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BROWN

Cracked Tooth Registry

Treatment Visit (use this form to record treatment provided for one visit only; use additional forms for additional treatments)

Visit Date: |___|___|/|___|___| /|_**2**_|_**0**_|_**1**_|___|
         m   m   d   d   y   y   y   y

1. **Tooth #:** |___|___| Please answer the following questions regarding this tooth

2. Who did provide/is providing treatment?
   ☐ Study Enrolling dentist
   ☐ Dentist other than study enrolling dentist

3. Treatment timing? (Check all that apply)
   ☐ Prior to today (Skip to Q18)
   ☐ Today

4. Is this a continuation of previous treatment either provided or treatment planned?
   ☐ Yes
   ☐ No (Skip to Q6)

5. Has status of tooth changed adversely since previous treatment appointment? (e.g. more symptomatic, more cracks, fractured cusp, etc)
   ☐ Yes
   ☐ No (Skip to Q18 **unless the tooth is being prepared and internal cracks will be assessed, then proceed to Q17**)

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

7. Is the tooth **vital**?
   ☐ Yes
   ☐ No
   ☐ Unable to confirm

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

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

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

11. 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

12. 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

13. Number of external cracks before treatment: |____| (For each numbered external crack, fill out the appropriate table below)

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

External Crack #5

a. **Characteristics** (Check all that apply):
- ☐ Stained
- ☐ Detectable with an explorer
- ☐ Blocks transilluminated light
- ☐ Connects with a restoration
- ☐ None

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

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

d. **Extends onto root:**
- ☐ Yes
- ☐ No
- ☐ I don't know

e. **Direction:** (Check all that apply):
- ☐ Horizontal
- ☐ Vertical
- ☐ Oblique

External Crack #6

a. **Characteristics** (Check all that apply):
- ☐ Stained
- ☐ Detectable with an explorer
- ☐ Blocks transilluminated light
- ☐ Connects with a restoration
- ☐ None

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

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

d. **Extends onto root:**
- ☐ Yes
- ☐ No
- ☐ I don't know

e. **Direction:** (Check all that apply):
- ☐ Horizontal
- ☐ Vertical
- ☐ Oblique

External Crack #7

a. **Characteristics** (Check all that apply):
- ☐ Stained
- ☐ Detectable with an explorer
- ☐ Blocks transilluminated light
- ☐ Connects with a restoration
- ☐ None

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

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

d. **Extends onto root:**
- ☐ Yes
- ☐ No
- ☐ I don't know

e. **Direction:** (Check all that apply):
- ☐ Horizontal
- ☐ Vertical
- ☐ Oblique

External Crack #8

a. **Characteristics** (Check all that apply):
- ☐ Stained
- ☐ Detectable with an explorer
- ☐ Blocks transilluminated light
- ☐ Connects with a restoration
- ☐ None

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

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

d. **Extends onto root:**
- ☐ Yes
- ☐ No
- ☐ I don't know

e. **Direction:** (Check all that apply):
- ☐ Horizontal
- ☐ Vertical
- ☐ Oblique

14. **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

15. Will you be providing treatment on the tooth today?
   ☐ Yes
   ☐ No (Skip to Q21)

16. Can an internal crack assessment be done now? (tooth will be prepared at this treatment visit and internal cracks can be viewed)?
   ☐ Yes
   ☐ No (Skip to Q18)

17. **Number of cracks assessed internally**: |____| (For each numbered internal crack, fill out the appropriate table below)

Internal Crack #1	Internal Crack #2
a. **Characteristics** (Check all that apply): ☐ Stained ☐ Connected with pre-existing restoration ☐ None of the above	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	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	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	d. **Connects with another crack(s):** ☐ Yes ☐ No ☐ I don't know
e. **Continuation of external crack:** ☐ 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	f. **Crack includes:** (Check all that apply): ☐ Enamel ☐ Dentin

Internal Crack #3	Internal Crack #4
a. Characteristics (Check all that apply): ☐ Stained ☐ Connected with pre-existing restoration ☐ None of the above	**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	**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	**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	**d. Connects with another crack(s):** ☐ Yes ☐ No ☐ I don't know
e. Continuation of external crack: ☐ 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	**f. Crack includes:** (Check all that apply): ☐ Enamel ☐ Dentin

18. What treatment was completed on the study tooth? (Check all that apply)

☐ Extraction (Complete the **DISCONTINUATION FORM**)

☐ Endodontics

☐ Restoration(s) (**Go to Q18a**)

18a. 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): _____

☐ Other (please describe):_____

18b. 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

18c. 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

19. Which surfaces were involved in the treatment/restoration? (Check all that apply)
☐ M ☐ O ☐ D ☐ F ☐ L

20. Which material(s) were used? (Check all that apply)
☐ All Ceramic
☐ Cast metal/PFM (porcelain fused to metal)
☐ Amalgam
☐ Composite
☐ GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer)
☐ Temporary crown/partial crown
☐ Other (please describe): _____

21. **Recommended** treatment subsequent to this treatment visit, (whether in your office or a practice to which you refer) (Check all that apply):
☐ No treatment/monitor (If checked, no need to respond to Q22)
☐ Extraction (Complete the **DISCONTINUATION FORM**)
☐ Endodontics
☐ Restoration(s) (**Go to Q21a**)

21a. 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):_____

22. **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):_____

_____   **Date:** |___|___|/|___|___| /|_**2**_|_**0**_|_**1**_|___|
                Practitioner Signature   m   m   d   d   y   y   y   y

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.