



CD 8.5.1 CURRICULUM DISCIPLINĂ

Redacția:

08

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21.02.2020

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**FACULTY OF DENTISTRY**  
**STUDY PROGRAM 0911.1 STOMATOLOGY**  
**DEPARTMENT OF ORTHOPEDIC DENTISTRY 'ILARION POSTOLACHI'**

APPROVED

at the meeting of the Commission for Quality Assurance and Curriculum Evaluation faculty of Dentistry

Minutes no. 1 of 02.09.2020

President, dr. med., univ.  
Stepco Elena [Signature]

APPROVED

at the meeting of the Faculty Council of Dentistry

Minutes no. 1 of 30.09.2020

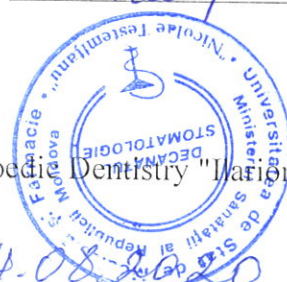
Dean of the Faculty, dr.st.med., conf.univ.  
Solomon Oleg [Signature]

APPROVED

at the meeting of the Department of Orthopedic Dentistry "Iarion Postolachi",

Minutes No. 1 of 24.08.2020

Head of the chair, dr. Med., Univ.  
Solomon Oleg [Signature]



**CURRICULUM**

**DISCIPLINE TOTAL REMOVABLE DENTURES**

**Integrated studies**

Type of course: **Compulsory course**

Chișinău, 2020



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### I. PRELIMINATIONS

Prosthodontic dentistry represents a fundamental field of modern dentistry which after graduation will be materialized as prosthodontist specialist. During studies prosthodontic dentistry will support future specialist to learn how to provide dental prosthetic treatment. Will help to use in all day practice new methods of diagnosis, way of using biomaterials, new technologies of prosthodontic treatment and form concept of prophylaxes in dental pathology.

Discipline objectives- teaching theoretical and practical skills of dentists capable for success rehabilitation of patients with dental disorders. This way, study of prosthodontic dentistry it's an important field that will help future dentist to manage prosthodontic treatment.

Limba de predare: Româna, Engleză;

Teaching languages: Romanian, English.

Beneficiaries: IV year dental students

### II. ADMINISTRATION

Discipline code		S.08.O.093	
Discipline name		Total removable dentures	
Responsible for subject		O. Solomon, PhD, assoc. prof., department chair N. Cojuhari, PhD, assoc. prof. V. Gututui, PhD, assoc. prof.	
Year	IV	Semester	VIII
Numbers of hours			90
Lectures	24	Practical lessons	42
Lessons	18	Individual work	6
Evaluation form	C	Credit numbers	3

### III. OBJECTIVES FORMED INSIDE DISCIPLINES

-learned and understand level

-known of medical ethics and deontology

- known of professional terms
- known prophylaxis methods of dental diseases



- known etiologi and evolution of dental disises
- : skills level
  - known of pacients ivestigation methods in prosthodontic departments
  - known of modern materials aplied in prosthodontic dentistry
  - known of tretment methods in prosthodontic dentistry
  - known of emergency methods
  - be able to analize clinical examitations cards in prostodontic dentistrtry
  - be able to analize paradlinical examination cars
  - known the diagnosis of dento maxilar desisses
  - known of indications for prosthodontic treatments
  - known the plan of tretment formulation
  - known of clasical and modern metods of prosthodontic tretment
  - known of clinical steos in fixed prosthodontic dentistry
- : integration level:
  - evaluate stomatognat sistem disorders
  - determine consecvinses of prosthodontic tretment
  - to present abilities in therapeutical pediatric and OMF surgery.
  - to present abilities and knoledge for faculty subjects (such as interanal medicine , dermatologi, neurology, morfopatologi fisiopatologi, hystology...)
  - be able to evaluate and sefl evaluate knoledge ic prostodontis field
  - be capable to learn and impliment in every day practice new posibilities in prosthodontic field

#### IV. PRECONDITIONS

The total edentation describes the absence of all teeth, either at the level of a single jaw or at the level of both jaws, installed after the end of the dental eruption period. It is a strongly debilitating pathological condition, with a major impact on the quality of life of patients, so early intervention is important to apply appropriate treatment methods.

