American Board of Dental Examiners

PATIENT-BASED DENTAL EXAMINATION

Periodontal Scaling and Restorative Sections

2017 CANDIDATE MANUAL

Administered by:

Council of Interstate Testing Agencies, Inc.
1003 High House Road, Suite 101
Cary, NC 27513
www.citaexam.com

Please read this manual in detail prior to attending the examination
ONLY CITA PREPARED MANUALS AND FORMS MAY BE BROUGHT INTO THE EXAM

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Effective: January 1, 2017
ATTENTION DENTAL CANDIDATES

The ADEX Dental Examination Series is administered on behalf of a number of state dental boards and in accordance with state licensing requirements. This examination should be valid in any state accepting the ADEX Dental Examination. However, to be certain, candidates should check with the state dental board of any state in which they wish to be licensed to determine whether this examination will qualify them for licensure in that state.

Currently there are two testing agencies that administer the ADEX Dental Examination Series. Although the content, scoring systems, and basic administrative features are uniform, each agency may have some unique administrative elements. Therefore, candidates should obtain and thoroughly read the manual published by the agency administering the examination on the date and at the site the candidate plans to attend. This manual is published by the Council of Interstate Testing Agencies, Inc. and is specific to its administration of the ADEX Dental Examination. For information about examination dates, sites, and fees, visit the CITA website at www.citaexam.com.

Occasionally examinations are interrupted or postponed because of hurricanes, blizzards, other severe weather, power outages, or similar occurrences. CITA reserves the right in its sole discretion to delay, halt, postpone, or cancel an examination due to unforeseen and/or serious events. In the event of predicted severe weather events, candidates should monitor the testing agency website for site-specific candidate information.
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### VIII. Glossary

Also see the Registration and Administrative Guidelines Manual for ADEX and CITA policies as well as DSE information
CITA administers the ADEX Dental Examination. This manual has been designed to assist candidates with the patient-based examination and other pertinent administrative guidelines. The examination is based on specific performance criteria as developed by ADEX which will be used to measure the candidate’s clinical competency.

Failing to review and master the guidelines provided by CITA, to the point that such failure has significant adverse impact upon a candidate’s ability to efficiently and effectively take the ADEX Dental Examination, may result in dismissal from and subsequent failure of the examination.

Every effort has been made to ensure that this manual is accurate, comprehensive, clear, and up-to-date. In the rare instances when examination related instructions need to be updated or clarified during the examination year those changes will be posted on CITA’s website (http://www.citaexam.com). There may also be other test related material for candidates to review and/or complete as they prepare to take the examination. These materials will be available through the online candidate profiles and/or at registration on the day of the exam.

All candidates who take any part of the CITA-administered ADEX Dental Examination between January 1, 2017 and December 31, 2017 are responsible for reading and understanding the 2017 examination manual(s) published by CITA, any website documented changes to the 2017 manual(s), and for reviewing and understanding all other material provided by CITA regarding the exams administered between January 1, 2017 and December 31, 2017. If, in reviewing any CITA-provided material, questions arise, it is the candidate’s responsibility to resolve those questions by directing them to the CITA office via email. (See contact information below)

Prior to taking an examination through CITA, each candidate must sign forms certifying that he/she has reviewed the CITA manual and has read other required material provided to them by CITA.

Please see the Registration and Administrative Guidelines manual for step-by-step instructions on how to register for the ADEX Dental exam through CITA.
The ADEX Dental Examination Series

PATIENT-BASED EXAM

I. Examination Overview
Examination Overview

A. Examination Schedules and General Exam Flow

1. Dates and Sites

Specific examination dates for a participating dental school can be found on the CITA website. If you have questions about a particular testing site, please email the CITA office.

CITA administers the endodontic and prosthodontic manikin-based examination as well as the restorative and periodontal scaling patient-based examination at various dental schools on specified dates. These dates are determined by the dean or other official representative of the dental school and agreed upon by CITA.

2. Timely Arrival and Possible Exam Timelines

A. Timely Arrival

Candidates are responsible for determining their travel and time schedules to ensure they can meet all of CITA's time requirements. The candidate is expected to arrive at the examination site at the designated time stipulated in the published schedule for that particular examination, which all candidates receive via email from CITA's central office. Failure to follow this guideline may result in failure of the examination.

Candidates will be informed via email as to the date on which they are to take each part of the examination. Candidates should note that the patient-based examination procedures have specific time restraints, and all procedures for each examination must be completed within the allotted time for that part. The charts on pgs. 8 are examples of the timelines of these examinations; however, examination schedules are not finalized until after the examination application deadline. Candidates’ actual schedules will be emailed to them once the exam registration has closed (approx. 30-days prior to the exam).

Candidates should consider that the time allowed for completion of the patient-based examination INCLUDES THE TIME DURING WHICH PATIENTS WILL BE AT THE EVALUATION STATION and thus should plan their time accordingly. As such, this time may vary according to the procedure being evaluated, the testing site, and the number of candidates.

B. Exam Timeline

All candidates will receive their registration packet during the exam day registration at 6:30am. Candidates should consult page 71 for all documents required for registration. Required registration documents are also available via the Documents tab of the online candidate profile. All candidates will begin set up in the clinic at 7:00am. While a candidate may start with either a restorative or periodontal procedure; all candidates attempting three procedures must be completed by 5:30pm.
If the final procedure is a restorative procedure, the case acceptance/lesion approval for the second restoration should be completed (guideline) by 3:45pm, the candidate must be in line at the paperwork review station for paperwork acceptance for the preparation evaluation by 4:30pm, and the candidate must be electronically checked in for final evaluation by 5:30pm. If candidates are not electronically checked in for the final evaluation by 5:30pm, the candidate must temporize any prepared teeth. Restorations already in place will not be graded.

If the final procedure is the periodontal scaling procedure, the Case Acceptance should be completed by 4:15pm and pre-treatment evaluation must be completed by 4:45pm in order to allow 45 minutes for treatment time.

Candidates are considered to have met their required perio scaling end time deadlines when they have completed working and the patient is seated in an upright position. The CANDIDATE is RESPONSIBLE for monitoring his/her own time. ANY time overage may result in a breach of exam protocol and a 100 point penalty.
B. Examination Schedule Changes

Requests for a change in assignment time will not be considered or made once the schedule has been distributed. Dental school personnel do not have the authority to accept a candidate for an examination at their site or to make any assignment changes within an examination series. Such arrangements between dental school personnel and a candidate may preclude the candidate from being admitted to the examination, as well as result in forfeiture of all fees. Requests can be made PRIOR to the 30 day deadline. CITA’s Chief Examiner is the only authorized individual who may consider a request for a schedule change. If unusual circumstances warrant such a change and space is available, it is the decision of CITA’s Chief Examiner whether to approve such a request.

C. Exam-day Registration for Restorative and Periodontal Scaling Procedures

Exam-day registration may be conducted in a room or area other than the clinic where the patient-based clinical examination will be conducted. **Candidates should consult the finalized examination schedule which was emailed to them after the exam has closed (30-days prior to exam).**

Candidates may work only in the clinic, operatory, or laboratory spaces as authorized. Violation of this standard will result in failure of the examination part(s).

Candidates taking either the restorative and/or the periodontal scaling procedures are required to attend the exam-day registration. Candidates assigned to the exam MUST be present with all required materials during the specified exam-day registration period, or they will be denied entrance to that part of the examination. **There will be no exceptions!**

For further guidance regarding which forms/materials to bring to the exam-day registration, consult the *Registration and Administrative Guidelines* manual.

D. Interpreters

Candidates can use an interpreter for their patients who do not speak English or who are hearing impaired with a hearing loss which cannot be corrected. (This is particularly important when the patient has a history of medical problems or is on medications.)

Interpreters may be related to a patient.

An interpreter may **NOT** be:

- Shared between candidates during the examination
- A faculty member, dentist, or dental hygienist (licensed or unlicensed)
- An employee at the school where the examination is being administered
- An expanded duty auxiliary (if providing services normally done by a dentist)
- A third, fourth, or final year dental student
- A final-year dental hygiene student
- The chairside assistant
Candidates should also be mindful of the fact that CITA is committed to providing a safe and secure examination site. All interpreters that are utilized by a candidate during the course of the examination will be required to wear a photo identification badge.

Candidates must bring the *Interpreter Form* with them to candidate registration, along with (1) passport-size photo of the requested interpreter taken within the last six (6) months at a local post office, drug store or similar venue. During registration, candidates will affix the approved photo to the interpreter badge (available to candidate during registration). An interpreter will be not be permitted to assist a candidate and his/her patient if he/she does not have a CITA-issued photo identification badge. After delivering the badge to the interpreter, candidates should keep the *Interpreter Form* and remind their interpreter to bring his/her photo ID and form to the check-in desk during the set-up period. An authorized CITA staff member will verify your interpreter’s identity, and collect the *Interpreter Form* at the check-in station.

Candidates are responsible for the conduct of their interpreter during the examination. While there is no strict dress code for interpreters, please be mindful that the examination site is a professional setting and all personnel should be appropriately dressed.

Therefore, CITA requires that:

- All interpreter’s photographs should be indicative of their current appearance at the time of the examination
- Dark sunglasses will not be permitted at the examination; transitional lenses are permitted
- Coats, jackets, and other bulky clothing will not be permitted in the clinic area
- Inappropriate dress includes short shorts, tank tops, sandals, open-toed shoes and/or halter-tops.
- Interpreters stand outside the grading area operatory during examiner grading
- Interpreters may not use any electronic devices during the examination.

The *Interpreter Form* can be downloaded from the Documents tab of the candidate online profile ([https://cita.brighttrac.com](https://cita.brighttrac.com)).

Misinformation or missing information that would endanger the patient, candidate, auxiliary personnel or examiners is considered cause for dismissal from the examination.

E. **Assistants**

Auxiliary personnel are permitted for the patient-based exam. Assistants may *not* be any of the following:

1. Unlicensed/licensed dentist/dental hygienist
2. Fourth-year (or final year) dental student
3. Final year dental hygiene student
4. Dental technician
5. Serving as an interpreter during the exam
6. Employee of the school where the examination is being administered
7. Expanded duty auxiliary (if providing services normally done by a dentist)

Candidates wishing to utilize an assistant for the patient-based exam must complete the *Dental Assisting Form*. This form is available through the online candidate profile ([https://cita.brighttrac.com](https://cita.brighttrac.com)).
Assistants will be required to wear the identification badge at all times while on the clinic floor. Candidates must bring the form with them to candidate registration, along with (1) passport-size photo of the requested assistant taken within the last six (6) months at a local post office, drug store or similar venue. During registration, candidates will affix the approved photo to the assistant badge (available to candidate during registration). An assistant will be not be permitted to assist a candidate if he/she does not have a CITA-issued photo identification badge. After delivering the badge to the assistant, candidates should keep the Assistant Form and remind their assistant to bring his/her photo ID and form to the check-in desk during the set-up period. An authorized CITA staff member will verify your assistant’s identity, and collect the Assistant Form at the check-in station.

F. Patient Selection

1. Patient Selection General Guidelines

Candidates must furnish their own patients for the Periodontal Scaling and Restorative examinations. Patient selection and management is an important part of the examination.

a. Patient Management—the candidate and assisting auxiliary must behave in an ethical and proper manner towards all patients. Patients shall be treated with proper concern for their safety and comfort. The candidate shall accurately complete the appropriate Medical History Form and establish a diagnosis and treatment plan as required for each selected patient. The patient’s health status must be acceptable for clinical treatment and the lengthy examination process.

For the Restorative Examination, candidates may present a backup patient if the lesion on their first patient is not accepted by the examiners. However, only one patient may be submitted for the Periodontal Examination. Due to the natural stress of an examination, candidates should avoid selecting patients who are apprehensive, hypersensitive, have physical limitations that could hinder the examination process or are unable to stay for the duration of the examination.

At the candidate’s discretion, an individual who has a physical disability may, in most cases, be a patient in the examination. Candidates must contact the testing agency a minimum of 60 days prior to the examination for authorization for patients needing special accommodations.

b. Patient Consent Form - A Patient Consent Form must be completed and signed by each patient prior to any treatment being rendered. Initially, only the candidate’s ID Label should be placed on the consent form; the candidate’s name must be added after the examination is completed and before all paperwork is turned in (once the CFE has released the patient). See page 76.

c. Pre-medication Record - A record must be kept for each patient who requires premedication prior to or during the course of the examination. For each procedure, there is a place on the Progress Form to record the type(s) and dosage(s) of medication(s) administered. Candidates who are sharing a patient requiring antibiotic prophylaxis must treat the patient the same clinical day. Treatment of the same patient on subsequent days will not be permitted.

d. Anesthetic Record – ALL ANESTHETICS MUST BE DISPENSED DURING THE EXAM THROUGH THE DISPENSERY AT THE SITE WHERE THE EXAM IS BEING ADMINISTERED. At the time of the examination and prior to
requesting a CFE’s approval for each restorative or periodontal scaling clinical procedure, the following anesthetic information must be indicated on the appropriate Progress Form:

- Type(s) of injection (specific block or infiltration to be administered)
- Anesthetic(s) (generic or brand name and percent used)
- Vasoconstrictor (type and concentration)
- Quantity (volume)

If more than two dental anesthetic carpules (approximately 3.6 cc) of local anesthetic are needed during any clinical procedure, the candidate must request approval from a CFE, who will document and initial the request. This protocol must be followed for each subsequent carpule. Additional anesthetic solution may be administered only with approval by the CFE. The total quantity of anesthetic solution used must also be documented on the Progress Form.

An aspirating syringe and proper aspirating technique must be used for the administration of local anesthetic solutions. The administration of inhalation or parenteral analgesia or sedation is not permitted for any clinical procedures.

If the patient has already received anesthesia earlier on the same day, the candidate must enter on the Progress Form the record of the previous anesthesia, including type and amount, and present the form to the CFE for approval before administering additional anesthesia.

2. Health Qualifications and Patient Eligibility

In selecting a patient, candidates should remember that in the clinical examination setting it is necessary that both the candidate and examining personnel be able to monitor the patient at all times. Therefore, CITA will not accept a patient whose face, neck, temples and ears are not fully visible at all times. A Hijab may be worn as long as the patient’s face, temple and ears are visible during the exam. Such visibility is necessary (1) for detection of acute conditions which might be identified on observation, (2) to monitor possible allergic reactions and (3) for other similar purposes generally recognized in the profession.

Patients who fall into these categories will NOT be accepted:

- Patients who are under 18 years of age (under 19 in AL; under 21 in PR) and are unaccompanied by a legal parent or guardian.
- Patients who are unable to give legal consent
- Dentists (licensed or unlicensed), third, or fourth-year (final year) dental students
- Dental hygienists (licensed or unlicensed) and final-year dental hygiene students (periodontal scaling section only)

In order to participate in the examination, patients must meet the following criteria:

a) Patients must have a blood pressure reading of 159/94 or below to proceed without medical clearance. Patients with a blood pressure reading between 160/95 and 179/109 are accepted only with a written medical clearance from the patient’s physician. Patients with a blood pressure reading 180/110 or
greater will not be accepted for this examination, even if a physician authorizes treatment.

b) Candidates who are sharing a patient must each complete a Medical History Form for the patient.

c) Candidates who are using one patient for more than one procedure may use the same Medical History for both procedures however the blood pressure must be taken before each procedure.

d) Candidates who are sharing a patient requiring antibiotic prophylaxis must treat the patient the same day. Treatment of the same patient on subsequent clinical days will not be permitted.

e) Patients must have no history of heart attack (myocardial infarction), stroke, or cardiac surgery within the last six months.

f) Patients may not have active tuberculosis. A patient who has tested positive for tuberculosis or who is being treated for tuberculosis but does not have clinical symptoms is acceptable.

g) Patients may not have undergone chemotherapy for cancer within the last six months.

h) Patients participating in the Periodontal Scaling Examination may not have a history of taking IV or orally-administered bisphosphonate medications.

i) Patients participating in the Restorative Examination may not have a history of taking IV-administered bisphosphonate medications (except an annual IV dosage for osteoporosis); however, he/she may participate if he/she has taken oral bisphosphonates.

j) Patients may not have an active incidence of bisphosphonate osteonecrosis of the jaw (BON) also known as osteochemonecrosis or osteonecrosis of the jaw (ONJ).

k) Patients may not have any condition or medication/drug history that might be adversely affected by the length or nature of the examination process.

l) Patients with latex allergies may not participate in the examination.

