DENTAL HYGIENE PATIENT CALCULUS REMOVAL FORM

Three Required Pockets of 4 mm +/- 1 mm or Deeper
Enter the numbers of 3 separate teeth (from the list of teeth below for Surfaces Qualifying for Calculus Removal) with 4 mm +/- 1 mm or deeper pockets in the large boxes to the left and indicate the surface where the pocket selected on each tooth is located in the smaller adjacent box. (M = Mesial, F = Facial, D = Distal, L = Lingual) It is not necessary to select one of these surfaces to scale.

Surfaces Qualifying for Calculus Removal
In the large boxes to the left, enter the numbers of the 6 to 8 teeth in one primary quadrant 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) At least twelve surfaces must be listed in ascending order. 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
```

Of the first 12 surfaces, 8 must be on premolars and/or molars. Five of these must be on proximal surfaces and 3 surfaces must be on molars. These proximal surfaces on posterior teeth must be in contact with at least one approximating tooth within 2 mm (only the distal surface of a 2nd or 3rd terminal molar may be used as one of the molar proximal surfaces). The four remaining surfaces are at the choice of the candidate.

Alternatively, if the required initial 12 surfaces cannot be met in the primary quadrant alone, up to 4 surfaces on approximating posterior teeth in an alternate quadrant may be selected.

Four Optional Additional Surfaces Qualifying for Calculus Removal
Up to four more surfaces may be selected on up to four more posterior teeth in case one or more of the initial 12 selected surfaces is found to have insufficient calculus for evaluation of calculus removal. Ideally, the optional additional teeth should be in the primary or alternate quadrant.
### DENTAL HYGIENE CASE ACCEPTANCE FORM

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<tbody>
<tr>
<td>** Required Forms **</td>
<td>SAT ○</td>
<td>ACC ○</td>
<td>SUB ○</td>
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</tbody>
</table>

**SAT**
The Treatment Consent form, Medical History, Progress Form, Treatment Selection and Dental Hygiene Evaluation Forms are complete, accurate and current.

**ACC**
The Treatment Consent Form is incorrect or not signed by the patient.*
The Medical History is incomplete*, missing patient signature*, or has slight inaccuracies which do not affect the patient or proposed treatment. Progress Form and/or Evaluation Form has inaccuracies or is incomplete or missing.*

**SUB**
The Medical History has inaccuracies which do not affect treatment but demand immediate attention.*
Medical clearance (if needed) is not present on submission but available on request.
A second submission of an Incomplete Pre-Treatment Form and/or Progress Form.

**DEF**
The Medical History has significant findings contraindicating treatment, i.e., latex allergy, taking non-approved bisphosphonates, or active herpes infection.
Medical clearance not present and not available on request.
A second submission of an Incomplete and/or incorrect Treatment Consent and/or Medical History. (Patient Treatment Examination is stopped.)

**Blood Pressure**
SAT ○ | DEF ○

- Both systolic and diastolic blood pressure are less than or equal to 159/94.
- OR systolic and/or diastolic blood pressure is between 160/95 – 179/109 WITH a written consult from a physician authorizing treatment during the exam.

**ACC**
- Blood pressure has not been taken or is not recorded* but upon correction meets criteria listed under SAT.

**DEF**
- Systolic and/or diastolic blood pressure is between 160/95 – 179/109 WITHOUT a written consult authorizing treatment.
- OR Blood pressure is 180/110 or greater even with a written consult from a physician authorizing treatment.

**Radiographs**
SAT ○ | ACC ○ | SUB ○ | DEF ○

- Radiographs are of diagnostic quality, reflect the current clinical condition of the mouth, the periapicals have been exposed within 3 years and the four bitewings within 1 year, and are properly mounted with exposure date and patient’s name.

**ACC**
Radiographs are available, but not submitted with the patient for initial evaluation.***

**SUB**
Radiographs are of poor diagnostic quality and/or do not meet all of the criteria listed under SAT.

**DEF**
Radiographs are of unacceptable diagnostic quality and/or are missing and not available on request. (Patient Treatment Examination is stopped.)

**Teeth/Deposit Requirements**
SAT ○ | ACC ○ | SUB ○

The selection of Surfaces Qualifying for Calculus Removal is properly completed indicating:
- 6 to 8 teeth selected each with at least one surface of calculus charted for the initial 12 required surfaces.
- At least 12 surfaces of subgingival calculus charted.