Total edentation is, in most cases, a progressive pathological condition that has evolved over many years. In limited cases, we can talk about total edification due to the absence of dental buds; In this situation, the phenomenon bears the name of total anodonation.

As a rule, the editorial is initially partial, the influence of a variety of factors leading, over time, to the installation of the total. Among the most common causes of the total edification are:

- ☐ Dental caries;
- ☐ Periodontal disease;
- ☐ Diseases such as diabetes mellitus, osteoporosis, rickets;
- ☐ Tumors located at the maxillary level;
- ☐ trauma;
- ☐ Dental malformations, etc.

The risk of total dental edentation is also increased by factors such as smoking, excessive long-term alcohol consumption, coffee consumption, sedentarism, poor working conditions and poor living conditions.

The total edification is associated with a variety of manifestations, including pain, masticatory disorders, swallowing disorders, physiognomy impairment, fonographic disturbances, etc.

At present, patients with total edema have multiple forms of treatment to render them physically and mentally comfortable, and to improve their quality of life considerably. The most common solution



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is total prosthesis - with mobile or fixed prostheses, but they are given the option of dental implants, most often when prosthesis is not a variant of treatment.

The choice of the best treatment option in the case of total edentation is made after a rigorous analysis of the situation of each patient, from the state of health to the age, the anatomical particularities of the prosthetic field, the possible medication administered, the lifestyle, the dental hygiene habits

**V. Subject of discipline and hours repartition**

Nr.	Thems	Hours			
		<i>lectures</i>	<i>lessons</i>	<i>practical</i>	<i>individual</i>
1.	Clinic of Total Edentation. The etiology. Local and loco-regional complications. Morphological and functional changes.	3	-	-	-
2.	Total edentulous prosthetic field. Components. Classification of atrophy of alveolar ridges	3	-	-	-
3.	Preliminary footprint. Making individual slides and fingerprinting.	3	-	-	-
4.	Determination of centric intermax relations	3	-	-	-
5.	Model. Possible errors, methods of correction. Applying the denture.	3	-	-	-
6.	Clinical-technical indications and phases in the manufacture of total prostheses with lining and metal base. Reconstruction of total prostheses.	3	-	-	-
7.	Clinical-technical indications and phases in the manufacture of total prostheses with lining and metal base. Reconstruction of total prostheses.	3	-	-	-
8.	Total edintation. General aspects. Etiology, clinical picture, local, loco-regional and general changes.	3	-	-	-
9.	Total edentulous prosthetic field. The muscles in the vicinity of the prosthetic fields. Functional areas of the prosthetic field	-	2.25	5.25	-
10.	Clinical examination of total edentosis	-	2.25	5.25	-
11.	Determining of the diagnosis. Methods of fixation of total prostheses.	-	2.25	5.25	1
12.	Imprint of the total edent prosthetic field. Materials and techniques for fingerprinting	-	2.25	5.25	1
13.	Determination of centric intermax relations. The skin and the articulators. Techniques for mounting artificial teeth in total editing.	-	2.25	5.25	1



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14.	Overall prosthesis layout sample. Possible errors in determining of centric intermaxilation relationships, preventing and eliminating them.	-	2.25	5.25	1
15.	Apply final total prostheses in the oral cavity. Adaptation to the prostheses. Correction.	-	2.25	5.25	1
16.	Clinical-technical indications and phases in the manufacture of total prostheses with lining and metal base.	-	2.25	5.25	1
Total		24	24	18	42