3. Patient’s Medical History

Medical History Form—a Medical History Form must be completed independently by the candidate (without help of faculty or colleagues) for each clinical patient. This form may be completed prior to the examination date; however, the form must reflect the patient’s current health at the time of the examination. See Page 78.

If the patient gives any positive responses to questions #4-#13, the candidate must explore the nature of the condition and provide an adequate explanation on the Medical History Form. These answers might affect the patient’s suitability for treatment.

Blood Pressure—a screening blood pressure reading should be taken when the patient is selected and must be retaken on the day of the examination during the set-up period and recorded on the Medical History Form. The examination-day reading must be verified on the Medical History Form by a CFE. If the patient is sitting
for more than one examination section on the same day, his/her blood pressure must be taken and recorded **prior to each section**. Failure to take or falsification of the blood pressure reading will result in dismissal of the candidate from the examination.

**Medications**—on the day of the examination, the candidate must document on the Medical History Form all medications or supplements taken by the patient within the last 24 hours. Candidates should document antibiotic premedication on the appropriate Progress Form, as well as on the Medical History Form.

**ASA Classification**—ASA Classification must be noted on the bottom of the Medical History form; a guide to the ASA Classifications is listed on the bottom of the second page of the Medical History Form.

**CANDIDATES: DO NOT SIGN THE MEDICAL HISTORY FORM UNTIL YOU HAVE COMPLETED ALL ATTEMPTED PROCEDURES AND ARE READY FOR CHECK-OUT.**

4. **Obtaining Medical Clearance**

If the patient indicates a medical history that could affect his/her suitability for treatment, the candidate must receive written medical clearance from a licensed physician indicating that the patient may participate in the examination.

The Medical History Form and medical clearance will be reviewed by a CFE for the Restorative and Periodontal Scaling Examinations and must accompany the patient when submitted for evaluation (patient check-in/case acceptance). If the patient sits for more than one candidate, a separate Medical History Form and Patient Consent Form must be completed for each examination.

Qualified patients must meet the following criteria:

a) Patients must obtain premedication with a written statement from their physician in the case of any significant medical problems that the American Heart Association classifies as moderate-to-high risk. The medical clearance must indicate the specific medical concern and must be attached to the Medical History Form on the day of the examination.

b) Candidates must follow the current American Heart Association **antibiotic premedication** recommendations when treating patients at potential risk of infective endocarditis following dental treatment. A medical clearance may be indicated to determine the patient's potential risk of infective endocarditis. If the patient answers “yes” to any of the questions on the Medical History Form, the candidate must explore the item further and determine whether a medical clearance from a licensed physician would be appropriate. A medical clearance is required if the finding could affect the patient's suitability for elective dental treatment during the examination.

c) Candidates must obtain written medical clearance for patients reporting a disease, condition, or problem not listed on the Medical History Form that would pose a significant risk to their own health or safety or others during the performance of dental procedures. If this clearance and/or verification of premedication is not available, the patient will not be accepted for treatment.
Furthermore, the medical clearance **MUST NOT** contain the candidate’s name anywhere in the document.

d) **Candidates must** obtain written medical clearance and/or antibiotic prophylaxis, if necessary, for all patients who respond “yes” to question numbers 8.O., 8.Q, 8.R., 8.S., 8.T, 8.U, 8.V, 8.W. and 8.AA on their *Medical History Form*.

These items are summarized in the table listed below:

<table>
<thead>
<tr>
<th>8.O.: Joint Replacement</th>
<th>8.U.: Heart Attack</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.S.: Congenital Heart Disease</td>
<td>8.W.: Stroke</td>
</tr>
</tbody>
</table>

e) **Candidates must** obtain written medical clearance for patients who have taken Dexfluramine, Fenfluramine, Adipex, Pondimin or Redux.

f) For the purposes of this examination, CITA has adopted the current American Heart Association guidelines for antibiotic coverage. **Antibiotic Prophylaxis is recommended for the prevention of infective endocarditis in the conditions listed below:**

i. Prosthetic cardiac valve or prosthetic material used for cardiac valve repair

ii. Previous infective endocarditis

iii. Congenital heart disease (CHD)

iv. Unrepaired cyanotic CHD, including palliative shunts and conduits

v. Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention during the first 6 months after the procedure

vi. Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)

vii. Cardiac transplantation recipients who develop cardiac valvulopathy

Except for the conditions listed, antibiotic prophylaxis is no longer recommended for any other form of congenital heart disease.

The patient’s medical clearance, if necessary, must **NOT** contain the candidate’s name anywhere on the document, but must include:

- A clearly legible statement from a licensed physician written within 30 days prior to the examination on official letterhead
- A positive statement of how the patient should be medically managed
- The physician’s clearly legible name, address, and phone number
- A telephone number where the physician may be reached on the day of the examination if a question arises regarding the patient’s health
G. Scoring System for Patient-Based Examinations

Testing agencies throughout the U.S. have worked together through ADEX to refine the performance criteria for each procedure in this examination. For the majority of those criteria, gradations of competence are described across a 3-level rating scale. Those criteria appear in the manual and are the basis for the scoring system. The three rating levels may be generally described as follows:

**Acceptable:** The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge and skill; however, slight deviations from the mechanical and physiological principles of the satisfactory level may exist which do not damage the patient nor significantly shorten the expected life of the restoration.

**Marginally Substandard:** The treatment is of poor quality, demonstrating less than desirable clinical judgment, knowledge of or skill in the mechanical and physiological principles of restorative dentistry, which if left unmodified, will substantially shorten the life of the restoration.

**Critically Deficient:** The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry. The tooth may or may not be temporized, or the treatment plan must be altered and additional care provided in order to sustain the function of the tooth and the patient’s oral health and well-being.

1. **Content**

*Restorative Examination Content – 100 Points*

The Restorative Examination is a patient-based examination which consists of one anterior composite preparation and restoration which are graded separately, as well as one posterior preparation and restoration that may be either an amalgam, a traditional composite or a proximal occlusal (box) composite.

<table>
<thead>
<tr>
<th>RESTORATIVE CONTENT</th>
<th>FORMAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Anterior restoration: Class III composite - cavity preparation and restoration are graded separately</td>
<td>Performed on a patient</td>
</tr>
<tr>
<td>2. Posterior restoration: candidate’s choice of either:</td>
<td>See Procedure Schedules on page 8 for time allowed</td>
</tr>
<tr>
<td>• Class II amalgam - cavity preparation and restoration</td>
<td></td>
</tr>
<tr>
<td>• Class II composite - cavity preparation and restoration</td>
<td></td>
</tr>
<tr>
<td>• Class II posterior proximal occlusal composite (box) cavity preparation and restoration</td>
<td></td>
</tr>
</tbody>
</table>
**Periodontal Scaling Examination – 100 points**

The Periodontal Scaling Examination is a patient-based examination consisting of four parts:

1. **Treatment Selection** – Penalties are assessed for those areas that do not meet the described criteria for case acceptance.

2. **Calculus Detection and Removal** – 90 points total with 7.5 points for each surface of subgingival calculus correctly detected and removed. (*If there are four (4) or more confirmed calculus detection errors, the candidate will not be allowed to proceed with the exam.

3. **Subgingival Deposit Removal** – 6 points total with one point for each one of the first 6 teeth selected in ascending order.

4. **Treatment Management** – 4 points total for pain control and tissue management that meets the written criteria.

<table>
<thead>
<tr>
<th>PERIODONTAL SCALING CONTENT</th>
<th>FORMAT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assignment</strong></td>
<td></td>
</tr>
<tr>
<td>1. Case acceptance</td>
<td>Performed on a patient</td>
</tr>
<tr>
<td>2. Subgingival calculus detection</td>
<td>See Procedure Schedules on page 8 for Time allowed</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
</tr>
<tr>
<td>4. Subgingival calculus removal</td>
<td>Treatment Time: 1.5 hours (after case acceptance)</td>
</tr>
<tr>
<td>5. Supragingival plaque/stain removal</td>
<td></td>
</tr>
<tr>
<td>6. Tissue and treatment management</td>
<td></td>
</tr>
</tbody>
</table>

(Optional for ADEX Status, but may be required for licensure depending on state licensing requirements)

2. **Penalties**

*Throughout the examination, the conduct and clinical performance of the candidate will be observed and evaluated. A number of considerations are weighed in determining the final scores. Penalties are assessed for violation of the examination standards for certain procedural errors as described below:*

- Any of the following may result in a deduction of points from the score of the entire examination part or dismissal from the examination:
  - Violation of universal precautions, infection control or disease barrier technique, or failure to dispose of potentially infectious materials and clean the operatory after individual examination sections
  - Unprofessional demeanor: unkempt, unclean or unprofessional appearance; inconsiderate or uncooperative behavior with other candidates, examiners, or testing site personnel
  - Poor patient management, disregard for patient welfare or comfort
  - Improper management of significant history or pathosis
- Request or repeated requests to modify/extend the approved treatment plan without clinical justification (i.e., attempting to have the examiner “coach” the candidate)
- Unsatisfactory completion of required modifications
- Improper operator/patient/manikin position
- Improper record keeping
- Improper treatment selection
- Improper liner/base placement
- Inadequate isolation
- Administration of anesthetic before approval of tooth selection or periodontal assignment by examiners

- The following will result in the loss of all points for an individual examination:
  - Temporization or failure to complete a restoration
  - Violation of examination standards, rules or guidelines
  - Treatment of teeth other than those approved or assigned by examiners
  - Gross damage to adjacent teeth or tissue
  - Unrecognized exposure
  - Unavoidable mechanical exposure that is poorly managed or irreparable
  - Avoidable mechanical pulpal exposure
  - Failure to complete treatment within the stated time guidelines

This listing is not exhaustive, and penalties may be applied for errors not specifically listed, since some procedures will be classified as unsatisfactory for other reasons, or for a combination of several deficiencies.

**PENALTIES AND THEIR POINT VALUES:**

<table>
<thead>
<tr>
<th>PATIENT MANAGEMENT</th>
<th>DEDUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporization or failure to complete an examination procedure</td>
<td>100 Points</td>
</tr>
<tr>
<td>Violation of examination standards, rules or guidelines or time schedule</td>
<td>100 points</td>
</tr>
<tr>
<td>Improper management of significant medical history or pathological condition</td>
<td>100 Points</td>
</tr>
<tr>
<td>Treatment of teeth other than those approved or assigned by examiners</td>
<td>100 Points</td>
</tr>
<tr>
<td>Gross damage to adjacent tooth structure – teeth or tissue</td>
<td>100 Points</td>
</tr>
<tr>
<td>Unrecognized exposure</td>
<td>100 Points</td>
</tr>
<tr>
<td>Inappropriately managed pulpal exposure (mechanical or pathologic)</td>
<td>100 Points</td>
</tr>
<tr>
<td>Unjustified mechanical exposure</td>
<td>100 Points</td>
</tr>
<tr>
<td>Failure to complete treatment within the stated guidelines of the examination</td>
<td>100 Points</td>
</tr>
<tr>
<td>Error Description</td>
<td>Points</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Administration of anesthetic before the official start of the exam for restorative procedure or before perio case acceptance if attempting the perio scaling exam.</td>
<td>100 Points</td>
</tr>
<tr>
<td>Restorative only: non-diagnostic radiographs(s): 3rd Time</td>
<td>100 Points</td>
</tr>
<tr>
<td>Critical lack of clinical judgement/diagnostic skills</td>
<td>100 Points</td>
</tr>
<tr>
<td>Request to remove caries or decalcification without clinical justification</td>
<td>15 Points</td>
</tr>
<tr>
<td>Pulp cap is inappropriately placed</td>
<td>15 Points</td>
</tr>
<tr>
<td>Inappropriate request for indirect pulp cap</td>
<td>15 Points</td>
</tr>
<tr>
<td>Indirect Pulp Cap denied</td>
<td>15 Points</td>
</tr>
<tr>
<td>Gross infection control violation: Items by report</td>
<td>10 Points</td>
</tr>
<tr>
<td>Poor patient management and/or disregard for the patient’s welfare or comfort</td>
<td>10 Points</td>
</tr>
<tr>
<td>Improper management of significant history or pathology</td>
<td>10 Points</td>
</tr>
<tr>
<td>Initial Preparation is not to at least ACC dimensions</td>
<td>10 Points</td>
</tr>
<tr>
<td>Repeated requests to modify/extend approved treatment plan without clinical justification</td>
<td>10 Points</td>
</tr>
<tr>
<td>Unsatisfactory completion of modifications required by examiner</td>
<td>10 Points</td>
</tr>
<tr>
<td>Restorative only: non-diagnostic radiographs(s): 2nd time</td>
<td>10 Points</td>
</tr>
<tr>
<td>Improper Liner Placement</td>
<td>10 Points</td>
</tr>
<tr>
<td>Any denied modification request</td>
<td>1 Point</td>
</tr>
<tr>
<td>Appearance unprofessional. unkempt, unclean</td>
<td>1 Point</td>
</tr>
<tr>
<td>Violation of universal precautions, either candidate or assistant</td>
<td>1 Point</td>
</tr>
<tr>
<td>Improper/Incomplete recordkeeping</td>
<td>1 Point</td>
</tr>
<tr>
<td>Inadequate Isolation</td>
<td>1 Point</td>
</tr>
<tr>
<td>Attitude rude, inconsiderate/uncooperative with examiners/other personnel</td>
<td>1 Point</td>
</tr>
<tr>
<td>Improper operator/patient position</td>
<td>1 Point</td>
</tr>
</tbody>
</table>
The ADEX Dental Examination Series

PATIENT-BASED EXAM

II. Standards of Conduct and Infection Control
A. Standards of Conduct

The ADEX Dental Examination strives to evaluate the candidate’s clinical judgment and skills in a fair manner. In addition, conduct, decorum and professional demeanor are evaluated. The candidate is required to adhere to the rules, regulations and standards of conduct for the ADEX Dental Examination Series.

Throughout the examination, the candidate’s professional conduct and clinical performance will be evaluated. A number of considerations will weigh in determining the candidate’s final score. Penalties may be assessed for violation of examination standards and/or for certain procedural errors, as defined and further described within this manual.

1. Unethical personal/professional conduct: Any substantiated evidence of collusion, dishonesty, use of unauthorized assistance, intentional misrepresentation during registration or the course of the examinations or failure of the candidate to carry out a directive of the Chief Examiner shall automatically result in failure of all five examination sections. The candidate and assisting auxiliary must behave in an ethical and proper manner. Patients shall be treated with proper concern for their safety and comfort. Improper behavior is cause for dismissal from the examination at the discretion of the Chief Examiner and will result in failure of the examination. Additionally, the candidate shall be denied reexamination through any testing agency that administers the ADEX Dental Exam for one full year from the time of the infraction.

