



focus Magazine Article Quiz
1st Quarter 2019
Predictable Advanced Implant
Supported Dental Prosthetics
NBC Approval #37603
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1. Fabricating implant supported prosthetics can be disastrous if the technician or laboratory is not on the same page as the restorative dentist.

- a. True
- b. False

2. To achieve predictable results, this author believes it all starts with the ultimate dental alliance.

- a. True
- b. False

3. The alliance consists of a restorative dentist, the oral surgeon, the dental technician and an implant company representative.

- a. True
- b. False

4. Having a dental technician in the alliance is really not needed and is not valuable to the alliance.

- a. True
- b. False

5. Prior to the day of surgery, the alliance team members and patient meet, plan, and in this case, decide on a full upper implant supported prosthesis.

- a. True
- b. False

6. In figure 2, the clear duplicate denture's facial flange is cut to 10mm in height measured from the incisal edge/occlusal plane.

- a. True
- b. False

7. In figure 3, a 5mm-6mm wide lingual trough is cut from the center of the first molar or second bicuspid to the center of the reciprocating first molar or second bicuspid.

- a. True
- b. False

8. The patient will function with their converted acrylic provisional bridge for two to three months during osseointegration of the implants.

- a. True
- b. False

9. In figures 13 and 14, the impressions are sent to the lab for fabrication of the soft tissue model, verification jig and screw retained bite-rim for the patient's next visit.

- a. True
- b. False

10. The steps listed are simply the fundamentals for a predictable and successful outcome for the team-but most of all, for the patient.

- a. True
- b. False

Passing quiz grades are worth ½ point documented scientific credit towards your CDT or RG renewal and towards the State of Florida required 18 hours of continuing education. Look for more quizzes in future issues of focus magazine!

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Name: _____ CDT # if applicable: _____ DOH Lic #: _____

Laboratory Name: _____

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Phone: _____ Email: _____

FDLA, 325 John Knox Rd, Ste L103, Tallahassee, Florida 32303 • (850) 224-0711 phone • (850) 222-3019 FAX

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