDOMETHASONE 14G/10ML

POWDER 90G #6 JAUNE 3053a

LIQUID 39 ML 3053b



ZINC OXID CEMENT

3096



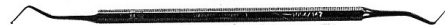
IRM TEMPORARY CEMENT

CEMENT-SPATULA #1058A



2055

2056



BALL-POINTED PROBE

2058



FILLING-SPATULA

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TOOTH-REPAIR

DRAWER NO. 33 (small)

subdivisions: 3 smalls
1 long

COMPOSITE



3M

Restorative System
includes:
• Restorative Z100 in capsules in Vita™ Shades
• Scotchbond™ Multi-Purpose Dental Adhesive System
• Z100 material in restoration capsules in shades Vita
• Scotchbond Multi-Purpose System of dental adhesive
Sistema per ricostruzioni estetiche include:
• Materiale di restauro Z100 in capsule predisposte nelle
Colorazioni Vita
• Scotchbond Sistema Adesivo Dentale Multi-Funzione
Sistema Restaurador incluye:
• Restaurador Z100 en Capsula en las colores Vita
• Sistema Adhesivo Dental Scotchbond Multi Adhesion

Restaurationsystem bevest:
• Z100 Restauratiemateriaal in Capsules in Vita kleuren
• Scotchbond Multi-Purpose Dental Adhesive System
Täufüllungsmaterial beinhaltet:
• Z100 Komposit I. Kapsel I Vita Tönung
• Scotchbond Multifunktion Dental Adhäsivsystem
Vätsyltemateriaalpakkaust sisältää:
• Vätsyltemateriaalia Z100 Kapselissa Vita värissä
• Scotchbond Monifunktio sidostusaineita

3078

COMPOSITE RESTORATIVE MATERIAL Z 100

No. 5905SP

8g Restorative Paste
4ml Etchant
4ml Primer
4ml Adhesive



ETCHING

PRIMER

BONDING

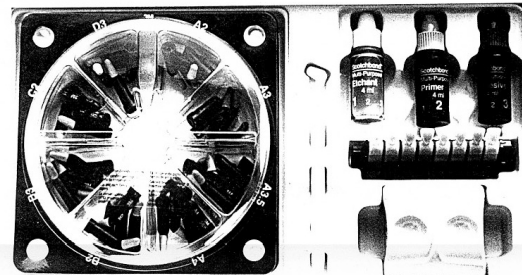
Restorative Z100

Vita™ Shade - C2 Paste
Z100 materiaal de restauratie
Taan Vita - Paste C2
Z100 Composit
Vita Paste - C2 Paste
Materiaal de restaur Z100
Colorazione Vita - C2
Restaurador Z100
Vita - Color C2
Z100 Restauratiemateriaal
Vita - kleur C2
Z100 komposit
Vita färg - C2 pasta

3079

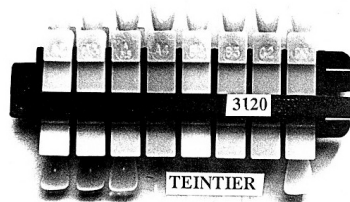
WILD
Dr. Wild & Co. AG, Basel
Telefon: 061 271 52 11