2. Termination of the examination: CITA reserves the right to terminate or delay the examination at any time if 1) that action becomes necessary to safeguard the health, safety or comfort of the patient, 2) the candidate or examiners are threatened in any manner or 3) other interfering events occur that are not under the control of the administering testing agency.

3. Completion of the examinations: All five examination sections (or four, if the candidate is not taking the Periodontal Scaling Section) of the ADEX Dental Examination Series must be completed within the specified time frame in order to be considered for “ADEX Status.” Examination procedures performed outside the assigned time will be considered incomplete, and the candidate will fail the examination section. If all specified materials and required documentation are not turned in at the end of an examination section then that section will be considered incomplete, and the candidate will fail the section.

4. Misappropriation and/or damage of equipment: No equipment, instruments or materials shall be removed from the examination site without written permission of the owner. Willful or careless damage of dental equipment, typodonts, manikins or shrouds may result in failure. All resulting repair or replacement costs will be charged to the candidate and must be paid to the host site before the candidate’s examination results will be released.

5. Submission of examination records: All required records and radiographs must be turned in before the examination is considered complete. If all required documentation is not turned in at the end of the examination, the examination will be considered incomplete, and the candidate will fail all exam sections involved.

6. Assigned procedures: Only the treatment and/or procedures assigned may be performed. (In the Periodontal Scaling Examination, all surfaces of the selected teeth may be scaled and polished at the discretion of the candidate, but only the selected surfaces will be evaluated.) Performing other treatment or procedures may result in failure of the examination.

7. Electronic recording devices and cameras: The use of electronic recording devices or cameras by the candidate, an auxiliary or a patient during any part of the examination is a violation of examination
guidelines and may result in failure of the entire ADEX Dental Examination Series. However, intra-oral photographs may be taken by authorized examiners or school personnel during the course of the examination for the purpose of future examiner standardization and calibration.

8. **Electronic equipment:** The use of any electronic equipment for functions other than the time-clock function is not permitted on the clinic floor by candidates, auxiliaries or patients during the examination. Whenever possible, cell phone time will be the official time for the exam. Any such use will be considered unprofessional conduct and may result in dismissal from the examination.

**Dismissal from Examination**

In addition to the standards of conduct listed in the previous section, the following list is provided as a quick reference for candidates. While the following is not an all-inclusive listing, it does provide examples of behaviors that may result in dismissal/failure of the examination:

- Using unauthorized equipment at any time during the examination
- Altering patient records or radiographs
- Performing required examination procedures outside the allotted examination time
- Failure to follow the published time limits and/or complete the examination within the allotted time
- Receiving assistance from another practitioner, including another candidate, dentist, school representative(s), etc.
- Exhibiting dishonesty
- Failure to recognize or respond to systemic conditions that potentially jeopardize the health of the patient, and/or total disregard for patient welfare, comfort and safety
- Unprofessional, rude, abusive, uncooperative or disruptive behavior to other candidates, patient and/or exam personnel
- Misappropriation or thievery during the examination
- Noncompliance with anonymity requirements
- Noncompliance with established guidelines for asepsis and/or infection control
- Charging patients for services performed
- Use of any electronic equipment in patient care areas for purposes other than time keeping
- Use of electronic recording devices or cameras by the candidate, auxiliary or patient during any part of the examination
B. Infection Control Requirements

Candidates must follow the current recommended infection control procedures and guidelines required by the state where the examination is taking place as well as those procedures and guidelines published by the Centers for Disease Control and Prevention for the restorative and periodontal scaling procedures. These infection control procedures must begin with the initial set-up of the unit, continue throughout the restorative and periodontal scaling procedures, and include the final clean-up of the operatory. It is the candidate’s responsibility to ensure that both the candidate and his/her auxiliary fully comply with these procedures. Failure to comply will result in loss of points, and any violation that could lead to direct patient harm will result in failure of the examination.

As much as possible, dental professionals must help prevent the spread of infectious diseases. Because many infectious patients are asymptomatic, all patients shall be treated as if they are, in fact, contagious. Use of barrier techniques, disposables whenever possible, and proper disinfection and sterilization are essential. Candidates must adhere to the following infection control procedures:

1. **Barrier Protection**
   - Gloves must be worn when setting up or performing any intra-oral procedures and when cleaning up after any treatment; if rips or tears occur, don new gloves; do not wear gloves outside the operatory; patients with known allergies to latex will not be allowed to sit for the examination even if the exam site is latex free
   - Wash and dry hands between patients and whenever gloves are changed; do not wear hand jewelry that can tear or puncture gloves
   - Wear clean, long-sleeved uniforms, gowns or laboratory coats, and change them if they become visibly soiled; remove gowns or laboratory coats before leaving the clinic area; wear facemasks and protective eyewear during all procedures in which splashing of any body fluids is likely to occur; discard masks after each patient, or sooner if the masks become damp or soiled
   - Do not wear sandals or open-toed shoes
   - Cover surfaces that may become contaminated with impervious-backed paper, aluminum foil or plastic wrap; remove these coverings (while gloved), discard them and replace them between patients (after removing gloves)
   - The patient must wear a clean patient napkin each time he/she goes to the Evaluation Station
   - Patients must wear protective eyewear during all clinical procedures and are required to bring protective eyewear with them to the Evaluation Station for use during the evaluation of clinical procedures
2. Sterilization and Disinfection

- Instruments that become contaminated must be placed in an appropriate receptacle that is identified as contaminated.
- Any instrument that penetrates soft or hard tissue shall be disposed of or sterilized before and after each use; instruments that do not penetrate hard or soft tissues but do come in contact with oral tissues shall be single-use disposable items and must be properly discarded.
- If not barrier wrapped, surfaces and counter tops shall be pre-cleaned and disinfected with a site-approved tuberculocidal hospital-level disinfectant.
- Handpieces, prophy angles and air/water syringes shall be sterilized before and after use or properly disposed of after use.
- Used sharps are to be placed in a spill-proof, puncture-resistant container; needles are to be recapped with a one-handed method or with special devices designed to prevent needle-stick injuries, and disposed of properly.
- All waste and disposable items shall be considered potentially infectious and shall be disposed of in accordance with federal, state and local regulations.
- Resuscitation equipment (sterilizable or disposable), pocket masks, resuscitation bags or other ventilation devices will be provided by the school in strategic locations to minimize the need for any emergency mouth-to-mouth contact; candidates should be familiar with their use.

3. Exposure to blood borne pathogens

An exposure incident is defined as contact with blood or other potentially infectious materials (PIMS) through:

- Needle stick, sharp or other percutaneous exposure
- Non-intact skin exposure, such as an open cut, burn or abrasion
- Contact with a mucous membrane (e.g., inside nose, eye or mouth)

Since maximum benefit of therapy is most likely to occur with prompt treatment, the host site needle stick protocol should be initiated as soon as possible. The following policy has been established if the host site has no protocol or the person in charge of said protocol is not on site:

- Immediately following the exposure incident, puncture wounds or other percutaneous exposures should be cleaned with soap and water; mucous membrane exposed to blood or other PIMS should be extensively rinsed with water or sterile saline.
- All percutaneous exposures and other exposures to blood and PIMS should be reported immediately to the Chief Examiner and the person in authority at the examination site so that appropriate measures can be initiated and the exposure incident documented.
- If possible, post-exposure prophylactic treatment should be initiated at the examination site if appropriate, as determined by the U.S. Department of Health and Human Services recommendations, or an appropriate referral should be made.
- At the completion of all clinical examinations, it is the responsibility of candidates to clean the operatory thoroughly utilizing accepted infection control procedures.
The ADEX Dental Examination Series

PATIENT-BASED EXAM

III. Examination Content
The Examination

A. General Administrative Flow During Exam

Candidates will begin their clinical day by attending the exam-day registration (See pages 7 and 71 for further details about what to bring to this registration). Candidates will receive their exam packet and operatory number during registration.

Only candidates attend the exam-day registration. All patients and assistants MUST remain in the assigned waiting room area!

Following the exam-day registration, candidates will set up their instruments and supplies, along with their patient, in their assigned operatory. During the set-up period, Clinic Floor Examiners (CFEs) will be available to answer candidates’ questions.

When candidates are ready to present their patients for approval, they should request a CFE. At the candidate’s operatory, the CFE will begin the patient, paperwork, and medical history approval process. Should the review uncover an error or deficiency in candidate patient presentation, the candidate, if appropriate, may be allowed to correct such deficiency and re-submit the patient for approval. Candidates will not be allowed to proceed with treatment until their patient and documents have been approved.

Candidates, when ready, will submit their patients to the Evaluation Station with all required documents, including a completed Progress Form/Evaluation Station Request Form, radiographs (if not submitted electronically; see section on radiographs for details), patient Medical History Form, and Patient Consent Form. Documents should be placed in a folder provided by CITA.

There will be a tables designated in the clinic as the BLUE and GREEN Stations. Candidates may NOT bring their patients to either station. Present your paperwork folder to a CITA staff member at the BLUE Station (paperwork review). This is a review to confirm that the required documents are present and does not substitute for the approval process conducted by a CFE on the clinic floor.

If the paperwork is in order, the candidate will be issued a procedure card which will be placed in the front pocket of the candidate folder.

The candidate will then move to the GREEN Station (electronic check-in) where a CITA staff member will enter the requested procedure into the electronic system.

- If an operatory is available in the Evaluation Station, an escort will follow the candidate to their operatory and then escort the patient to the Evaluation Station.
- If an operatory is not available, the candidate will return to his/her operatory. An escort will take the patient to the Evaluation Station when an operatory is available.
- Candidates must have patient, paperwork, and instruments ready for the escort. Failure to have the required instruments may result in a penalty. Required instruments are listed in the procedure section of this manual.

Once the patient returns from the Evaluation Station, the candidate will check the paperwork to see that the form has been stamped with either a green “✓” or a red “X” stamp. The candidate should also note the presence or absence of an Instruction to Candidate Form which must, if present, be reviewed with a CFE.
B. Testing Schedule Overview – Restorative and Periodontal Scaling

*See pg. 8 of this manual for a chart of the 1, 2, or 3 procedure exam timeline.

C. Procedure Flow Summary– Restorative and Periodontal Scaling

The procedure flow is essentially the same for all procedures. Procedure Flow Charts have been created to assistant candidates during the exam. We recommend printing (in color) and taping them in your operatory at the exam. They can be found on pgs. 85-86, as well as via your BrightTrac candidate profile under the Document tab.

The following is the flow for each procedure. Only candidates may approach the BLUE and GREEN Stations. Patients and assistants must stay in the operatory.

Step 1: CFE reviews and approves paperwork with candidate
Step 2: Candidate goes to BLUE Station (paperwork review). Procedure card added to folder.
Step 3: Candidate goes to GREEN Station (electronic check-in).
Step 4: Escort will take patient from candidate’s operatory to Evaluation Station
Step 5: When evaluation is complete, an escort will return patient to candidate’s operatory
Step 6: Candidate will check for any ITC forms (see Communication From Examiner Section) and a stamp on their form:
   1) If a green “✓” is received, candidate will continue to the next part of their procedure. An ITC may or may not be present.
   2) If a red “X” is received, candidate will discuss further progress with CFE. An ITC form is usually included.
   3) If no stamp is present, candidate will notify CFE
Step 7: Repeat Step 2-6 for each part of the procedure. When procedure is complete, contact CFE for patient dismissal.
Step 8: Following the final procedure of the day, candidates will complete the Candidate Check-Out form for each completed procedure and proceed to exam check-out.

Candidates needing a modification, exposure processing, or indirect pulp cap will follow the same process except patients will go to an Express Chair. His/her paperwork folder will be labeled for the Express Chair at the BLUE Station. Express Chairs are only used for these types of evaluations.

D. Procedures

Sequence of Treatment - Candidates may begin with either a restorative or periodontal scaling procedure. Once the initial procedure is complete and the CFE has dismissed the patient, the candidate may begin the remaining procedures in the order he/she desires, if both lesions were approved on the same patient, these lesions must be treated consecutively.

Candidates who wish to start with the periodontal scaling procedure will not be allowed to check-in their patient until 8:30am or after all lesion approvals have been processed.
E. Communication From Examiners

Candidates may receive instructions (Instruction to Candidate (ITC) Form) from the Evaluation Station examiners to resubmit a treatment selection or to modify their treatment. A CFE should deliver this instruction and will confirm that the candidate understands its contents.

Candidates who receive an ITC Form should not assume that they have failed or that points have been deducted. It is possible to pass the examination after being instructed to modify a procedure. Conversely, candidates who do not receive instructions to modify procedures should not assume that their performance is totally satisfactory or will result in a passing grade. In every instance, each procedure is evaluated as it is presented rather than as it may be modified. The examiner ratings are not converted to scores until after the examination is complete and all records have been processed by computer. Examiners at the examination site do not know and cannot provide information on whether each candidate has passed or failed a specific examination.

F. Check-Out Procedure for ALL Examination Procedures

Upon completion of all procedures, candidates must complete a Candidate Check-Out Form. Candidates are to use this checklist to compile their papers (in the order listed on the Candidate Check-Out Form), making sure to verify that the GREEN Patient Dismissal box on each Progress Form has been signed by a CFE.

Once completed, they may approach the check-out station with their white envelope and all associated materials to be turned in (see list below). A CITA staff member will verify that the candidate has organized their forms in the proper order, and that all forms are complete.

**Do not approach the check-out station until all forms have been completed and have been placed in the order listed on the Check-Out Form.**

Candidates MUST check out in order to have their performance scores released.

The following items must be submitted in the white envelope provided and accounted for prior to dismissal from the examination site:

- Restorative radiographs of teeth restored during the examination must be submitted and clearly marked for identification
- Completed Progress Forms/Evaluation Station Forms
- Patient Consent and Medical History Form(s)
- Candidate ID labels—IF NOT TAKING MANIKIN EXAM
- Candidate ID badge (remove from plastic holder)—IF NOT TAKING MANIKIN EXAM
- Interpreters and/or Assistants ID badges (remove from plastic holder)
- All Modification forms, Indirect Pulp Cap form and Exposure Processing form if used
- ITC forms
- Cubical Card
The ADEX Dental Examination Series

PATIENT-BASED EXAM

IV. Radiographs and Required Instruments
A. Radiograph Requirements

1. General Radiograph Guidelines

Digital radiographs are CITA’s preferred radiographic method for this examination and should meet the following qualifications:

- The films or digital images must be of diagnostic quality
- If using film radiographs, candidates should consult their site facility for view box availability
- If not using film radiographs, candidates must submit digital images. In general, digital prints should be printed on 8 ½” x 11” photo quality paper or acetate (preferably blue).
- Digital periapicals and bitewing images must each be a 4” x 6” image with both images printed on one sheet of 8½” x 11” photo quality paper or acetate (preferably blue)
- The candidate must provide the following information on the back of the print:
  - Patient’s name
  - Date the radiographs were taken
  - Candidate’s ID Label
- If the school name is normally incorporated into the digital image, this should be removed or masked, if possible, before printing out the image on photo quality paper or the CFE will request the school identifier to be covered on the day of the examination
- Candidates are advised that high speed radiographic film (such as F-speed film) portrays the lesion to be smaller than in reality.
- If the testing site plans to use Axium during the exam (see Facility Information Sheet to determine use of Axium), candidates must send their radiographs to the school prior to the exam in order for them to be added to the Axium system. Digital images may be displayed on monitors at these schools. While radiographs are not required to be printed at these schools, it is always recommended to still have them as a backup. Digital prints will also be accepted during the exam at these sites.
- Radiographs must not be retaken simply to produce a “perfect” image. Radiographs that have minor errors such as minor cone cutting, not showing all of a third molar or a slightly off center panoramic film, will not result in any loss of points and should not be retaken.
- Additional radiographs may be required by the examiner during the course of the examination. Post-operative radiographs, digital prints, or images are not routinely required. However, a post-operative radiograph may be requested at any time at the discretion of an examiner. Altering or failing to provide radiographs, digital prints, or images will result in failure of the examination. The radiographic films, digital prints and/or images used in the examination may be collected at the end of the examination and become the property of the testing agency.