## VI. OBJECTIVES AND IT'S COMPONENTS.

COMPONENTS	OBJECTIVES
Total edentation. General aspects. Etio-pathogenesis, clinical picture, local, regional and general changes.	
<p>Clinical picture of the total edentation.</p> <p>Local factors that cause resorption and alveolar ridge atrophy.</p> <p>General factors that cause resorption and atrophy of alveolar ridges.</p> <p>Dynamics of bone mass in the jaw (at different times after teeth extraction).</p> <p>Degree and evolution of alveolar ridge resorption and atrophy.</p> <p>Changes.</p>	<ul style="list-style-type: none"> <li>• to know the etiopathogenesis of the total edification.</li> <li>• know the clinical picture of the total edentation.</li> <li>• to know the local factors that cause resorption and atrophy of the alveolar ridges.</li> <li>• to know the general factors that cause resorption and atrophy of the alveolar ridges.</li> <li>• to know the dynamics of bone mass in the jaw (at different times after tooth extraction).</li> <li>• to know the degree and evolution of resorption and atrophy of the alveolar ridges.</li> <li>• know the atm changes at the total edification.</li> <li>• to know the changes in the oral mucosa and the skin in the total edentation.</li> <li>• know changes in language, taste and salivary flow in total edification.</li> <li>• Be aware of changes in masticatory muscles in the total edentation.</li> <li>• know the psychic changes of the total edent. psychosomatic notions.</li> </ul>
Total edentulous prosthetic field. Muscle in the vicinity of the prosthetic field. Functional areas of the prosthetic field.	

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COMPONENTS	OBJECTIVES
<p>Classifications of total edification after Schröder, Köller and mucous types after Suplle.</p> <p>Alveolar ridge shapes and upper jaw support areas.</p> <p>Classification of palladium torus after Landa.</p> <p>Mandibular and maxillary prosthetic field.</p>	<ul style="list-style-type: none"><li>• be familiar with the Schröder, Köller and mucosal types after Suplle.</li><li>• Know the shape of the alveolar crest and upper jaw support areas. classifications.</li><li>• to know palladium torus classification after Landa.</li><li>• know the schröder areas, the practical importance. the jaw area of the upper jaw.</li><li>• know the mandible prosthetic field, the support area.</li><li>• know the area of the mandibular suction.</li><li>• to know the muscles in the vicinity of the prosthetic field have a perpendicular insertion and the muscles in the vicinity of the prosthetic field have a horizontal insertion.</li><li>• Know the lifting, lowering and jaw propulsion muscles.</li><li>• know the orofacial muscles and the practical importance.</li><li>• know the spaces of the upper jaws vestibular function area.</li><li>• know the distal area of the upper jaw.</li><li>• know the functional areas of the mandibular prosthetic field.</li><li>• know the area of the pyriform tuber.</li><li>• know the spaces of the mandible's vestibular function area.</li><li>• know the lingual area of the madibula, its limits and the practical importance.</li><li>• know the "distal" area of the madul, its limits and practical importance.</li></ul>
<b>Clinical examination of total edentosis. Determining the diagnosis. Methods of fixation of total prostheses.</b>	
<p>Mechanical methods of fixation of total prostheses.</p> <p>Biomechanical methods of fixation of total prostheses.</p> <p>Physical methods of fixation of total prostheses.</p> <p>Biophysical method of fixation of total prostheses.</p> <p>The factors for maintaining and stabilizing the total prosthesis.</p> <p>Success as a phenomenon.</p>	<ul style="list-style-type: none"><li>• know the characteristic of subjective data in the context of anamnesis, symptoms.</li><li>• know the exobucal exam. characteristic and consecutiveness.</li><li>• know the endobucal exam. characteristic and consecutiveness.</li><li>• know the paraclinical (complementary) exam at the total edifice. methods. criteria for selecting methods.</li><li>• know the parts of the total edentation diagnosis.</li><li>• to know the mechanical methods of fixing the total prostheses.</li></ul>





