

Create Caries Exam For		
Caries Exam Date//		
Prepared By		
Which teeth have most recently been in the mouth for at least 12 months?		
<ul> <li>Permanent First Molars</li> <li>Permanent Second Molars</li> <li>Permanent Premolars</li> </ul>		
Status of the Permanent Premolars		
<ul> <li>Sound or sealed, or only occlusal restorations</li> <li>Have Interproximal restorations</li> </ul>	<ul> <li>Have pits, fissures or other defects</li> <li>Show early decalcification or are carious</li> </ul>	
How many months has the patient been without primary caries or an incipient carious lesion? Primary caries is the first carious lesion on a tooth surface, not one beneath or at the margin of a restoration.		
<ul> <li>36 or more</li> <li>12-23</li> </ul>	<ul> <li>24-35</li> <li>1 or more teeth has had caries in the last 12 months</li> </ul>	
Bacteria culture includes elevated MS and/or LB level?		
<ul><li>Yes</li><li>No culture or test available</li></ul>	□ No	
Please answer the following questions		
How many erupted teeth are present in the oral cavity?		
# of teeth		
How many natural teeth have any type of restoration, including crowns and veneers?		
# of teeth		
How many natural teeth currently require treatment because of caries or a defective restoration?		
# of teeth		
How many natural teeth have primary cares or an incipient lesion?		
# of teeth		

## Check all that apply

Clinical Conditions	Questions the Patient Can Answer
Oral hygiene improvement is needed	<ul> <li>Snacks or beverages containing sugar are consumed between meals 4 or more times per day</li> </ul>
Dry mouth or inadequate saliva flow	
Treatment History and Considerations	Patient drinks fluoridated water
<ul> <li>Dental care frequency is NOT as regular as advised</li> </ul>	<ul> <li>Nonprescription or prescription fluoride other than water are used</li> </ul>
Development problems or special care needs	<ul> <li>Chlorhexidine used for at least 1 week per month for last 6 months</li> </ul>
<ul> <li>Teeth have been extracted due to caries in last 36 months</li> </ul>	<ul> <li>Xylitol products have been used 4 times daily for last 6 months</li> </ul>
Fluoride varnish applied in last 6 months	<ul> <li>Calcium &amp; phosphate toothpaste have been used during last 6 months</li> </ul>
<ul> <li>Has orthodontic appliance, space maintainer, or obturator</li> </ul>	Recreational drug/alcohol use
Report Settings	
Treatment Options	
Home Care Report (coming soon)	Clinical Care Plan (coming soon)

**Model this Patient** 

Save for Later

Finish