2. Periodontal Scaling Radiograph Requirements

For the Periodontal Scaling Examination, the radiograph(s) submitted must demonstrate sufficient contrast and resolution to clearly reveal the extent of caries and other pathoses. If the candidate submits poor quality radiographs (film or digital prints), examiners will take the following action:

- ACC – no penalty
- SUB – 15 point penalty
- DEF – 100 point penalty; candidate will be dismissed from the exam
**Periodontal Scaling Radiographs** must meet the following criteria:

- Candidates must submit a diagnostic panoramic radiograph or complete (full) mouth radiographic series exposed within the last three years along with four bitewing radiographs exposed within the previous year (twelve months). If a full mouth series is presented, films must be mounted according to ADA procedures (convexity up); both the options must indicate the exposure date, patient’s name, right and left side and candidate identification number.

- If utilizing a full mouth series, this must be mounted separately from the bitewings, unless the complete mouth series was taken within the previous year.

![Periodontal Scaling Radiographs](image)

3. **Restorative Radiograph Requirements**

For the Restorative Examination, it is advisable to present a patient with a proposed restoration from which a radiographic perspective would demonstrate support for a restorative diagnosis. Typically, that radiographic appearance may be a lesion which appears to have penetrated at least to the DEJ (or have evidence of equivalent depth clinically).

Candidates are advised against presenting a proposed restoration which demonstrates questionable radiographic support for a diagnosis of disease, and which also lacks radiographic, visual or tactile supporting evidence for a restorative diagnosis.

**Restorative Radiographs** must meet the following criteria:

a. **Class II Pre-Operative Radiographs**

A periapical and bitewing radiograph of the tooth selected for the Class II restoration is required when the patient is presented for lesion approval.

![Class II Pre-Operative Radiographs](image)

b. **Class III Pre-Operative Radiographs**

A periapical radiograph of the tooth selected for a Class III restoration is required when the patient is presented for lesion approval.
Both the Class II and Class III pre-operative radiographic films must be of diagnostic quality, may not be more than one year old (twelve months), and must depict the **CURRENT CLINICAL CONDITION OF THE TOOTH** to be treated as well as the surrounding teeth. In other words, there must have been no treatment between the time of taking the radiograph and CITA’s examination that would alter the situation depicted on the radiograph.

Duplicate radiographs of diagnostic quality are acceptable. The radiographic films must be mounted according to ADA guidelines (convexity up). **These radiographs must be submitted at the conclusion of the examination and become the property of CITA.**

If the dental school stipulates that radiographs must be returned to the school as part of the patient’s examination records, candidates must submit duplicates of the required radiographs to the dental school.

c. **Post-Operative or Additional Radiographs**

Post-operative radiographs are **NOT** required. However, additional or post-operative radiographs may be requested at any time during the conduct of the examination and at the discretion of any examiner. All such requested radiographs should be mounted, meet the same criteria as previously specified for pre-operative radiographs, and be sent to the requesting examiner for evaluation.
B. Instruments and Equipment

All necessary materials and instruments for the clinical procedures, other than the operating chair, light, and dental unit, must be provided by the candidate. It is the responsibility of the candidate to arrange for his/her own handpiece, sonic/ultrasonic, and all other equipment necessary to complete the clinical examination. Candidates are authorized to bring additional instruments. Arrangements for rental hand pieces and/or other equipment may be made through the testing site, if such equipment is available. Sonic/ultrasonic instruments are permissible, but they must be furnished by the candidate along with the appropriate connection mechanisms. Air-abrasive polishers are NOT permissible.

The following instruments and equipment are specifically REQUIRED and must be provided by the candidate for the examination:

Both Restorative and Periodontal Scaling Examinations:

- Unscratched, untinted # 4 or #5 front-surface, non-disposable mouth mirror
- Any probe with Williams Markings (1, 2, 3, 5, 7, 8, 9, 10 mm)
- Patient eye protection (personal eyewear is acceptable)
- Patient napkin holder (chain, self-adhesives, clips, etc.)
- 2 x 2 gauze (4 squares)
- Sealed container (such as a tupperware), just large enough to hold the instruments for transporting instruments (oversized containers will not be accepted)

Periodontal Scaling Examination: In addition to the above items, the following is needed:

- #11/12 explorer

Restorative Examination: In addition to the above items, the following are needed:

- Explorer (fine and sharp)
- Cotton pliers
- Floss
- Articulating paper

Candidates should be aware that mouth mirrors that are clouded, tinted, or unclean will be rejected. Furthermore, a candidate’s performance will not be evaluated without the proper instruments. Candidates are not limited to the items outlined above but all instruments must be properly sterilized in order to be used. Candidates can find exam specific facility information posted in his/her candidate profile under the Document tab after having registered for their exam or on the CITA website at www.citaexam.com prior to registration.
V. PERIODONTAL SCALING EXAMINATION
A. Periodontal Procedure Requirements

Important Reminder for Candidates Taking Only the Periodontal Scaling Examination:

All candidates will be given ninety (90) minutes of treatment time, beginning when the Pre-Treatment Evaluation has been completed and the patient is returned from the Evaluation Station. By the end of that ninety (90) minute time period, the candidate must be in line with the proper post-treatment paperwork at the BLUE station (paperwork review) for submission of his/her patient to the Evaluation Station for Post-Treatment Evaluation. Thus two patient visits to the Evaluation Station (each taking about one half hour) are required for the Periodontal Scaling Examination.

B. Treatment Selection Requirements

1. Qualifications

The candidate’s treatment selection must include the proper number of teeth and adequate deposits of calculus as defined below:

- **Teeth** - There must be at least six and not more than eight permanent teeth selected, at least three of which are molars or premolars, including at least one molar. All posterior teeth must have at least one approximating tooth surface within 2 mm distance. Each of the selected teeth must have at least one surface of subgingival calculus selected for removal. The teeth selected for treatment must be entered electronically at least 72 hours prior to the day of the examination through the candidate’s BrightTrac profile (https://cita.brighttrac.com)

- **Calculus** - There must be exactly 12 surfaces of explorer-detectable subgingival calculus identified on the selected teeth, and no more than four surfaces may be on incisors. Three of the 12 identified surfaces of calculus must be on interproximal surfaces of molars and/or premolars. The canines are considered posterior surfaces but do not qualify as interproximal surfaces.
  
  o Explorer detectable subgingival calculus is defined as a distinct deposit of calculus that can be felt with a #11/12 explorer as it passes over the calculus. Qualified deposits may exhibit such characteristics as:
    
    - A definite “jump” or “bump” felt by the explorer, with the rough surface characteristic of calculus
    - Ledges or ring formations
    - Spiny or nodular formations

  o Qualified deposits must be apical to the gingival margin and may occur with or without associated supragingival deposits.

2. Exclusions

- Patients with full-banded orthodontics are **not** acceptable
- Implants or teeth with any fixed appliance – banded, bonded or splinted, either orthodontically or periodontally – may **not** be included in the treatment selection
- No retained primary teeth may be included in the treatment selection
3. Performance Requirements

**Scaling** - After the candidate performs the periodontal scaling procedure, the subgingival surfaces of the assigned teeth must be smooth, with no deposits detectable with a #11/12 explorer. Air may be used to deflect the tissue to locate areas for tactile confirmation. (All subgingival surfaces on an assigned tooth must be scaled, but only the selected surface will be evaluated.)

**Supragingival Deposits (polishing)** - All supragingival calculus, plaque and stain must be removed from all coronal surfaces of the assigned teeth so that all surfaces are visually clean when air-dried and tangibly smooth upon examination with a #11/12 explorer. The use of disclosing solution is not permitted.

C. Patient Management Guidelines

1. The patient must be informed that he/she will be participating in an examination and that additional treatment may be required to meet his/her oral health needs.

2. **Only one patient may be presented for the Periodontal Scaling Examination.** After a CFE has been summoned by the candidate for perio case acceptance (PCA), the CFE will confirm that all teeth entered by the candidate are present, within 2mm of an adjacent tooth, and are correctly numbered. If there are any errors, the candidate will have to submit a new case selection on the same or a different patient. Once a patient has been submitted to the CFE for and the teeth selected have been approved by the CFE, a back-up patient may not be presented if that initial patient is unacceptable due to examination protocols, guidelines or requirements. In all circumstances the candidate must have his/her patient presented and approved for treatment BEFORE proceeding with the examination. Treatment on a patient without documented approval by a CFE is a violation of examination protocol and may subject the candidate to dismissal from the examination.

3. The *Treatment Selection Worksheet* (see pg. 87) may be completed prior to the day of the examination to help the candidate identify the selection of teeth he/she will present for evaluation. Candidates are responsible for selecting and documenting teeth and surfaces for treatment that fulfill the published criteria. At least 72 hours prior to the start of the examination, the information on the *Treatment Selection Worksheet* should be accurately entered into the *Electronic Teeth Selection Entry Worksheet* through the candidate’s online profile. Updates to teeth entries may be made on site during the set-up period.

4. The *Periodontal Progress Form* will be provided on the paperwork table at the examination site. When the candidate receives the *Progress Form*, he/she should place a candidate ID label on the form and then enter his/her cubicle number on the cubicle card.

5. The procedures, instruments, and materials used are the choice of the candidate, as long as
they are currently accepted and taught by accredited dental schools and the candidate has been trained in their use. It is the responsibility of the candidate to provide the instruments used for this examination which are listed in this Patient-Based Exam Manual, unless such instruments are furnished by the school. A Facility Information Sheet will be located in the candidate’s BrightTrac profile under the Document tab after registration is complete.

6. If any problems arise during the examination, the candidate should immediately notify a CFE. The CFE is also present to aid in any emergencies that may occur.

7. Candidates must complete the anesthesia portion on the Progress Form whether or not anesthesia is to be used. If the patient is too sensitive to withstand the use of a periodontal probe or explorer during pre-treatment at the Evaluation Station, the candidate may request authorization from a CFE to anesthetize the patient prior to patient check-in.

8. Candidates will follow the procedure check-in process found on page 27 and/or the Periodontal Flow Chart when ready to send their patient to the Evaluation Station.

The following items must be present in the approved exam paperwork folder:

- Completed Periodontal Scaling Progress/Evaluation Request Form (on reverse side of Progress Form)
- Completed Medical History Form signed by patient
- Patient Consent Form signed by patient
- Radiographs (if printed)
- Cubicle card (with candidate’s operatory number)

**A Candidate ID label must be placed on the right-hand side of the patient napkin.** Only the patient may carry the instruments container to the Evaluation Station. See page 33 for required instruments.

Patients will be evaluated for case acceptance in the order they are signed in to the Evaluation Station. When a seat is available, the patient will be escorted to the Evaluation Station with his/her required paperwork and instruments.

9. The examiners will evaluate the six to eight teeth with the 12 surfaces of subgingival calculus charted.

**Note, periodontal performances will be terminated if 4 or more calculus detection errors are confirmed during the Pre-Treatment Evaluation**

10. A CITA staff member will indicate a treatment finish time on the Periodontal Scaling Progress Form. The patient treatment time is 90 minutes. Candidates must receive a start time 45 minutes prior to the end of the examination day if they are beginning the periodontal scaling procedure after completing the restorative procedure(s).

When the patient returns from the Evaluation Station, treatment should begin. Treatment continues until it is completed or the finish time, as noted on the Periodontal Progress Form.

Each candidate must scale all subgingival surfaces on the six to eight selected teeth, but only the 12 selected surfaces selected by the candidate will be evaluated. The examiners will also evaluate tissue management. Supragingival calculus, plaque and stain must be
removed from all surfaces of the selected teeth. No other teeth may be scaled or polished during the examination. The patient must be signed in at the BLUE station (paperwork review) by the assigned finish time for evaluation at the Evaluation Station.

11. When the patient returns from the Evaluation Station after the Post-Treatment Evaluation, the candidate may request a CFE to dismiss the patient. The candidate must clean the clinic area following accepted infection control procedures.
### Periodontal Scaling Criteria

#### PATIENT SELECTION

<table>
<thead>
<tr>
<th>Treatment Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Patient Consent Form, Medical History, Progress Form and Periodontal Scaling Evaluation Form are complete, accurate and current.</td>
</tr>
<tr>
<td>2. Both systolic and diastolic blood pressure are less than or equal to 159/94, or systolic and diastolic blood pressure are between 160/95 and 179/109 with a written medical clearance from a physician authorizing treatment during the examination.</td>
</tr>
<tr>
<td>3. Radiographs are of diagnostic quality and reflect the current clinical condition of the mouth. Periapicals have been exposed within the past three years, and bitewings have been exposed within the past twelve months. Radiographs are properly mounted and labeled with exposure date and patient’s name.</td>
</tr>
<tr>
<td>4. The Calculus Detection portion of the Periodontal Scaling Evaluation Form is properly completed, indicating</td>
</tr>
<tr>
<td>- Six to eight teeth selected, each with at least one surface of calculus charted</td>
</tr>
<tr>
<td>- At least three posteriors (molars, premolars), including at least one molar, in the selection. All posterior teeth must have at least one approximating tooth within 2 mm distance.</td>
</tr>
<tr>
<td>- Exactly 12 surfaces of subgingival calculus charted, including at least three surfaces of interproximal calculus on molars/premolars</td>
</tr>
<tr>
<td>- At least eight of the surfaces on canines, premolars or molars (no more than four surfaces on incisors)</td>
</tr>
</tbody>
</table>

#### SATISFACTORY

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Patient Consent Form is correct and signed by patient.</td>
</tr>
<tr>
<td>2. The Medical History is complete.</td>
</tr>
<tr>
<td>3. The Progress Form is completed correctly.</td>
</tr>
<tr>
<td>4. Blood pressure has been taken and recorded.</td>
</tr>
<tr>
<td>5. Radiographs are available and submitted with the patient for initial evaluation</td>
</tr>
<tr>
<td>6. The Calculus Detection portion of the Evaluation Form has been completed</td>
</tr>
</tbody>
</table>

#### ACCEPTABLE

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Patient Consent Form is incorrect or not signed by patient.*</td>
</tr>
<tr>
<td>2. The Medical History is incomplete*, is missing candidate initials* or patient signature* or has slight inaccuracies that do not endanger the patient or change the treatment.</td>
</tr>
<tr>
<td>3. The Progress Form has inaccuracies or is incomplete or missing.*</td>
</tr>
<tr>
<td>4. Blood pressure has not been taken or is not recorded* but, upon correction, meets Satisfactory.</td>
</tr>
<tr>
<td>5. Radiographs are available but were not submitted with the patient for initial evaluation*</td>
</tr>
<tr>
<td>6. The Calculus Detection portion of the Evaluation Form has not been filled out or is filled out incorrectly, e.g., the form demonstrates</td>
</tr>
<tr>
<td>- Fewer than six or more than eight selected teeth</td>
</tr>
<tr>
<td>- Fewer than three molars or premolars and/or no approximating tooth within 2 mm of one or more of the selected posterior teeth</td>
</tr>
<tr>
<td>- One or more selected teeth without any surfaces of calculus charted</td>
</tr>
<tr>
<td>- More or fewer than 12 surfaces of subgingival calculus charted</td>
</tr>
<tr>
<td>- Fewer than three surfaces of interproximal calculus on molars and/or premolars</td>
</tr>
<tr>
<td>- More than four surfaces of subgingival calculus on incisors**</td>
</tr>
</tbody>
</table>

* Records and patient will be sent back to the candidate with an Instruction to Candidate Form requesting correction.
### MARGINALLY SUBSTANDARD

1. Medical History has inaccuracies that do not endanger the patient but do change the treatment or require further explanation by candidate. The candidate submits an incomplete or incorrect Periodontal Scaling Progress Form or Evaluation Form for the second time.
2. Radiographs are of poor diagnostic quality and/or do not meet all of the criteria to be considered Satisfactory.