- 8 of the 12 initial surfaces are on premolars and/or molars. All posterior teeth must have at least one approximating tooth within 2mm distance.
- 5 of the initial 12 selected surfaces must be on posterior proximal surfaces and 3 of these must be on molars. Only one distal surface on terminal 2nd or 3rd molar may be used.
- Three pockets 5 mm +/- 1 mm or more in depth, each on a different tooth within the teeth selected for treatment.

The selection of Surfaces Qualifying for Calculus Removal has not been filled out or on the first submission has been filled out incorrectly demonstrating:
- Fewer than 6 or more than 8 selected teeth for the initial 12 required surfaces**, and/or
- Less than 12 surfaces of subgingival calculus charted**, and/or
- For the initial 12 surfaces, fewer than 8 surfaces of subgingival calculus charted on premolars and/or molars**, and/or no approximating tooth with 2 mm of one or more of the selected posterior teeth**, and/or
- One or more selected teeth without any surfaces of calculus charted**, and/or
- For the initial 12 surfaces, fewer than 5 selected surfaces on posterior proximal surfaces** and/or
- Fewer than 3 of these proximal surfaces on molars** and/or
- Fewer than 3 separate teeth with pockets of 4 mm +/- 1 mm or more indicated for the three Required Pockets with these depths.

**SUB**
Of the three teeth presented with sulcus/pocket measurements of 4 mm +/- 1 mm or more, one or more of the teeth are outside the treatment selection on the 2nd submission.
DENTAL HYGIENE PATIENT CALCULUS REMOVAL FORM
PRE-TREATMENT EVALUATION

Three Required Pockets of 4 mm +/- 1 mm or Deeper
Enter the numbers of 3 separate teeth (from the list of teeth below for Surfaces Qualifying for Calculus Removal) with 4 mm +/- 1 mm or deeper pockets in the large boxes to the left and indicate the surface where the pocket selected on each tooth is located in the smaller adjacent box. (M = Mesial, F = Facial, D = Distal, L = Lingual) It is not necessary to select one of these surfaces to scale.

Surfaces Qualifying for Calculus Removal

Pocket Depth Measurements
Accurate Measurements

Ant. Tooth #
Yes No
Surfaces Measured
DF F MF DL L ML
Post. Tooth #
Yes No
Surfaces Measured
DF F MF DL L ML
# DENTAL HYGIENE PATIENT CALCULUS REMOVAL FORM

## POST-TREATMENT EVALUATION

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### TISSUE AND TREATMENT MANAGEMENT

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<tr>
<th>Soft Tissue Management</th>
<th>SAT</th>
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- **SAT**: Instruments, polishing cups or brushes and dental floss are effectively utilized so that no unwarranted soft tissue trauma occurs as a result of the scaling and polishing procedures.

- **ACC**: There is slight soft tissue trauma that is inconsistent with the procedure.

- **SUB**: There is soft tissue trauma that is inconsistent with the procedure.
  - Soft tissue trauma may include, but is not limited to, abrasions, lacerations or ultrasonic burns. There is one amputated papilla (facially or lingually).

- **DEF**: There is major damage to the soft tissue that is inconsistent with the procedure and pre-existing condition. This damage may include, but not be limited to, such trauma as:
  - Amputated papillae (2 or more facially or lingually)
  - Exposure of the alveolar process
  - A laceration or damage that requires suturing and/or periodontal packing
  - One or more ultrasonic burns that require follow-up treatment
  - A broken instrument tip is evident in the sulcus or soft tissue

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<tr>
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- **SAT**: Instruments, polishing cups or brushes and dental floss are effectively utilized so that no unwarranted hard tissue trauma occurs as a result of the scaling and polishing procedures.

- **SUB**: There is hard tissue trauma that is inconsistent with the procedure. Hard tissue trauma may include root surface abrasions that do not require additional definitive treatment. Subgingival or supragingival calculus and/or stain not removed from teeth in the primary quadrant or any alternative teeth selected including all Optional Additional teeth.

- **DEF**: There is major damage to the hard tissue that is inconsistent with the procedure and pre-existing condition.
  - Root surface abrasions that would require additional definitive treatment.

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**Candidate Sequential:**

- Place barcode label above. If you do not have a barcode label, write in the corresponding numbers from your ID card on the lines above.
Candidate Sequential: _______

PLACE BARCODE HERE

Candidate ID: _______ Test Site: _______

Place barcode label above. If you do not have a barcode label, write in the corresponding numbers from your ID card on the lines above.