Cracked Tooth Registry

This form should be filled out only AFTER all eligibility criteria are confirmed, including tooth vitality. Section 1 (Baseline Exam) MUST be completed for all patients enrolled in the study. Section 2 (Treatment Information) is filled out ONLY if treatment is performed at the baseline enrollment visit.

Baseline: Exam & Treatment Form

Section 1 – Baseline Exam

Visit Date: ___/___/___
m     m        d      d          y       y      y       y

1. Tooth #: ____ Please answer the following questions regarding this tooth:

   2. Patient reports spontaneous pain in this tooth
      ☐ Yes   ☐ No

   3. How was tooth tested for vitality? (Check all that apply):
      ☐ Cold-refrigerant spray (preferred)  ☐ Electric Pulp Tester
      ☐ Cold-ice  ☐ Other (please describe): ________________________________

   4. Did the patient respond with pain (not just discomfort) to cold testing of this tooth?
      ☐ Yes, pain was short and sharp  ☐ No
      ☐ Yes, pain was prolonged (5 seconds or more)  ☐ Other (please describe): ________________________________

   5. Did the patient respond with pain (not just pressure) upon biting and/or releasing on this tooth?
      ☐ Yes   ☐ No   ☐ Other (please describe): ________________________________

   6. Select the characteristics that apply to the tooth in question (Check all that apply):
      ☐ In occlusion with opposing tooth/teeth
      ☐ Has a wear facet through enamel
      ☐ Roots exposed to oral cavity
      ☐ Caries present anywhere on the tooth
      ☐ It is a Removable Partial Denture abutment tooth
      ☐ It is a Fixed Partial Denture (bridge) abutment tooth
      ☐ Has a non-carious cervical lesion (NCCL) or abfraction
      ☐ Has a partial tooth fracture (loss of a portion of tooth structure coronal to the periodontal attachment; e.g., loss of a cusp)
      ☐ Has a complete tooth fracture (includes both the coronal and radicular tooth structure below the periodontal attachment; e.g., a fracture that renders the tooth non-restorable)
      ☐ None of the above
7. Characterize the opposing tooth/teeth (Check all that apply):
   - Natural or restored tooth
   - Implant restored crown
   - Fixed Partial Denture (bridge) pontic
   - Removable Full Denture or Partial Denture
   - No opposing tooth

8. Radiographic evidence (if radiograph available within past 12 months, taken in the course of regular care) (Check all that apply):
   - Evidence of crack(s) on radiograph
   - No crack-related findings on the radiograph
   - Evidence of periradicular lucency
   - Radiograph not taken in past 12 months

9. Treatment you are recommending for this tooth subsequent to this evaluation (whether in your office or practice to which you refer) (Check all that apply):
   - No treatment/monitor
   - Extraction (Complete the DISCONTINUATION FORM)
   - Endodontics
   - Restoration(s) (Go to Q9a)

9a. If you checked the “restoration” box, please answer the following questions about the FINAL DEFINITIVE restoration you are recommending for this tooth subsequent to this evaluation, (either today or another day, whether in your office or a practice to which you refer)
   - i) The restoration will be (Check one response only)
      - Direct Placement
      - Indirect
   - ii) The restoration will be (Check one response only)
      - Intracoronal
      - Crown
      - Partial crown/onlay
   - iii) The restoration will be (Check one response only)
      - Bonded: (i.e. restoration bonded to tooth with bonding agent and/or resin cement)
      - Non-bonded
   - iv) If you will be providing a crown, partial crown or onlay, will you be placing a core/build-up prior to the final restoration? (Check one response only)
      - Yes
      - No
      - NA
      - Other (please describe):_________________________________

10. Reason for recommended treatment (Check all that apply):
    - Caries (associated with crack)
    - Caries (NOT associated with crack)
    - Broken/defective restoration
    - Compromised tooth structure (protection against tooth fracture)
    - Periodontal involvement
    - Pulpal involvement
    - Tooth sensitive to hot/cold
    - Tooth painful or infected
    - Broken tooth
    - Other (please describe):_________________________________
# Section 2 - Treatment Information

