Dental Hygiene Case Selection Worksheet

This form is for your use prior to and on the day of the exam.

It can be duplicated as needed.

It does not go into the Evaluation Station.

Candidate	Sequential:	
PLACE ID LABEL HERE		
Test	Site:	

All information from this Case Selection Worksheet must be entered into the electronic grading system either by you online (at least 48 hrs before the start of your exam) or by the DSM at the exam site. If you enter your Case Selection online, you will confirm your entry with the DSM on the day of the exam, at which time changes can be made if necessary.

	•		•	
Tooth #	Circle Primary Quadrant:	Posterio	r Teeth In Second Quadrant	
& Calc. Location	UR UL	#	#	
	LR LL			
	Qualifying Subgingival Calculus Removal In the large boxes to the left, enter the number have selected for the Calculus Removal E indicate in the smaller adjacent box the subselected for removal (M = Mesial, F = Facted on the same tooth, enter the tooth number 1998).	mbers of the teeth from Exercise. These teet arface on the tooth working D = Distal, L = Li	h should be listed in sequential order and there the calculus is located that you havingual). If more than one surface is selec	e
	The 12 selected surfaces of qualifying sul • At least 8 of the 12 surfaces of qualify and molars) • At least 5 of the 8 surfaces of qualify	ring subgingival calcı		
	proximal surfaces and within 2mm	of an adjacent tooth		
	2nd or 3rd terminal molar may		must be on molars, one distal surface of	а
	 The remaining 4 of these 12 surfaces 	are at the choice of	the candidate	

(Turn over to complete Candidate Findings)

CANDIDATE FINDINGS WORKSHEET

BRING WITH YOU EACH TIME YOU MEET WITH THE DSM. THIS FORM DOES NOT GO INTO THE EVALUATION STATION.

Candidate Sequential:_

PLACE ID LABEL HERE

Test Site:____

A CFE will transfer the assigned teeth from the Progress Form to this form once your patient returns from pre-treatment evaluation

Qualifying Calculus Detection Findings: COMPLETE BEFORE STARTING TREATMENT

For the teeth assigned below, indicate if qualifying calculus is present by placing an "X" in the box marked - "Yes" - present or - "No" - not present for each of the four surfaces on each tooth: Mesial, Distal, Facial, and Lingual.

Tooth #	M	D	F	L
	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No

Probing Measurement Findings

COMPLETE AFTER FINISHING TREATMENT

- Two teeth (one anterior, one posterior) are assigned by examiners during pre-treatment evaluation
- After you complete treatment, measure and record in the appropriate boxes below the depth of each sulcus/ pocket on the indicated surfaces to the nearest mm.

	Anterior		Posterior
Tooth	#	Tooth	#
DL		DL	
L		L	
ML		ML	