Z 100 3M REFILL



CERVICAL MATRIX HAWE NO. 850

3080



TEINTIER

2058

FILLING-SPATULA

CELLOPHANE STRIPS
TRANSPARENT HAWE

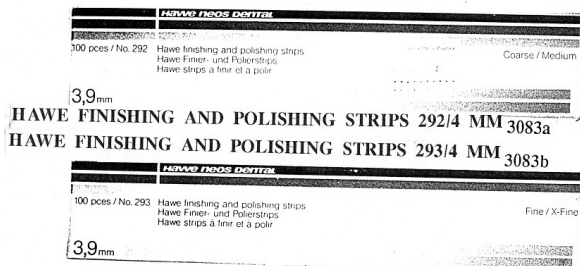
No. 686
Hawe Striproll
8 mm / 15 m

3069

Hawe-Neos Dental
CH-6925 Gentilino
Switzerland



HAWE LUCIWEDGE SOFT 772S



HAWE FINISHING AND POLISHING STRIPS 292/4 MM 3083a

HAWE FINISHING AND POLISHING STRIPS 293/4 MM 3083b



3075

RED OCCLUSION PAPER



COMPOSITE-PISTOL 2160

17.8.1992 © M.S. SDI

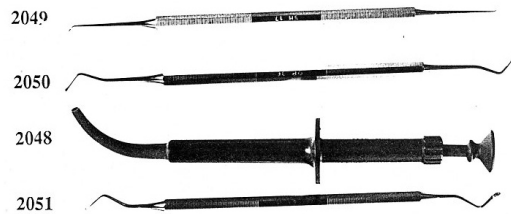
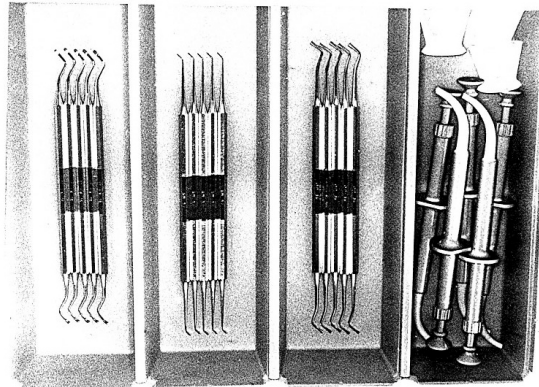


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TOOTH-REPAIR

DRAWER NO. 35 (small)
subdivisions: 4 longs

AMALGAM



AMALGAM CARVER SM 17

AMALGAM PROBE OP 43

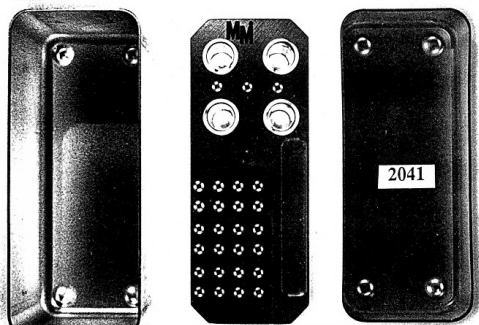
AMALGAM CARRIER 941

EXCAVATOR 17 EX 16

TOOTH-REPAIR

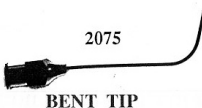
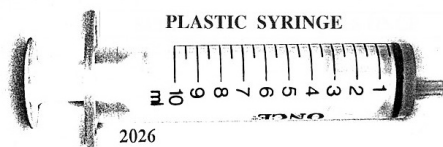
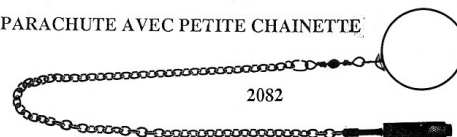
DRAWER NO. 36 (small)
subdivisions: 2 longs
1 instruments case

TREATEMENT OF THE ROOT

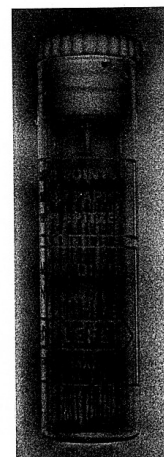
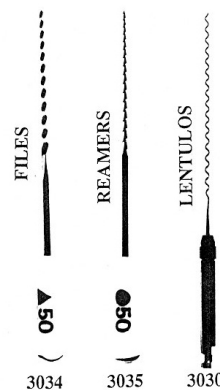


TRAY FOR ROOT-CANAL INSTRUMENTS MMT 17

PARACHUTE AVEC PETITE CHAINETTE



BENT TIP



LEDERMIX PASTE 5 G PAPER POINTS

3027

3031

17.8.1992 © M.S. SDI

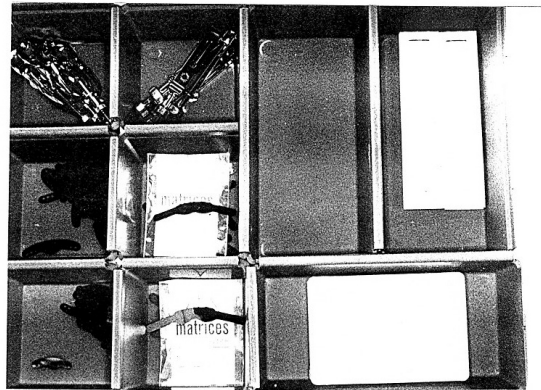


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TOOTH-REPAIR

DRAWER NO. 34 (small)
subdivisions: 6 smalls
3 mediums

MATRIX



3111

MATRIX-HOLDER PD #1



2053

TOFFELMAIR MATRIX-HOLDER



RED OCCLUSION PAPER

3075



3112

MATRIX PD 5 MEDIUM
3113



MATRIX BAND FKG 209

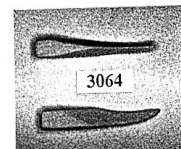


3114



MATRIX BAND FKG 207

3115



3064

INTERDENTAL WEDGES #829/20

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MISCELLANEOUS

DRAWER NO. 40 (small)

