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Research Article

AN ASSESSMENT OF AWARENESS AMONG DENTISTS TOWARDS DENTURE LABELLING- AN AID IN FORENSIC ODONTOLOGY

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ABSTRACT

Statement of Problem: Identification of victims in accidents, under state of unconsciousness and scenario of natural calamity poses a great problem. A mistaken identification results in serious consequences at a later time. Denture labelling would greatly reduce the labor intensive work in the process of identification of individuals.

Aim: This survey was undertaken to assess the extent of awareness prevailing among dentists regarding denture labelling and to determine the extent of denture labelling in day to day clinical practice.

Materials and Method: A written questionnaire was prepared, with a set of 14 questions. Questionnaires were distributed to different groups of dentists- Interns, General dental practitioners, Prosthodontic specialist, other specialist in the dental colleges in Namakkal district. The subjects were also categorized into those with ≤ 5 years of practice and those with > 5 years of practice. The response from the dentists were collected and analyzed.

Results: Statistical analysis was done using Pearson chi square test. Above 50% of dentists were aware of the term, above 80% of dentists were unaware of methods of labelling and 100% of dentists were not practicing it.

Conclusion: A significant amount of dentists were aware of denture labelling, but none of them were practicing it. Lack of knowledge was the reason for it. There is a need for taking necessary steps to include denture labelling in the syllabus, constructing guidelines and thereby improving awareness. Thereby it could be incorporated in day to day practice which will be of greater significance in individual identification.

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INTRODUCTION

“Everyone has a right to recognition everywhere as a person” as per the Article 6 of United Nations Universal Declaration of Human Rights¹. It is a well-documented practice to label dentures with some means of identification. Although the rate of edentulousness is decreasing, the wearing of dentures will continue for a considerable time². Most of the dental identifications are based on restorations, caries, missing teeth, prosthetic devices such as partial and full removable prostheses, fixed dental prosthesis which may be easily documented in the record. The dental profession has for long widely recognized the significance of placing identification marks on dentures¹.

Labelled dentures can inevitably contribute toward recognizing the bodies of those who have died in accidents, natural calamities, and aviation disasters or in recognizing people who have lost their memory, people in states of unconsciousness, and people who have misplaced dentures in nursing homes. Positive identification is a vital requirement for any medicolegal investigation in forensics. Marking of dentures is advocated by most international dental associations and forensic odontologists and regulated by legislation in the USA³.

In 1835, Hatfield House Turner *et al*. reported that the Countess of Salisbury was burned to death and was identified by her gold denture. In 1850, Boston-Webster/Parkman Case, Incinerated bits of bone and a removable partial denture helped in identifying him. In 1998, Alexander *et al*. mentioned from his

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research in South Australia that the dentures are not labelled regularly by the dental practitioner's and the reasons for that are cost, lack of awareness of standards and recommendations and there existed a situation that the denture marking was of little importance. In 2007, Murray and Boyd concluded that the opinion of prosthodontic specialists within the UK promoted the use of denture marking as a routine procedure. In 2007, Hideo Matsumura, SajiShimoe suggested a simple method for identifying the citizenship of the denture wearer by marking the telephone country code number inside the denture base. In 2008, Stavrianou *et al* and Kafas P, declared that the Swedish ID-Band has become the International standard and Federation Dentaire Internationale (FDI) accepted method of denture marking system¹. Ling BC & Nambiar P (1996) proposed using a country's code prefixed with a hyphen (-) before the identity card number to indicate the origin of the individual more easily and clearly. All countries have unique identification numbers for its individuals. Their social security number, income tax file number, driving license number or like in India the Aadhar card number issued by the Unique Identification Authority of India (UIDAI) can be used as denture labels⁴.

Denture labelling is now legally acknowledged in countries such as Sweden, Scandinavia and in 21 out of 50 states of America. Australian Nursing Home Standards necessitate that dentures of residents be 'discreetly labelled', and labelling of all dentures is recommended by the Australian Dental Association (ADA) and by forensic odontologists internationally. In Scandinavia and in some states of the USA the labelling of dentures is regulated by legislation. The last recommendations issued by the National Board of Health and Welfare (Sweden) states that "the patient shall always be offered denture marking and be informed about the benefit there of. Denture marking is not permitted if the patient refuses it"^{4,5,6}.

