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AESTHETIC DENTISTRY
Smile Design case presentation

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I. INTRODUCTION-:

Aesthetic dentistry, often referred to as cosmetic dentistry, focuses on improving the appearance of the teeth, gums, and smile. Unlike traditional dentistry, which primarily addresses oral health and function, aesthetic dentistry combines advanced techniques and innovative materials to enhance the visual appeal of one's smile. This field encompasses a range of procedures, from teeth whitening and veneers to orthodontics and gum contouring, all designed to address cosmetic concerns and boost self-confidence. By merging artistry with dental science, aesthetic dentistry aims to create harmonious, natural-looking results that complement each patient's unique facial features and personal preferences.

Being a part of this dignified profession where a dentist is assigned the role of not just relieving the dental ache rather we are also involved in enhancing a pleasing smile which could boost the perosna of the person to be more confident with a healthy and radiating smile.

So my role I have summarised below under following headings when a mid aged woman too conscious of her aesthetics visited me and her main concern was her a decade old prosthesis of her upper front tooth which now with time wasnt letting her to smile full since a couple of years due to receding gum line and appearance of dark cervical margin over her upper incisors.

As a dentist specializing in smile design for aesthetic purposes, in this case my role involved a blend of artistic vision and clinical expertise to create a smile that enhances a patient's overall appearance and boosts the confidence. Here are key aspects of my role:

1. **Assessment and Planning**: Conduct comprehensive evaluations of the patient's dental and facial features, including teeth shape, size, alignment, and gum contour. Use diagnostic tools and digital imaging to develop a customized treatment plan that aligns with the patient’s aesthetic goals.

2. **Patient Consultation**: Engage in detailed discussions with patients to understand their desires and expectations. Educate them about available treatment options, potential outcomes, and the process involved.

3. **Design and Execution**: Utilize advanced techniques and materials to execute smile design.

4. **Artistic Precision**: Applied aesthetic judgment to create a balanced and visually pleasing smile. Consider factors such as symmetry, proportion, and color to ensure that the final result complements the patient’s facial features.

5. **Collaboration**: Work closely with dental labs and other specialists to ensure that custom restorations and prosthetics meet high aesthetic standards.

6. **Follow-Up and Adjustment**: Monitor the results post-treatment and make any necessary adjustments to refine the outcome. Ensure ongoing patient satisfaction and address any concerns.

By integrating these elements, it helped patient to achieve a smile that not only looks beautiful but also supports their overall well-being and self-esteem.

Apart from these knowledge I shared the complication of this case and it's prognostic assurance to the patient with complete transparency and also keeping in mind about her insurance coverage and it's limit as budget is a pretty considerable factor for all the residents who are lucky to be a part UAE one of the finest nation on this side of the equator and after updating her about the complete procedure planning and time scale her consent was taken..

Now I shall brief all the headings under which I will bring out this case in detail as it had been taken ,planned ,performed and patient's education

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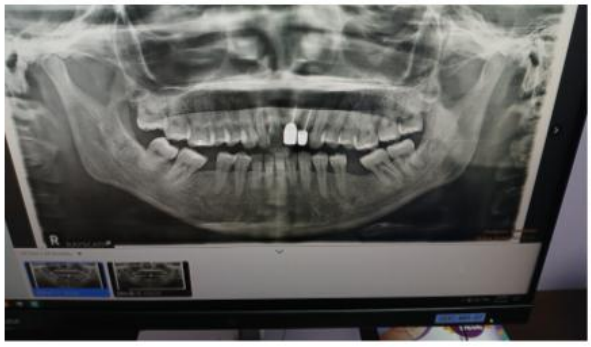
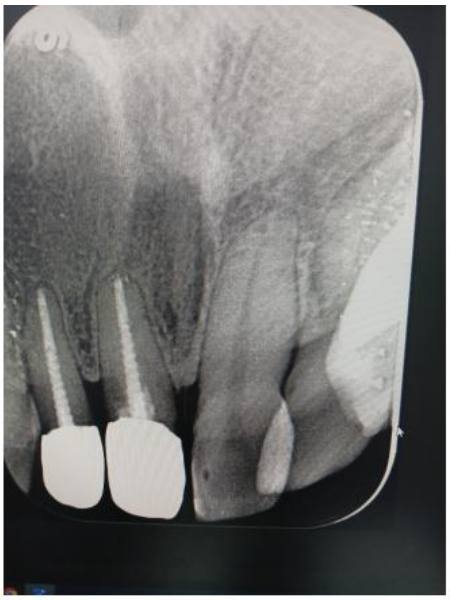
was all done by me encountering various challenges so it made me to chose this case among my various cases of the Smile Designs I have done yet so far.
This case involved following major procedures other than single conventional method
1. Old crown removal
2. Core buildup
3. Crown preparation
4.Gingivetomy
5. Composite Restoration
Complete achievement of these multiple tasks made this case more chosen one by me.

So it's cover under following heading:-
1. Patient History & Initial Assesment
2. Treatment plan -
A. Stages
B. Phases
C. Armameterium
D. Procedure
E. Challenges

3. Post Treatment Assesment
4. Patient's feed back & followup.
5. Maintenance Therapy
6. Patient's Education.
7. Conclusion
So let's discuss the steps mentioned above in detail pointing out the important point that I came across while doing this case.
1. Patient History & Initial Assesment - A patient named 'Abc' visited me for her regular checkup she had been cautious of her oral health and hygiene , a mid aged woman who was too concerned of her aesthetics and had a normal oral prophylaxis and while the process of her complete oral checkup she expressed her concern that she is not satisfied with her smile.
On taking further detailed History she pointed her chief complaints that i am writing in her language as per medical ethics & she quoted - "a decade or more ago she had done her two upper anterior crowns but now it's gum line has gone down and also a gap between her crown and gum appears which is black in colour.
To plan it out better ,after she agreed I took her intra oral photographs and panoramic Xray that I am attaching here as patient has given her consent for sharing her photos .