TRAYS 1

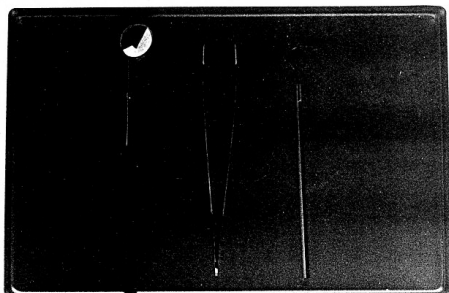
DRAWER NO. 41 (small)

TRAYS 2

DRAWER NO. 42 (small)

TRAYS 3

HAND MIRROR ADACO



COTTON ROLL PLIERS #773AS/2



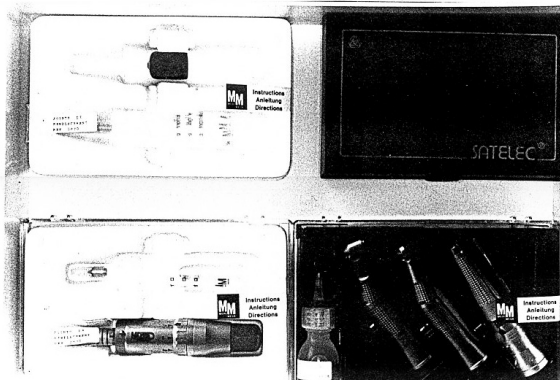
EXPLORER MAILLEFER NO. 6

MISCELLANEOUS

DRAWER NO. 43 (small)

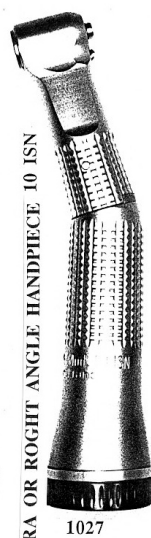
HANDPIECE

CONTRA-ANGLE HAND PIECE

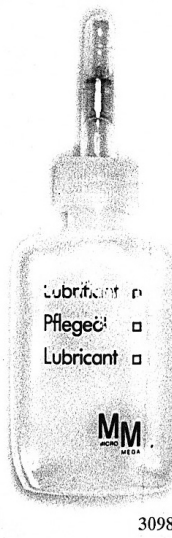


HANDPIECE MM 47 IS

AIR MICROMOTOR MM 38 A



REEN CONTRA OR ROGIT ANGLE HANDPIECE 10 ISN



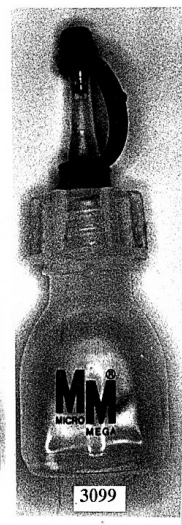
3098



LUBRIFICANT FOR HANDPIECE



RED CONTRA OR RIGHT ANGLE MM ISO 150 IS
HANDPIECE



TURBINE LUBRIFICANT MICROMEGA TS

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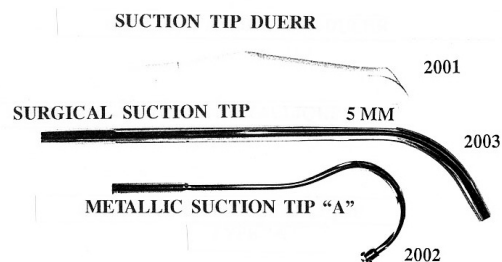
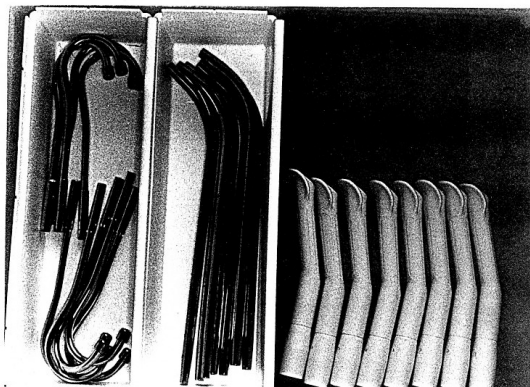