The American Dental Association have cited certain criteria for denture marking

- The identification should be specific
- The technique should be simple
- The mark should be fire and solvent resistant
- The denture should not be weakened
- The mark should be cosmetically acceptable

The most appropriate sites for the location of denture marker are posterior buccal surface of maxillary denture, lingual flange of mandibular denture, whereas palatal surface, area buccal of maxillary tuberosity could also be used¹.

Methods of denture labelling includes

- **Embossing:** Involves marking the models during fabrication, so that denture carries the marked information. It has been associated with chances of malignancy, possibly due to continued tissue irritation, and may not be an ideal method for denture marking.
- **Scribing/Disking/Engraving:** Involves marking of the denture after it has been fabricated. One method is to write one's name on the base of the denture with a waterproof marker or a graphite pencil after abrading the denture surface. This engraving can cause detrimental effects such as food debris getting lodged leading to bacterial infection. Other method is printing

personal identification labels directly on the surfaces of dentures without any removal of the denture base resin.

- **Inclusion:** Encloses the identifying marks within the denture base material, thereby rendering them relatively permanent. However, these techniques require certain skills and are time consuming. The marks are made by using metallic or non-metallic materials, microchips and micro labels which are enclosed in the denture at the packing stage. Sometimes, a dislocation, wrinkling or tear can occur proving to be a disadvantage as an identification method. Various methods of inclusion include incorporation of microchips or lead foil or photograph or cast embossed identification plates to metal framework, lenticular card, bar code, Computer - printer denture microlabelling system, Stainless steel tape method, ID band, laser etching, paper strips and T bar^{1,6,7}.

For denture marking to become popular, the advantages has to be acknowledged by dentists, and it's their responsibility to educate patients about the availability of denture markers and role in individual identification. However, it is the patient's perception and preference for denture markers to make denture marking a practical possibility. This survey was undertaken to assess the extent of awareness prevailing among dentists regarding denture labelling and to determine the extent of denture labelling in day to day clinical practice.

Objective

To assess awareness among different groups of dentist.

MATERIALS AND METHOD

This is a qualitative, descriptive and cross-sectional type of study. This survey consisted of a written questionnaire, which was prepared with a set of 14 questions. The questionnaire had an initial demographic part (for collecting demographic information such as name, age, gender, experience, qualification and group to which they belong). Questionnaire was prepared in a concised manner and primarily comprised of close ended questions. However, space for individual comments on need for inclusion in UG syllabus, guidelines for denture labelling, awareness of denture labelling methodology and preferred data and method of practice of denture labelling were given. (Fig 1)

Questionnaires were distributed to different groups of dentists- Interns, General dental practitioners, Prosthodontic specialist, Other specialist in the dental colleges in Namakkal district. The study subjects were briefed on the purpose of the study, prior to the distribution of questionnaire. Adequate time was given for the dentists to fill the questionnaire. After the answered questionnaires were collected, they were analyzed for any evident flaws and then complete ones were taken up for assessment.

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NAME: _____ YEARS OF PRACTICE: _____

AGE/SEX: _____ GROUP: INTERNS/GDP/PS/OS
(GDP-General dental practitioner
PS-Prosthodontic Specialist
OS- Other Specialist)

1A. Is the term denture labelling familiar to you- Yes/No

1B. If yes, what is the source of knowledge regarding this terminology- Books/Internet/Colleagues

2. Do you accept denture labelling as an effective tool in forensic odontology- Yes/No

3. Do you think it is necessary to incorporate denture labelling in day to day clinical practice- Yes/No

4. What would be the effective data to be labelled on the dentures- Age & sex/ Name/National Identity No.

5. What is the difficulty in performing denture labelling- Time/ Cost/ C) Lack of knowledge

6A. Do you think it is necessary to include denture labelling in UG syllabus- Yes/No

6B. If yes, why-

7A. Do you think, constructing guidelines of denture labelling is necessary- Yes/No

7B. If yes, why-

8A. Has anyone contacted you about denture labelling- Yes/No

8B. If yes, whether from - Forensics/Patients/Others

9. What would be the effective method of saving data about denture labelling- Computer/Written Record

10. Do you consider denture labelling as an efficient method to identify victims in mass disaster- Yes/No

11. Are you aware that you are eligible to appear in the court to present forensic dental evidence- Yes/No

12A. Are you aware of any methodology to label the dentures- Yes/No

12B. If yes, mention the method-

13. Are you aware of the time period for which the dental records should be maintained- Yes/No

14. Are you already following denture labelling in your practice, currently- Yes/No

If Yes, then

What data is incorporated-

Which method is used-

Fig 1 Questionnaire used in the study to assess the awareness among dentists towards denture labelling.

