Longitudinal Follow-Up of Restorations - Clinical Data Collection Form

Use this form from 4/23/2009 to 4/23/2010 or if you are repairing or replacing this specific restoration or extracting this tooth.

Patient ID 1000030-53101

Original Treatment Date: 10/23/2008 Examination of: Tooth Number: 29 Surface(s): MODFL

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 (10/23/2008)?

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]

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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 of 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