# Fellow of the Academy of General Dentistry (FAGD) Practice Exam (Sample)

## Study Guide


**Everything you need from our exam experts!**

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# Introduction

**Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.**

**This guide was designed to help you do exactly that.**

**Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.**

**The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:**

- **Practice answering questions under realistic conditions,**
- **Improve accuracy and speed,**
- **Review explanations to strengthen weak areas, and**
- **Approach the exam with greater confidence.**

**We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.**

**Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.**

**Let's begin.**

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

### 1. Start with a Diagnostic Review

**Skim through the questions to get a sense of what you know and what you need to focus on. Don't worry about getting everything right, your goal is to identify knowledge gaps early.**

### 2. Study in Short, Focused Sessions

**Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations, and take breaks to retain information better.**

### 3. Learn from the Explanations

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

### 4. Track Your Progress

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

### 5. Simulate the Real Exam

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

### 6. Repeat and Review

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning.**

### 7. Use Other Tools

**Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There’s no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly — adapt the tips above to fit your pace and learning style. You've got this!**

# Questions

1. **Which film would be definitive for determining true root anatomy in a case of suspected root tip dilaceration?**

   A. Mesio angulated periapical film.

   B. Disto angulated periapical film.

   C. Occlusal film.

   D. CBCT films.

2. **A dental bonding system has all of the following essential functions except which one?**

   A. Provides resistance to separation of a substrate from a restorative material

   B. Distributes stress along bonded interfaces

   C. Provides thermal insulation between materials

   D. Seals the interface

3. **Which statement about resin cements is true?**

   A. Film thickness is between 55 and 65 µm.

   B. Compressive strength is between 180 and 300 MPa.

   C. Flexural strength is between 20 and 40 MPa.

   D. Immediate shear bond strength is between 5 and 8 MPa.

4. **Which vasoconstrictor used in local anesthetics is contraindicated with concomitant MAO inhibitor therapy?**

   A. Phenylephrine

   B. Norepinephrine

   C. Epinephrine

   D. Levonordefrin

5. **Advantages of porcelain veneers compared to direct composite veneers include all of the following except which?**

   A. Less sensitive to operator technique

   B. More expeditious placement

   C. Longevity

   D. Multiple appointment requirements

**6. Which diagnostic finding would NOT suggest a periodontal abscess?**

- **A. Sensitivity to percussion**
- **B. Dull and localized pain**
- **C. Swelling including gingival tissue**
- **D. Radiographs showing angular bone loss**

**7. Which statement is true regarding the surface wear of composite resins under clinical conditions?**

- **A. Both statements are TRUE.**
- **B. Both statements are FALSE.**
- **C. The first statement is TRUE; the second is FALSE.**
- **D. The first statement is FALSE; the second is TRUE.**

**8. Which of the following statements is true of trigger points?**

- **A. Their exact nature is well established.**
- **B. They may present localized reduction in metabolic demand of muscle tissue and decreased blood flow to the affected area.**
- **C. They are a source of constant deep pain and therefore can produce central excitatory effects.**
- **D. They present only as a latent state and therefore produce constant headache.**

**9. What anatomical feature complicates resective osseous surgery near mandibular molars?**

- **A. Anterior border of the ramus**
- **B. Retromolar triangle**
- **C. Mylohyoid ridge**
- **D. External oblique ridge**

**10. Just because someone considers himself or herself a dental specialist does not make that person an expert witness. What is true regarding this statement?**

- **A. Both statements are TRUE.**
- **B. Both statements are FALSE.**
- **C. The first statement is TRUE; the second is FALSE.**
- **D. The first statement is FALSE; the second is TRUE.**

# Answers

1. D
2. C
3. B
4. A
5. D
6. A
7. C
8. C
9. D
10. A

# Explanations

## 1. Which film would be definitive for determining true root anatomy in a case of suspected root tip dilaceration?

**A. Mesio angulated periapical film.**

**B. Disto angulated periapical film.**

**C. Occlusal film.**

**D. CBCT films.**

**The use of CBCT (Cone Beam Computed Tomography) films is highly effective for determining true root anatomy, particularly in cases of suspected root tip dilaceration. CBCT imaging provides a three-dimensional view of the tooth and surrounding structures, enabling clinicians to visualize complex root systems and assess the orientation and angulation of the root tips in detail. This technology allows for the identification of variations in root anatomy that cannot be accurately captured with traditional two-dimensional radiographs. Periapical films, whether mesio or disto angulated, provide a two-dimensional representation which can sometimes distort spatial relationships and may not adequately reveal the complexity of the root's anatomy. An occlusal film also offers limited views and does not provide the comprehensive information needed to determine the true anatomy of dilacerated roots. Therefore, for suspected root tip dilacerations, the clarity and precision of CBCT films make them the most definitive choice for accurate assessment.**