As it could easily be seen in her full face and intra oral photo the matter of her concern for her tooth #21 or #9 & #22 or # 10 the crown are present but cervically the black lining (between the cervical margin of cap and receding cervical margin of the gingiva) is clearly visible in which sometime food was lodged causing foul smell and slight bleeding.
Further to study this the xray I had taken and I am sharing that too .
Later I decided to discuss the case with other specialities to take their valuable opinion and suggestion for the better out come as patient had high expectation .





So here it's her full panoramic and intraoral peri apical radio graph , and clear photos (intra oral and full face) and patient said I should plan out things meeting her demand that could let her to smile freely ,but things at the same time should must be covered within the range her insurance limit on maximum scale and she also mentioned she had a travel plan so I shouldn't take much time and she is too occupied so I should try to plan out her appointments accordingly .

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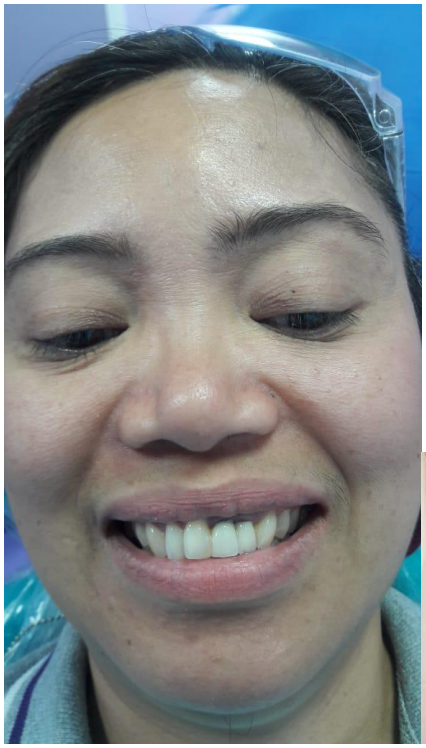

2. Treatment Plan - To bring out the best outcome a proper plan plays a pivotal role and so the steps taken while planing out the treatment is briefed as follows under the listed headings:-

A. Stages - while at the initial step of assesment once photographs ,radiography and consent were taken , I personally discussed the case at two levels so that before I would begin with her the complete procedure , I believe in making patient to understand what shall be done to her , time frame ,appointment schedule and her budget.

So first I discussed it with my clinic admin and coder to take insaurance approval and later I discussed the case with specialities from the filed of endodontics , periodontist and also prosthodontics that what should be the best procedure to be performed ,rate of prognosis and challenges that while in this case I could encounter .

Once I had the complete details from the coding team regarding insaurance and other specialities I called patient just to make her informed about the entire thing so that once she is updated with the veracity she would be more confident with the dentist mode of performing her job and more cooperative while the treatment so that the desired result could be achieved and at the same time patient too could plan and schedule her free time to confirm with the dental appointment.

B. Phases - when case was discussed with the specialities they had the opinions which I have summarised below

Endodontist studied the case through radiography and i briefed the clinical symptom that patient reported she never had any History of pain ever since she recieved prosthesis a decade ago of these tooth ,and endodontist too suggested that RCT is done with perfection and no peri apical infection is seen and post too have been placed with Precision of almost in two third of the length of the root.

*As I had an opinion that replacing metal post with fibre post shall help to achieve a better Aesthetics but discussing the case with three specialities I came on conclusion that I won't be replacing metal post with fibre post due to following reason-:

1. INSAURANCE LIMIT & BUDGET - The insaurance had limit and replacement of metal post would have fall out of the limit and patient wasn't ready to take things much beyond her limit.
2. TIME SCALE - Patient had a travel plan and she wanted to get her smile design to be done before she would travel.
3. STABILITY OF FIBRE POST - Endodontist have two views which wasn't much in favour of replacing old metal post as patient was also limited in her budget and time.

A - Discussing the case with other specialities like Endodontist suggested since Root canal of this teeth is done more than a decade ago and now after post removal from two third of the root sometime the

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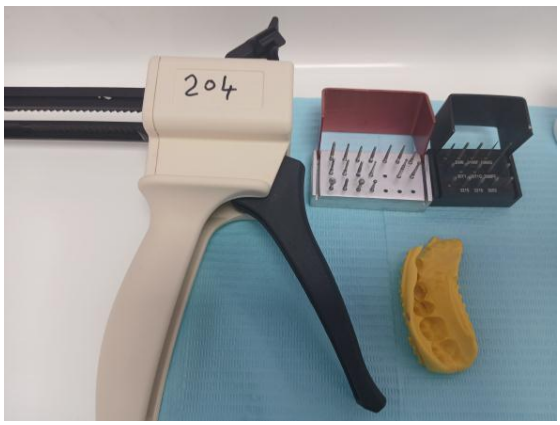
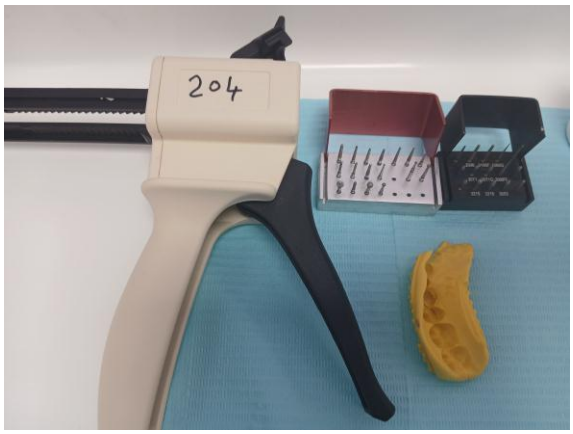
biology of the canal could may get altered and so it can may cause issue.
B- Other view was that since more than a decade the metal post is doing well with its strength to withstand mastication from the upper anterior and it's replacement with fibre needs too absolute Precision yet similar prognosis isn't so assured what metal post had been doing since a decade plus.