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MISCELLANEOUS

DRAWER NO. 44 (small)
subdivisions: 2 longs
1 big

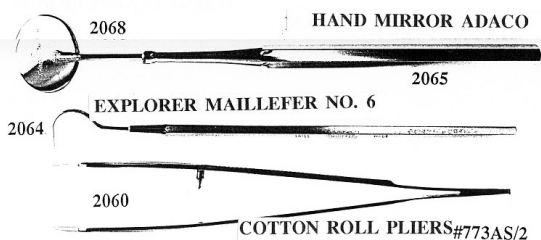
SUCTION



MISCELLANEOUS

DRAWER NO. 45 (small)
subdivisions: 2 longs
1 big

MIRRORS, EXPLORERS, PLIERS



MISCELLANEOUS

DRAWER NO. 46 (big)
subdivisions: 4 longs

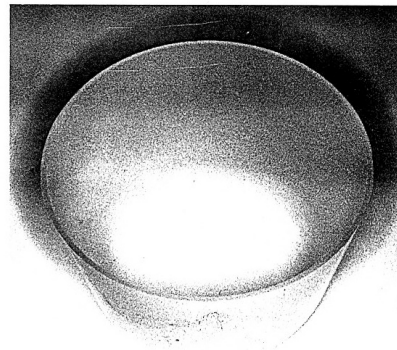
TOOLS



MISCELLANEOUS

DRAWER NO. 49 (big)

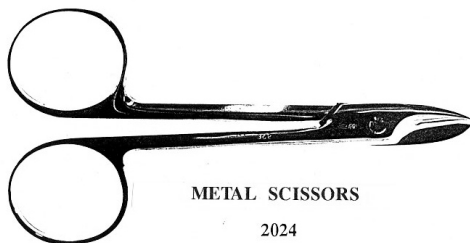
PROSTHETICS



BIG GREEN PLASTER BOWL
5045



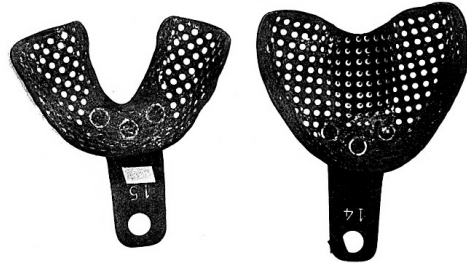
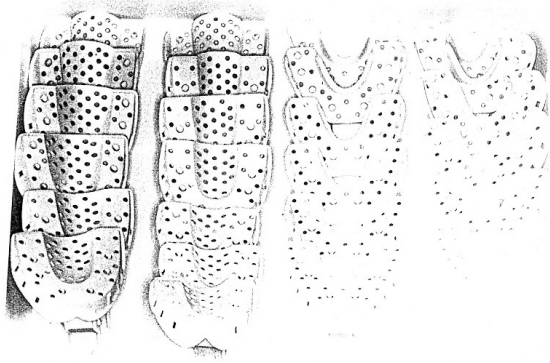
MEDIUM GREEN PLASTER BOWL
5046



MISCELLANEOUS

DRAWER NO. 47 (big)
subdivisions: 2 bigs

IMPRESSION-TRAYS



UPPER IMPRESSION TRAYS ALU OR PLASTIC
LOWER IMPRESSION TRAYS ALU OR PLASTIC

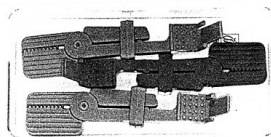
2078
2079

MISCELLANEOUS

DRAWER NO. 48 (small)

X-RAYS

X-RAY-HOLDERS



3101



3011

X-RAY-FILMS ULTRA SPEED DF 58



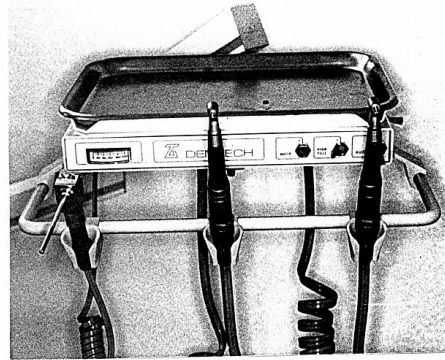
6.3. INSTALLATIONS, EQUIPMENT

Fotos of every part of the dental installation of the SDI-clinics with their internal SDI code number