* Records and patient are sent back to the candidate with an *Instruction to Candidate Form Requesting corrections.*

### CRITICAL DEFICIENCY

1. The Medical History has inaccuracies or indicates the presence of conditions that do endanger the patient, candidate and/or examiners (in this situation, the Periodontal Scaling Examination Section will be stopped). The candidate submits an incomplete and/or incorrect Patient Consent Form or Medical History for the second time.
2. The patient’s systolic and/or diastolic blood pressure is between 160/95 and 179/109 *without* a written medical clearance from a physician authorizing treatment, or blood pressure is 180/110 or greater even with a written medical clearance from a physician authorizing treatment.
3. Radiographs are of unacceptable diagnostic quality and/or are missing and not available on request. (In this situation, the Periodontal Scaling Examination Section will be stopped).
## PERIODONTAL SCALING EXAMINATION

### TREATMENT AND TISSUE MANAGEMENT

### TREATMENT GOALS

1. The patient has adequate anesthesia for pain control, is comfortable and demonstrates no evidence of distress or pain.
2. Instruments, polishing cups or brushes and dental floss are effectively utilized so that no unwarranted soft or hard tissue trauma occurs as a result of the scaling and polishing procedures.

### ACCEPTABLE

1. There is slight soft tissue trauma that is consistent with the procedure.

### MARGINALLY SUBSTANDARD

1. There is inadequate anesthesia for pain control. (The patient is in obvious distress or pain.)
2. There is minor soft tissue trauma that is inconsistent with the procedure. Soft tissue trauma may include, but is not limited to, abrasions, lacerations or ultrasonic burns.
3. There is minor hard tissue trauma that is inconsistent with the procedure. Hard tissue trauma may include root surface abrasions that do not require additional definitive treatment.

### CRITICAL DEFICIENCY

1. There is major damage to the soft and/or hard tissue that is inconsistent with the procedure and pre-existing condition. This damage may include, but is not limited to, such trauma as:
   - Amputated papillae
   - Exposure of the alveolar process
   - A laceration or damage that requires suturing and/or periodontal packing
   - One or more ultrasonic burns that require follow up treatment
   - A broken instrument tip in the sulcus or soft tissue
   - Root surface abrasions that require additional definitive treatment
VI. RESTORATIVE EXAMINATION
A. Restorative Procedures Requirements

Important Reminders for Candidates Taking Any Restorative Procedures

(Assuming that candidates are taking both the restorative and the periodontal scaling parts, candidates may begin with either restorative or periodontal scaling procedures. If candidates choose to attempt the periodontal scaling first, they must wait until after all lesion approvals have been submitted to the evaluation station, or at 8:30am, whichever comes first.)

- Candidates will follow the procedure check-in process found on page 27 and/or the Restorative Flow Chart when they are ready to send their patient to the Evaluation Station
- A minimum of three patient visits to the Evaluation Station during candidate treatment time (each taking approximately one half hour) are required
- If both lesions are approved, then the candidate MUST complete one procedure before proceeding with the second procedure. Dual lesion approvals require that both restorative procedures be completed prior to attempting the periodontal scaling. If only one of the lesions submitted is approved, the candidate must complete the approved lesion prior to proceeding with the exam.

Note: If at any time during the exam, the candidate decides not to attempt any portion he/she is registered for, the treatment time reverts to the 7 hours for two procedures or 4 hours for one procedure.

1. Liners

The candidate must decide whether a treatment LINER is indicated by checking the liner request box on the Anterior or Posterior Restorative Evaluation Station Request Form PRIOR TO sending the patient to the Evaluation Station for the preparation check.

a. Cavity Liners

Cavity liners are typically a material placed between dentin and a dental restoration to provide protection to the dentin and/or pulp. Examples include Gluma, Vitrebond, Dycal and Cavitec.

The candidate must decide if a treatment liner is necessary, and if so, check the liner request box on the appropriate Evaluation Station Request Form prior to sending the patient in to the Evaluation Station for evaluation of the preparation. Liners will be required only in very deep preparations to cover areas immediately impacting pulpal health and integrity.

The examiners in the Evaluation Station will either approve or not approve the request for placement of the liner as part of the evaluation of the preparation. If the liner is approved, an ITC will be issued and the candidate should notify the CFE, place it, and then request the CFE to verify its placement before continuing with the final restoration. If the examiners in the Evaluation Station, during grading of the final preparation, determine that a liner is required and has not been requested by the candidate, an Instruction to Candidate Form (ITC) will also be issued (no penalty) to ask that the candidate place the liner. In this instance, the liner must also be checked by the CFE before and after placement. In either case, if the CFE finds the insertion of the liner to be defective, the patient must be sent to the Evaluation Station for assessment along with the Progress Form and the Evaluation Station Request Form prior to any alteration and before the candidate proceeds with the insertion of the restoration.
1. The liner must be placed only in those pulpal and/or axial wall areas that deviate from the established ideal depth.

2. The liner must not be placed on enamel or within 1 mm of any cavosurface margin.

3. The liner must not compromise the internal retentive and resistance features of the cavity preparation.

4. The liner must not be subject to dislodgement during placement of the permanent restoration.

5. Placement must reflect consideration of limitations of the materials used.

2. Treating all lesions

Class III (Anterior teeth): Candidates may elect to treat the mesial or the distal of an anterior tooth without being required to treat both the mesial and the distal of the tooth, as long as the lesion is not contiguous.

Class II (Posterior teeth): Each tooth selected for treatment will need all existing lesions on that tooth treated by the end of the examination day. If a tooth selected for treatment has other lesions then the submission will be denied. Alternatively, lesions other than the one required for the examination may be treated prior to the examination day.

The candidate must enter all proposed treatment for the selected tooth on the appropriate Progress Form. This includes the primary lesion and any other lesions requiring treatment, except Class V lesions. Class V lesions must be treated prior to the examination. The same restorative material must be utilized for all restorations on the same tooth.

All lesions/preparations will be considered together as one submission. The same general criteria as used for the standard preparations will be used for any additional treatments. Any confirmed findings on any of the lesions/preparations will be graded and reported the same as for the required lesion.

a) Other Recommendations

- Lesions on the distal surface of mandibular first premolars are acceptable for Class II amalgam, Class II composite, or proximal box occlusal (box) restoration, but are not recommended due to pulpal anatomy.
- Lesions on the distal surface of cuspids are allowed for Class III composite only, not Class II amalgam.
- Avoid potential pulpal involvement (too large of a lesion) or cuspal replacement contiguous with the lesion or proposed restoration.
- Circumferential decalcification contiguous with the lesion or proposed restoration is discouraged.
b) Treatment Exclusions

The following will not be accepted for the Restorative Examination:

- Non-vital teeth, and/or teeth with pulpal pathology or endodontic treatment
- Teeth with facial veneers
- Mobility of Class III or greater

3. Sharing patients

Any Class II (posterior) tooth selected for treatment must have all lesions on that tooth treated before the end of the examination day.

- For the posterior restoration, one tooth may NOT be shared by two candidates for treatment during the examination. If the tooth has a mesial and distal lesion when presented for evaluation, the candidate must treat both lesions by the end of the examination. Any other carious lesions on the tooth must have been previously treated or the submission will be rejected.
- For the anterior restoration, the candidate may treat either the mesial or the distal, or both if the lesion is contiguous; however, if the lesions are not contiguous the candidate may treat just one aspect of the tooth. Candidates are not required to treat both lesions if they are NOT contiguous. Therefore an anterior tooth may be treated by one candidate in a morning session and subsequently treated by another candidate in an afternoon session. New radiographs will not be needed after the morning restoration but a note can be made to the examiners creating awareness of the earlier restoration by another candidate.

The decision of candidates to share patients during the examination process comes with certain inherent risks, certainly one of which is the inability of another candidate to perform their procedures within specified time frames. Candidates who choose to share patients are individually responsible for the radiographs they each submit and agree to take responsibility for the evaluation of the radiographs they each individually submit.

4. Preparing to Submit a Patient for Evaluation

If a patient meets the requirements for both posterior and anterior restorations, both may be approved in the Evaluation Station at the same time (dual lesion approval), but the first restoration must be completed before the second restoration may be started.

Only one patient may be submitted for check-in at a time. If the candidate is utilizing two patients for the Restorative Examination, only one may be submitted to start the examination. The second may not be submitted until the first is finished. The local anesthesia request portion of the Restorative Progress Form must be filled out prior to submitting the patient to the Evaluation Station for patient check-in/case acceptance. In the event that the first lesion submitted is not approved, a second lesion may be submitted to the Evaluation Station.

Note: if this occurs, a new Restorative Progress Form must be completed.
For patient check-in, the candidate must present:

- *Progress Form/Evaluation Station Request Form*—including completed *anesthetic record* and indicating tooth number and type of restoration
  - If submitting dual lesion approval, please submit both *Progress Forms* and indicate which procedure will be attempted first and complete the anesthetic record for that procedure only. The anesthetic record for the second lesion will be filled out after completion of the first restoration and should include the amount of the previously administered anesthetic.

- Completed *Medical History Form* signed by patient
- *Patient Consent Form* signed by patient
- Radiographs (bitewing and periapical) that depict the tooth and surrounding structures is required for the Class II restoration
- Cubicle card (with candidate’s operatory number)

*Anesthetic solution CANNOT be administered prior to lesion approval and/or before the official exam start*

a) Isolation dam

While performing the Restorative procedures, cavity preparations may be prepared with or without an isolation dam. *If the extension of the lesion extends beyond ideal preparation form, the candidate MUST place a rubber dam for any additional preparation.* An isolation dam that is intact (not torn or leaking) must be in place when the patient is sent for evaluation of the amalgam and composite preparations, as well as all requests for modification and/or an indirect pulp cap. *An isolation dam must be in place if a pulpal exposure is anticipated or occurs.* The isolation dam must be removed when the patient is sent for evaluation of the finished amalgam and composite restorations. Bite blocks may be used during treatment, but the patient may not travel to the Evaluation Station with a bite block in place under an isolation dam. The isolation dam must be placed by the candidate and not the assistant, and candidates are NOT allowed to clamp the tooth they are restoring.

b) Caries Detector

Caries detector liquid may be used by the candidate. If used, it must be completely removed prior to the submission of the preparation for evaluation.

**B. Restorative Treatment Guidelines**

1. Requirements for the Anterior Composite Preparation and Restoration

a) The tooth selected for the anterior composite restoration must be a permanent anterior tooth that meets the following requirements:

- At least one proximal primary carious lesion that shows no signs of previous excavation and appears, radiographically or clinically, to extend to the DEJ
  OR
- A defective restoration, defined as one that exhibits recurrent caries or a defective cavosurface margin that, even though it may not yet be carious, can be penetrated with
an explorer. (A mismatched shade is not an acceptable indication.) Existing defective restorations must be completely removed before submitting the patient to the Evaluation Station for a modification request or evaluation of the completed preparation.

- There must be visually closed contact with the adjacent tooth on the proximal surface to be restored, although the area to be restored may or may not be in contact.
- The approximating contact of the adjacent tooth must be natural tooth structure or a permanent restoration.
- There may be a lesion on the proximal surface of the adjacent tooth, provided that there is no breakdown of the contact before or during the preparation that would jeopardize proximal contour or contact of the restoration.
- Occlusion may or may not be present.

b) Lesions that may initially be described as Class IV will not be accepted. However, Class III lesions that may require modifications resulting in Class IV restorations are acceptable.

c) Lingual dovetails are acceptable when appropriately used.

d) Surface sealants must not be placed on the finished composite restoration.

2. Requirements for the Posterior Amalgam Preparation and Restoration

a) The amalgam must be a Class II restoration, and the tooth selected for the amalgam restoration must be a permanent posterior tooth that meets these requirements:

- At least one proximal surface being restored must have a primary carious lesion showing no signs of being previously excavated and appears, radiographically or clinically, to extend at least to the DEJ.
- The tooth must be in contact with a sound enamel surface or a permanently restored surface of an adjacent tooth (a stainless steel crown is considered a permanent restoration for the purposes of this exam).
- There may be a lesion on the proximal surface of the adjacent tooth, provided that there is no breakdown of the contact before or during the preparation that would jeopardize proximal contour or contact of the finished restoration.
- When in centric occlusion, the selected tooth must be in cusp/fossa occlusion with an opposing tooth or teeth. The opposing tooth/teeth may be natural dentition, a fixed bridge, or any permanent artificial replacement thereof.

b) Other surfaces of the selected tooth may have an existing occlusal or proximal restoration, as long as there is a qualified surface with primary caries. Preexisting restorations and any underlying liner must be entirely removed, and the preparation must demonstrate acceptable principles of cavity preparation. An MOD treatment selection must have at least one proximal contact to be restored. In the event of a defect that would qualify as an acceptable lesion on the proximal surface opposite from the surface with primary caries, the treatment plan must be an MOD unless there is an intact transverse or oblique ridge.

c) The condensed and carved amalgam surface should not be polished or altered by abrasive rotary instrumentation except for the purpose of adjusting occlusion. Proximal contact is a critical part of the evaluation, and the candidate should be aware that the examiners will be checking the contact with floss. Please note that, for this examination, proximal contacts must be visibly closed. Some resistance to the passage of floss is not sufficient for judging a contact to be closed. Also, contacts must not prevent floss from passing through. Proximal contacts that are not visibly closed or that do not permit the passage of floss are evaluated as Critical Deficiencies. The candidate must be familiar
with the properties of the amalgam being used and should be sure to allow sufficient time for the amalgam to set before sending the finished restoration to the Evaluation Station. A developed and mounted post-operative bitewing may be requested at any time at the discretion of the examiners.

3. Requirements for the Posterior Composite Preparation and Restoration

a) The tooth selected for the Class II composite restoration must be a permanent posterior tooth that meets the following requirements:

- At least one proximal surface being restored must have a primary carious lesion showing no signs of being previously excavated and appears, radiographically or clinically, to extend at least to the DEJ
- The tooth must be in contact with a sound enamel surface or a permanently restored surface of an adjacent tooth (a stainless steel crown is considered a permeant restoration for the purposes of this exam)
- There should be evidence of caries and/or an existing occlusal restoration on the occlusal surface of the tooth that warrants extending the preparation across the occlusal surface
- There may be a lesion on the proximal surface of the adjacent tooth, provided that there is no breakdown of the contact before or during the preparation that would jeopardize proximal contour or contact of the finished restoration
- When in centric occlusion, the selected tooth must be in cusp/fossa occlusion with an opposing tooth or teeth. The opposing tooth/teeth may be natural dentition, a fixed bridge, or any permanent artificial replacement thereof

b) Other surfaces of the selected tooth may have an existing occlusal or proximal restoration, as long as there is a qualified surface with primary caries. Preexisting restorations and any underlying liner must be entirely removed, and the preparation must demonstrate acceptable principles of cavity preparation. An MOD treatment selection must have at least one proximal contact to be restored. In the event of a defect that would qualify as an acceptable lesion on the proximal surface opposite from the surface with primary caries, the treatment plan must be an MOD unless there is an intact transverse or oblique ridge.