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COMPONENTS	OBJECTIVES
Adhesion as a phenomenon.	<ul style="list-style-type: none"> <li>• to know the biomechanical methods of fixing the total prostheses.</li> <li>• know the physical methods of fixing the total prostheses.</li> <li>• know the biophysical method of fixing the total prostheses.</li> <li>• know the factors for maintaining and stabilizing the total denture.</li> <li>• to know suction as a phenomenon.</li> <li>• know adhesion as a phenomenon.</li> </ul>
Imprint of the total edent prosthetic field. Types of fingerprinting. Materials and techniques for fingerprinting.	
<p>Be familiar with preliminary fingerprinting techniques.</p> <p>The concept of functional fingerprinting.</p> <p>Herbst upper jaw samples.</p> <p>Herbst lower jaw samples.</p>	<ul style="list-style-type: none"> <li>• know the purpose of the preliminary image. materials used for preliminary imprinting.</li> <li>• to know criteria for choosing standard spoons for fingerprinting the total edentulous prosthetic field.</li> <li>• Be familiar with preliminary fingerprinting techniques. materials.</li> <li>• know criteria that have been based on functional fingerprinting.</li> <li>• Know variations of functional or final fingerprints according to the height of the edge.</li> <li>• know the variety of functional fingerprints after the fingerprint mode.</li> <li>• know variants of functional fingerprints according to the degree of compression of the mucosa of the prosthetic field.</li> <li>• know the use of compressive, decompressive and differentiated impressions. materials used for functional fingerprinting.</li> <li>• to know the concept of the functional fingerprint of Bucharest dental prosthetics school.</li> <li>• know materials from which the individual spoon can be made.</li> <li>• know the Herbst for the upper jaw.</li> <li>• Know the Herbst for the lower jaw.</li> </ul>
Determination of intermaxial relations at the total edentation.	
<p>The notion of "intermarital relations".</p> <p>Centric relationship. current concepts. determination techniques.</p>	<ul style="list-style-type: none"> <li>• Be familiar with the notion of "intermax relationships". exemplify possible clinical situations.</li> </ul>



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COMPONENTS	OBJECTIVES
Definition of "free speech space". Definition of "physiological inoculation space". Anthropometric method of determination of two. Anatomo-physiological method of determination of two. Functional method of determining the two, the stages of intermax relationship determination in the total edification. Modeling the vestibular curve of the template with occlusion curves.	<ul style="list-style-type: none"><li>• know the centric relationship, current concepts, determination techniques.</li><li>• know the definition of "free speech space".</li><li>• know the definition of "physiological inoculation space".</li><li>• know the anthropometric method of determining the two.</li><li>• to know the anatomo-physiological method of determining the two.</li><li>• know the functional method of determining the two, the stages of intermax relationship determination in the total edification.</li><li>• to know the modeling of the vestibular curve of the template with the occlusion curves.</li><li>• Know how to determine the height of the occlusion curve of the maxilla.</li><li>• know the determination of the occlusion plan.<ul style="list-style-type: none"><li>• be familiar with the determination and recording of intermax relationships.</li><li>• be familiar with the determination and indication of the teeth line.</li></ul></li></ul>
Probe of mobile prosthesis layout. Possible errors in determining intermarital relationships, preventing and removing them.	
Verification of the outbreak total prosthesis layout. Verification of the intracutaneous total denture model. Verification method two, signs or clinical symptoms at double increase, clinical signs or symptoms at the two-fold reduction, phonetic verification. Control of physiognomy rehabilitation. The "spatula" test, the practical importance.	<ul style="list-style-type: none"><li>• to know the need for sample of the total prosthesis model, stages.</li><li>• know the verification of the total extrabraccial prosthesis model.</li><li>• to know the check of the intracutaneous total denture model.</li><li>• know the double checking method, signs or clinical symptoms at double increase, clinical signs or symptoms at the two-fold reduction, phonetic verification.</li><li>• know the control of physiognomy rehabilitation.</li><li>• Be aware of possible errors in determining the two (vertically intermaxial relationships), clinical signs, correction.</li><li>• Be aware of possible errors in determining intermarital relationships in the sagittal plane, clinical signs, correction.</li><li>• Be aware of possible errors in determining inter-axial relationships in the transverse plane, clinical signs, correction.</li><li>• Be aware of mistakes caused by deforming the patterns with occlusion curves and correcting them.</li></ul>





