

SERIAL #

Serial number input area with 25 circles and a small square at the end.

PERIODONTAL CLINICAL EXAMINATION

Tooth # & Calc. Location

Vertical column of 12 tooth icons for marking.

Subgingival Calculus Detection

In the large boxes to the left, enter the number of the 6 to 8 teeth and indicate in the smaller adjacent box, the surface on that tooth where the calculus is located that you have selected for removal. (M = Mesial, F = Facial, D = Distal, L = Lingual) Twelve surfaces must be indicated. If more than one surface is selected on the same tooth, enter the tooth number each time a new surface is listed, example:



At least three of the selected teeth must be molars and/or premolars including one molar. All posterior teeth must have at least one approximating tooth within 2 mm distance. Record the tooth numbers in ascending order using the 1 to 32 system. Each tooth selected must have at least one surface of calculus indicated for removal. No more than 4 surfaces may be selected on incisors. At least 3 surfaces must be on interproximal surfaces of molars and/or premolars.

Tooth #

Vertical column of 6 tooth icons for marking.

Plaque/Stain Removal

Enter the numbers of the first 6 separate teeth (from the list of teeth above selected for Subgingival Calculus Detection). These teeth will be evaluated for the removal of plaque, stain, and supragingival calculus on the crowns of the teeth.

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.



SERIAL #

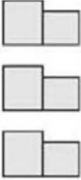
Serial number input field with 21 circles and a cursor.

PERIODONTAL CASE ACCEPTANCE FORM

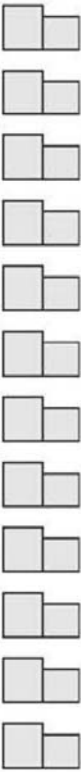
Main assessment form with sections for Periodontal Case Acceptance, Blood Pressure, Radiographs, and Teeth/Deposit Requirements. Each section includes SAT, ACC, SUB, and DEF categories with checkboxes and 1st/2nd Exam options.



Tooth # / Surface



Tooth # & Calc. Location



Tooth #



1st Assigning Exam. #

1st Assigning Exam. # grid with numbers 1-9

2nd Assigning Exam. #

2nd Assigning Exam. # grid with numbers 1-9

* Records and patient must be sent back to the candidate with an Instruction to Candidate requesting correction.

** Records and patient and a second Evaluation Form are sent back to the candidate with an Instruction to Candidate requesting correction.

*** Instruction to Candidate is sent requesting radiographs.

Candidate Sequential: PLACE BARCODE HERE Test Site: Candidate ID: []

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2nd Form

SERIAL #

Serial number input field with 25 circles and a small square at the end.

PERIODONTAL PRE-TREATMENT EVALUATION FORM

Examiner Number				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Tooth # & Calc. Location

Subgingival Calculus Detection - In the large boxes at the left, in ascending order, enter the number of the 6 to 8 teeth and indicate in the smaller adjacent box, the surface on that tooth where the calculus is located that you have selected to remove. (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: 2 M then 2 D).

Calc. Present Yes No

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At least three of the selected teeth must be molars and/or premolars, including one molar. All posterior teeth must have at least one approximating tooth within 2 mm distance. Record the tooth numbers in ascending order using the 1 to 32 system. Each tooth selected must have at least one surface of calculus indicated for removal.

No more than 4 surfaces may be selected on incisors. At least three surfaces must be on interproximal surfaces of molars and/or premolars.

Tooth #

Vertical column of 10 empty boxes for tooth numbers.

Candidate Sequential: _____

PLACE BARCODE HERE

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SERIAL #

Serial number input field with 20 circles and a small square at the end.

PERIODONTAL POST-TREATMENT EVALUATION FORM

Tooth #/
Surface

Three tooth diagrams for surface selection.

Pocket Depth Measurements
Accurate Measurements

Ant. Tooth #

	Yes	No
DF	<input type="checkbox"/>	<input type="checkbox"/>
F	<input type="checkbox"/>	<input type="checkbox"/>
MF	<input type="checkbox"/>	<input type="checkbox"/>
DL	<input type="checkbox"/>	<input type="checkbox"/>
L	<input type="checkbox"/>	<input type="checkbox"/>
ML	<input type="checkbox"/>	<input type="checkbox"/>

Post. Tooth #

	Yes	No
DF	<input type="checkbox"/>	<input type="checkbox"/>
F	<input type="checkbox"/>	<input type="checkbox"/>
MF	<input type="checkbox"/>	<input type="checkbox"/>
DL	<input type="checkbox"/>	<input type="checkbox"/>
L	<input type="checkbox"/>	<input type="checkbox"/>
ML	<input type="checkbox"/>	<input type="checkbox"/>

Surfaces Measured

Surfaces Measured

Examiner Number

Examiner number keypad with digits 0-9.

Tooth # & Calc. Location

Series of tooth diagrams for calculus location marking.

Subgingival Calculus Removal

Yes No

Subgingival calculus removal evaluation grid with Yes/No columns.

Plaque/Stain Removal

Yes No

Plaque/stain removal evaluation grid with Yes/No columns.

Tooth #

Vertical column of tooth diagrams for identification.

SAT. = Satisfactory ACC. = Minimally Acceptable SUB. = Marginally Substandard DEF. = Critically Deficient	
TISSUE AND TREATMENT MANAGEMENT	
Patient Comfort SAT <input type="checkbox"/> SUB <input type="checkbox"/>	
SAT	The patient has adequate anesthesia for pain control, is comfortable and demonstrates no evidence of distress or pain.
SUB	There is inadequate anesthesia for pain control.
Soft Tissue Management SAT <input type="checkbox"/> ACC <input type="checkbox"/> SUB <input type="checkbox"/> DEF <input type="checkbox"/>	
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 minor soft tissue trauma that is inconsistent with the procedure. Soft tissue trauma may include, but not be limited to, abrasions, lacerations or ultrasonic burns.
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: <ul style="list-style-type: none"> • Amputated papillae • 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
Hard Tissue Management SAT <input type="checkbox"/> SUB <input type="checkbox"/> DEF <input type="checkbox"/>	
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 minor hard tissue trauma that is inconsistent with the procedure. Hard tissue trauma may include root surface abrasion(s) that do(es) not require additional definitive treatment.
DEF	There is major damage to the hard tissue that is inconsistent with the procedure and pre-existing condition. <ul style="list-style-type: none"> • Root surface abrasions that would require additional definitive treatment

Candidate Sequential: _____
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