4. Requirements for the Posterior Composite (box) Preparation and Restoration

The tooth selected for the posterior proximal occlusal (box) composite restoration must be a permanent posterior tooth that meets the following requirements:

- At least one proximal surface being restored must have a primary carious lesion showing no signs of being previously excavated and appears, radiographically or clinically, to extend at least to the DEJ
- The tooth must be in contact with a sound enamel surface or a permanently restored surface of an adjacent tooth (a stainless steel crown is considered a permeant restoration for the purposes of this exam)
- If there are both occlusal caries and proximal caries, an occlusal restoration and a separate proximal occlusal (box) restoration are permitted if there is at least 1 mm of sound tooth structure between the two preparations; otherwise, a Class II restoration is required
• There may be a lesion on the proximal surface of the adjacent tooth, provided that there is no breakdown of the contact before or during the preparation that would jeopardize proximal contour or contact of the finished restoration

• When in centric occlusion, the selected tooth must be in cusp/fossa occlusion with an opposing tooth or teeth; the opposing tooth/teeth may be natural dentition, a fixed bridge, or any permanent artificial replacement thereof

5. Communication from Examiners: Instruction to Candidate Form

Examiners may provide written instructions to candidates if they believe a treatment should be modified during the course of the examination. When the patient returns from the Evaluation Station, if the candidate does not receive an Instruction to Candidate Form, the candidate should continue to the next step of the treatment. If the candidate does receive an Instruction to Candidate Form, it should be discussed with a CFE. The CFE will review the instructions with the candidate, and both the candidate and CFE will enter their identification numbers on the form to indicate that the candidate understands the instructions. The corrections must be completed as stated on the form and checked by a CFE.

It is a violation of examination protocol to proceed with treatment without CFE interaction and review of the Instructions to Candidate Form.

6. Modifications from the Ideal

If, during the preparation, the tooth indicates a need for a significant change from the ideal, the candidate will need to complete a Modification Request Form explaining the proposed modification(s) PRIOR TO PERFORMING THEM. The request to modify should include:

• Type (external outline, internal form)
• Where (gingival axial line angle, mesial box)
• Why (due to caries, decalcification)
• How much (reference back to either ideal or to the start)

All requests for modifications will be sent to the Evaluation Station Express Chair. If the candidate determines that a conventional preparation can be changed to a box or vice versa, that change must be approved by submission of a modification request.

The lesion that is originally presented and approved for treatment needs to be extended, and the extension extends or would extend onto and/or involve a pre-existing restoration, the candidate must submit a Modification Request Form.

If the modification request is approved, the candidate must then remove ALL pre-existing restorative material prior to submitting the preparation for another modification request or for evaluation of the Class II/Class III Preparation.

NOTE: Excessive use of modification requests MAY result in the candidate failing the examination for failure to complete the procedure(s) in the allotted time period.
a) Presenting the Patient to the Evaluation Station for a Modification Request

If the candidate desires to submit a modification request, the candidate will need to submit the required paperwork to the **BLUE** station (paperwork review). The candidate will then be instructed to go to the **GREEN** station (electronic check-in). Once he/she has checked his/her patient into the electronic system, an escort will follow him/her back to his/her operatory to retrieve the patient, along with the paperwork and instruments and guide him/her to the evaluation station.

With the rubber dam in place and a clean napkin with Candidate ID label, the patient is sent to the Evaluation Station for approval of the modification request. The following materials will need to be sent with the patient to the Evaluation Station:

- Required Instruments in a sealable container (see page 33 for complete list)
- Modification Request Form (including any prior requests approved or rejected)
- Progress Form/Evaluation Station Request Form
- Radiographs (if printed)
- Medical History Form
- Patient Consent Form
- Cubicle card (with candidate’s operatory number)

b) Terminology to be used when requesting modifications

When the patient returns from the Evaluation Station, if the candidate does not receive an **Instruction to Candidate** (ITC) form and every modification is approved, the candidate should continue with treatment.

If a modification request is not approved, the candidate will review the form with a CFE.

If the candidate receives an **Instructions to Candidate** (ITC) form, **THE CANDIDATE MUST INFORM THE CFE BEFORE PROCEEDING** and follow the instructions that have been issued by the examiners.
7. Exposure Processing

If the candidate anticipates or actually encounters a pulpal exposure, a CFE must be notified at once. The candidate should inform the CFE that either an exposure is anticipated or that there is an exposure and the basis for making that observation. The CFE will not clinically evaluate the patient or the preparation, but will notify the Chief or a Co-Chief Examiner who will instruct the candidate to complete an Exposure Processing Request Form.

The Exposure Processing Request Form will require the candidate to note the exact location of the exposure within the preparation outline and the approximate dimensions. The candidate will then describe the precise procedure for management of the exposure, including all medicaments and instructions to the patient. Lastly, the candidate should describe any additional extensions or removal of tooth structure which would be required prior to the preparation being submitted to an Express Chair in the Evaluation Station.

8. Indirect Pulp Cap

If removal of the final 0.5mm of remaining caries may result in a pulp exposure or there is pulpal blushing, the candidate may request treating the tooth with an indirect pulp cap. Prior to a request for an indirect pulp cap at least one (1) modification request to remove caries must have been granted and completed by the candidate. To request treatment of the tooth by an indirect pulp cap, the candidate must have removed all the caries other than that directly over the pulp. The complete process is listed on page 102 of the manual.

The Indirect Pulp Cap Request Form (Page 103) as well as the patient’s paperwork and any modification forms will need to be taken to the BLUE station so it can be submitted to an Express Chair in the Evaluation Station.

9. Evaluation Station Request

Once a candidate has finished all cavity preparations and is ready to have the preparation graded, the candidate should also complete an Evaluation Station Request Form and check those boxes which are applicable to his/her procedure.

If the candidate wishes to have the preparation graded while the patient is in the Evaluation Station for exposure processing, the candidate will need to submit to the paperwork-review station the following:

- Progress Form/Evaluation Station Request Form (on the back of Progress Form)
- Modification Request Form(s)
• Indirect Pulp Cap Form if used
• Exposure Processing Form if used
• Radiographs (if printed)
• Cubicle card (with candidate’s operatory number)
• Medical History Form
• Patient Consent Form

Please note that the preparation will not be graded unless the candidate specifically designates that grading of the preparation should occur. When all paperwork has been completed, an escort will lead the patient to the Evaluation Station where the preparation will be evaluated.

Only the patient may carry the instruments container to the Evaluation Station. See page 33 for required instruments.

Note: Patients MUST always remain in the candidate’s operatory while the candidate is at the BLUE station (paperwork review) and GREEN station (electronic check-in).

C. Restorative Procedures & Patient Management Guidelines

1. Pulpal Exposure

The candidate MUST immediately call a CFE, who will consult with the Chief Examiner to determine the appropriate course of treatment. See pg. 51 for further information on exposure processing procedures.

2. Recontouring

Recontouring of adjacent teeth or restorations is allowed only after the preparation has been evaluated and only with the approval of a CFE. Candidates must enter the request to recontour the adjacent tooth in the Additional Comments section of the Progress Form. A CFE must then review the situation and will place his/her examiner number and the time next to the request. The candidate may then restore the tooth after the CFE checks the adjacent tooth recontouring.

3. Evaluation of the Class II/Class III Preparation Procedure

Once candidates are ready for evaluation of the Class II/Class III preparation procedure, he/she will need to submit the required paperwork to the BLUE station (paperwork review). The CITA staff member will check all paperwork and material and will give the candidate a procedure card. The candidate will then move to the GREEN station (electronic check-in) where a CITA staff member will electronically check the patient into the Evaluation Station. The candidate will then return to his/her operatory with an escort who will lead the candidate’s patient to the Evaluation Station for grading.

With the rubber dam in place, the patient is sent to the Evaluation Station for assessment of the Class II/Class III Preparation procedure. To be properly isolated, at least one tooth on either side of the prepared tooth must be included under the isolation dam unless it is
the most posterior tooth. Candidate requests for a liner must be filled out on the appropriate Evaluation Station Request Form.

The candidate should send the following documents to the Evaluation Station:

- Progress Form/Evaluation Station Request Form (on the back of Progress Form)
- Modification Request Form(s)
- Indirect Pulp Cap Form if used
- Exposure Processing Form if used
- Radiographs (if printed)
- Cubicle card (with candidate’s operatory number)
- Medical History Form
- Patient Consent Form

The preparation should be presented in sufficient time for the patient to be evaluated (which may involve waiting delays) and for the finished restoration if amalgam, to be condensed, carved, and set up enough to withstand flossing during evaluation.

Note: The instruments must be placed in the sealable container. See page 33 for list of required instruments. All paperwork must be placed in a folder provided by CITA.

The patient’s napkin must have a candidate ID label affixed in the upper right quadrant of the napkin. Patients must carry the instrument container to the Evaluation Station.

4. Final Evaluation of the Class II/Class III Restoration Procedure

For the Class II amalgam restoration, the amalgam must be sufficiently set to allow a check of the occlusion. If amalgam, the condensed and carved amalgam surface should NOT be polished or altered by abrasive rotary instrumentation except for purposes of adjusting occlusion.

Proximal contact is a critical part of the evaluation, and the candidate should be aware that the examiners will be checking the contact with WAXED dental floss. Field trials have indicated most amalgam restorations can withstand floss being passed through the contact within thirty (30) minutes AFTER THE MATRIX BAND HAS BEEN REMOVED. The candidate should be familiar with the properties of the amalgam being used and should allow sufficient time for the amalgam to set before sending the finished restoration to the Evaluation Station.

For the Class II Composite restoration, the composite restoration must be presented without any surface glaze/sealer on the restoration. If composite, the restorative material does not need to be polished; however, it should be free from void or defect, must be cured to sufficient hardness to retain interproximal contact, withstand forces of mastication, and not dislodge within the cavity walls.

After removing the isolation dam and any wedges placed during treatment, the candidate should send the following to the Evaluation Station:
• Progress Form/Evaluation Station Request Form (on the back of Progress Form)
• Modification Request Form(s)
• Indirect Pulp Cap Form if used
• Exposure Processing Form if used
• Radiographs (if printed)
• Cubicle card (with candidate’s operatory number)
• Medical History Form
• Patient Consent Form
• Cubicle Card (with candidate’s operatory number)

Remember: The instruments must be placed in the sealable container. See page 33 for list of required instruments. All paperwork must be placed in a folder provided by CITA.

The patient’s napkin must have a candidate ID label affixed in the upper right quadrant of the napkin. **Patients must carry the instrument container to the Evaluation Station.**

A developed and mounted post-operative bitewing **MAY** be requested at any time at the discretion of a restorative examiner or CFE.

5. Examination Completion Following Examiner Evaluation

If the final restoration is unacceptable, the candidate will receive an **Instruction to Candidate Form** and will be instructed to remove the restoration and temporize the tooth.

In such cases, the CFE must be contacted and a **Dental Patient Notification Form** is completed by the Chief Examiner and reviewed with the candidate to ensure that follow up care provider for further treatment is understood and that the patient will receive the proper care. This form will be issued to the candidate, signed by the patient and will include the follow-up treatment required and list the follow-up care provider for the treatment. When the provisional treatment is completed, the CFE will be called to check the provisional restoration before the patient is dismissed.

At the discretion of the Chief Examiner, the restoration, although critically deficient and unacceptable for the purposes of the examination, may be allowed to remain and to serve as a temporary until the patient can have it evaluated and removed. Any restoration left in place at the discretion of the Chief Examiner does not indicate an acceptable restoration for the purposes of the examination.

If temporization occurs on the first restorative procedure, the candidate will be dismissed from the restorative part of the exam before attempting the second restorative procedure and will fail the first restorative procedure. While the candidate may not attempt their second restoration procedure, they may still attempt the periodontal procedure.
All post-treatment required as a result of treatment rendered during the examination is the responsibility of the candidate and handled at the expense of the candidate.

Once all attempted procedures have been completed and the CFE has approved the candidate’s patient for dismissal by recording his/her examiner number in the green space on the Progress Form, the candidate should compile the necessary documents for check-out and present these documents in the proper order at the check-out station. The candidate should refer to the Candidate Check-Out Form that is located on the paperwork table on the clinic floor, as it lists the required documents for check-out and specifies the order in which those documents should be arranged.

6. Restorative Check-Out Procedure

The items specified on the Candidate Check-Out Form should be enclosed in the white envelope which the candidate received at exam-day registration and should be turned-in at the Check-Out Station.

Candidates: DO NOT approach the Check-Out Station until you have completed this form and arranged all of your paperwork in the proper order, according to the order in which the forms are listed on the Candidate Check-Out Form.
D. Restorative Criteria and Grading Sheets

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Version 2017.60

**Tooth #: _____**

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>D</th>
<th>F</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CRITICAL ERRORS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrong Tooth/Surface Treated</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrecognized Exposure</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ACC= Minimally Acceptable**
**SUB= Marginally Substandard**
**DEF= Critically Deficient**

### EXTERNAL OUTLINE FORM

**Outline Extension (Lesion Specific)**

- **ACC**: The wall opposite the access, if broken, may extend < 1.0 mm beyond the contact area. The outline form may be over-extended mesiodistally 0.5 mm to ≤ 1.0 mm beyond what is necessary for complete removal of caries and/or previous restorative material. The outline form dimension is ≤ 3.0 mm incisal gingivally.

- **SUB**: A. The outline form is over-extended mesiodistally > 1.0 mm but ≤ 1.5 mm beyond what is necessary for complete removal of caries and/or previous restorative material.

- **DEF**: A. The outline form is over-extended mesiodistally > 1.5 mm beyond necessary for complete removal of caries and/or previous restorative material.

**Gingival Contact Open**

- **ACC**: The gingival clearance is ≤ 1.0 mm.

- **SUB**: A. The gingival clearance is > 1.0 mm but ≤ 2.0 mm.

- **DEF**: A. The gingival clearance is > 2.0 mm.

**Margin Smoothness/Continuity/Bevels**

- **ACC**: The cavosurface margins may be slightly irregular. Enamel cavosurface margin bevels, if present, are ≤ 1.0 mm in width.

- **SUB**: The cavosurface margin is rough and severely irregular. Enamel cavosurface margin bevels, if present, are > 1.0 mm in width, are not uniform, or are inappropriate for the size of the restoration.

**Sound Marginal Tooth Structure**

- **ACC**: There may be a small area of unsupported enamel which is not necessary to preserve facial aesthetics. There is no previous restorative material, excluding sealants, at the cavosurface margin.

- **SUB**: A. There are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics.

- **DEF**: A. The cavosurface margin does not terminate in sound natural tooth structure.

- **C**: There is explorer-penetrable decalcification remaining on the cavosurface margin.
### Anterior Preparation - continued

#### INTERNAL FORM

**Axial Walls**
- **ACC**: The depth of the axial wall extends ≤ 1.25 mm beyond the cavosurface margin.
- **SUB**: The axial wall extends > 1.25 mm but ≤ 2.0 mm beyond the cavosurface margin.
- **DBF**: The axial wall extends > 2.0 mm beyond the cavosurface margin.