RESULTS

The total number of participants in this study were n= 340, out of them, n=20 did not respond to the questionnaire (Graph 1). They have been excluded from the statistical analysis of the data. The total of 320 respondents were categorized into different groups based on their qualification as Interns (n=180), General dental practitioners (GDP) (n=27), Prosthodontic specialists (PS) (n=25), and Other specialists (OS) (n=88) (Graph 2). The total of 320 respondents, on the grounds of experience, were grouped as those with ≤ 5 years of practice (n=302) and those with > 5 years of practice (n=18) (Graph 3). The collected data was analysed statistically using Pearson Chi Square test. The results with a p value < 0.05 was considered as statistically significant.

Analysis Based on Years of Practice

Interpretation of the collected data were summarized in Table 1. The term denture labelling was familiar among both group of dentists, with a significant group of dentists being unaware of the terminology. Books remained to be the common source of knowledge regarding this term followed by internet and from colleagues. Both group of dentists accepts denture labelling as an effective tool in forensic odontology and suggests that it is necessary to incorporate denture labelling in clinical practice. National Identity number was the preferred data to be labelled on the dentures among both groups. Lack of knowledge was found to be the main deficiency in performing denture labelling. Both group of dentists preferred to include denture labelling in UG syllabus but most of them had no answers regarding it's reason. Among those who had answered, the preferred options were for the purpose of knowledge & awareness and application in forensics. Dentists with ≤ 5 years of practice considered that constructing guidelines for denture

labelling was not necessary while dentists with > 5 years of practice thought the other way.

Only a few percentage of dentists were contacted regarding denture labelling among both groups. Statistical significance was evident between the groups regarding the method of saving data about denture labelling, where computer record maintenance was the preferred choice in both groups. Dentists from both groups, considered denture labelling as an efficient method for identifying victims in mass disaster. Statistical significance (p=0.013) was evident between the groups, and they were highly aware of their eligibility to appear in the court to present the forensic dental evidence. Statistical significance (p=0.001) was evident between the groups, but they were highly unaware of the methodology to label the dentures. However, use of microchips, strips (paper/lead), bar code and surface labelling were the known methods among them. Both groups of dentists were highly unaware of the time period to maintain the dental records and none of them were performing denture labelling in their practice.

