Cracked Tooth Registry

Print SID here

SKY BLUE

Reference Worksheet

Tooth #: |____|____|

Crack & Restoration Identification

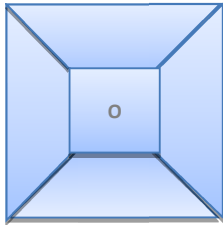### Existing Restorations Identification

Circle Total # of Restorations: 0, 1, 2, 3 (If different from previous visit)

☐ No changes in existing restorations from last exam (do not fill out table)

1 Year Visit

☐No change in cracks from last exam (do not fill out odontogram or table below)

F / L

M / D   M / D

o

F / L

	Surfaces (**Check all that apply**):	Materials: (**Check all that apply**): ☐Amalgam ☐Composite ☐All ceramic ☐Cast Metal/PFM ☐GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer) ☐Unsure ☐Other: _____	Is restoration clinically acceptable *
Restoration #1	☐M ☐O ☐D ☐ F ☐L	Materials: (**Check all that apply**): ☐Amalgam ☐Composite ☐All ceramic ☐Cast Metal/PFM ☐GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer) ☐Unsure ☐Other: _____	☐ Yes ☐ No
Restoration #2	☐M ☐O ☐D ☐ F ☐L	Materials: (**Check all that apply**): ☐Amalgam ☐Composite ☐All ceramic ☐Cast Metal/PFM ☐GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer) ☐Unsure ☐Other: _____	☐ Yes ☐ No
Restoration #3	☐M ☐O ☐D ☐ F ☐L	Materials: (**Check all that apply**): ☐Amalgam ☐Composite ☐All ceramic ☐Cast Metal/PFM ☐GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer) ☐Unsure ☐Other: _____	☐ Yes ☐ No

*Note: The restoration is 'clinically acceptable' if no further clinical action for the restoration is needed.

TOTAL # of Cracks _____

	Surfaces (**Check all that apply**):	Characteristics (**Check all that apply**):	Connects with another crack(s):	Extends onto root:	Direction (**Check all that apply**):
Crack #1	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #2	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #3	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #4	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #5	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #6	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #7	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #8	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique

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Reference Worksheet

Tooth #: |____|____|
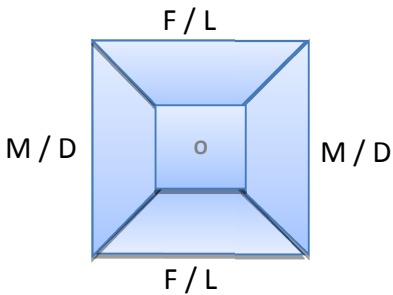
Crack & Restoration Identification

Existing Restorations Identification

Circle Total # of Restorations: 0, 1, 2, 3 (If different from previous visit)

☐ No changes in existing restorations from last exam (do not fill out table)

2 Year Visit

☐ No change in cracks from last exam (do not fill out odontogram or table below)

F / L

M / D   o   M / D

F / L

Restoration #1	Surfaces (Check all that apply): ☐M ☐O ☐D ☐ F ☐L	Materials: (Check all that apply): ☐Amalgam ☐Composite ☐All ceramic ☐Cast Metal/PFM ☐GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer) ☐Unsure ☐Other: _____	Is restoration clinically acceptable * ☐ Yes ☐ No
Restoration #2	Surfaces (Check all that apply): ☐M ☐O ☐D ☐ F ☐L	Materials: (Check all that apply): ☐Amalgam ☐Composite ☐All ceramic ☐Cast Metal/PFM ☐GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer) ☐Unsure ☐Other: _____	Is restoration clinically acceptable * ☐ Yes ☐ No
Restoration #3	Surfaces (Check all that apply): ☐M ☐O ☐D ☐ F ☐L	Materials: (Check all that apply): ☐Amalgam ☐Composite ☐All ceramic ☐Cast Metal/PFM ☐GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer) ☐Unsure ☐Other: _____	Is restoration clinically acceptable * ☐ Yes ☐ No

*Note: The restoration is 'clinically acceptable' if no further clinical action for the restoration is needed.