●So I informed the patient that I shall be restoring the tooth on the same metal post explaining the limitation of budget ,time & other challenges and she agreed.
●Please check her IOPA where distal to tooth #22 or #10 there is seen some radiolucency in the bone and at this periodontist too suggested that not removing the metal post is a better way to keep the endo perio strength at it's best as patient is on borderline of diabetes.
●Prosthodontist suggested the following two ideas -:

A.shade selection ,I have to be too cautious with shade because tooth beside the crown or #9 or 21 ie. #11 or #8 is natural tooth with restoration and # 22 or #10 is one with crown and the tooth next to #22 or #10 ie. 23 or # 11 canine is natural tooth without any restoration and canine has slight darker shade .
●B.Finish line preparation - other suggestion of prosthodontist, that he suggested better if I opt. for " Sub Gingival Finish Line " to achieve better Aesthetics so that two central incisor could twin each other at it's best to give the vision of exact replica of each other because I have to go for gingivectomy of tooth #21 or #9 and #22 or #10 to elevate the gum lining and after that tooth preparation should better if done with sub gingival finish line.

C.Armameterium - so under this sub heading I shall just share the brief of the armameterium and materials that I used while in the procedure with a pretty concise description.





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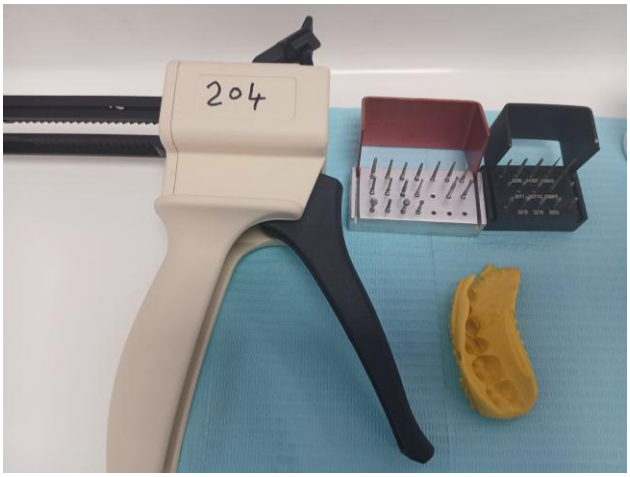

As it could be seen in the picture that on the day of scheduled appointmen to avoid any delay or error for the smooth functioning sterile set of all required listed materials were kept ready which had been underwent the process of sterilisation protocol.
Let's have a quick glance of major requirements which we're the part of this procedure.
1. A set of diagnostic instrument
2. Anaesthetic gel (benzocaine - 20%)
3. Needle of 27 G (0.4* 30mm) along with cartridge and plain MEPIVACAINE 3% without any epinephrine as patient was Hypertensive and under medication.
4. A set of putty to carry out impression so that chair side temporisation could be achieved and patient aesthetics could be maintained until permanent crowns were fixed .
5. A set of crown remover to remove her old crowns.
6. Set of burs
7. Resin to buildup core if required after removal of old crown.
8. For fixing the final zirconia crown the materials required .

D. Procedure - This topic shall be an eleborative yet upto the point from the step one that how I begin with this case in my clinic and until patient left with a radiating smile giving me a sense of achievement.
After completing formalities of insaurance consent and planning with radiographs, photography etc patient was made relaxed on the day of her scheduled appointment to follow the 'stress reduction protocol '.
As she was already informed procedure shall be time taking so she should keep her self at ease from the required necessities of her so that procedure could be smooth and be ensured she isn't hungry and have taken her required regular medication.
Past history was taken and her blood pressure was checked and though it was normal , I first applied topical anaesthesia to her so that pain of needle insertion to administer anaesthesia could be minimised at it's best and after a few minutes when patient said she can feel numbness in that area , Anterior superior alveolar nerve block in minimal dosage was given .
A putty index was taken before removal of old crown so that once the crown is removed and core buildup is done and after it's preparation its proper temporization could be achieved.
Since patient said she is allergic to a few things and she gets urticaria so often and she wasn't sure if latex could be a source of her irritant and she had mild issue of breathing so she requested me to keep her at maximum ease and thus I took the stand according to the situation to avoid the use of rubber dam.
Soon after the effect of anesthesia was achieved first job was to remove the old crown and it gave me a hard time with crown remover to take it out so straight fissure thick diamond bur was used to cut off the old crown and so in together conjunction with bur and crown remover the old prosthesis of tooth 21 was removed and once the old crown was removed it came along with its restoration and remaining structure of tooth was almost destroyed with caries and restoration was broken , pictured is attached to show the condition of tooth 21 or #9 after its crown was removed
(Procedure of tooth 21 or #9 was done first until it's crown was fixed later after a few weeks it was done for other tooth as patient insaurance required renewal ,so photo shared will denote that the process done on one tooth at one time.)

