

1. Wrong preparation methods for immediate dentures can cause the patient to suffer and the clinician to spend too much time on adjustments.
  - a. True
  - b. False
2. Not all patients are candidates for immediate dentures due to health conditions or specific oral problems.
  - a. True
  - b. False
3. It is not necessary to work directly with the clinician on the case planning.
  - a. True
  - b. False
4. A patient's occlusion and dentition may be so bad that it is necessary to get them into a physiologic occlusal state that can be repeated over and over again without trauma.
  - a. True
  - b. False
5. At least 5 pictures help show the incisal edge lengths in relation to the patient's lips. These images are: straight on with retractors, patients profile view with full smile, straight ahead with full smile, at rest from straight ahead, and at rest again from the profile view.
  - a. True
  - b. False
6. An immediate denture does not help speech, and the patient will still need to learn to speak.
  - a. True
  - b. False
7. There are concerns with immediate dentures such as: more expensive, a surgical tray is often needed, more follow ups, and a soft temporary reline material or tissue conditioner may be needed.
  - a. True
  - b. False
8. When the vertical is a challenge during construction of a full mouth rehabilitation case, ask the dentist for a Face Bow transfer. This helps register the patient's true maxillary hinge axis relationship and is used for reference to correctly position casts on a precision fully or semi-adjustable articulator.
  - a. True
  - b. False
9. It is not necessary to duplicate the models when making a split denture set up.
  - a. True
  - b. False
10. When waxing an immediate denture for finish or designing it digitally, never allow additional denture base thickness in the extraction areas and where there are undercuts.
  - a. True
  - b. False

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