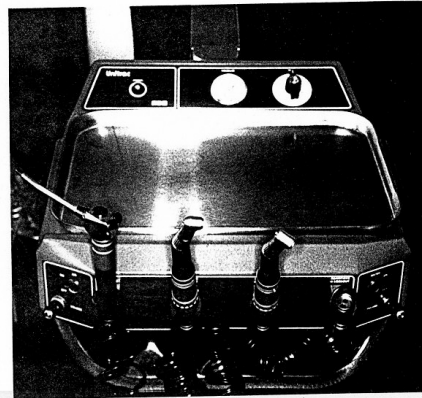




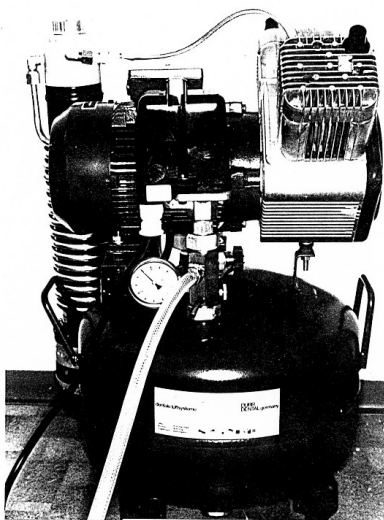
DENTAL CHAIR DENTECH OR MDT 1002



CERVICAL TRAY DENTECH OR MDT 1001

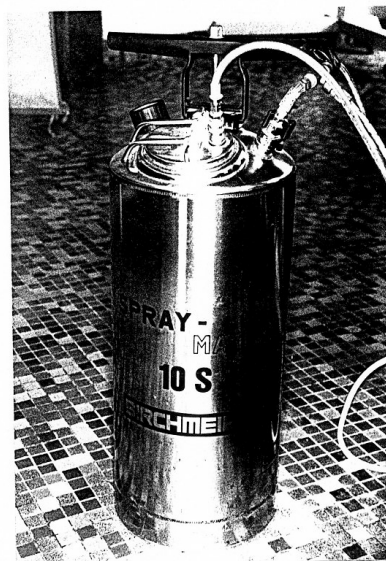


OPERATING STOOL 1007



COMPRESSOR DUERR

1005



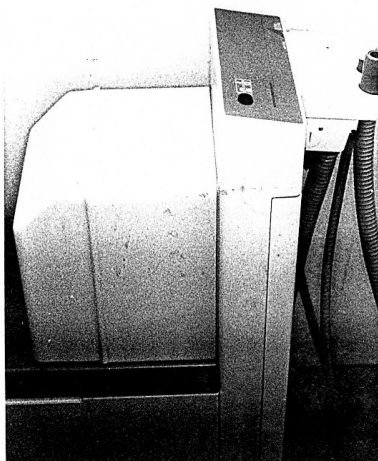
BIRCHMEIER-POT

1011

17.8.1992 © M.S. SDI

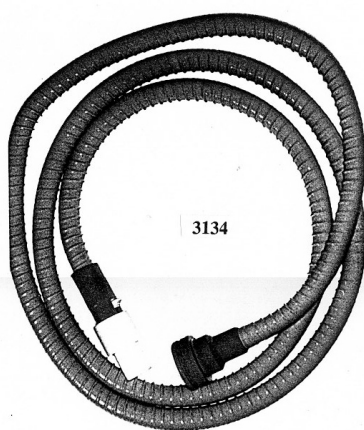


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SUCTION UNIT DUERR 0626

1004



3134

RUBBER HOSES SMALL



3133

RUBBER HOSES BIG



3136

PUSH-ROD SMALL



3135

PUSH-ROD BIG



DISINFECTANT SOLUTION OROTOL-ULTRA 2X 500 GR
DISINFECTANT SOLUTION OROTOL-ULTRA 8X 500 GR

3005

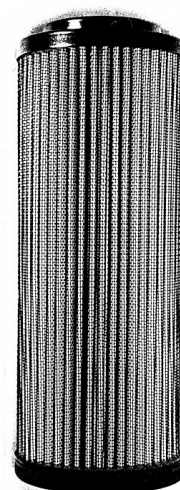


JELLOW FILTER 0626 DUERR

3107a

WITHE FILTER 0626 DUERR

3107b

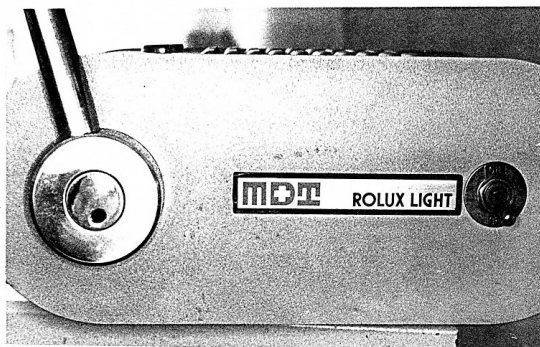


BACTERIOLOGICAL FILTER

17.8.1992 © M.S. SDI

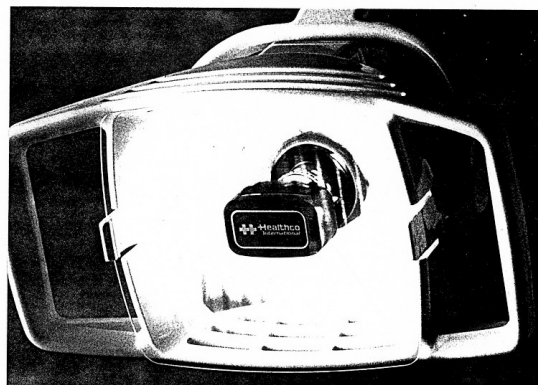


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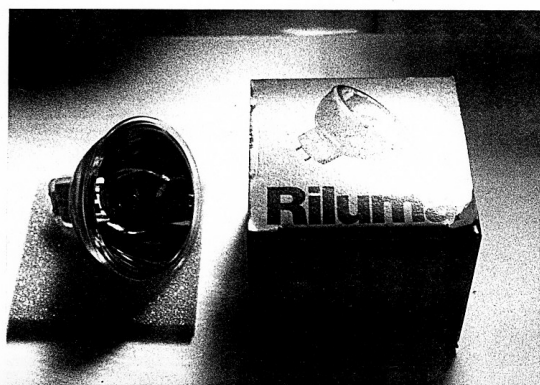
DENTAL LIGHT ROLUX MDT