TOTAL # of Cracks _____

Crack #	Surfaces (Check all that apply):	Characteristics (Check all that apply):	Connects with another crack(s):	Extends onto root:	Direction (Check all that apply):
Crack #1	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #2	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #3	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #4	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #5	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #6	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #7	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #8	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique

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Reference Worksheet

Tooth #: |___|___|

Crack & Restoration Identification

3 Year Visit

☐No change in cracks from last exam (do not fill out odontogram or table below)
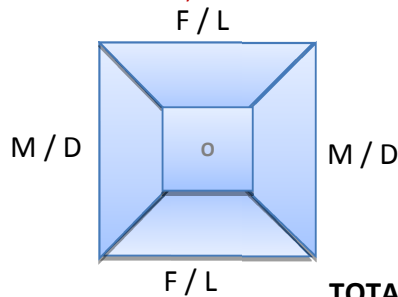
F / L

M / D   o   M / D

F / L

Existing Restorations Identification

Circle Total # of Restorations: 0, 1, 2, 3 (If different from previous visit)

☐ No changes in existing restorations from last exam (do not fill out table)

Restoration #1	Surfaces (Check all that apply): ☐M ☐O ☐D ☐F ☐L	Materials: (Check all that apply): ☐Amalgam ☐Composite ☐All ceramic ☐Cast Metal/PFM ☐GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer) ☐Unsure ☐Other: _____	Is restoration clinically acceptable * ☐ Yes ☐ No
Restoration #2	Surfaces (Check all that apply): ☐M ☐O ☐D ☐F ☐L	Materials: (Check all that apply): ☐Amalgam ☐Composite ☐All ceramic ☐Cast Metal/PFM ☐GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer) ☐Unsure ☐Other: _____	Is restoration clinically acceptable * ☐ Yes ☐ No
Restoration #3	Surfaces (Check all that apply): ☐M ☐O ☐D ☐F ☐L	Materials: (Check all that apply): ☐Amalgam ☐Composite ☐All ceramic ☐Cast Metal/PFM ☐GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer) ☐Unsure ☐Other: _____	Is restoration clinically acceptable * ☐ Yes ☐ No

*Note: The restoration is 'clinically acceptable' if no further clinical action for the restoration is needed.

TOTAL # of Cracks _____

	Surfaces (Check all that apply):	Characteristics (Check all that apply):	Connects with another crack(s):	Extends onto root:	Direction (Check all that apply):
Crack #1	☐M ☐O ☐D ☐F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #2	☐M ☐O ☐D ☐F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #3	☐M ☐O ☐D ☐F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #4	☐M ☐O ☐D ☐F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #5	☐M ☐O ☐D ☐F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #6	☐M ☐O ☐D ☐F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #7	☐M ☐O ☐D ☐F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #8	☐M ☐O ☐D ☐F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique

Cracked Tooth Registry

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Reference Worksheet

Tooth #: |____|____|

Crack & Restoration Identification

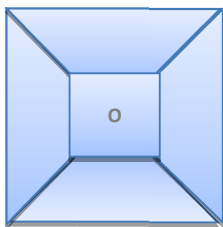### Existing Restorations Identification

Circle Total # of Restorations: 0, 1, 2, 3 (If different from previous visit)

☐ No changes in existing restorations from last exam (do not fill out table)

Completion Visit

☐ No change in cracks from last exam (do not fill out odontogram or table below)

F / L

M / D   o   M / D

F / L

	Surfaces (Check all that apply):	Materials: (Check all that apply):	Is restoration clinically acceptable *
Restoration #1	☐M ☐O ☐D ☐ F ☐L	☐Amalgam ☐Composite ☐All ceramic ☐Cast Metal/PFM ☐GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer) ☐Unsure ☐Other: _____	☐ Yes ☐ No
Restoration #2	☐M ☐O ☐D ☐ F ☐L	☐Amalgam ☐Composite ☐All ceramic ☐Cast Metal/PFM ☐GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer) ☐Unsure ☐Other: _____	☐ Yes ☐ No
Restoration #3	☐M ☐O ☐D ☐ F ☐L	☐Amalgam ☐Composite ☐All ceramic ☐Cast Metal/PFM ☐GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer) ☐Unsure ☐Other: _____	☐ Yes ☐ No

*Note: The restoration is 'clinically acceptable' if no further clinical action for the restoration is needed.

TOTAL # of Cracks _____

	Surfaces (Check all that apply):	Characteristics (Check all that apply):	Connects with another crack(s):	Extends onto root:	Direction (Check all that apply):
Crack #1	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #2	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #3	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #4	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #5	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #6	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #7	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique
Crack #8	☐M ☐O ☐D ☐ F ☐L	☐Stained ☐Detectable with explorer ☐Blocks transilluminated light ☐Connects with a restoration ☐None	☐ Yes ☐ No ☐ I don't know	☐ Yes ☐ No ☐ I don't know	☐ Horizontal ☐ Vertical ☐ Oblique