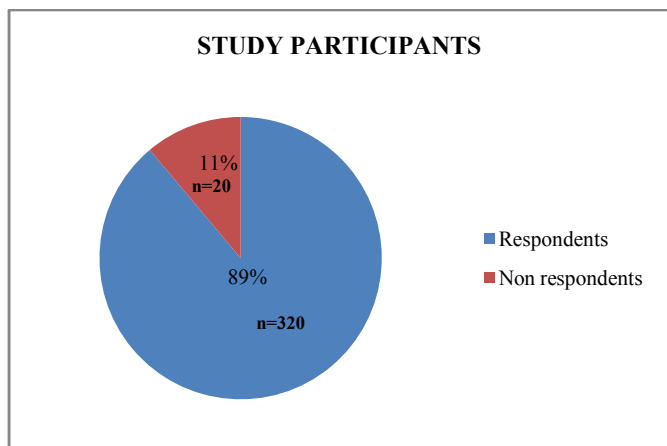
Analysis Based on Groups of Dentists

Interpretation of the collected data were summarized in Table 2 (From Q1A-Q10). Statistical significance (p=0.001) was evident between groups regarding the familiarity of denture labelling, the highest percentage of dentists who knew about denture labelling were the prosthodontic specialists followed by GDPs, Interns and other specialists. Statistical significance (p=0.001) was evident between groups for the question based on the source of knowledge regarding the term denture labelling, but in higher percentages dentists had no answers, whereas 'books' remained the common source of knowledge among those who had answered. Statistical significance (p=0.032) was evident between groups, with the highest percentage shown by other specialist group and most of them had accepted denture labelling as an effective tool in forensic odontology. Statistical significance (p=0.000) was evident between the groups, with the highest percentage shown by GDP, as most of them preferred incorporation of denture labelling in clinical practice. National identity number was the preferred data to be labelled on the dentures and lack of knowledge was the most common obstacle in performing denture labelling among all the groups. All groups of dentists preferred to include denture labelling in UG syllabus, but most of them had no answer to its reason. Among those who had answered, the preferred options were for the purpose of gaining knowledge & awareness and its application in forensics.

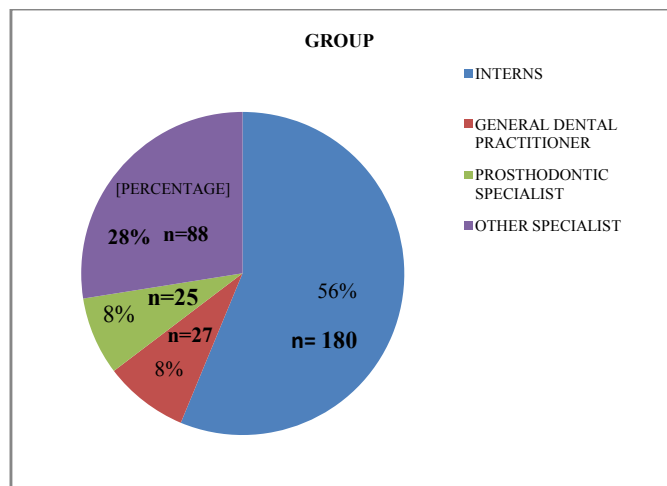
Other than the prosthodontic specialists group, all others felt that there was no need for constructing guidelines for denture labelling. It was evident that only a few percentage of dentists had been contacted regarding denture labelling among all groups except GDP. Computer record maintenance was the preferred choice among all groups. Most of the dentists belonging to all groups considered denture labelling as an efficient method to identify victims in mass disaster scenarios.

Interpretation of the collected data were summarized in Table 3 (From Q11-Q14). Prevalence of awareness for the eligibility to appear in the court to present forensic dental evidence was evident among all groups of dentists, the difference was statistically significant (p=0.017) with the highest percentage shown by the other specialists group. There was lack of

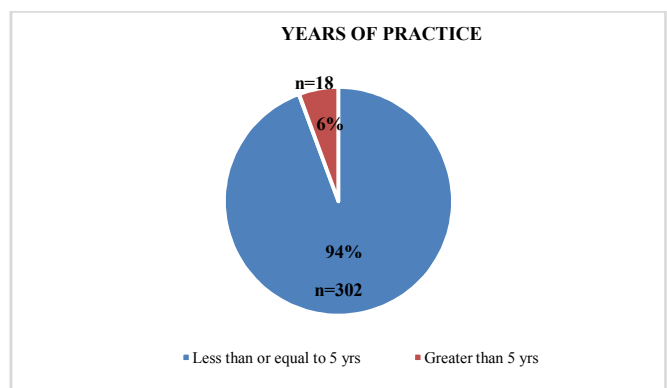
awareness about the methodology to label the dentures, and time period to maintain the dental records, among all groups of dentists. It was found that practice of denture labelling was lacking among all groups of dentists.



Graph 1 Pie chart describes the details of study participants



Graph 2 Pie chart describes the respondents grouped according to their qualification



Graph 3 Pie chart describes the respondents grouped according to their years of practice

Table 1 Response of dentists grouped according to their year of practice for the questionnaire

Q.NO	OPTIONS	Years of Practice ≤ 5 Yrs (n=302)	Years of Practice > 5 Yrs (n=18)
1A	Yes	62.6% (n=189)	61.1% (n=11)
	No	37.4% (n=113)	38.9% (n=7)
1B	No response	39.4% (n=119)	38.9% (n=7)
	Books	23.8% (n=72)	16.7% (n=3)

