

Metal-based removable partial denture (RPD) flowchart

Consultation (patient wish list), medical, dental and social history, examination.

Make initial design using Universal RPD Designs and/or RPD Design Sequence. Discuss treatment plan and quotation with patient

Oral hygiene training, dietary advice, special investigations

Take primary impressions

Do study casts need to be mounted on an articulator for a definitive design?

Make primary occlusal registration (with or without wax rims)

Make definitive RPD design, confirmed with a surveyor

Are any tooth restorations needed?

Restore teeth (fillings, onlays, inlays, crowns, attachments, etc.)
NB 1) diagnostic try-ins for tooth positioning and space assessment are often needed,
2) if any lab-made tooth restorations are indicated, they should be designed so as to assist the stability of the planned RPD

Prepare teeth for RPDs: create frictional guide surfaces / subtractive and additive rest seats / tooth re-contouring: for improved clasp retention, for visual reasons or for harmony of the natural teeth occlusion

Are impressions needed to check the preps?

Take check impression(s)

Take working impression(s) and Facebow

Are occlusal records needed?

Make occlusal records in ICP or CR

Try in denture tooth set-up

Try in metal base

Is a try-in of denture teeth on the metal framework needed, to check appearance, occlusion, feel, speech, etc?

Try in denture teeth on metal framework (John Besford would always do this)

RPD delivery

Note
If any stage in denture construction looks inaccurate, whether by clinical or laboratory error, it generally means that the step before needs to be repeated. For example, if a working cast is inaccurate/has been damaged, a new working impression must be taken. There is no point in ploughing on with pre-booked lab dates in the hope that the finished denture will be 'alright on the night'.