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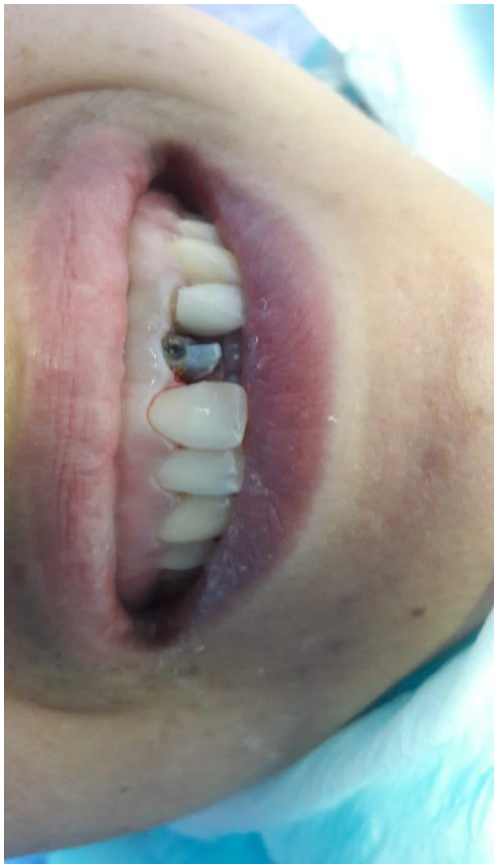

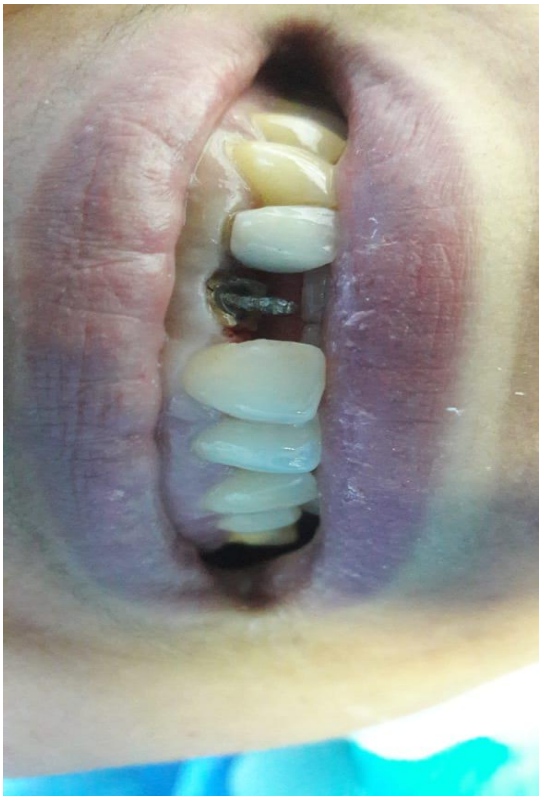

So in the first picture it's just after the removal of crown and around the cervical margin of the tooth it was all carious ,once I removed the caries it was only a part of the metal post inserted into the canal.

Later after the complete removal of caries the core buildup was done on the part of metal post using resin cement which was dual cure ,self adhesive and self etching resin cement to save my time , I just used it in increments to make a minimal structure of the tooth around the metal post so that preparation of the tooth will be an easy and less time consuming procedure.

After the core buildup with resin cement was done I performed gingivectomy using BP blade prior to perform process of gingivectomy, using a marker an outline was marked on patient's gingiva so to know the exact margin from where the excision was supposed to be made so that exact Precision and minimal gingivectomy could be performed to achieve the desired contour same as tooth 11 or #8 gingival margin

(*since patient had breathing issue. So I was trying to be quick in procedure and her ease i had to keep in mind so picture while making core build up and gingivectomy couldn't be taken but for tooth 22 or #10 I was able to take which I have shared later)

After getting done with complete core buildup ,gingivectomy and tooth preparation that was done sub gingival finish line preparation and less than 2mm of the over all reduction using straight fissure thin bur and later to rule out if any undercut , staright finishing bur was used before the process of scan and after that I was able to take a photo which Is attached below.

- (The prepared tooth picture gives mirage that it's slight tilted or not perfectly straight in the two photos as it just followed the pattern of the post which wasn't exactly straight either , so I just followed it's pattern so that on each side mesial and distal similar amount of resin is present to maintain the equilibrium (maintaining the equilibrium is no where mentioned law, but from my own experiences following the "law of golden proportion" where centre and it's proximity especially should be at equilibrium to achieve maximum stablity and minimum entropy ie. measure of disorderness)

Finally the prepared tooth surface with sublingual preparation it was scanned digitally to attain the better scan of the sungingival preparation a haemostat solution was applied on gingival retraction cord and was placed subgingivally until bleeding was stopped and a clear view of the sub gingival finish line was thus achieved in digital scan.

