Pre-Intervention Phase

Visit Date: |___|___|/|___|___| /|___|___|___|___|

1. On which tooth is the suspicious area located?
   Tooth #: |___|___|

2. Which one best describes the luster of the suspicious area? (Check a single answer)
   □ Chalky appearance
   □ Shiny appearance

3. Which one best describes the color of the suspicious area? (Check a single answer)
   □ Opaque
   □ White spot
   □ Yellow/light brown discoloration
   □ Dark brown/black discoloration
   □ Other (please specify): ________________________________

4. Which aids were used in making (not confirming) the diagnosis? (Check all that apply)
   □ Magnification
   □ Air drying
   □ Dental explorer
   □ Radiographs
   □ Transillumination
   □ Caries detecting dye
   □ Intraoral camera
   □ Other (please specify): ________________________________

5. If you used a dental explorer, did you experience roughness of the enamel surface upon light exploration?
   □ NA-Did not use an explorer
   □ Yes
   □ No

6. Do any other teeth in the mouth have any of the following characteristics? (Check all that apply)
   □ Visible lesions or radiographic penetration of the dentin
   □ White spots on smooth surfaces
   □ Restorations in the last 3 years that were done to treat active caries
   □ None of the above
7. Does the patient have any of the following risk factors? *(Check all that apply)*
   - Visible heavy plaque on teeth
   - High cariogenic diet
   - Inadequate saliva flow determined either by observation or measurement
   - Infrequent or unpredictable recall intervals
   - None of the above

8. Has the patient been prescribed/recommended any of the following? *(Check all that apply)*
   - 5000ppm fluoride toothpaste
   - Home fluoride rinse
   - Fluoride varnish or in-office fluoride topical in the last 6 months
   - None of the above

9. How would you classify the patient’s caries risk level? *(Check a single answer)*
   - Low
   - Elevated

10. Before you provide any treatment, how deep do you estimate that the deepest part of the suspicious caries lesion is? *(Check a single answer)*
    - Outer ½ of Enamel
    - Inner ½ of Enamel
    - Outer ⅓ of Dentin
    - Middle ⅓ of Dentin
    - Inner ⅓ of Dentin
    - Uncertain

11. I chose to treat the tooth today by *(Check all that apply):*
    - Monitoring
    - Oral hygiene instruction
    - Applying fluoride in-office via tray or varnish
    - Prescribing fluoride either gel or rinse
    - Sealant placement (etch tooth with no preparation)
    - Enameloplasty (removing superficial grooves/other defects with or without fluoride)
    - Preventive resin restoration (i.e. minimal tooth preparation, composite resin placed)
    - Full restoration
    - Other (please specify): _________________________________
12. When you treated the lesion, what did you find? (Check a single answer)

☐ Did not open the lesion
☐ Opened the lesion, but found No caries
☐ Opened the lesion and found Inactive or arrested caries (minimal risk of progression)
☐ Opened the lesion and found Active caries (Outer ½ of Enamel)
☐ Opened the lesion and found Active caries (Inner ½ of Enamel)
☐ Opened the lesion and found Active caries (Outer ⅓ of Dentin)
☐ Opened the lesion and found Active caries (Middle ⅓ of Dentin)
☐ Opened the lesion and found Active caries (Inner ⅓ of Dentin)
☐ Patient did not return for treatment

__________________________________________
Practitioner Signature

Date: ___/___/2011 [mm/dd/yyyy]

IF YOU COMPLETED TREATMENT ON THE TOOTH TODAY, PLEASE COMPLETE THE QUESTION BELOW. IF YOU
WILL BE COMPLETING TREATMENT ON THE TOOTH AT AN UPCOMING VISIT, NOTE THE VISIT DATE HERE:
___/___/____ [mm/dd/yyyy]. COMPLETE THIS FORM WHEN TREATMENT IS COMPLETED. ALSO, PLEASE
REMEMBER TO FLAG YOUR PAPER CHARTS AND ELECTRONIC CHARTS AS A REMINDER TO COMPLETE THIS
FORM ON THE RETURN TREATMENT VISIT AS SCHEDULED.