

SUSPICIOUS OCCLUSAL CARIES LESIONS STUDY
Dentist Assessments

Intervention Phase

Visit Date: |__|__|/|__|__|/| 2 | 0 |__|__|
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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)*

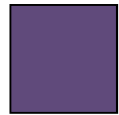
- Opaque
- White spot
- Yellow/light brown discoloration
- Dark brown/black discoloration
- Other (please specify): _____

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 by either observation or measurement
- Infrequent 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)*

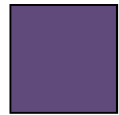
- Low
- Elevated

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 Dentin
- Middle Dentin
- Inner Dentin
- Uncertain

11. I chose to treat the tooth today by *(Check all that apply)*:

- Monitoring
- Oral hygiene instruction
- Applying fluoride via in-office tray or varnish
- Prescribing fluoride
- 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)
- Full restoration
- Other (please specify): _____



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.

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: |__| |__| / |__| |__| / | 2 | | 0 | | 1 | |
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