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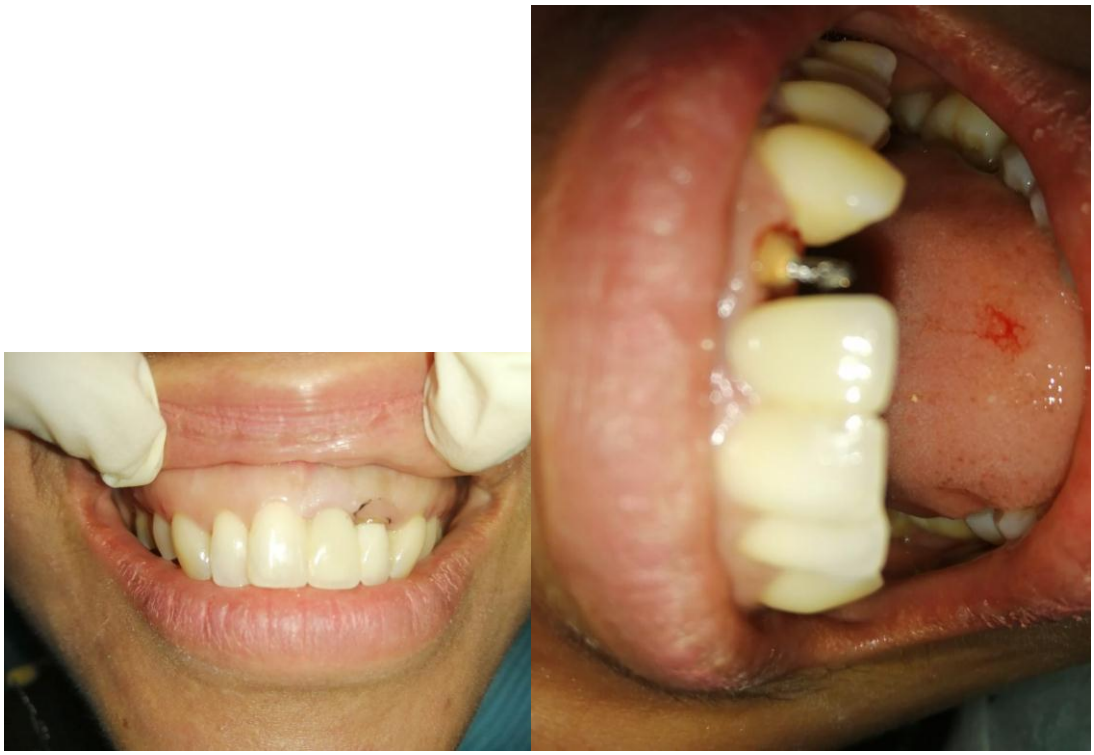
Shade selection as I already mentioned before had been a tricky part on 21 or #9 & tooth no.22 or #10 as one had beside it was canine with no prosthesis or restoration and one had tooth 11 or #8 was having an old restoration which had turn slight pale with time and so I decided to match the shade with tooth no. 12 or # 7 as it was in its natural shade without any cap.

Later for tooth no. 22 or 10 the similar procedure was followed since to begin with it's isolation, achieving anaesthesia it's old crown removal and later core buildup and preparation of the tooth and gingivectomy until it was scanned .
I was able to manage it's picture while marking the margin for gingivectomy to achieve the desired cervical margin so that picture is attached where cervical gingival margin is marked with black marker and its shown in the attached pic ,later that part of the gum at it's minimal was excised using bald parker blade with smooth single stroke of fine hand grasp.
(soft tissue doide laser could have been the best option to carry out gingivectomy to visualise while excision as its gives a clear feild to work without blood, but sometime we have to adapt with limitations to bring out best. So here I asked my assistant while gingivetomy to keep wiping the area with heamostatic agent in small pellet of cotton so that visualisation is better)

Second picture is after removal of old crown where again I used diamond straight cutting bur along with crown remover to attain the procedure in shorter time with minimal jerk and later the core buildup was done in similar manner as already explained for tooth no 21 or #9 and then it was again prepared following law of parallelism ,minimal 2mm preparation following the morphology and proximities of the adjacent tooth contour this too was a subgingival preparation , I have shared the picture of the cast as well that helps to visualise the prepared tooth better.
Putty index was already taken before starting the procedure so the prepared tooth was temporised with chair side temporary crown so that for a couple of days patient won't lack even a bit of her confidence in her daily usuals of functions that she perform from her front anterior tooth.

With this the entire process carried out as the major task in this case, is described at my best and while writing it all here ,I took my self back while i was performing this case.
As this case was an absolute performance of mine from attending patient ,planing her treatment keeping in mind insaurance ,radiographs, consent, opinions of other specialities , entire procedure and then its final fixation, with various procedure like old crown removal ,core buildup, tooth preparation, gingivectomy , restoration challenges and limitation so this case is so special to me.



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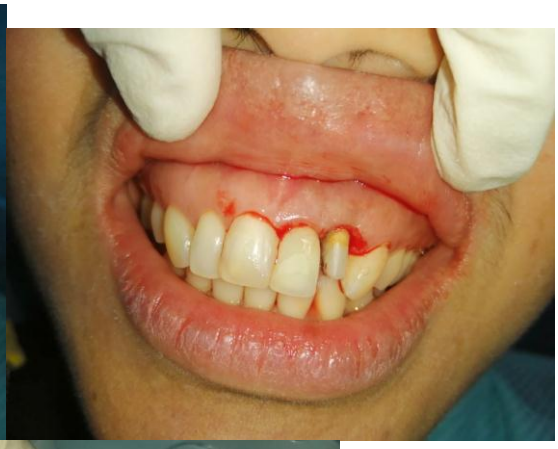
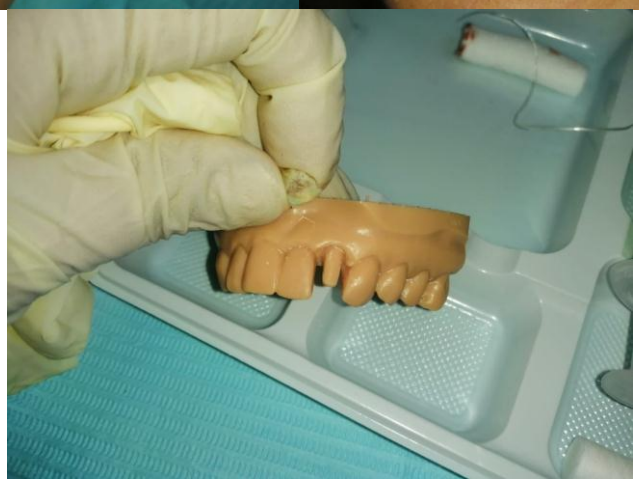

