

**Hygiene
Treatment Selection
Grading Room Request Form**

INFORMATION ONLY

Candidate Identification	Candidate #	Unit #
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



Time In: :

Time Out: :

Instructions to Candidate Form

Time In: :

Time Out: :

Time Stamp (CITA use ONLY!)

DIRECTIONS: This form must be completed and sent with your patient to the grading room for the Treatment Selection Evaluation once your patient has been approved. This will be the initial evaluation of your patient in the grading room. Examiners will evaluate calculus detection errors, intra/oral assessment errors and will assign the four (4) teeth for the pocket depth measurement assignment. Once the evaluation is completed, your patient will be returned to you for treatment.

Finish Time:

Treatment Selection Evaluation

I am requesting the Treatment Selection be evaluated.

POCKET DEPTH MEASUREMENT ASSIGNMENT
(To Be Completed in Grading Station by Examiner)

Tooth #	Tooth #	Tooth #	Tooth #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Send your patient to the check-in area with:**
1. This Form
 2. Completed Progress Form
 3. Completed Health History Form
 4. Completed Treatment Consent Form
 5. Completed Oral Observation Form
 6. Completed Treatment Selection Evaluation Form
 7. Pre-Op Diagnostic Radiographs
 8. Patient's Protective Eyewear
 9. Sturdy, plastic container containing:
 - a. ODU #11/12 Explorer
 - b. PCV-12 Periodontal Probe
 - c. Mirror

COMMUNICATION FROM CANDIDATE

Grader #1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Grader #2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Captain/Chief <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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