**Internal Retention**
- **ACC**: If used, rounded internal retention is placed in the dentin of the gingival and incisal walls just axial to the DBJ as dictated by cavity form. Retention is tactilely and visually present.
- **SUB**: When used, retention is excessive and undermines enamel, or jeopardizes the incisal angle, or encroaches on the pulp.

#### Caries/Remaining Material
- **ACC**: All carious tooth structure and/or previous restorative material are removed.
- **SUB**: Caries remain in the preparation.
- **DBF**: Previous restorative material remains in the preparation.
- **DEB**: Assigned carious lesions have not been accessed.

#### TREATMENT MANAGEMENT

**Adjacent Tooth Damage**
- **ACC**: Any damage to adjacent tooth/tooth can be removed with polishing without adversely altering the shape of the contour and/or contact.
- **DBF**: There is gross damage to adjacent tooth/tooth which requires a restoration.

**Soft Tissue Damage**
- **ACC**: The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.
- **DBF**: There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.
# ADEX 2017

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**Tooth #:**

### CRITICAL ERRORS

- The restoration is debonded and/or movable in the preparation...
- The restoration is fractured...

**ACC = Minimally Acceptable**

**SUB = Marginally Substandard**

**DEF = Critically Deficient**

## Margin Integrity and Surface Finish

<table>
<thead>
<tr>
<th>Margin Excess/Deficiency</th>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any marginal excess or deficiency at the restoration-tooth interface may be detectable either visually or with the use of an explorer, but it is ≤ 1.0 mm. There is no evidence of pits and/or voids at the cavosurface margin.</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>A. There is evidence of marginal deficiency of &gt; 1.0 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination in the interface between the restoration and the tooth.</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>B. There is a margin excess (excluding bonding agent or unfilled resin) of &gt; 1.0 mm.</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### Adjacent Tooth Structure

<table>
<thead>
<tr>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration. (Enameloplasty)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>There is gross enameloplasty resulting in the exposure of dentin.</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Contour, Contact and Occlusion

#### Interproximal Contact

<table>
<thead>
<tr>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but may demonstrate little resistance to dental floss.</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>A. The interproximal contact is visually open or concave/irregular, allowing for food impaction.</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>B. The interproximal contact will not allow floss to pass.</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Centric/Excursive Contacts

<table>
<thead>
<tr>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>When checked with articulating ribbon paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Treatment Management

#### Adjacent Tooth Damage

<table>
<thead>
<tr>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Soft Tissue Damage

<table>
<thead>
<tr>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>The soft tissue is free from damage, or there is tissue damage that is consistent with the procedure.</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
# POSTERIOR AMALGAM PREPARATION

## ADEX 2017

**Version 2017.60**

**Tooth #:**  
[MO DO MOD]  

### CRITICAL ERRORS

<table>
<thead>
<tr>
<th>Error</th>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong Tooth/Surface Treated</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Unrecognized Exposure</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### EXTERNAL OUTLINE FORM

#### Proximal Clearance

**ACC**  
Contact is visibly open proximally, and proximal clearance at the height of contour extends ≤ 1.5 mm on either one or both proximal walls.

**SUB**  
A. Proximal clearance at the height of contour is > 1.5 mm but ≤ 3.0 mm on either one or both proximal walls.

**DEF**  
A. Proximal clearance at the height of contour is > 3.0 mm on either one or both proximal walls.  
B. The walls of the proximal box are not visually open.

#### Gingival Clearance

**ACC**  
The gingival clearance is visually open but ≤ 2.0 mm.

**SUB**  
A. The gingival clearance is > 2.0 mm but ≤ 3.0 mm.

**DEF**  
A. The gingival clearance is > 3.0 mm.  
B. Gingival contact is not visually open.

#### Outline Shape/Continuity/Extension

**ACC**  
The outline form includes all carious and non-carious fissures, and is smooth, rounded, and flowing.

**SUB**  
The outline form is incorrectly over-extended so that it compromises the remaining marginal ridge and/or cusp(s).

**DEF**  
The outline form is over-extended so that it compromises, undermines, and leaves unsupported the remaining marginal ridge to the extent that the pulpal-contour wall is unsupported by dentin, or the width of the marginal ridge is < 1.0 mm.

#### Isthmus

**ACC**  
The isthmus may be between 1.0 mm - 2.0 mm in width but is ≤ 1/3 the intercuspal width.

**SUB**  
A. The isthmus is > 1/3 but ≤ 1/2 the intercuspal width.

**DEF**  
A. The isthmus is > 1/2 the intercuspal width.  
B. The isthmus is < 1.0 mm.

#### Cavosurface Margin

**ACC**  
The proximal cavosurface margin deviates from 90° but is unlikely to jeopardize the longevity of the tooth or restoration, this would include small areas of unsupported enamel.

**SUB**  
The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).

#### Sound Marginal Tooth Structure

**ACC**  
The cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material, including sealants, at the cavosurface margin. There is no degree of decalcification on the gingival margin.

**SUB**  
A. The cavosurface margin does not terminate in sound natural tooth structure.

**DEF**  
There is explorer-penetrable decalcified enamel that penetrates to the DEJ.
### Posterior Amalgam Preparation—continued

#### INTERNAL FORM

**Axial Walls**
- **ACC**: The depth of the axial wall extends beyond the DEJ ≤ 1.5 mm.
- **SUB**: A. The axial wall extends beyond the DEJ > 1.5 mm but ≤ 2.5 mm.
- **DBF**: A. The axial wall extends beyond the DEJ > 2.5 mm.
  - B. The axial wall is entirely in enamel.

**Pulpal Floor**
- **ACC**: The pulpal floor depth extends beyond the DEJ ≤ 1.5 mm.
- **SUB**: A. The pulpal floor extends beyond the DEJ > 1.5 mm but ≤ 2.5 mm.
- **DBF**: A. The pulpal floor extends beyond the DEJ > 2.5 mm.
  - B. The pulpal floor is entirely in enamel.

**Caries/Remaining Material**
- **ACC**: All caries and/or previous restorative material are removed.
  - A. Caries remain in the preparation.
  - B. Previous restorative material remains in the preparation.
  - C. Assigned various lesions have not been accessed.
  - **DBF**: Retention, when used, is well defined, in dentin, and does not undermine enamel.
  - Retention, when used, undermines the enamel or may compromise the tooth or restoration.
  - Retention, when used, grossly compromises the tooth or restoration.

**Proximal Box Walls**
- **ACC**: The walls of the proximal box are parallel, but appropriate internal retention is present.
- **SUB**: The walls of the proximal box diverge occlusally which is likely to jeopardize the longevity of the tooth or restoration.
- **DBF**: The walls of the proximal box diverge occlusally which offers no retention and will jeopardize the longevity of the tooth or restoration.

#### TREATMENT MANAGEMENT

**Adjacent Tooth Damage**
- **ACC**: Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
- **DBF**: There is gross damage to adjacent tooth/teeth which requires a restoration.

**Soft Tissue Damage**
- **ACC**: The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.
- **DBF**: There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.
## ADEX 2017

**Version 2017.60**

Tooth #: ______

- MO
- DO
- MOD

### CRITICAL ERRORS

- The restoration is fractured: [No, Yes]

### MARGIN INTEGRITY AND SURFACE FINISH

#### Margin Excess/Deficiency

| ACC | Any marginal excess or deficiency may be detectable either visually or with the use of an explorer at the restoration-tooth interface, but is ≤ 1.0 mm. There is no evidence of pits and/ or voids at the cavosurface margin.
| DEF | A. There is evidence of marginal deficiency of > 1.0 mm which includes pits and/or voids at the cavosurface margin, and/or there is an open margin.
| DEF | B. There is a marginal excess of ≥ 1.0 mm.

#### Adjacent Tooth Structure

| ACC | There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration. (Enameloplasty)
| DEF | There is gross enameloplasty resulting in the exposure of dentin.

### CONTOUR, CONTACT AND OCCLUSION

#### Interproximal Contact

| ACC | Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but demonstrates little resistance to denital floss.
| DEF | A. The interproximal contact is visually open or concave/irregular, allowing for food impaction.
| DEF | B. The interproximal contact will not allow floss to pass.

#### Centric/Excursive Contacts

| ACC | When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.
| DEF | There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.

### TREATMENT MANAGEMENT

#### Adjacent Tooth Damage

| ACC | Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
| DEF | There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.

#### Soft Tissue Damage

| ACC | The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.
| DEF | There is gross intragenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.
**ADEX 2017**

Version 2017.60

**Tooth #:**

<p>| | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>M</td>
<td>D</td>
</tr>
</tbody>
</table>

**CRITICAL ERRORS**

<table>
<thead>
<tr>
<th>Description</th>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong Tooth/Surface Treated</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Unrecognized Exposure</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**EXTERNAL OUTLINE FORM**

**Proximal Clearance**

- **ACC**: Proximal clearance at the height of contour is closed or open ≤ 1.0 mm beyond either one or both proximal walls.
- **SUB**: Proximal clearance at the height of contour extends > 1.0 mm but ≤ 2.5 mm beyond either one or both proximal walls.
- **DEF**: Proximal clearance at the height of contour extends > 2.5 mm beyond either one or both proximal walls.

**Gingival Clearance**

- **ACC**: The gingival clearance is ≤ 1.0 mm.
- **SUB**: A. The gingival clearance is > 1.0 mm but ≤ 2.0 mm.
  - B. The gingival contact is not visually open.
- **DEF**: The gingival clearance is > 2.0 mm.

**Outline Shape/Continuity/Extension**

- **ACC**: Outline form may be irregular and sharp.
- **SUB**: The outline form is appropriately over-extended, compromising the cusp(s), or it extends onto the occlusal surface ≤ 2.0 mm without changing to a conventional composite.
- **DEF**: The outline form is grossly over-extended, compromising and undermining the remaining cusp(s) to the extent that the cavosurface margin is unsupported by dentin.

**Cavosurface Margin**

- **ACC**: The external cavosurface margin meets the enamel at 90°. The gingival floor is flat, smooth, and perpendicular to the long axis of the tooth.
- **SUB**: The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This includes unsupported enamel and/or excessive bevel(s).

**Sound Marginal Tooth Structure**

- **ACC**: The cavosurface margin terminates in sound tooth structure. There is no previous restorative material, excluding sealants, at the cavosurface margin.
- **SUB**: A. The cavosurface margin does not terminate in sound natural tooth structure.
  - B. There is explorer-penetrable decalcification remaining on the cavosurface margin that does not penetrate to the DEJ.
- **DEF**: There is explorer-penetrable decalcified enamel that penetrates to the DEJ.
### Posterior Box Composite Preparation - continued

#### INTERNAL FORM

<table>
<thead>
<tr>
<th>AXIAL WALLS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACC</strong></td>
</tr>
<tr>
<td><strong>SUB</strong></td>
</tr>
</tbody>
</table>
| **DEF** | A. The axial wall extends beyond the DEJ > 2.5 mm.  
B. The axial wall is entirely in enamel. |

<table>
<thead>
<tr>
<th>CARIERS/REMAINING MATERIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACC</strong></td>
</tr>
</tbody>
</table>
| **DEF** | A. Cariess remain in the preparation.  
B. Previous restorative material remains in the preparation.  
C. Assigned carious lesions have not been accessed. |

<table>
<thead>
<tr>
<th>RETENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACC</strong></td>
</tr>
<tr>
<td><strong>SUB</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROXIMAL BOX WALLS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACC</strong></td>
</tr>
<tr>
<td><strong>SUB</strong></td>
</tr>
</tbody>
</table>

#### TREATMENT MANAGEMENT

<table>
<thead>
<tr>
<th>ADJACENT TOOTH DAMAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACC</strong></td>
</tr>
<tr>
<td><strong>DEF</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOFT TISSUE DAMAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACC</strong></td>
</tr>
<tr>
<td><strong>DEF</strong></td>
</tr>
</tbody>
</table>
## ADEX 2017
### Version 2017.60

**Tooth #: _____**

**CRITICAL ERRORS**

<table>
<thead>
<tr>
<th>ACC</th>
<th>Minimally Acceptable</th>
<th>SUB</th>
<th>Marginally Substandard</th>
<th>DEF</th>
<th>Critically Deficient</th>
</tr>
</thead>
</table>

### MARGIN INTEGRITY AND SURFACE FINISH

#### Margin Excess/Deficiency

**ACC**
There may be a marginal excess or deficiency at the restoration-tooth interface detectable either visually or with the use of an explorer, but it is \( \leq 1.0 \) mm. There is no evidence of pits and/or voids at the cavosurface margin.

**DEF**
A. There is evidence of marginal deficiency of \( > 1.0 \) mm, which includes pits and voids at the cavosurface margin, and/or there is an open margin.
B. There is evidence of marginal excess (excluding bonding agent or unfilled resin) of \( > 1.0 \) mm.

### Adjacent Tooth Structure

**ACC**
There is minimal or no evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration.

**DEF**
There is gross enameloplasty resulting in the exposure of dentin.

### Bonding

**ACC**
The restoration is bonded to the prepared tooth structure.

**DEF**
The restoration is debonded and/or movable in the preparation.

### CONTOUR, CONTACT AND OCCLUSION

#### Interproximal Contact

**ACC**
Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but may demonstrate little resistance to dental floss.

**DEF**
A. The interproximal contact is visually open or concave/irregular, allowing for food impaction.
B. The interproximal contact will not allow floss to pass.

#### Centric/Excursive Contacts

**ACC**
When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.

**DEF**
There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.

### TREATMENT MANAGEMENT

#### Adjacent Tooth Damage

**ACC**
Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.

**DEF**
There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.

#### Soft Tissue Damage

**ACC**
The soft tissue is free from damage, or there is tissue damage that is consistent with the procedure.

**DEF**
There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.
**POSTERIOR CONVENTIONAL COMPOSITE PREPARATION**

**ADEX 2017**
Version 2017.60
Tooth #: __________

<table>
<thead>
<tr>
<th>MO</th>
<th>DO</th>
<th>MOD</th>
</tr>
</thead>
</table>

**CRITICAL ERRORS**

<table>
<thead>
<tr>
<th>Wrong Tooth/Surface Treated</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrecognized Exposure</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

ACC = Minimally Acceptable  SUB = Marginally Substandard  DEF = Critically Deficient

**EXTERNAL OUTLINE FORM**

**Proximal Clearance**

ACC Proximal contact is either closed or visibly open, and, at the height of contour, proximal clearance may extend ≤ 1.0 mm beyond either one or both proximal walls.

SUB Proximal clearance at the height of contour extends > 1.0 mm but ≤ 2.5 mm beyond either one or both proximal walls.

DEF Proximal clearance at the height of contour extends > 2.5 mm beyond either one or both proximal walls.

**Gingival Clearance**

ACC The gingival clearance is visually open but ≤ 1.0 mm.

SUB A. The gingival clearance is > 1.0 mm but ≤ 2.0 mm.

DEF A. The gingival clearance is > 2.0 mm.

B. The gingival contact is not visually open.

**Outline Shape/Continuity/Extension**

ACC The outline form may be sharp and regular.

SUB A. The outline form is inappropriately over-extended, compromising the remaining marginal ridge and/or cusp(s).

DEF A. The outline form is grossly over-extended, compromising and undermining the remaining marginal ridge to the extent that the cavosurface margin is unsupported by dentin.

B. The width of the marginal ridge is ≤ 0.5 mm.

**Isthmus**

ACC The isthmus may be 1.0 mm - 2.0 mm in width but ≤ 1/3 the intercuspal width.

SUB The isthmus is > 1/3 the intercuspal width but ≤ 1/2 the intercuspal width.

DEF The isthmus is > 1/2 the intercuspal width.

