

**Periodontal  
Treatment Selection  
Grading Room Request Form**

**INFORMATION ONLY**

Candidate Identification

Candidate #

Unit #



--	--	--	--

--	--	--	--

Time In: 

--	--

 : 

--	--

Time Out: 

--	--

 : 

--	--

Instructions to Candidate Form

Time In: 

--	--

 : 

--	--

Time Out: 

--	--

 : 

--	--

*Time Stamp (CITA use ONLY!)*

Finish Time: 

--	--

--	--

**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.

**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 #
<table border="1" style="width: 40px; height: 40px;"></table>	<table border="1" style="width: 40px; height: 40px;"></table>	<table border="1" style="width: 40px; height: 40px;"></table>	<table border="1" style="width: 40px; height: 40px;"></table>

**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 Assessment 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 

--	--	--	--	--

Grader #2 

--	--	--	--	--

Captain/Chief 

--	--	--	--	--