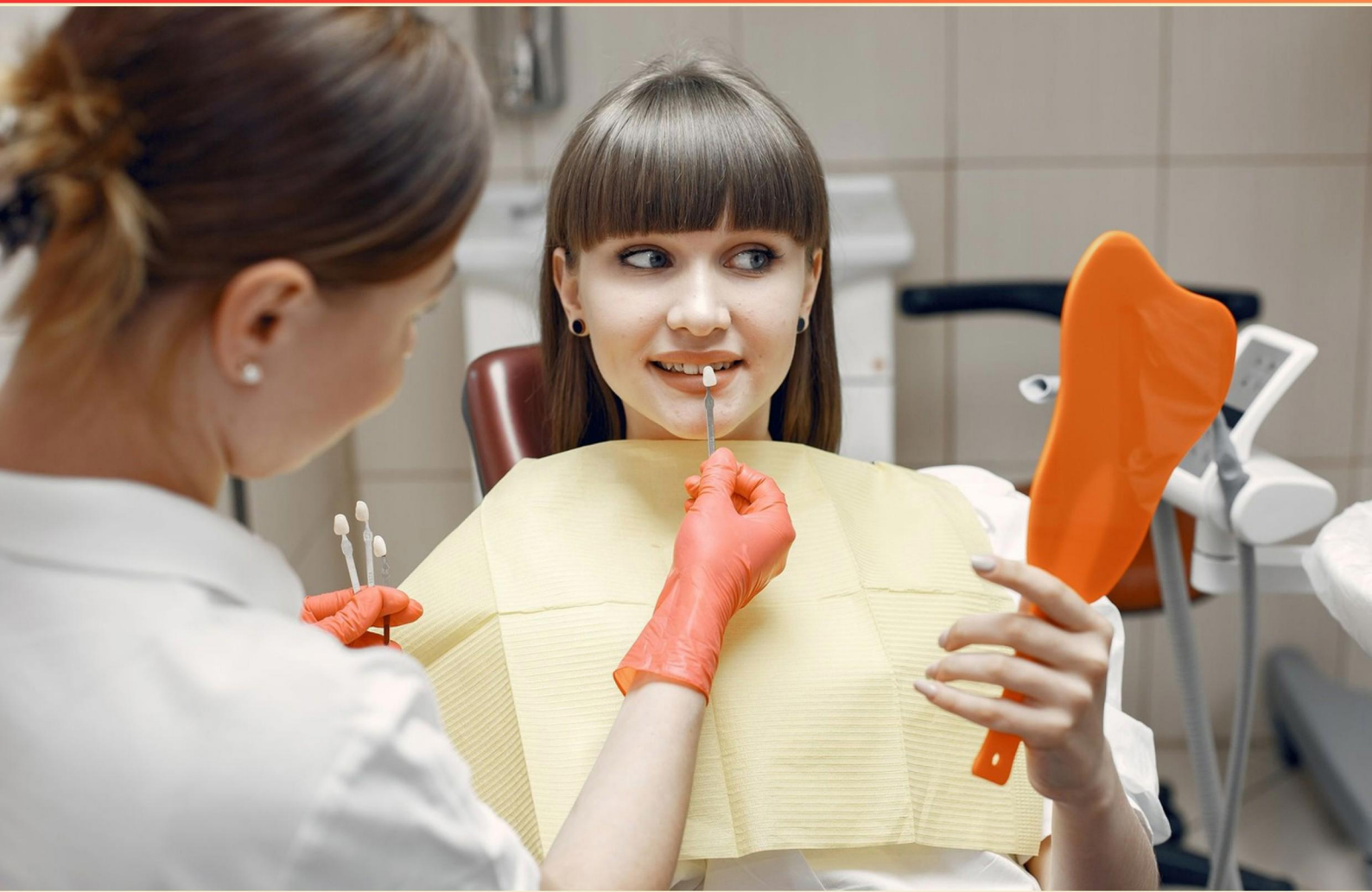


FELLOW OF THE ACADEMY OF GENERAL DENTISTRY (FAGD) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. 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.