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COMPONENTS	OBJECTIVES
	<ul style="list-style-type: none"><li>• Be aware of mistakes made by prosthetic fibromutic compression.</li><li>• know the "spatula" test. the practical importance.</li></ul>
Applying mobile prostheses to the oral cavity. Adaptation to the prostheses.	
<p>Extraoral check of total prostheses.</p> <p>Adaptation to total prostheses.</p> <p>Criteria for assessing the quality of treatment with total prostheses.</p>	<ul style="list-style-type: none"><li>• know the extraoral check of total prostheses.</li><li>• know the intraoral check of total prostheses.</li><li>mechanical adaptation of prostheses in the oral cavity.</li><li>control and adaptation of mandibulo-cranial and mandibulo-maxillary relationships.</li><li>functional adaptation</li><li>the technique of checking the distal valve</li><li>the side valve verification technique (left and right)</li><li>the circular valve check technique</li><li>• know the adaptation to total prostheses.</li><li>adaptation steps:<ul style="list-style-type: none"><li>biological adaptation</li><li>psychological adjustment of the patient</li></ul></li><li>• Be aware of difficulties that may occur during the prosthesis application in the oral cavity.<ul style="list-style-type: none"><li>• recommendations for patients.</li><li>hygienic care of prostheses.</li><li>stages of adaptation to prostheses.</li><li>rules for prosthetic correction.</li></ul></li><li>• be familiar with the criteria for assessing the quality of treatment with total prosthetics.</li><li>• know the tools used to correct total prosthetics.</li></ul>
Indications, peculiarities and clinico-technical phases for making total prostheses with elastic lining and metal base.	
<p>Indications for making total prostheses with elastic lining.</p> <p>Clinical-technical stages in making total prostheses with elastic lining.</p> <p>The advantages and disadvantages of total prostheses with elastic lining.</p> <p>Indications for the manufacture of total prostheses with a metal base.</p>	<ul style="list-style-type: none"><li>• be familiar with the design of the total denture with elastic lining.</li><li>• to know the clinical and technical steps in making the total prostheses with elastic lining.</li><li>• know the feature of elastic acrylates used as lining in total prostheses.</li><li>• know the polymerization regime of elastic acrylates.</li><li>• know the technique of squeezing the elastic and hard acrylic in the sink.</li><li>• know what thickness will have the elastic lining in the total prosthesis.</li></ul>

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COMPONENTS	OBJECTIVES
Clinical-technical stages in making the total prostheses with metal base.  The technique of making the metal base of the total prosthesis.  Advantages and disadvantages of the metal base of the total prosthesis.	<ul style="list-style-type: none"><li>• Know the advantages and disadvantages of total prostheses with elastic lining.</li><li>• be familiar with the design of the total prosthesis with a metal base.</li><li>• to know the clinical and technical stages in making the total prostheses with the metal base.</li><li>• know the retention points for fixing the acrylate in the total prostheses with the metal base.</li><li>• be familiar with the technique of making the metal base of the total prosthesis.</li><li>• know the alloys used in making the metal base of the total prosthesis.</li><li>• know the thickness of the metal base of the total prosthesis.</li><li>• Know the advantages and disadvantages of the metal base of the total prosthesis.</li></ul>

**VI. PROFESSIONAL COMPETENCES (PC) AND TRANSVERSAL (TC) COMPETENCES AND STUDY FINDINGS****✓ PROFESSIONAL COMPETENCIES (SPECIFIC) (PC)**

CP 1. Identifying and using concepts, principles and theories in professional activities.

CP 2. Thorough knowledge, understanding and operation with theoretical knowledge and basic practical methods.

CP 3. Good knowledge and practical application of the knowledge in relation to the patient, taking into account the age and character of the person, the specificity of the pathology and the patient's experiences with the doctors in order to ensure prosthetic compliance.

CP 4: Completing the medical histories of the patients, conducting the clinical examination and elaborating the indications for the type of para-clinical examination, according to clinical case with their argumentation. Determining options for establishing the diagnosis and treatment plan.

CP 5: Knowledge and simulation of the clinical and para-clinical examination of patients with pathologies in oro-maxilo-facial area; evaluation of para-clinical examination data.

CP 6: Demonstration and application of knowledge gained in the clinical and para-clinical examination of the patient. Promoting the principles of tolerance and compassion towards patients.

**✓ Transversal competencies (CT)**



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CT1. Application of efficient working rules, manifestation of a responsible attitude towards the scientific and didactic field, for optimal and creative valorisation of their own potential in specific situations, observing the principles and norms of professional ethics;

CT2. Ensure effective deployment and effective engagement in team activities.

CT3. Identifying opportunities for continuous training and efficient use of learning resources and techniques for their own development.

