

CANDIDATE FINDINGS WORKSHEET

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

Candidate Sequential: _____

Candidate ID: _____
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
<input type="text"/>	Yes No	Yes No	Yes No	Yes No
<input type="text"/>	Yes No	Yes No	Yes No	Yes No
<input type="text"/>	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	<input type="text"/>	DL	<input type="text"/>
L	<input type="text"/>	L	<input type="text"/>
ML	<input type="text"/>	ML	<input type="text"/>