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. 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

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- 1. Absence seizures are more specifically identified as which type of seizures?**
 - A. petit mal
 - B. clonic
 - C. grand mal
 - D. atonic
- 2. What is the maximum recommended dosage of epinephrine for a patient receiving local anesthesia?**
 - A. 0.01 mg
 - B. 0.2 mg
 - C. 0.4 mg
 - D. 0.5 mg
- 3. When considering the complications of removing a separated instrument with ultrasonic techniques, what is the best approach?**
 - A. Not attempt removal; obturate with heated gutta percha
 - B. Block or obturate the non-involved canals first
 - C. Fill the other canals with calcium hydroxide
 - D. Enlarge the orifice of the affected canal
- 4. In terms of dental anatomy, which of the following structures is primarily associated with incisal display?**
 - A. Maxillary central incisors
 - B. Mandibular lateral incisors
 - C. Canines
 - D. Molars
- 5. What is the most common side effect experienced with benzodiazepines?**
 - A. Diaphoresis
 - B. Tachycardia
 - C. Drowsiness
 - D. Schizophrenia

- 6. What is the likely diagnosis for a patient with ulcerations on the soft palate after local anesthesia for root planing?**
- A. Recurrent aphthous ulcers
 - B. Herpangina
 - C. Recurrent herpes
 - D. Allergic reaction
- 7. For patients with complete dentures, what does the term "increased freeway space" refer to?**
- 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. What is the primary purpose of an occlusal rest in a removable partial denture?**
- A. Unification
 - B. Counter-leverage
 - C. Vertical support
 - D. Proper seating
- 9. What is the most common site of all mandibular fractures?**
- A. Angle
 - B. Body
 - C. Condylar
 - D. Parasymphysal
- 10. Which patient force factor is most significant in considering stress on an implant-supported prosthesis?**
- A. Parafunction
 - B. Masticatory muscle dynamics
 - C. Crown height space
 - D. Opposing dentition

Answers

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

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Explanations

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1. Absence seizures are more specifically identified as which type of seizures?

- A. petit mal**
- B. clonic
- C. grand mal
- D. atonic

Absence seizures, also known as petit mal seizures, are characterized by brief episodes of impaired awareness. During these seizures, a person may stare blankly into space and may not respond to external stimuli. The episodes typically last for a few seconds and can occur multiple times throughout the day. This type of seizure is most common in children and often resolves as the individual matures. The term "petit mal" literally translates to "small bad," which accurately reflects the subtle and brief nature of these types of seizures compared to more intense seizures like grand mal seizures. Grand mal seizures, also known as tonic-clonic seizures, involve intense muscle contractions and loss of consciousness. Clonic seizures are characterized by rhythmic jerking movements, while atonic seizures lead to a sudden loss of muscle tone. Each type of seizure has its own distinct characteristics and mechanisms, making the identification of absence seizures as petit mal seizures particularly important for diagnosis and treatment.

2. What is the maximum recommended dosage of epinephrine for a patient receiving local anesthesia?

- A. 0.01 mg
- B. 0.2 mg**
- C. 0.4 mg
- D. 0.5 mg

The maximum recommended dosage of epinephrine for a patient receiving local anesthesia is 0.2 mg. This guideline is particularly relevant when using local anesthetics that contain vasopressors, such as epinephrine, to prolong the duration of anesthesia and to minimize bleeding in the surgical area. Epinephrine is a potent sympathomimetic amine that can increase heart rate and blood pressure, making it essential to adhere to recommended dosages to avoid potential cardiovascular complications. The 0.2 mg threshold is used to provide sufficient vasoconstriction without significantly increasing the risks associated with excessive epinephrine, especially in individuals who may have underlying cardiovascular issues. Moreover, knowing this maximum dosage is crucial for dental professionals as they plan treatment, especially in patients with known sensitivities to epinephrine or those with cardiovascular conditions, ensuring that they maintain a safe and effective practice. The other dosages presented are beyond the recommended limits and may lead to adverse effects, such as tachycardia or increased blood pressure. It's essential for practitioners to be familiar with these limits for safe administration of local anesthetics containing epinephrine.

3. When considering the complications of removing a separated instrument with ultrasonic techniques, what is the best approach?

