

# Dental Hygiene Case Selection Worksheet

**All information from this 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.**

This form is for your use prior to and on the day of the exam. It can be duplicated as needed.

Tooth # & Calc. Location
<div style="display: flex; justify-content: space-between;"><div style="width: 40px; height: 20px; border: 1px solid black;"></div><div style="width: 40px; height: 20px; border: 1px solid black;"></div></div>
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**Circle Primary Quadrant:** UR UL  
LR LL

**Posterior Teeth In Second Quadrant**

# \_\_\_\_\_ # \_\_\_\_\_

Qualifying Subgingival Calculus Removal

In the large boxes to the left, enter the numbers of the teeth from within your Case Selection that you have selected for the Calculus Removal Exercise. These teeth should be listed in sequential order and indicate in the smaller adjacent box the surface on the tooth where the calculus is located that you have selected for removal (M = Mesial, F = Facial, D = Distal, L = Lingual). If more than one surface is selected on the same tooth, enter the tooth number each time a new surface is listed, example:

3	M	then	3	D
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Of the 12 surfaces of qualifying subgingival calculus, 8 must be on posterior teeth. At least 5 of the 8 must be on mesial or distal surfaces and the teeth must be within 2 mm of an adjacent tooth. At least 3 of the 5 surfaces must be proximal surfaces on molars. Only one of the 3 surfaces on molars may be located on a surfaces with no adjacent tooth. The remaining 4 surfaces may be located on any surface in the case selection.

Candidate Sequential: \_\_\_\_\_

**PLACE ID LABEL HERE**

Test Site: \_\_\_\_\_

(Turn over for Probing Measurement Findings)

# Probing Measurement Findings

(exercise to be completed post-treatment)

- Two teeth (one anterior, one posterior) are assigned by examiners during pre-treatment evaluation
- A CFE will transfer the assigned teeth from the Progress Form to this form once your patient returns from 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

Tooth #	
DL	
L	
ML	

Posterior

Tooth #	
DL	
L	
ML	