	Internet	17.9% (n=54)	22.2% (n=4)
	From Colleagues	18.9% (n=57)	22.2% (n=4)
2	Yes	82.5% (n=249)	88.9% (n=16)
	No	17.5% (n=53)	11.1% (n=2)
3	Yes	61.6% (n=186)	72.2% (n=13)
	No	38.4% (n=116)	27.8% (n=5)
4	Age & Sex	32.8% (n=98)	33.3% (n=6)
	Name	31.5% (n=95)	5.6% (n=1)
	National Identity	35.8% (n=108)	61.1% (n=11)
	No.	28.1% (n=85)	11.1% (n=2)
5	Time	18.2% (n=55)	11.1% (n=2)
	Cost	53.6% (n=162)	77.8% (n=14)
6A	Lack of knowledge	53.3% (n=161)	55.6% (n=10)
	Yes	46.7% (n=141)	44.4% (n=8)
6B	No response	80.5% (n=243)	77.8% (n=14)
	For knowledge & awareness	18.2% (n=55)	16.7% (n=3)
	To apply in forensics	1.3% (n=4)	5.6% (n=1)
7A	Yes	45.0% (n=136)	55.6% (n=10)
	No	55.0% (n=166)	44.4% (n=8)
	No response	93.0% (n=281)	88.9% (n=16)
	To know proper protocol	5.6% (n=17)	11.1% (n=2)
7B	Appropriate site of placement	0.3% (n=1)	0% (n=0)
	Bar code- a better option	0.3% (n=1)	0% (n=0)
	What type of data to be used	0.7% (n=2)	0% (n=0)
8A	Yes	5.3% (n=16)	5.6% (n=1)
	No	94.7% (n=286)	94.4% (n=17)
	No response	96.0% (n=290)	94.4% (n=17)
8B	Forensics	2.0% (n=6)	0% (n=0)
	Patients	1.3% (n=4)	0% (n=0)
	Others	0.7% (n=2)	5.6% (n=1)
9	Written record	22.5% (n=68)	5.6% (n=1)
	Computer record	77.5% (n=234)	94.5% (n=17)
10	Yes	81.1% (n=245)	66.7% (n=12)
	No	18.9% (n=57)	33.3% (n=6)
11	Yes	53.3% (n=161)	83.3% (n=15), p=0.013
	No	46.7% (n=141)	16.7% (n=3)
12A	Yes	14.9% (n=45)	16.7% (n=3)
	No	85.1% (n=257)	83.3% (n=15)
	No response	93.7% (n=282), p=0.001	88.9% (n=16)
12B	Microchips	2.3% (n=7)	5.6% (n=1)
	Surface labelling of name	2.3% (n=7)	0% (n=0)
	Bar code	1.7% (n=5)	0% (n=0)
	Strips (paper/lead)	0% (n=0)	5.6% (n=1)
13	Yes	26.8% (n=81)	33.3% (n=6)
	No	73.2% (n=221)	66.7% (n=12)
14	Yes	0% (n=0)	0% (n=0)
	No	100% (n=302)	100% (n=18)

Table 2 Response of groups of dentists for the questionnaire (from Q1A-Q10)

Q.NO	OPTIONS	INTERNS (n=180)	GDP (n=27)	PS (n=25)	OS (n=88)
1A	Yes	61.1% (n=110)	74.1% (n=20)	96.0% (n=24) P=0.001	52.3% (n=46)
	No	38.9% (n=70)	25.9% (n=7)	4.0% (n=1)	47.7% (n=42)
	No response	42.2% (n=76)	25.9% (n=7)	4.0% (n=1)	47.7% (n=42) P=0.001
1B	Books	21.1% (n=38)	25.9% (n=7)	40.0% (n=10)	27.7% (n=20)
	Internet	17.8% (n=32)	33.3% (n=9)	12.0% (n=3)	15.9% (n=14)
	From Colleagues	18.9% (n=34)	14.8% (n=4)	44.0% (n=11)	13.6% (n=12)
2	Yes	77.8% (n=140)	81.5% (n=22)	92.0% (n=23)	90.9% (n=80)