## 2. A dental bonding system has all of the following essential functions except which one?

**A. Provides resistance to separation of a substrate from a restorative material**

**B. Distributes stress along bonded interfaces**

**C. Provides thermal insulation between materials**

**D. Seals the interface**

**In the context of dental bonding systems, the primary functions include enhancing adhesion between different substrates, distributing stress to minimize the risk of failure at the bonded interface, and sealing the interface to prevent micro-leakage and potential secondary caries. These functions are vital for the longevity and effectiveness of dental restorations. Providing thermal insulation, however, is not a primary or essential function of bonding systems. While some bonding materials might offer some thermal insulation as a secondary property, it is not the main purpose of dental adhesives or bonding agents. Instead, their primary role lies in ensuring a strong bond between the tooth structure and the restorative material, enhancing the mechanical performance of the restoration and its durability over time. Focusing on the other functions: enhancing resistance to separation maximizes the integrity of the restoration, distributing stress helps to mitigate localized failures, and sealing the interface helps to protect against bacteria and moisture, which are crucial in maintaining oral health. Thus, the assertion that providing thermal insulation is an essential function is not aligned with the core roles of bonding systems in dental practice.**

## 3. Which statement about resin cements is true?

**A. Film thickness is between 55 and 65 µm.**

**B. Compressive strength is between 180 and 300 MPa.**

**C. Flexural strength is between 20 and 40 MPa.**

**D. Immediate shear bond strength is between 5 and 8 MPa.**

**The statement about resin cements indicating that their compressive strength is between 180 and 300 MPa is accurate. This range highlights the durability and strength of resin cements, which is crucial for their performance in dental restorations. High compressive strength allows resin cements to withstand the forces typically encountered in the oral environment, ensuring the longevity and stability of the bonded restoration. In terms of clinical application, the compressive strength of resin cements is a critical factor when selecting materials for various types of restorations, such as crowns and bridges, where significant biting forces are present. A material with lower compressive strength might not provide adequate support, potentially leading to failures or compromised restorations over time. The other statements have different ranges that do not accurately reflect the typical properties of resin cements. It is essential to have a correct understanding of these material properties to make informed choices during dental procedures.**

## 4. Which vasoconstrictor used in local anesthetics is contraindicated with concomitant MAO inhibitor therapy?

**A. Phenylephrine**

**B. Norepinephrine**

**C. Epinephrine**

**D. Levonordefrin**

**Phenylephrine is contraindicated in patients undergoing therapy with monoamine oxidase (MAO) inhibitors due to its potential to cause significant hypertensive reactions. MAO inhibitors can affect the metabolism of certain catecholamines, leading to an exaggerated response when vasoconstrictors such as phenylephrine are used. This results from the inhibition of monoamine oxidase, which normally helps break down excess monoamines, including norepinephrine and phenylephrine. When combined, they can lead to an excessive increase in blood pressure. Additionally, phenylephrine is a selective alpha-1 adrenergic agonist, primarily causing vasoconstriction without significant beta-adrenergic activity. This specificity can further heighten the risk of hypertensive crises in patients with altered catecholamine metabolism due to MAO inhibitors. While norepinephrine and epinephrine can also interact with MAO inhibitors, their mechanisms and effects differ. Epinephrine has both alpha and beta effects, primarily impacting heart rate and bronchodilation in addition to vasoconstriction, which alters its risk profile in the presence of MAO inhibitors. Levonordefrin, while also considered a vasoconstrictor, is used less frequently and has a somewhat different**

## 5. Advantages of porcelain veneers compared to direct composite veneers include all of the following except which?

**A. Less sensitive to operator technique**

**B. More expeditious placement**

**C. Longevity**

**D. Multiple appointment requirements**

**Porcelain veneers are a popular cosmetic dental treatment due to their aesthetic benefits and durability. One of the key advantages of porcelain veneers is that they are less sensitive to operator technique. This means that when properly fabricated and bonded, porcelain veneers can be more forgiving than direct composite veneers, which often require more precise application to achieve optimal results. Additionally, porcelain veneers are known for their longevity, as they are more resistant to staining and wear compared to direct composites. They typically can last many years with proper care, which is a significant factor when considering cosmetic dental options. Multiple appointment requirements are generally seen as a disadvantage rather than an advantage. Porcelain veneers usually require one or two appointments: the first for diagnosis, treatment planning, and tooth preparation, and the second for the bonding of the custom-fabricated veneers. This is contrasted with direct composite veneers, which can often be placed in a single appointment. In summary, porcelain veneers provide advantages in terms of technique sensitivity, longevity, and aesthetic outcomes, while the involvement of multiple appointments for their placement stands out as an exception among the benefits typically associated with them.**

## 6. Which diagnostic finding would NOT suggest a periodontal abscess?

**A. Sensitivity to percussion**

**B. Dull and localized pain**

**C. Swelling including gingival tissue**

**D. Radiographs showing angular bone loss**

**Sensitivity to percussion is typically a diagnostic finding that may suggest various dental issues, including pulpitis or other periapical conditions, rather than a periodontal abscess. A periodontal abscess primarily presents with pain that is often described as dull and localized, leading to discomfort around the affected area. Additionally, swelling of the gingival tissue is commonly observed due to the accumulation of pus and inflammation. Radiographic findings associated with a periodontal abscess may involve localized bone loss, particularly when there is periodontal disease present, but angular bone loss specifically might not always pertain directly to a periodontal abscess. Thus, the sensitivity to percussion stands out because it indicates possible involvement of the root or pulp rather than the periodontal tissue itself, making it less consistent with the characteristics of a periodontal abscess.**

