The purposes of case presentation are: i. to provide a forum for sharing the learning experiences of the clinic and to discuss the problems or issues encountered in treatment planning, ii. to provide additional experience in presenting cases, with emphasis on comprehensive examination, history taking, diagnosis and treatment planning, iii. to expose the students to a patient pool greater than that of the patients assigned to them.

Selection of Cases
It is preferable to select cases which will provide a valued learning experience to the group. The patient may not be in active treatment yet or treatment may be nearing completion. The student must have participated in the treatment and treatment planning, and must exhibit thoroughness and understanding in documenting and presenting the case.

Records and Information
For these cases senior and junior students will need the following pre-treatment records:
- Complete history
- Hard Tissue Charting
- Periodontal Charting, including any re-evaluations
- Appropriate radiographs.
- 5. Study models: 1 set should be articulated in proper relation on a semi-adjustable articulator. Both casts should be properly trimmed, with clear details of the hard and soft tissue, and finished appropriately. These models are meant to be circulated to the class for better understanding of the case. If the case requires a diagnostic wax-up for treatment planning purposes, this wax-up should also be brought to the case presentation.
- 6. Photographic images of the dentition:
  - Front view
  - Right lateral (mirror)
  - Left lateral (mirror)
  - Palatal-maxilla (mirror)
  - Mandible (mirror) and mandibular posterior lingual right and left (mirror)

Close-up or specific photographs of points of interest, or special procedures as case is treated, and of the completed case, when possible
- • All case presentations must include slides of study models in different profiles, i.e. Occlusal, anterior and buccal views
- Each senior and junior student will prepare a hand-
out which includes the patient’s history, charting, diagnosis and at least 2 treatment plans (see examples below).

*Ultimate Treatment Plan*- This may be considered as absolutely the best that dentistry could provide for the patient if there were no confounding medical, financial, or hygiene issues. This assumes that the patient is healthy enough to withstand all the procedures you will do for him/her without financial restriction, and if the patient demonstrates excellent oral hygiene.

*Ideal Treatment Plan*- This may be very similar to the Ultimate Treatment Plan, but may need modification because of medical, or hygiene constraints. This will be the best plan tailored to give the patient the finest that dentistry can offer and one that is likely to succeed in that person’s mouth. Financial restrictions are not considered.

*Realistic treatment plan*- This plan considers the entirety of the patient’s problem list when developing a treatment plan. This plan is one the patient can AFFORD. The Realistic Treatment Plan may represent compromises from the ideal plan, for example removable Prosthodontics instead of implants or bridges.

*Stabilizing treatment plan*- This is a minimalist plan, generally driven by patient finances, but one that recognizes that the patient’s future financial status, health, attitude about the importance of his/her dentition may improve. This is a plan which assures that urgent dental needs will be resolved until such time as the patient has the desire to proceed toward establishing the best ‘form, function and esthetics.”