	Patient Hospital unit No Gender Age	Type of prosthesis	Remake	Pre-surg. Planning	Implant template	Method Of retention	Base plate	Wax pattern	Mould	Colour match	Fitting of prosthesis	Supervisor/ Consultant/ hospital	Date in	Date out
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														



Record of completed work BODY PROSTHETICS (to include miscellaneous)

	Patient Hospital unit No Gender Age	Assessment / procedure	Fingers/ Digits, Misc	Acquisition of defect	Impression	Wax pattern	Mould & finish	Material choice	Theatre attended	Supervisor/ Consultant/ hospital	Date in	Date out
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

	Patient Hospital unit No GenderAge	Assessment / procedure	Impression type	Model adaptation	Fit of splint & Follow up	Theatre / clinic attendance	Supervisor/ Consultant/ hospital	Date in	Date out
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									



Record of completed work COVERPLATES

	Patient Hospital unit No Gender Age	Assessment / Op type	Impression	Base plate / sleeve	Wax try in	Finish	Theatre attended	Follow up	Treatment stage	Supervisor/ Consultant/ hospital	Date in	Date out
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

	Patient Hospital unit No Gender Age	Procedure	Assess ment	Scans / Dicom Data	Bone flap or SLA Model	Sculpt	Impress ion	Mould	Adapt & finish	Theatre attended	Supervisor/ Consultant/ hospital	Date in	Date out
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													



Record of completed work OBTURATORS (Sectional and One Piece)

	Patient Hospital unit No Gender Age	Assessment / Op type	Impression	Base plate / sleeve	Wax try in	Finish	Theatre attended	Follow up	Treatment stage	Supervisor/ Consultant/ hospital	Date in	Date out
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												



Record of completed work Ocular

	Patient Hospital unit No Gender Age	Assessment / procedure	Indwelling/ Iris Pupil Unit	Acquisition of defect	Impression	Wax pattern	Mould & finish	Material choice	Fitting of Ocular	Supervisor/ Consultant/ hospital	Date in	Date out
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Record of completed work ORTHOGNATHIC SURGERY

	Patient Hospital unit No Gender Age	Type of Operation	Computer planning	Model surgery	Face Bow	Set up	Wafer	Misc orthodontic Procedures	Try in	Supervisor/ Consultant/ hospital	Date in	Date out
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												



Record of completed work PRESENTATIONS GIVEN/ WORKSHOPS ATTENDED

Торіс	Presentation style	Comments	Location	Presented by	Date in	Date out



Record of completed work SPECIALIST APPLIANCES- INTRA ORAL

	Patient Hospital unit No Gender Age	Assessment / Op type	Implant Retained Device	Sleep apnoea appliance	Other	Supervisor/ Consultant/ hospital	Date in	Date out
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								



Record of completed work SPECIALIST APPLIANCES

	Patient Hospital unit No Gender Age	Miscellaneous appliances	Nasal obturators	Keloid splints	Bite raising appliances	Supervisor/ Consultant/ hospital	Date in	Date out
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

	Patient Hospital unit No Gender Age	Assessment/ Type of fracture	Impression	Model surgery	Splint	Theatre / clinic attendance	Supervisor/ Consultant/ hospital	Date in	Date out
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

	Patient Hospital unit No Gender Age	Type of procedure	Name of clinic/ session	Pre-surg. planning	Supervisor/ Consultant/ hospital	Date in	Date out
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

	Patient Hospital unit No Gender/Age	Type of procedure	Name of clinic/ session	Pre-surg. planning	Supervisor/ Consultant/ hospital	Date in	Date out
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							



MAXILLOFACIAL PROSTHETICS

TRAINEE ASSESSMENT	NAME	
I NAMEE ASSESSMENT	TAMINIE	······

COMPETENCY	Clarify Weak /outstanding	Weak	Acceptable	Good	Outstanding
Technical Assessment: performance of practical/technical procedures					
Reliability: Conscientious and reliable; requests advice and help when needed; time management					
Verbal Communication: Spoken English; communication with colleagues, patients					
Team Player: Values the skills and contributions of multi- disciplinary team members					
Professional Development: Commitment to improving quality of service; keeps up-to- date with knowledge and skills					
Progress At level expected for stage in training					
Work rate Willingness to work					

Incentive to learn			
Theentive to learn			
	1	l .	
COMMENTS			
COMMENTS			