## 7. Which statement is true regarding the surface wear of composite resins under clinical conditions?

**A. Both statements are TRUE.**

**B. Both statements are FALSE.**

**C. The first statement is TRUE; the second is FALSE.**

**D. The first statement is FALSE; the second is TRUE.**

**When considering surface wear of composite resins under clinical conditions, it's essential to understand how these materials interact with various factors such as occlusion, patient habits, and the types of opposing dentition. The correct choice indicates that the first statement about surface wear is true, which typically points to the understanding that composite resins can experience wear over time, often due to their material properties and the forces applied to them during chewing and other activities. The wear rate can vary significantly based on the specific type of composite resin, its formulation, and how it is used clinically. The second statement being false suggests that there may be misconceptions about the durability or the conditions under which these composites perform. For instance, many might overestimate the longevity of composites compared to other restorative materials like ceramics or metals, not taking into account factors such as wear against natural teeth or potential staining and degradation in certain environments. Overall, the answer reflects an understanding of both the durability of composite materials and the conditions affecting their performance in a clinical setting, aligning with the true nature of how these materials are functioning in real-life situations.**

## 8. Which of the following statements is true of trigger points?

**A. Their exact nature is well established.**

**B. They may present localized reduction in metabolic demand of muscle tissue and decreased blood flow to the affected area.**

**C. They are a source of constant deep pain and therefore can produce central excitatory effects.**

**D. They present only as a latent state and therefore produce constant headache.**

**The statement indicating that trigger points are a source of constant deep pain and can produce central excitatory effects is correct because it reflects the understanding of how myofascial trigger points operate. Trigger points are hyperirritable spots within skeletal muscle that are palpable and can cause referred pain, which may be experienced as a deep, aching sensation. This pain can also evoke a response from the central nervous system, resulting in central sensitization, where the nervous system becomes increasingly responsive to stimulation, amplifying pain perception. Additionally, trigger points can lead to muscle dysfunction and may also influence motor control, which further supports their role in the development of chronic pain conditions. This characteristic of generating deep-seated pain can thus influence overall muscle dynamics and pain perception, making it a significant area of focus in pain management and rehabilitation. In contrast, the other statements do not capture the complete nature of trigger points effectively. For instance, while the exact nature of trigger points can be understood to some degree, research is still ongoing, and they do not have a universally accepted definition, which challenges the notion that their nature is well established. The reduction in metabolic demand and blood flow may occur in relation to trigger points, but this does not adequately define their primary characteristics. Lastly, although**

## 9. What anatomical feature complicates resective osseous surgery near mandibular molars?

**A. Anterior border of the ramus**

**B. Retromolar triangle**

**C. Mylohyoid ridge**

**D. External oblique ridge**

**The external oblique ridge is a significant anatomical landmark in the posterior mandible, serving as the attachment site for muscles and influencing the contour of the bone. During resective osseous surgery near the mandibular molars, awareness of the external oblique ridge is critical because it can limit the amount of bone that can be safely removed without compromising the integrity of the surrounding structures. Removing bone too close to or over the ridge can risk damage to adjacent soft tissues and can affect the mechanics of occlusion. Additionally, the presence of the external oblique ridge can dictate the angles and approaches that a surgeon must take during the procedure. Surgical maneuvers need to be performed with caution in this area to avoid complications, making the external oblique ridge a prominent factor for consideration in these surgical procedures. Understanding the relationship and orientation of the external oblique ridge to the molars is essential in planning and executing surgeries effectively while minimizing potential complications.**

## 10. Just because someone considers himself or herself a dental specialist does not make that person an expert witness. What is true regarding this statement?

**A. Both statements are TRUE.**

**B. Both statements are FALSE.**

**C. The first statement is TRUE; the second is FALSE.**

**D. The first statement is FALSE; the second is TRUE.**

**The assertion that someone identifying as a dental specialist does not automatically qualify them as an expert witness is accurate, and thus the first statement is true. It highlights the distinction between having specialized training and being able to provide expert testimony in a legal context. Not every specialist has the necessary experience or articulation skills required to function effectively as an expert witness in court. For the second part of the statement, it is equally true that perceiving oneself as a specialist does not confer expertise in legal matters or in providing testimony. An expert witness must not only have specialized knowledge but also the ability to communicate that knowledge effectively to the court and must be recognized as such by the court based on their qualifications, experience, and relevance to the case at hand. The combination of these two true statements makes the answer accurate, indicating a sound understanding of the distinctions between dental specialization and the role of an expert witness in legal proceedings.**

# Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.**

**Or visit your dedicated course page for more study tools and resources:**

**https://generaldentistryfagd.examzify.com**

**We wish you the very best on your exam journey. You've got this!**