1. **Tooth #:** [__][__]

2. Can an internal crack assessment be done now? (Tooth will be prepared at this treatment visit and internal cracks can be viewed now)?
   - ☐ Yes
   - ☐ No (Skip to Q4)

3. **Number of cracks assessed internally:** [__] (For each numbered internal crack, fill out the appropriate table below)

<table>
<thead>
<tr>
<th>Internal Crack #1</th>
<th>Internal Crack #2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Characteristics</strong> (Check all that apply):</td>
<td><strong>a. Characteristics</strong> (Check all that apply):</td>
</tr>
<tr>
<td>☐ Stained</td>
<td>☐ Stained</td>
</tr>
<tr>
<td>☐ Connected with pre-existing restoration</td>
<td>☐ Connected with pre-existing restoration</td>
</tr>
<tr>
<td>☐ None of the above</td>
<td>☐ None of the above</td>
</tr>
<tr>
<td><strong>b. Surfaces involved</strong> (Check all that apply):</td>
<td><strong>b. Surfaces involved</strong> (Check all that apply):</td>
</tr>
<tr>
<td>☐ M</td>
<td>☐ M</td>
</tr>
<tr>
<td>☐ O</td>
<td>☐ O</td>
</tr>
<tr>
<td>☐ D</td>
<td>☐ D</td>
</tr>
<tr>
<td>☐ F</td>
<td>☐ F</td>
</tr>
<tr>
<td>☐ L</td>
<td>☐ L</td>
</tr>
<tr>
<td>☐ Pulpal</td>
<td>☐ Pulpal</td>
</tr>
<tr>
<td><strong>c. Crack involves:</strong> (Check all that apply):</td>
<td><strong>c. Crack involves:</strong> (Check all that apply):</td>
</tr>
<tr>
<td>☐ F cusps</td>
<td>☐ F cusps</td>
</tr>
<tr>
<td>☐ L cusps</td>
<td>☐ L cusps</td>
</tr>
<tr>
<td>☐ Unsure</td>
<td>☐ Unsure</td>
</tr>
<tr>
<td>☐ None</td>
<td>☐ None</td>
</tr>
<tr>
<td><strong>d. Connects with another crack(s):</strong></td>
<td><strong>d. Connects with another crack(s):</strong></td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ I don’t know</td>
<td>☐ I don’t know</td>
</tr>
<tr>
<td><strong>e. Continuation of external crack:</strong></td>
<td><strong>e. Continuation of external crack:</strong></td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ I don’t know</td>
<td>☐ I don’t know</td>
</tr>
<tr>
<td><strong>f. Crack includes:</strong> (Check all that apply):</td>
<td><strong>f. Crack includes:</strong> (Check all that apply):</td>
</tr>
<tr>
<td>☐ Enamel</td>
<td>☐ Enamel</td>
</tr>
<tr>
<td>☐ Dentin</td>
<td>☐ Dentin</td>
</tr>
</tbody>
</table>
### Internal Crack #3

**a. Characteristics** (Check all that apply):
- ☐ Stained
- ☐ Connected with pre-existing restoration
- ☐ None of the above

**b. Surfaces involved** (Check all that apply):
- ☐ M
- ☐ O
- ☐ D
- ☐ F
- ☐ L
- ☐ Pulpal

**c. Crack involves** (Check all that apply):
- ☐ F cusps
- ☐ L cusps
- ☐ Unsure
- ☐ None

**d. Connects with another crack(s):**
- ☐ Yes
- ☐ No
- ☐ I don’t know

**e. Continuation of external crack:**
- ☐ Yes
- ☐ No
- ☐ I don’t know

**f. Crack includes** (Check all that apply):
- ☐ Enamel
- ☐ Dentin

### Internal Crack #4

**a. Characteristics** (Check all that apply):
- ☐ Stained
- ☐ Connected with pre-existing restoration
- ☐ None of the above

