Longitudinal Follow-Up of Restorations - Clinical Data Collection Form

Use this form from 11/22/2007 to 11/22/2008 or if you are repairing or replacing this specific restoration or extracting this tooth.

Patient ID: 1000030-5101

Original Treatment Date: 05/22/2007  Examination of: [ ] Tooth Number: 29  Surface(s): [ ] D

Visit Date: Enter today's date [ ] mm / [ ] dd / 20 [ ] yy

1. Is the dentist who is filling out this form today the same one who placed this restoration on the original treatment date (05/22/2007)?

   a  [ ] Yes
   b  [ ] No

2. Restoration Status: Since the last time you evaluated this restoration, this tooth has been:

   a  [ ] extracted → if you checked this, please STOP HERE
   b  [ ] treated with a root canal that altered this restoration → if you checked this, please STOP HERE
   c  [ ] treated for a problem with this restoration → if you checked this, please STOP HERE
   d  [ ] None of the above → please continue to question 3 and 4

3. Is this visit due to a problem with this restoration?

   a  [ ] Yes
   b  [ ] No

4. Restoration Rating: Rate the condition of this restoration ("acceptable" or "repair or replace")

   a  [ ] Acceptable - No further clinical action is needed, please indicate if you adjusted the restoration.

       Did you adjust or polish to improve the restoration today?

       1  [ ] Yes
       2  [ ] No

       → if you checked "Acceptable", please STOP HERE

   b  [ ] Repair or Replace - Clinical action is needed. → please TURN PAGE OVER AND CONTINUE

Longitudinal follow-up of restorations 10-18-2007 klj
5. What is your treatment plan for this restoration?
(Mark all that apply)

a  Repair a defective part of the restoration
b  Replace the entire restoration
c  Tooth requires endodontics
d  Tooth will be extracted
e  Other treatment (explain) ____________________________

6. Please indicate the **main** reason for repair or replacement of the restoration
(Choose only one).

a  Secondary/recurrent caries → If you checked this box, please continue to questions 7 and 8.
b  Entire restoration is discolored
c  Restoration margins are discolored
d  Restoration margins are degraded or ditched
e  Bulk fracture of restoration
f  Restoration is missing
g  Tooth is fractured
h  Pain or sensitivity
i  Patient request (specify) ____________________________
j  Other reason (specify) ____________________________

→ If you checked an answer b - j, please STOP HERE!

7. What technique or observation led you to the diagnosis of secondary caries?
(Mark all that apply)

a  Probing with a dental explorer
b  Radiographs
c  Intuition or clinical experience based on clinical appearance
d  Discolored margin of the restoration
e  Frank or definite caries cavitation
f  Presence of soft, discolored dentin or enamel
g  An exploratory preparation to inspect the lesion

8. Where was the clinically diagnosed secondary caries relative to the existing restoration?

a  Gingival to the restoration with the carious margin in the enamel
b  Gingival to the restoration with the carious margin in dentin or cementum
c  Other location