- A. Not attempt removal; obturate with heated gutta percha
- B. Block or obturate the non-involved canals first**
- C. Fill the other canals with calcium hydroxide
- D. Enlarge the orifice of the affected canal

The best approach when dealing with the complications of removing a separated instrument using ultrasonic techniques is to block or obturate the non-involved canals first. This strategy is critical for several reasons. When a separated instrument is present in one canal, it can complicate the treatment of that tooth, particularly in terms of cleaning and sealing the remaining canals effectively. By blocking or obturating the non-involved canals first, the practitioner ensures that these canals are sealed and protected from any potential debris or sealer being introduced during the ultrasonic removal process. This helps to prevent cross-contamination and aids in maintaining the integrity of the endodontic treatment in those unaffected areas. Additionally, sealing the non-involved canals allows the clinician to minimize the risk of post-operative complications, such as the retention of bacteria, which could lead to treatment failure. Once the non-involved canals are secured, the clinician can then focus on the affected canal and the intricate process of removing the separated instrument with a more controlled approach. Focusing on this priority helps ensure that the overall health of the tooth is preserved while addressing the challenge posed by the separated instrument. This methodical approach is particularly essential in maintaining the long-term success of endodontic therapy.

4. In terms of dental anatomy, which of the following structures is primarily associated with incisal display?

- A. Maxillary central incisors**
- B. Mandibular lateral incisors
- C. Canines
- D. Molars

The structure that is primarily associated with incisal display is the maxillary central incisors, and this can be understood by considering their anatomical position and function in the oral cavity. Maxillary central incisors are located at the front of the dental arch and are the most visible teeth when a person smiles or speaks. Their prominence makes them crucial for aesthetic considerations, as they significantly contribute to the overall appearance of the smile. Additionally, these incisors have a unique shape and are designed for cutting food, which underscores their functional importance in both aesthetics and oral function. In contrast, other teeth in the options play different roles. Mandibular lateral incisors, while they do contribute to incisal display, are less prominent than the maxillary central incisors. Canines, positioned adjacent to the incisors, are more involved in guiding jaw movement during lateral excursions and do not play the same role in incisal display. Molars, located further back in the mouth, are primarily designed for grinding and chewing rather than contributing to visible incisal display. Thus, the maxillary central incisors are the teeth that best exemplify incisal display due to their location, visibility, and functional role in the aesthetics of the smile.

5. What is the most common side effect experienced with benzodiazepines?

- A. Diaphoresis
- B. Tachycardia
- C. Drowsiness**
- D. Schizophrenia

Benzodiazepines are central nervous system (CNS) depressants frequently prescribed for anxiety, insomnia, and various other conditions. The most common side effect associated with their use is drowsiness. This sedative effect comes from the way benzodiazepines enhance the action of a neurotransmitter called gamma-aminobutyric acid (GABA), which inhibits brain activity and leads to relaxation and sleepiness. Drowsiness can have significant implications for daily functioning, as it may impair motor skills, cognitive function, and overall alertness, making patients more prone to accidents or errors in judgment. Thus, it's important for both patients and healthcare providers to be aware of this common side effect when prescribing or taking benzodiazepines. While other choices such as diaphoresis, tachycardia, and schizophrenia may occur under certain circumstances or with specific patient populations, they are not as universally experienced or are less common compared to drowsiness.

6. What is the likely diagnosis for a patient with ulcerations on the soft palate after local anesthesia for root planing?

- A. Recurrent aphthous ulcers
- B. Herpangina
- C. Recurrent herpes**
- D. Allergic reaction

The diagnosis of recurrent herpes is strongly supported in this case, particularly because the ulcerations on the soft palate developed following local anesthesia for a dental procedure. Herpes simplex virus can remain dormant in the nervous system and reactivate due to various triggers, including stress from dental treatment or trauma to the soft tissues. In dental settings, the physical stress of procedures, such as root planing, may induce the reactivation of the herpes virus, leading to painful vesicular lesions and subsequently ulcerations that commonly appear on the soft palate or other mucosal tissues. The timing of the ulcerations, immediately following the dental work, aligns with herpes flare-ups, which often occur after such triggers. In contrast, recurrent aphthous ulcers typically present as painful, shallow ulcers but are not commonly associated with the timing of dental procedures or preceded by vesicular lesions. Herpangina is a viral infection characterized by fever and ulcerations mainly on the oropharyngeal area, usually affecting children, and does not usually arise in the context of local anesthesia. An allergic reaction, while possible, would more commonly present with localized swelling, itching, or urticaria rather than isolated ulcerations, making recurrent herpes the most likely and fitting diagnosis in this scenario.