#### ✓ Study finalizations

At finalization of the course the student will be able to:

- To know: the components of a successful prosthetic act;
- To know the qualities and optimal behavior for the successful practice of medicine.
- To formulate optimal decisions in rendering patient aid in critical situations;

### VII. THE STUDENT'S INDIVIDUAL WORK

Nr.	The expected product	Implementation strategies	Evaluation criterias	Term of execution
1.	Working with information sources	Systematically work in the library and mediate. Exploring the current electronic sources on the topic under discussion	1. Quality of formed judgments, logical thinking, flexibility. 2. The quality of the systematization of the informational material obtained through its own activity.	During the semester
2.	Report	Analysis of relevant sources on the topic of the paper. Analysis, systematization and synthesis of information on the proposed theme. Compilation of the report in accordance with the requirements in force and presentation to the chair.	1. The quality of systematization and analysis of the informational material obtained through its own activity. 2. Concordance of information with the proposed theme.	During the semester
3.	Case study analysis	Choice and description of the case study Analysis of the causes of the issues raised in the case study. Prognosis of the investigated case. Deduction of the expected outcome of the case.	1. Analysis, synthesis, generalization of data obtained through own investigation. 2. Formation of an algorithm of knowledge based on the obtained conclusions.	During the semester

### METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-



**EVALUATION**

- *Used Teaching and learning methods*

The discipline of orthopedic dentistry is taught in the classical manner, using new methods. It provides support for lectures and practical papers in the clinic. The lectures are supported by theoretical course and practical lessons approved by order of the rector. In the lectures, new teaching methods are used with the exposition of the obtained achievements in the field and the demonstration of the didactic materials with the multimedia technique. At the works the students participate in the clinical reception of the patients, prepare the observation history, the scale of the practical works is recorded in the student daily. From modern methods, current control tests, clinical situations presented by study models and orthopantomograms are used. At the department of self-study students prepare papers and/or prepare schemes, casts.

Methods of assessment (including an indication of how the final grade is calculated)

- Current: Current checks during seminars and practical papers, 5 totals in writing and / or as test-control. For individual work done during the semester, the student is evaluated, the grade being included in totals. At the end of the semester, based on the deductions from the totals, the average annual score is calculated.
- Final: The course ends with an exam.
- Final: Complex 2-stage exam: test-control and oral interview according to tickets. The final weighted score is calculated on the basis of positive grades ( $\geq 5$ ) of the annual average, calculated at the end of the discipline study - 50%; from test-control - 20% and oral interview - 30%. The average annual mark and the marks of all final stages of testing (test and oral answer) - are expressed in numbers according to the scoring scale (according to the table) and the final mark obtained is expressed in two decimal digits, to be entered in the notes book .

**How to round up the grades at the evaluation steps**

Intermediate note grid (annual average, grades from the exam stages)	National scoring system	Equivalent ECTS
1,00-3,00	2	F
3,01-4,99	4	FX
5,00	5	E
5,01-5,50	5,5	
5,51-6,0	6	
6,01-6,50	6,5	D
6,51-7,00	7	

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7,01-7,50	7,5	C
7,51-8,00	8	
8,01-8,50	8,5	B
8,51-8,00	9	
9,01-9,50	9,5	A
9,51-10,0	10	

The average annual mark and the scores of all the final examination (computer assisted, test, oral) - all will be expressed in numbers according to the scoring scale (according to the table), and the final grade obtained will be expressed in two decimal digits will be transferred to the notes book.

*Failure to attend the examination without good reason is recorded as "absent" and is equivalent to 0 (zero). The student is entitled to 2 repeated claims of the unsuccessful exam.*

**X. RECOMMENDED BIBLIOGRAPHY:***A. mandatory:*

1. Postolachi I. și colab. "Protetica dentară". Chișinău 1993.
2. Bîrsa Gh., Postolachi I. "Tehnici de confecționare a protezelor dentare". Chișinău 1994.
3. Prelegeri

*B. additional*

1. Копейкин В.Н. «Ортопедическая стоматология». М., 2001
2. Rîndașu I. Proteze dentare. V.I. București, Ed.Medicală, 2000.