## DPBRN Logo

This form is **only** to be used if the patient comes in **before** 24 months and needs a change in treatment

## Dental PBRN Study 6: Change of Treatment Form: Questionable Occlusal Carious Lesions

**Use this Data Collection Form if you are providing treatment on the occlusal surface of this tooth today.**

**For each question, please indicate the answer that best applies by marking an “X” in the corresponding box like this:  It is very important that the responses be recorded within the space allotted.**

**When recording numerical responses, such as amounts or dates, one number should be entered in each box and every box should have a number in it. Therefore, it may be necessary to record leading zero*s* when the number requires fewer boxes than provided.**

**Completed form should be mailed to: Dental PBRN**

**UAB School of Dentistry**

**1530 3rd Ave South SDB 111 Birmingham, AL 35294-0007**

**Original Treatment Date:**  **/ / 20 Examination of:** Tooth Number:

## mm dd yy L1TOHNUM

**L1TRTDATMM L1TRTDATDD L1TRTDATYY**

## Visit Date: Enter today’s date / / 20

mm dd yy

**L1VISDATMM L1VISDATDD L1VISDATYY**

1. Is the practitioner who is filling out this form today the same one who enrolled the questionable lesions on the original treatment date?

a  Yes **L1SMDOC**

b  No

2. Is this visit due to a problem with this specific tooth? **L1SMTOH**

a  Yes

b  No

3. What was the original treatment plan of the tooth? (please check all that apply)

a  Monitor **L0MONITOR**

b  Oral hygiene instruction **L0ORALHYG**

c  Applying/prescribing fluoride **L0FLUOR**

d  Applying varnish **L0VARNISH**

e  Sealant placement **L0SEALNT**

f  Enameloplasty **L0ENAMPL**

g  Preventive Resin Restoration **L0PRERESIN**

h  Full Restoration **L0FURESTO**

If you checked a, b, c, or d **continue to question 4.** If you checked **only** e, f, g, or h **skip to question 8**

4. Which **one** best describes the luster of the questionable area today? **L1LUSTER**

a  Chalky appearance

b  Shiny appearance

5. Which **one** best describes the color of the questionable area today? **L1COLOR**

a  Opaque

b  White spot

c  Yellow/light brown discoloration

d  Dark brown/black discoloration

e  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **L1COLORSP**

**If you did not use an explorer to evaluate this tooth today, please skip to question 8**

6. When you used a dental explorer, did you experienceroughness of the enamel surface upon light exploration? **L1ROUGH**

a  Yes

b  No

7. When you used a dental explorer, did you experience retention of the explorer in a groove or fissure? **L1EXPRET**

a  Yes-Slight stick

b  Yes-Resistance to removal

c  No

8. What is the treatment plan for the tooth***today***? (please check all that apply)

a  Monitoring **L1MONITOR**

b  Oral hygiene instruction **L1ORALHYG**

c  Applying/prescribing fluoride **L1FLUOR**

d  Applying varnish **L1VARNISH**

e  Sealant placement (etch tooth with **no** preparation, with sealant material/composite resin placed over it ) **L1SEALNT**

f  Repair/replacement of sealant **L1SEALNTRPR**

g  Repair/replacement of restoration **L1SEALNTRPL**

h  Enameloplasty (removing superficial grooves and other defects with or without fluoride/resin material) **L1ENAMPL**

i  Preventive Resin Restoration (i.e. minimal tooth preparation, composite resin placed, with sealant material placed over it) **L1PRERESIN**

j  Full Restoration **L1FURESTO**

k  Other **L1TOHTRT** \_\_\_\_\_\_\_\_\_\_ **L1TOHTRTSP** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you chose a, b, c, d,e **or** f STOP **HERE.** If you chose g, h, i,j **or** k **PLEASE CONTINUE**

9. If you chose to restore this tooth today, what did you find? **L1FIND**

a  No caries

b  Inactive/ re-mineralized caries

c  Active caries (Outer ½ of Enamel)

d  Active caries (Inner ½ of Enamel)

e  Active caries (Outer ⅓ of Dentin)

f  Active caries (Middle ⅓ of Dentin)

g  Active caries (Inner ⅓ of Dentin)

10. If you chose to restore this tooth, what type of material did you use? **L1REMAT**

a  Amalgam

b  Composite

c  Glass ionomer

d  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **L1REMATSP**