

**PERIODONTAL
Treatment Evaluation
Grading Room Request Form**

INFORMATION ONLY

CANDIDATE IDENTIFICATION

Candidate #

Unit #

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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 Evaluation. This will be the second occasion in which your patient will be sent to the grading room. Examiners will evaluate for errors in calculus removal, plaque/stain removal and tissue management. Once the evaluation is completed, your patient will be returned to you for dismissal upon approval of the Clinic Floor Examiner.

Treatment Evaluation

I am requesting the Treatment Evaluation be evaluated.

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 Treatment Evaluation Forms
6. Pre-Op Diagnostic Radiographs
7. Patient's Protective Eyewear
8. Sturdy, plastic container containing:
 - a. ODU #11/12 Explorer
 - b. PCV-12 Periodontal Probe
 - c. Mirror

COMMUNICATION FROM CANDIDATE

Grader #1

Grader #2

Grader #3