7. For patients with complete dentures, what does the term "increased freeway space" refer to?

- 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.

In the context of complete dentures, "increased freeway space" describes a situation where there is a greater distance between the occlusal surfaces of the upper and lower dentures when the patient is at rest, compared to the distance when they are occluding. This adjustment is essential for several reasons, including comfort and function. When discussing the need for increased freeway space, it is typically related to the anatomical and functional considerations of the patient's oral environment. The right amount of freeway space helps in minimizing muscle strain, maintaining proper function of the dentures, and ensuring adequate space for movements such as speaking and swallowing without interference from the denture components. Understanding this term is critical for dental professionals when fitting or adjusting dentures, as it can significantly impact a patient's oral comfort and overall satisfaction with their dentures. This relates to the insight provided in the first and second statements; therefore, accurately assessing their truthfulness is key to reaching the correct conclusion in the question.

8. What is the primary purpose of an occlusal rest in a removable partial denture?

- A. Unification
- B. Counter-leverage
- C. Vertical support**
- D. Proper seating

The primary purpose of an occlusal rest in a removable partial denture is to provide vertical support. An occlusal rest is a specific area within the partial denture framework designed to fit against the occlusal surfaces of the abutment teeth. This design allows the rest to effectively distribute the forces of occlusion downwards into the supporting tooth structure, which helps prevent excessive movement of the denture during function. The vertical support offered by occlusal rests is crucial for maintaining the stability and integrity of the partial denture. It helps to reduce the potential for dislodgement during chewing and other functional movements, thereby enhancing the comfort and effectiveness of the prosthesis for the patient. While unification, counter-leverage, and proper seating have their roles in the overall function of a removable partial denture, they do not specifically address the primary action of the occlusal rest, which is to provide support and maintain the vertical dimension of occlusion.

9. What is the most common site of all mandibular fractures?

- A. Angle
- B. Body
- C. Condylar**
- D. Parasymphysal

The condylar region is indeed a well-recognized site for mandibular fractures, but the most common site for these types of fractures is actually the angle of the mandible. The angle's anatomical structure makes it susceptible to trauma, and the distribution of forces from impacts often results in fractures occurring in this area. Fractures at the mandible's angle can also develop from various activities, such as sports or physical altercations, where the force delivered typically impacts the lower jaw region. Additionally, the space available at the angle provides less support compared to other areas, which can contribute to these fractures. The other areas mentioned, such as the body, condyle, and parasymphysal region, can also experience fractures but do not occur as frequently as those at the angle. The condylar fracture is significant in joint involvement but is not as common overall as fractures sustained at the angle of the mandible.

10. Which patient force factor is most significant in considering stress on an implant-supported prosthesis?

- A. Parafunction**
- B. Masticatory muscle dynamics
- C. Crown height space
- D. Opposing dentition

The most significant patient force factor in considering stress on an implant-supported prosthesis is parafunction. Parafunction refers to the abnormal functional use of the teeth, which includes habits such as bruxism (teeth grinding) and clenching. These activities can generate forces that exceed normal masticatory loads, leading to excessive stress and potential complications for the implant and surrounding bone. Implant-supported prostheses are designed to withstand typical chewing forces during normal mastication; however, the additional strain caused by parafunctional habits can lead to implant failure, mechanical complications, and bone loss. It is crucial for dental professionals to assess parafunctional habits in their patients and consider them when planning and managing implant therapy, as these habits may significantly influence the longevity and success of the implant-supported prosthesis. Other factors such as masticatory muscle dynamics, crown height space, and opposing dentition also have an impact on the forces acting on an implant. However, they do not compare in significance to the potential detrimental effects of abnormal parafunctional habits. Masticatory muscle dynamics involve the strength and coordination of the muscles used for chewing but are typically less variable than the forces produced by parafunctional habits. Crown height space is important for the design and function of the prosthesis

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!

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