## DPBRN Logo

## 24-Month Follow-Up of Questionable Occlusal Carious Lesions

**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 y y

##  L2TRTDATMM L2TRTDATDD L2TRTDATYY L2TOHNUM

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

 mm dd y y

 **L2VISDATMM L2VISDATDD L2VISDATYY**

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 **L2SMDOC**

b  No

 2. Is this visit due to a problem with this specific tooth? **L2SMTOH**

 a  Yes

b  No

3. Currently, this lesion is: **L2LESTRT**

 a  Being monitored with oral hygiene instruction and/or fluoride treatment → If you checked this, please **continue to question 4**

b  Sealed → If you checked this, please **skip to question 8**

 c  Restored → If you checked this, please **skip to question 10**

4. Which **one** best describes the luster of the questionable area today? **L2LUSTER**

 a  Chalky appearance

b  Shiny appearance

5. Which **one** best describes the color of the questionable area today? **L2COLOR**

 a  Opaque

 b  White spot

 c  Yellow/light brown discoloration

 d  Dark brown/black discoloration

 e  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **L2COLORSP**

 **If you did not use an explorer to diagnose this surface today, please STOP HERE**

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

 a Yes **L2ROUGH**

 b No

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

 a  Yes-Slight stick **L2EXPRET**

 b Yes-Resistance to removal

 c No

8. Sealant rating: rate the sealant as “Acceptable” or “Repair or Replace” **L2SEALTRA**

 a  Acceptable-No further clinical action is needed , please indicate if you adjusted the sealant

 Did you grind or adjust to improve the sealant today?

 A  Yes **L2SEALIMP**

 B  No

 b  Repair or replace-Clinical action is needed

 9. What is your treatment plan for this sealant? (check all that apply)

 a  Repair a defective part of the sealant **L2SEALRPR**

 b Replace the entire sealant **L2SEALRPL**

 c Other treatment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **L2SEALOTH L2SEALOTHSP**

10. Restoration: rate the restoration as “Acceptable” or “Repair or Replace” **L2RSTORA**

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

 Did you grind or adjust to improve the restoration today?

 A  Yes **L2RSTOIMP**

 B  No

 b  Repair or replace-Clinical action is needed

 11. What is your treatment plan for this restoration? (check all that apply)

 a  Repair a defective part of the restoration **L2RSTORPR**

 b Replace the entire restoration **L2RSTORPL**

 c Other treatment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **L2RSTOOTH L2RSTOOTHSP**

If you checked “Acceptable”, please **STOP HERE**

If you checked “Acceptable”, please **STOP HERE**