	No	22.2% (n=40)	18.5% (n=5)	8.0% (n=2)	9.1% (n=8)	p=0.032
3	Yes	50.6% (n=91)	85.2% (n=23), p=0.000	76.0% (n=19)	75.0% (n=66)	
4	No	49.4% (n=89)	14.8% (n=4)	24.0% (n=6)	25.0% (n=22)	
	Age & Sex	36.2% (n=65)	40.7% (n=11)	36.0% (n=9)	22.7% (n=20)	
	Name	31.1% (n=56)	25.9% (n=7)	20.0% (n=5)	31.8% (n=28)	
	National Identity No.	32.8% (n=59)	33.3% (n=9)	44.0% (n=11)	45.5% (n=40)	
	Time	27.8% (n=50)	33.3% (n=9)	16.0% (n=4)	27.3% (n=24)	
5	Cost	18.9% (n=34)	11.1% (n=3)	20.0% (n=5)	17.0% (n=15)	
	Lack of knowledge	53.3% (n=96)	55.6% (n=15)	64.0% (n=16)	55.7% (n=49)	
6A	Yes	48.3% (n=87)	59.3% (n=16)	72.0% (n=18)	56.8% (n=50)	
	No	51.7% (n=93)	40.7% (n=11)	28.0% (n=7)	43.2% (n=38)	
	No response	81.7% (n=147)	81.5% (n=22)	72.0% (n=18)	79.5% (n=70)	
6B	For knowledge & awareness To apply in forensics	17.8% (n=32)	14.8% (n=4)	28.0% (n=7)	17.0% (n=15)	
	Yes	0.6% (n=1)	3.7% (n=1)	0% (n=0)	3.4% (n=3)	
7A	No	42.8% (n=77)	44.4% (n=12)	64.0% (n=16)	46.6% (n=41)	
	No response	57.2% (n=103)	55.6% (n=15)	36.0% (n=9)	53.4% (n=47)	
	To know proper protocol	94.4% (n=170)	92.6% (n=25)	88.0% (n=22)	90.9% (n=80)	
7B	Appropriate site of placement	4.4% (n=8)	7.4% (n=2)	8.0% (n=2)	8.0% (n=7)	
	Bar code- a better option	0% (n=0)	0% (n=0)	4.0% (n=1)	0% (n=0)	
	Type of data to be used	0% (n=0)	0% (n=0)	0% (n=0)	1.1% (n=1)	
8A	Yes	1.1% (n=2)	0% (n=0)	0% (n=0)	0% (n=0)	
	No	6.7% (n=12)	0% (n=0)	8.0% (n=2)	3.4% (n=3)	
	No response	93.3% (n=168)	100% (n=27)	92.0% (n=23)	96.6% (n=85)	
8B	Forensics	95.6% (n=172)	100% (n=27)	92.0% (n=23)	96.6% (n=85)	
	Patients	2.2% (n=4)	0% (n=0)	4.0% (n=1)	1.1% (n=1)	
	Others	1.7% (n=3)	0% (n=0)	0% (n=0)	1.1% (n=1)	
9	Written record	0.6% (n=1)	0% (n=0)	4.0% (n=1)	1.1% (n=1)	
	Computer record	26.1% (n=47)	18.5% (n=5)	20.0% (n=5)	13.6% (n=12)	
	Yes	73.9% (n=133)	81.5% (n=22)	80.0% (n=20)	86.3% (n=76)	
10	No	76.1% (n=137)	85.2% (n=23)	84% (n=21)	86.4% (n=76)	
	No	23.9% (n=43)	14.8% (n=4)	16% (n=4)	13.6% (n=12)	

(GDP- General dental practitioner, PS- Prosthodontic specialist, OS- Other specialist)

Table 3 Response of groups of dentists for the questionnaire (from Q11-Q14)