1006



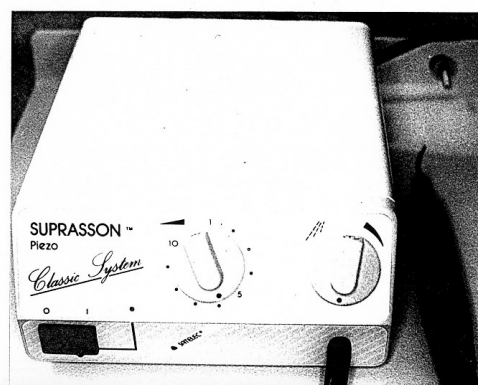
DENTAL LIGHT HEALTHCO

1045



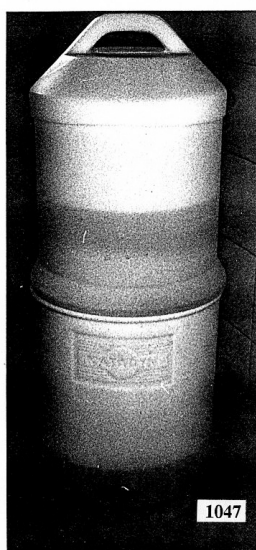
LIGHT BULB ROLUX RILUMA

1046



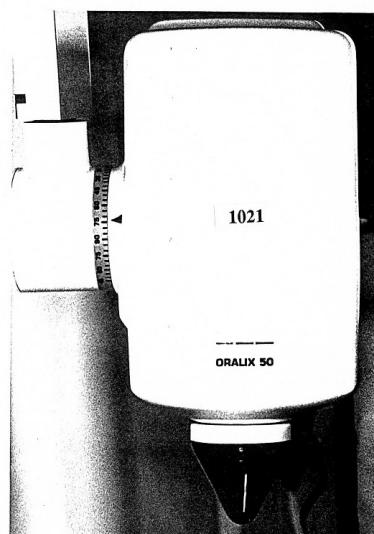
SUPRASSON

1010



1047

WATER FILTER KATADYN OR BURON

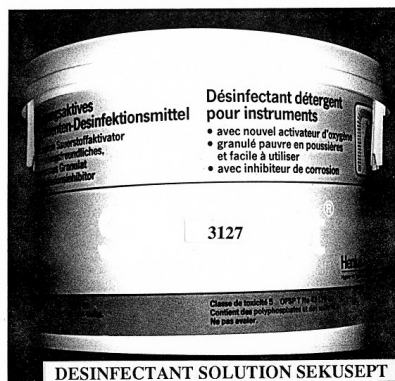


X-RAY UNIT

17.8.1992 © M.S. SDI

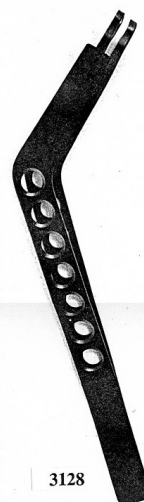


SECOURS DENTAIRE INTERNATIONAL
13.12.1992 © JÜRGEN JENT & MARCO SANTINI

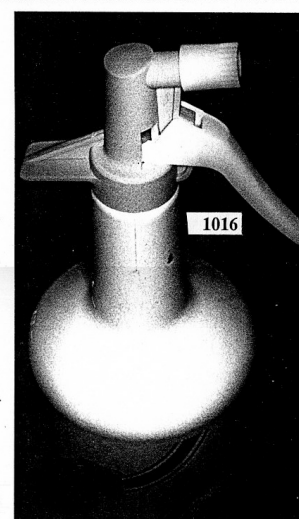


DECONTAMINATION BATH MICRO-10

1015



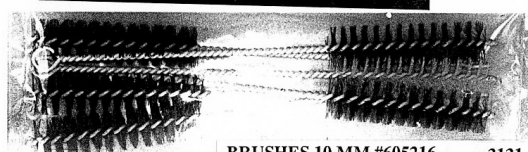
INSTRUMENT-HOLDER



DISINFECTANT SOLUTION-SPRAY

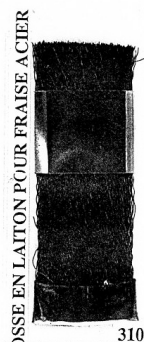


NAIL-BRUSH 3130



BRUSHES 10 MM #605216

3131



BROSSE EN LAITON POUR FRAISE A CIER

3100



