

HYGIENE TREATMENT SELECTION WORKSHEET

On the day of the examination all information on this form must be accurately transferred to the Treatment Selection Evaluation Form provided at that time.

Do not submit this form to the grading station, it is for your use only!

Patient's Name: _____

Patient Selection

	Calculus Detected						
Tooth # <input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	M				
		<input style="width: 100%; height: 20px;" type="text"/>	F				
		<input style="width: 100%; height: 20px;" type="text"/>	D				
		<input style="width: 100%; height: 20px;" type="text"/>	L				
Tooth # <input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	M				
		<input style="width: 100%; height: 20px;" type="text"/>	F				
		<input style="width: 100%; height: 20px;" type="text"/>	D				
		<input style="width: 100%; height: 20px;" type="text"/>	L				
Tooth # <input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	M				
		<input style="width: 100%; height: 20px;" type="text"/>	F				
		<input style="width: 100%; height: 20px;" type="text"/>	D				
		<input style="width: 100%; height: 20px;" type="text"/>	L				
Tooth # <input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	M				
		<input style="width: 100%; height: 20px;" type="text"/>	F				
		<input style="width: 100%; height: 20px;" type="text"/>	D				
		<input style="width: 100%; height: 20px;" type="text"/>	L				
Tooth # <input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	M				
		<input style="width: 100%; height: 20px;" type="text"/>	F				
		<input style="width: 100%; height: 20px;" type="text"/>	D				
		<input style="width: 100%; height: 20px;" type="text"/>	L				
Tooth # <input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	M				
		<input style="width: 100%; height: 20px;" type="text"/>	F				
		<input style="width: 100%; height: 20px;" type="text"/>	D				
		<input style="width: 100%; height: 20px;" type="text"/>	L				

Teeth Selection:

In the adjacent grids, fill in the numbers of the 6-8 teeth selected for treatment. At least four (4) of the teeth must be posterior. Record the 6-8 tooth numbers in ascending numerical order using the 1 to 32 system. 1 is the maxillary right third molar, 32 is the mandibular right third molar. Candidates are strongly encouraged to utilize teeth within the same quadrant.

Calculus Detection:

In the grid marked "Calculus Detection" mark an X on 12 surfaces only, with at least 1 surface per selected tooth that have subgingival calculus readily detectable with an 11/12 explorer. There may be more surfaces with subgingival calculus, but mark **only** the 12 surfaces selected to be treated and graded for this examination.

Of the 12 surfaces at least 8 surfaces must be on posterior teeth, with at least 4 of the posterior surfaces being interproximal. Selected teeth must have at least one approximating tooth within a 2mm distance.

Every tooth selected must have at least 1 surface of subgingival calculus.

NOTE:

It is the candidate's responsibility to accurately transfer the information from this Treatment Selection Worksheet to the Treatment Selection Evaluation Form, the day of the examination, prior to presenting the patient for assignment.

You may duplicate this form as needed.