Q.NO	OPTIONS	INTERNS (n=180)	GDP (n=27)	PS (n=25)	OS (n=88)
11	Yes	47.2% (n=85)	63% (n=17)	64% (n=16)	65.9% (n=58), p=0.017
	No	52.8% (n=95)	37% (n=10)	36% (n=9)	34.1% (n=30)
12A	Yes	14.4% (n=26)	14.8% (n=4)	24% (n=6)	13.6% (n=12)
	No	85.6% (n=154)	85.2% (n=23)	76% (n=19)	86.4% (n=76)
12B	No	95%	96.2%	88%	90.9%

	response	(n=171)	(n=25), p=0.002	(n=22)	(n=80)
	Microchips	3.9% (n=7)	0% (n=0)	0% (n=0)	1.1% (n=1)
	Surface labelling of name	0.6% (n=1)	3.8% (n=1)	0% (n=0)	5.7% (n=5)
	Bar code	0.6% (n=1)	0% (n=0)	8% (n=2)	2.3% (n=2)
	Strips (paper/lead)	0% (n=0)	0% (n=0)	4% (n=1)	0% (n=0)
13	Yes	25.6% (n=46)	29.6% (n=8)	36% (n=9)	27.3% (n=24)
	No	74.4% (n=134)	70.4% (n=19)	64% (n=16)	72.7% (n=64)
14	Yes	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)
	No	100% (n=180)	100% (n=27)	100% (n=25)	100% (n=88)

(GDP- General dental practitioner, PS- Prosthodontic specialist, OS- Other specialist)

DISCUSSION

Dental forensics works along with forensic medicine in scenarios requiring validation of identification and nature of death. Apart from lip print and bite mark identification, various other prosthesis such as complete dentures, partial dentures and implants also aid in identification of the deceased individual. With various methods in prosthodontics like denture marking, scribing of ceramic in FPDs, and visualization of batch number in implants, the identification of victims in forensics has become much more easier⁸.

In a study by Murray *et al*², it was evident that response for the given questionnaire was high from the prosthodontic specialists, where 54.9% carried out complete denture marking in their clinical practice. The majority of specialists considered that denture identification marking was a worthwhile procedure and thought that introduction of some form of guideline would be beneficial. Denture marking was not performed by healthcare workers. It's the opinion of prosthodontists that had led to the extended practice of denture marking in the UK population.

A study by Alexander *et al*⁵, was based on a survey undertaken to determine the extent of the practice of denture marking in South Australia, the methods in use and the attitudes of dentists, dental technicians and institutions to it. It was found that denture labelling was not performed by the practitioners in a routine manner. Cost, lack of awareness of standards and recommendations, considering it of little importance were the reasons cited for low level of practice of denture labelling.

Study by Ahamed *et al*³ showed that 95% of dental practitioners did not prefer denture marking in their clinical practice as they thought that it was unimportant. This was due to the lack of awareness of its importance among dentists and this lead to the lack of awareness regarding denture marking among general population.

Study by Kannan *et al*⁸, revealed that awareness was elicited among a majority of the surveyed dentists, but the acceptance and willingness to perform forensic application of prosthodontics in clinical practice was very low. They also suggested that education at student level and promoting awareness was mandatory for the acceptance and application of prosthetics in forensic dentistry.

Study by Sathe *et al*⁹, was based on the assessment of attitude and awareness among general population towards denture labelling. It was evident that there is need for awareness in patients about denture marking because even after the explanation of various advantages of denture marking almost two-third of the study population were not willing to get their dentures marked. Among the methods of denture marking shown to the patients, incorporation of photographs was the most preferred method of marking the dentures.

The results of the present study was similar to the findings from studies being conducted in India, whereas it was contradictory to the studies being conducted in foreign countries (Sweden, UK, Australia). The reason being the legislation and recommendations regarding denture labelling in those countries. Students were taught about denture labelling in UK and specialists promoted the practice of denture labelling. Denture marking would potentially improve the quality of care delivered to the patients. Denture marking should be carried out in the clinical practice to assist in the recovery and return of a lost or inadvertently transferred denture and in forensic identification.

CONCLUSION

From the results of the study, it was evident that a significant amount of dentists were aware of denture labelling, but none of them were practicing it. Lack of knowledge and awareness among dentists and general population were found to be the main problem in performing denture labelling. Though, dentists were aware of the methods, added cost and time, lack of enough training makes it almost impossible to implement denture labelling in day to day practice. Measures have to be taken to educate the students and create awareness among the population about its significance. Added measures to construct proper guidelines and recommendations regarding denture labelling along with the regulations by the law should be considered. Future studies have to be undertaken to improve and simplify methods of labelling the dentures and effective ways to promote the practice of denture labelling within the dental profession and to serve the community.

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