RUBBER FOR CLEANING DIAMOND BURRS DIAKLEEN

3129



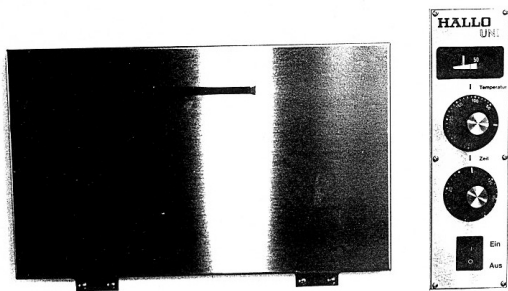
BRUSHES 5 MM #605215

3132

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DRY-AIR STERILISATION 1009



GAS HOT PLATE 1040



VAPOUR-POT

1013 VENTILATEUR
POUR LAMPE A POLIMERISER
6050



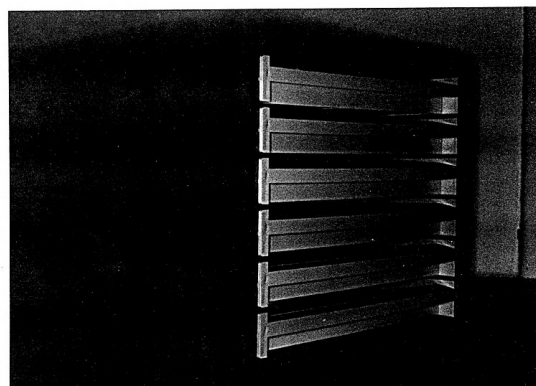
AMALGAME MIXER DENTOMAT 1012



LAMPE A POLIMERISER 1150



CABINET DRAWERS STYROLOG



1014

17.8.1992 © M.S. SDI

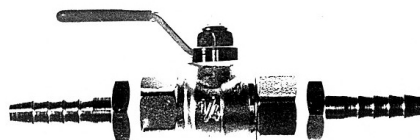


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4502

LUBRICATING SPRAY



VALVE

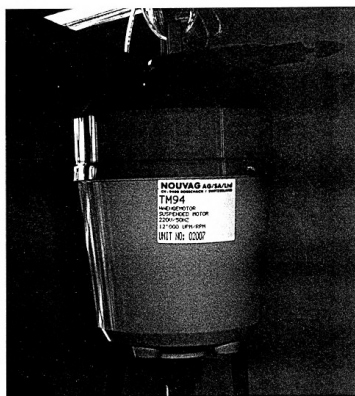
4503



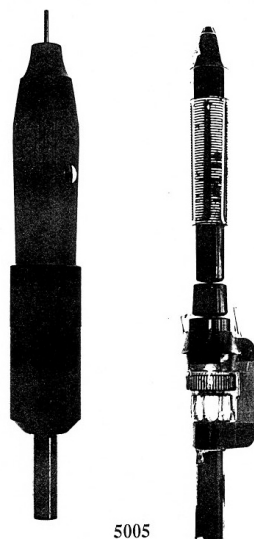
17.8.1992 © M.S. SDI



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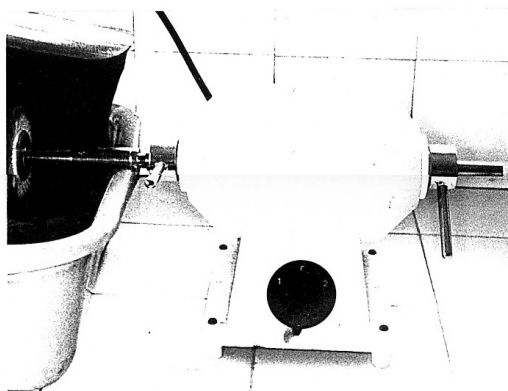