**b. Surfaces involved** (Check all that apply):
- ☐ M
- ☐ O
- ☐ D
- ☐ F
- ☐ L
- ☐ Pulpal

**c. Crack involves** (Check all that apply):
- ☐ F cusps
- ☐ L cusps
- ☐ Unsure
- ☐ None

**d. Connects with another crack(s):**
- ☐ Yes
- ☐ No
- ☐ I don’t know

**e. Continuation of external crack:**
- ☐ Yes
- ☐ No
- ☐ I don’t know

**f. Crack includes** (Check all that apply):
- ☐ Enamel
- ☐ Dentin

---

4. What treatment was completed on the study tooth? (Check all that apply)
- ☐ Extraction (Complete the DISCONTINUATION FORM)
- ☐ Endodontics
- ☐ Restoration(s) (Go to Q4a)

4a. If you checked the “restoration” box, please answer the following questions (i-v) only if you provided a final definitive restoration at this appointment?

   i) The restoration was (Check one response only)
      - ☐ Direct Placement
      - ☐ Indirect

   ii) The restoration was (Check one response only)
      - ☐ Intracoronal
      - ☐ Crown
      - ☐ Partial crown/onlay

   iii) The restoration was (Check one response only)
      - ☐ Bonded (i.e. restoration bonded to tooth with bonding agent and/or resin cement)
      - ☐ Non-bonded

   iv) Which surfaces were involved in the restoration? (Check all that apply)
      - ☐ M
      - ☐ O
      - ☐ D
      - ☐ F
      - ☐ L

   v) Which material(s) were used? (Check all that apply)
      - ☐ Amalgam
      - ☐ Composite
      - ☐ GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer)
      - ☐ All Ceramic
      - ☐ Cast metal/PFM (porcelain fused to metal)
      - ☐ Other (please describe): ___________________
4b. If you checked the “restoration” box, did you place a core/build-up for a crown, partial crown or onlay at today’s appointment? (Check one response only)

☐ Yes  ☐ No  ☐ NA

4c. If you checked the “restoration” box, did you place a temporary crown or restoration at today’s appointment? (Check one response only)

☐ Yes  ☐ No  ☐ NA

5. Treatment you are recommending for this tooth subsequent to today’s treatment, (whether in your office or a practice to which you refer) (Check all that apply):

☐ No treatment/monitor
☐ Extraction (Complete the DISCONTINUATION FORM)
☐ Endodontics
☐ Restoration(s) (If restorative treatment recommendation is the same as Section 1, Q9a, you are done completing this form and can go to the end of section 2; If restorative treatment recommendation has changed, Go to Q5a)

5a. If you checked the “restoration” box, please answer the following questions about the FINAL DEFINITIVE restoration you are recommending for this tooth subsequent to this evaluation, (either today or another day, whether in your office or a practice to which you refer)

i) The restoration will be (Check one response only)

☐ Direct Placement  ☐ Indirect

ii) The restoration will be (Check one response only)

☐ Intracoronal  ☐ Crown  ☐ Partial crown/onlay

iii) The restoration will be (Check one response only)

☐ Bonded: (i.e. restoration bonded to tooth with bonding agent and/or resin cement)
☐ Non-bonded

iv) If you will be providing a crown, partial crown or onlay, will you be placing a core/build-up prior to the final restoration? (Check one response only)  ☐ Yes  ☐ No  ☐ NA

☐ Other (please describe):_________________________________

END OF SECTION 2

_______________________________________  Date: [___ | ___ | / | ___ | ___ | / | 2 | 0 | 1 |]  mm dd yy yy yy
Practitioner Signature

PLEASE REVIEW THIS FORM FOR COMPLETION AND ACCURACY. THANK YOU.
Questions? Contact your RC at the phone or email provided on the front of the binder.