3. Post Treatment Assesment -This stage is under two part one before fixation of final zirconia crown and other after fixation of the crown -

A. Stage of temporization - After the complete procedure was performed patient was just advised not exert force on her upper anterior tooth while eating either hard or sticky food and since her gingivectony was done so it can may cause some discomfort so if it's painful she can take painkiller and benzocaine gel was prescribed and she was advised to apply it on her gums before eating so that it won't give any burning sensation and was advised to gargle and maintain hygiene and don't let any food to lodge in minor area between her excised gums and the cervical margin of the temporary crown, until the final crown is fixed because the gum line was raised and temporary crown was of smaller size similar as to her older prosthesis how ever in that small open cervical margin I applied a thin lining of flow able composite so that the margin cpuld stay free from any food so that healing of the gums could be achieved well.

B. Stage of final zirconia crown fixation - Before the fixation of final zirconia crown the temporary restoration was removed with crown remover carefully with a gentle stroke so that core buildup doesn't get affected .

This stage a challenge I encountered while I was fixing the final zirconia crown first for tooth 21 or #9 as the core buildup was with resin and the material used for provisional crown was also a self cure so it's very important to place a separating media between them ,so on prepared tooth a layer of vaseline I applied and over it an extreme thin insulation of cotton so that the removal of temporary crown could be achieved easily with just one gentle stroke of crown remover and once the temporary crown comes out smoothly it's picture I have shared that comes along with cotton beneath as vaseline was a separation media between prepared tooth and temporary crown.

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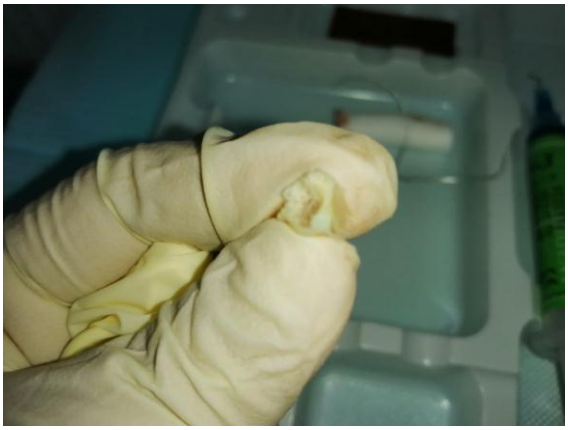


After the temporary crown was removed the prothesis was checked before fixing to find that exact contour of the gingival margin was achieved with the final prosthesis and also no high points was present .

● (Just an additional note sometime , while checking the fitting of final crown before fixing it ,its so important again to apply a thin layer of vaseline or else I have come across the challenge that sometime without even fixing the crown it adapts so well with the adjacent margin of the mesial and distal tooth if law of parallelism is maintained well that removing the crown becomes a task and at that time I used a mild stroke of scaler at the cervical margin and with its vibration crown came out)

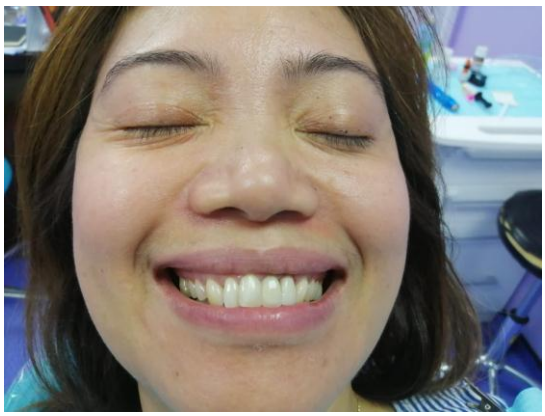
■Later the prepared tooth and the prosthesis both were prepared and resin was placed inside the crown, one thing I am always cautious while fixing a single crown is I do mark the buccal surface with some mark (or by just rubbing the articulating paper on buccal side) so that while fixing the final crown there is no second chance of any issue of an iatrogenic error (that buccal and palatal surface doesn't get confused and got fixed wrong so just to avoid that if in case)

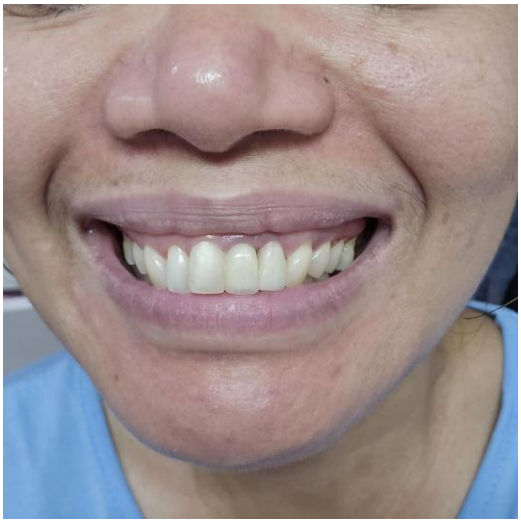
once the prosthesis was fixed the excess was trimmed out using probe and floss however over the adjacent tooth I already applied Teflon tape so that no resin comes over it and later it was light cured as per the protocol of zirconia crown fixation.