MOTEUR SUSPENDU NOUVAG TM 94
5004



5005

LABORATORY HAND-PIECE



TOUR A POLIR 5006

BIG GREEN PLASTER BOWL

5045



MEDIUM GREEN PLASTER BOWL

5046



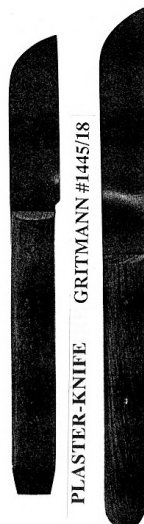
BRUSH

5120



PLASTER-PLIERS

5003



GRITMANN #1445/18

PLASTER-KNIFE

5043



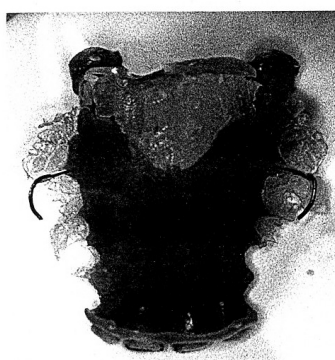
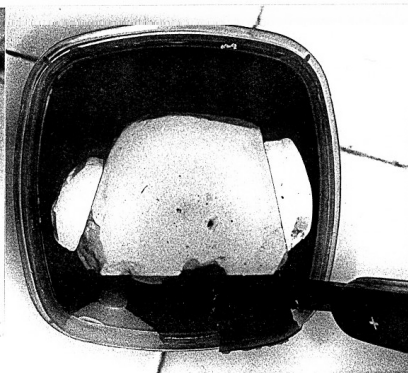
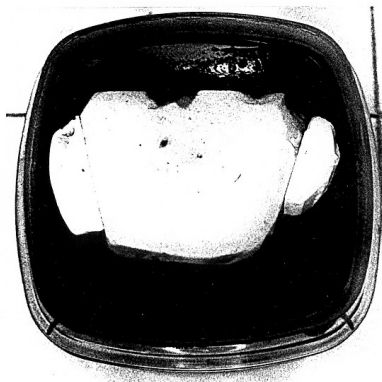
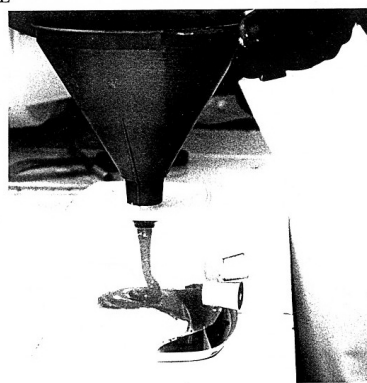
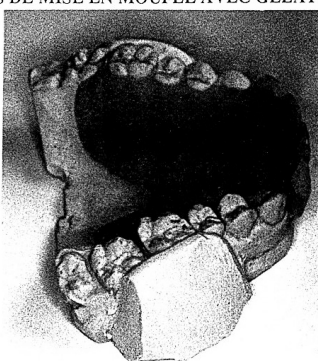
RESIN

17.8.1992 © M.S. SDI



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SEQUENCES DE MISE EN MOUFLE AVEC GELATINE



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DENTS POUR PROTHESE 5001

CIRE D'OCCLUSION JAUNE 1.25 MM 3048a

CIRE A MODELER ROSE 1.25 MM 3048b



CIRE COLLANTE ROUGE #3701 3048c



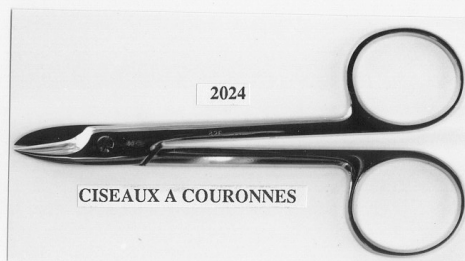
ARTICULATEUR EN LAITON 5007



REMANIUM FIL ACIER 0.9 MM POUR CROCHETS 5103
REMANIUM FIL ACIER 0.8 MM POUR CROCHETS 5102
REMANIUM FIL ACIER 0.7 MM POUR CROCHETS 5101



ARC LINGUAL PREFABRIQUE



CISEAUX A COURONNES



2044



2046



2042

PINCE UNIVERSELLE A CROCHET NO.1301

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