



### Qualified Patient/Tooth/Lesion Treatment Form

Date of Examination: \_\_\_\_\_ Examination Site: \_\_\_\_\_

Candidate CDCA Sequential Number: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Tooth #: \_\_\_\_\_

Circle the surfaces planned:

Surfaces:      Class III      MF      ML      DF      DL  
                  Class II MO      DO      MOD

Describe other surfaces on the tooth to be treated that have diagnosed caries but are not scheduled to be treated for this exam and what the treatment plan is for each: (circle the surfaces)

Surface(s):      Class III      M      D      F      L  
Treatment Planned:      Remineralization therapy or Restoration

Surface(s):      Class II M      D      F      L  
Treatment Planned:      Remineralization therapy or Restoration

Date of Radiograph(s) \_\_\_\_\_

The following criteria must also be met for the patient/tooth/surface selection to be accepted by the CDCA:

- Patient is a patient of record at the dental school and is approved currently for this treatment
- Patient is 18 years old and fulfills medical requirements
- Tooth fulfills CDCA requirements
- Occlusion verified for posterior from ADEX qualifying criteria
- Radiographs exposed within 1 year of the examination
- Proximal contact visually verified with clean and dry tooth
- Caries verified as qualifying from ADEX criteria
- For anterior teeth defective restoration qualifies from ADEX criteria
- Adjacent tooth no cavitation and allows for restoration of ideal form
- For posterior tooth all class V lesions must be pretreated before the exam.

I, \_\_\_\_\_, verify that I have clinically evaluated the  
(Faculty member- legibly print name)

Patient named on this form. From my examination the patient/tooth/lesion that is identified here fulfills ADEX qualifying requirements and is acceptable for treatment during the CDCA examination at this time.

Faculty signature: \_\_\_\_\_ Date: \_\_\_\_\_