Post operative picture was taken and for this very case since tooth 11 or 8 ,had a discoloured facial surface with an old restoration so I did its minimal preparation with a thin straight bur and on its facial ans proximities ,palato incisal and cervical region ,I created a mild groove or retentive lock later etched and bonded the surface and used layering technique and on entire tooth first used A2 bulk flow composite in minimal thickness and light cure .

Later A1 shade bulk flow composite was used and prior to cure I carved the entire margin to obtain the exact natural morphology and incisally for the transparent hue B1 shade of composite was used and minor depth of grove was created facio incisally and it was extended to it's palatal side and cured and then tooth was polished for the adjacent and cervical margin thin straight Polishing bur I used and later followed by thicker one and high points were checked on palatal side with an articulating paper and small points of occlusal highs were removed with the flame shaped polishing bur followed by polishing disc.

So after final fixation of two crowns of tooth no 21 or #9 and tooth no. 22 or #10 and after restoration of tooth 11 or #8 I am sharing picture of the patient with her satisfied smile with full face with her consent.





4. Patient feed back & followup up - patient was recalled by the end of August for a followup and she was fully satisfied ,she had been nicely taking care of her hygiene with proper brushing, mouth rise , floss and gum massage as she was advised.

The crown over tooth 22 or #10 was fixed just a few days before taking this final picture so gingival margin appears slight inflamed due to gingivectomy ,

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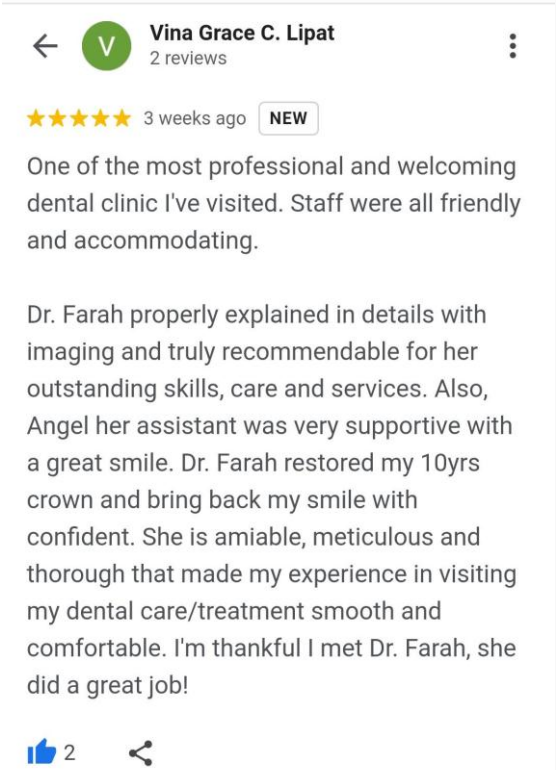
however for the tooth no. 9 or 21 the cervical margin of the gums are well healed .
Patient was so satisfied with the treatment that she posted a beautiful Google review and brought her sister and said to me - "now onward for Lipat family smile in Abu dhabi it's me forsure "

Not just this she had given her written consent so I am sharing her Google review and her consent. I have also attached the clinical record to prove authenticity that Ms Abc case was done by me at the Dental Centre .




6 Sept 2024

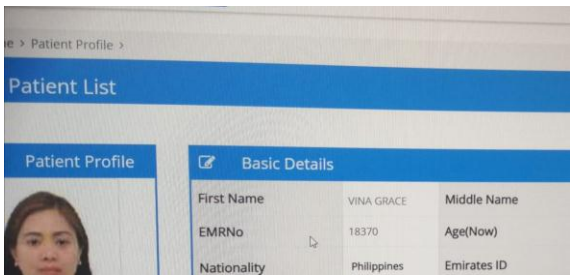
To Whomsoever May Concern:

I, Vina Grace C. Lipat residing in Abu Dhabi did my upper front smile design by Dr Farah Haseeb at Genet Dental Centre Abu Dhabi and she kept me aware of ensure procedure and its future outcome and requested my photos and with all my consent I did allowed her to take my photos and share it.

It's a pleasure for me to share my radiating smile of 10 years old faulty prosthesis that had kept my smile compromised for long.

I am Thankful to Dr Farah she restored it with her knowledge and hard work because case of mine wasn't taken by many dentists due to its complications.

VINA GRACE C. LIPAT
0502377180



6. Patient's Education - For the successful outcome of the procedure and it's further better prognosis is always co related on dual effort of the doctor's performance and patient's efforts for it's maintainence and understanding the limitations.
Since Ms Abc had been so coperative while the entire procedure right from scheduling her appointment .

●she was shown her pre operative xrays and pictures so that she would be aware of the limitation that inside the crown it's all a core buildup on her decade ago post and post removal wasn't an easy process and could may burden her outside her insaurance .
● She was also kept aware that tooth no.11 or #8 has a composite restoration so in future sometime if it's shade might vary from adjacent crown of tooth 21 or #9 or with natural tooth 12 or #7 and then she was also kept updated that tooth 23 or #11 is slightly tilted mesially so sometime she could might find variation if compared with the bilateral symmetry of tooth 13 or #6.
For the Long term Maintenance of the prosthesis she was advised the following simple steps -:
1.Oral Hygiene -
A. Scaling -she was advised to be regular with her oral hygiene so its important to go for complete oral

prophylaxis at every six months and 'BRUSHING twice a day' was advised and better brushing "Modified Bass method" was explained in her mouth and model for effective and gentle regular cleaning

B.Floss - Regular use of floss and immediate mouth rinse after eating so that food lodging could be minimised and and so a better cervical gingival margin could be maintained and also for tooth 11 or #8 the restoration hue could be maintained keeping its minimally affected by the coloured food through immediate mouth rinse

3. Gum Massage Technique - along with proper brushing technique she was taught to massage her gums with her finger just rounding off the index finger and thumb on her buccal and palatal side and then gently pull the gums down sl that it could stay on it contour .

4. Cautious whole Eating - she was advised while eating not to exert excess force on her front tooth while biting hard food or if sticky food ,and was encouraged to maintain a healthy lifestyle with proper and healthy diet so that oral health could go at it's best in a long run as she is already on borderline of diabetes and she was kept aware hyperglycemia affects health of periodontium and it long run could might affect the prosthesis

5. Advise - she was suggested that with her new insaurance in future for her tooth 11 or #8 to get a conservative prosthesis of veneer so that it could appear similar in shade to its adjacent central incisor 21 or #9 (if in future the colour of composite of 11 or #8 get altered it won't affect the aesthetic outcome)

CHALLENGES - This case indeed had following challenges which I have elaborated before but here again a peep back just to highlight.

A. Old crown Removal - as old crown was well fixed since more than a decade and later after its removal it came out with complete coronal restoration and natural tooth structure left behind was all carious .

B. Decision of not removing metal post- already discussed in detail

C. Patient High expectation - patient had witnessed my aesthetic cases that i had posted on my linked in and so she had high expectation and she also mentioned a few dentist denied her taking her case ,so her high expectation was actually a reason for me to do my best

D. Patient was allergic to latex - Rubber dam use so I avoided .

E. Patient's Health - she was on Hypertensive medication ,border line diabetes and has mild breathing issue, so use of anaesthesia and gingivectomy required cautious view.

F. Insaurance limit -she requested to plan out things under her insaurance so that budget won't be a load on her

G. Time scale - she had travel plan so I had 2 weeks in hand for two teeth, one under old insaurance and then after it's renewal.

H. Temporization - for tooth 21 or #9 separating media wasn't applied on prepared tooth so removal of temporary crown was a tough task ,so while doing for 22 or #10 it was taken well care for the easy and smooth removal of temporary crown without letting the core buildup to be affected

Conclusion- Doing this case from attending the patient until I recieved a sense of satisfaction from her smile I reached on the following conclusions.

A.Proper planning - A detailed study of patient's chief complaints ,expectations radiographs ,intra and extra oral pictures and understanding the case first and later it's "discussion" with other specialities to plan out the steps of treatment plays a pivotal role to win confidence of the patient to proceed ahead.

Later it's not just treatment plan we have to keep in mind the insaurance and budget ,the free time of patient to schedule appointment for multi visits time taking procedure.

Dentist too needs to be physically and emotionally well to perform the best

B. Patient's Education - For a smooth treatment it's so mandatory that patient should must be kept aware of the procedure time scale ,expenses ,visits ,challenges and limitations .

- Further more i personally believe after making the patient to understand everything at best they should must be given time to decide things on his or her own free will .
- If patient is finally confident with the doctor's treatment plan and process then should be requested that while the procedure they must coperate so that the procedure could be smooth to bring out the best.
- Keeping in mind expectation of patient and limitations it's duty of the dentist that we should be transparent to educate patient how to take care of the prosthesis and also make them to stay aware of the limitations so that they could get a rough estimate of the future prognosis.

● Last but not the least Dealing with this case where there were challenges and limitations where I began the case, planed out keeping several things in mind and performed the case with all my best i have concluded - "dentistry requires an effort of fine hand,

patience, Concentration, knowledge ,skill ,experience , coperation of dental assistant , fine armameterium , suggestions of other specialities radiographic display , and last but not the least a patient who understands the process ,trust the doctor ,follows instructions and coperates with the dentist to bring out the best ."

■When efforts ,knowledge,hard work ,skill and good will combines with prayer result is always phenomenal because I take all my patient's as my family member and I believe for them it's once in a couple of years procedure so I shouldn't make them ever to feel that since it's my everyday job that I am ever tired or bored .

■For me I have to show same interest, enthusiasts & excitement because patient have given us their valuable trust and precious time and they are our source of livelihood so they deserve our absolute honest effort and care ,

Lastly I am from a country where patients respect Doctors as next to God and so it's so pious and thus I take my work not just seriously but I am emotional towards it and discomfort of patient is my own discomfort and so is their comfort and satisfaction is mine.

This way with this case I didn't just made my patient Ms Abc to smile with confidence rather i earned a friend and a well wisher (while doing this case and removal of her old zirconia crown I had an eye injury as small piece of zirconia had hit my right eye though I was wearing face shiled yet being actually committed and dipped in to my work that I didnt feel much of pain in to my eyes that time and i performed my job completely on my patient and then visited for my eye checkup to one of best eye surgeon ever in Uae and later i came to knew my eye injury wasn't small and luckily the way I cared for my patient I got an equally caring and an amazing eye surgeon the best man I ever had come across - "so it's so true ! we get what we give ")

so yes my message to my fellow dentist is "Take your care first if you want to keep continuing the care to your patients.

Before final closure just want to mention that I wa

I am sure all must have presented the best of case and deserve appreciation and each would give some learning experience but I just want to mention a note in general that in our noble profession - "we meet each day with new people so we have to be equally energised, presentable and at the same time have empathy for our patients and while the treatment procedure it's not easy for more than an hour for patient to sit with big open mouth and not even for us to just work ,so according to patient's profile just keep them Engaged in talks so that process could be smooth and not boring making dentist patient relation more reachable on professional track."