**Cavosurface Margin**

ACC The external cavosurface margin meets the enamel at 90°; The gingival floor is flat, smooth, and perpendicular to the long axis of the tooth.

SUB The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).

**Sound Marginal Tooth Structure**

ACC The cavosurface margin terminates in sound tooth structure. There is no previous restorative material, excluding sealants, at the cavosurface margin.

SUB A. The cavosurface margin does not terminate in sound natural tooth structure.

B. There is explorer-penetrable demineralization remaining on the cavosurface margin that does not penetrate to the DEJ.

DEF There is explorer-penetrable demineralized enamel that penetrates to the DEJ.
### Posterior Conventional Composite Preparation - continued

#### INTERNAL FORM

**Axial Walls**
- **ACC**: The depth of the axial wall extends beyond the DEJ ≤ 1.5 mm.
- **SUB**: A. The axial wall extends beyond the DEJ > 1.5 mm but ≤ 2.5 mm.
- **DEF**: A. The axial wall extends beyond the DEJ > 2.5 mm.
  - B. The axial wall is entirely in enamel.

**Pulpal Floor**
- **ACC**: The pulpal floor depth is 0.5 mm to ≤ 3.0 mm in all areas, there may be remaining enamel.
- **SUB**: A. The pulpal floor depth is > 3.0 mm but ≤ 4.0 mm from the cavosurface margin.
- **DEF**: A. The pulpal floor is > 4.0 mm from the cavosurface margin.
  - B. The pulpal floor depth is < 0.5 mm.

**Caries/Remaining Material**
- **ACC**: All caries and/or previous restorative material are removed.
- **DEF**: A. Caries remain in the preparation.
  - B. Previous restorative material remains in the preparation.
  - C. Assigned various lesions have not been assessed.

**Retention**
- **ACC**: Retention, when used, is well defined in dentin, and does not undermine enamel.
- **SUB**: Retention, when used, undermines the enamel.

**Proximal Box Walls**
- **ACC**: The proximal walls are parallel or convergent occlusally but may be slightly divergent and are not likely to jeopardize the longevity of the tooth or restoration.
- **SUB**: The proximal walls are too divergent.

#### TREATMENT MANAGEMENT

**Adjacent Tooth Damage**
- **ACC**: Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
- **DEF**: There is gross damage to adjacent tooth/teeth which requires a restoration.

**Soft Tissue Damage**
- **ACC**: The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.
- **DEF**: There is gross introgenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.
**POSTERIOR CONVENTIONAL COMPOSITE RESTORATION**

**ADEX 2017**

Version 2017.60

**Tooth #:**

- MO
- DO
- MOD

**CRITICAL ERRORS**

The restoration is fractured. 

- No
- Yes

**MARGIN INTEGRITY AND SURFACE FINISH**

**Margin Excess/Deficiency**

- **ACC**: Any marginal excess or deficiency may be detectable at the restoration-tooth interface either visually or with the use of an explorer, but it is ≤ 1.0 mm. There is no evidence of pits and voids at the cavosurface margin.
- **DEF**: A. There is evidence of marginal deficiency of > 1.0 mm which includes pits and/or voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination at the interface between the restoration and the tooth. B. There is a marginal excess (excluding bonding agent or unfilled resin) of > 1.0 mm.

**Adjacent Tooth Structure**

- **ACC**: There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recutting of tooth structure adjacent to the restoration.
- **DEF**: There is gross crownoplasty resulting in the exposure of dentin.

**Bonding**

- **ACC**: The restoration is bonded to the prepared tooth structure.
- **DEF**: The restoration is debonded and/or movable in the preparation.

**CONTOUR, CONTACT AND OCCLUSION**

**Interproximal Contact**

- **ACC**: Interproximal contact is visually closed, and the contact appears adequate in size, shape, or position, but may demonstrate little resistance to dental floss.
- **DEF**: A. The interproximal contact is visually open or concave/irregular, allowing for food impaction. B. The interproximal contact will not allow floss to pass.

**Centric/Excursive Contacts**

- **ACC**: When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.
- **DEF**: There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.

**TREATMENT MANAGEMENT**

**Adjacent Tooth Damage**

- **ACC**: Any minimal damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
- **DEF**: There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.

**Soft Tissue Damage**

- **ACC**: The soft tissue is free from damage, or there is tissue damage that is consistent with the procedure.
- **DEF**: There is gross iatrogenic damage to the soft tissue inconsistent with the procedure.
The ADEX Dental Examination Series

PATIENT BASED EXAM

VII. Examination Forms
A. Forms To Be Completed Before the Examination

1. Medical History Form

The candidate must complete BOTH SIDES of the Medical History Form for each patient participating in the examination. This form is available on the CITA website at www.citaexam.com. The Medical History Form may be completed prior to the examination and will be reviewed at patient check-in. If the patient will be treated by more than one candidate, each candidate must submit a separate Medical History Form.

Because this form will be reviewed by examiners during the procedure, candidates should add a candidate ID label at the bottom of the second page of the form before beginning treatment in order to preserve anonymity. (Patients should sign with their full signature.) After the examination is complete and before submitting all records during check-out, candidates should complete the form with their full signature.

The patient’s blood pressure must be taken on the day of the examination and documented by a CFE. (See pg. 12)

Print Medical History Form double-sided in black and white

2. Patient Consent Form (Patient Consent, Disclosure and Assumption of Liability)

Candidates should add a candidate ID label to the bottom of the second page of the Patient Consent Form before beginning treatment in order to preserve anonymity. (Patients should sign with their full signature.) After the examination is complete and before submitting all records during check-out, candidates should complete the form with their full signature.

Candidates must review the Patient Consent Form with his/her patient and submit a signed copy on the day of the examination. This form is available on the CITA website at www.citaexam.com.

Print Patient Consent Form double-sided in black and white
3. Periodontal Scaling Treatment Selection Worksheet

The Periodontal Scaling Treatment Selection Worksheet is a practice form candidates may use to identify the teeth they will treat during the Periodontal Scaling Examination. This form is available on the CITA website at www.citaexam.com.

To earn an Acceptable (ACC) rating for patient selection on the Periodontal Scaling Examination, the candidate must identify a selection of teeth that meet these criteria:

- Six to eight teeth selected, each with at least one surface of calculus charted
- At least three posterior teeth (molars, premolars), including at least one molar
- All posterior teeth must have at least one approximating tooth within 2 mm
- Exactly 12 surfaces of subgingival calculus charted, including at least three surfaces of interproximal calculus on molars/premolars
- At least eight of the surfaces on canines, premolars or molars (no more than four surfaces on incisors)

*For further details and guidelines, consult pg. 35-36 of this manual*

For Personal use only

4. Electronic Treatment Selection Entry

Electronic evaluation forms are used by examiners to score the candidate’s performance. In most cases, candidates will not have access to these forms, with one exception: prior to the Periodontal Scaling Examination, candidates must enter their treatment selection into the Electronic Periodontal Scaling Evaluation Form to indicate to examiners which teeth are to be evaluated.

Typically, candidates use the Periodontal Scaling Treatment Selection Worksheet to identify and chart the selected teeth, and then transfer their responses from the worksheet onto the electronic treatment selection form.

Candidates complete this step via their online profiles (https://cita.brighttrac.com). Access to the Electronic Treatment Selection Form is closed beginning 72 hours (7:30am Eastern Standard Time) prior to the start of the first exam day at a given exam site to allow uploading of the information prior to the examination. However, a computer will be available at the Perio-Teeth Entry Station during the set-up period to enter the periodontal scaling treatment selection on the day of the examination. In order to reduce lost time on the day of the examination, it is highly recommended that this step be completed at least 72 hours prior to the start of the examination.
B. Documents Required for Registration

1. Radiograph Verification Form
   ***Print in Color***

   The Radiograph Verification Forms are turned in at the exam-day registration. They must include follow-up care information for your patient in case it is needed after the exam.

   Please have these completed before you arrive to registration.

   All registration forms can be found in the candidate’s online profile by clicking on the Document tab.

2. Liability and Exam Prep form
   ***Print in Black and White***

   A Liability Disclosure Form and Exam Prep Form must be turned in at the exam-day registration.

   Please have these completed before you arrive to registration.

   All registration forms can be found in the candidate’s online profile by clicking on the Document tab.

3. Two (2) Forms of ID:

   In order to receive his/her examination packet at registration, candidates must provide their 3-digit sequential number available through their online profile (under the Apply Tab) on the online registration website, along with two forms of personal identification. One of these additional IDs must contain the candidate’s signature, and one must have a recent photograph which is similar to the photo the candidate uploaded to his/her profile. Complete details can be found on pg. 18 of the Registration and Administrative Guideline manual.
C. Forms Used During the Examination

Once the examination begins, examination materials distributed by the testing agency may not be removed from the examining area. Forms may not be reviewed by unauthorized personnel.

1. Progress Forms
   Provided on the clinic floor

Color-coded Progress Forms are utilized to track the candidate’s progress through each procedure, document anesthesia administered and treatment provided, collect examiner signatures for all completed portions of the examination and provide appropriate progress notes from the candidate to examiners during the course of treatment.

Candidates will be provided with ID labels to place on each procedure’s Progress Form, as indicated on the form.

The appropriate Progress Forms must be presented to the examiners at the time of patient check-in.

2. Modification Request Form
   Provided on the clinic floor

Modification Request Forms are utilized to request permission to deviate from a Satisfactory-level restorative preparation. The form requires the candidate to provide the following information:

- **What** is the candidate requesting to do? (Type of modification)
- **Where?** (e.g., gingival axial line angle, mesial box)
- **How Much** is to be removed? (e.g., gingival axial line angle, mesial box)
- **Why** is the modification needed? (e.g., due to caries, decalcification)

Candidates who need to request a modification should place an identification label on the Modification Request Form and indicate their cubicle number, procedure.

3. Exposure Processing and Indirect Pulp Cap Form
   Provided on the clinic floor

If the candidate anticipates or encounters a pulpal exposure, a CFE must be notified at once. The candidate may be directed to complete an Exposure Processing Form. If the pulp has not been exposed but caries still remain over the pulp cap, then the candidate may request an Indirect pulp cap. See completed procedures later in this manual.
4. Instruction to Candidate Form

Candidates may receive written instructions from examiners on an Instruction to Candidate Form if the examiners believe the treatment should be modified. The Instruction to Candidate Form is generated electronically in the Evaluation Station, and delivered to the candidate by a CFE in order to preserve anonymity. The candidate must add his/her ID label and ID number on the Instruction to Candidate Form to confirm that he/she understands the instructions.

5. Follow-Up Care/ Patient Notification Form

During the exam, the Follow-Up Care/Patient Notification Form is utilized to advise the patient and candidate of additional treatment needs, if the treatment started by the candidate is incomplete, or if the final treatment is unacceptable. Like the Instruction to Candidate Form, the Follow-Up Form is generated in the Evaluation Station, and delivered to the candidate by a CFE.

In most cases, a Patient Notification Form will also be completed with information from on the Radiograph Verification Form that was turned in at registration. The Follow-Up Form and Patient Notification Form identifies the problem and establishes responsibility for further treatment. The patient is informed that follow-up care is necessary, financial responsibility is clarified, and the candidate and Chief Examiner signs the form.

6. Candidate Check-Out Forms

Provided on the clinic floor

Upon completion of all procedures, candidates must use a Candidate Check-Out Form from the paperwork table located in the clinic area. Candidates are to use this checklist to compile required papers (in the order listed on the Candidate Check-Out Form) to place in his/her patient labeled white envelope, making sure to verify that the green patient dismissal box on each Progress Form has been signed by a CFE. If there are any missing signatures, a CFE should be notified immediately.
D. FULL-PAGE FORM SAMPLES

Located in online profile (click on Document tab)
Print in Black and White

ADEX Dental Examination

2017 DENTAL ASSISTING FORM

Directions: Candidates wishing to have an assistant are required to complete and sign this form. Forms will be collected during the set up period of the examination.

Candidates MUST bring to registration one (1) passport-size photo of their dental assistant with their dental assistant’s name on the back. A name badge will be included in the candidate’s packet. Candidates will affix the photo AND add the dental assistant’s name to the dental assistant’s name badge prior to entering the clinic floor.

All dental assistants will be required to have a CITA-issued identification badge and will be required to wear the badge at all times while on the clinic floor.

The dental assistant must have a picture ID with them. A CITA exam team member will visit the candidate’s unit to collect this form and check the dental assistant’s ID.

Failure to timely provide the items listed will result in the dental assistant being prohibited from assisting in the examination.

☐ I do intend to utilize a dental assistant for one or more portions of the ADEX Examination.

  ○ Restorative Examination
  ○ Periodontal Scaling Examination

Dental Assistant Name: __________________________ Telephone: ( ) ______________
Address: __________________________ City: ___________ Zip: ___________

Dental Assistant Place of Employment:

As the candidate listed below, I certify that the dental assistant listed above is not a licensed or unlicensed dentist/dental hygienist; fourth year dental student; final year dental hygiene student; dental technician; serving as an interpreter during the exam; employee of the school where the examination is being administered; or an expanded duty auxiliary (if providing services normally done by a dentist).

AFFIX CANDIDATE ID LABEL HERE DURING SET UP PERIOD

2017 (EXAM MASTER ORI/INAL BUSINESS APPLICATION FORM)
Council of Interstate Testing Agencies, Inc. (CITA)

2017 INTERPRETER BADGE FORM

Directions: Candidates wishing to have an interpreter are required to complete and sign this form. Forms will be collected during the set up period of the examination.

Candidates MUST bring to registration one (1) passport-size photo of their interpreter with their interpreter’s name on the back. A name badge will be included in the candidate’s packet. Candidates will affix the photo AND add the interpreter’s name to the interpreter’s name badge prior to entering the clinic floor.

All interpreters will be required to have a CITA-issued identification badge and will be required to wear the badge at all times while on the clinic floor.

The interpreter must have a picture ID with them. A CITA exam team member will visit the candidate’s unit to collect this form and check the interpreter’s ID.

Failure to timely provide the items listed will result in the interpreter being prohibited from assisting in the examination.

Interpreter Name: ____________________________

Interpreter’s Address: ________________________

__________________________________________

Interpreter’s Telephone: (____)________________

Procedure during which the interpreter will be present:

_____ Restorative  _____ Periodontal Scaling  _____ Dental Hygiene

As the candidate listed below, I certify that the interpreter listed above is not a licensed or unlicensed dentist/dental hygienist; third or fourth year dental student; final year dental hygiene student; dental technician; serving as a dental assistant during the exam; an employee of the school where the examination is being administered; or an expanded duty auxiliary (if providing services normally done by a dentist).

AFFIX CANDIDATE ID LABEL HERE DURING SET UP PERIOD

2017 (EXAM/MASTER ORIGINALS/Application Forms)

Candidate
Initials

Located in online profile (click on Document tab).
Print in Black and White
DENTAL
Patient Consent, Disclosure and
Assumption of Responsibility

I authorize the individual listed below (the “Candidate”) to perform the following dental procedure(s) during the administration of a dental licensing examination (the “Examination”) by the CTA testing agency.

☐ Posterior Amalgam Prep and Restoration  ☐ Anterior Composite Prep and Restoration
☐ Posterior Composite Prep and Restoration (conventional or box)  ☐ Periodontal Treatment

Acknowledgment
I understand the following:

• that the Candidate is not a licensed dentist and the State Board has not yet determined whether the Candidate has the requisite skills to attain a license
• that the testing agency has no knowledge of the Candidate’s skill or competence and makes no promises about them
• that any arrangements between the Candidate and me regarding my serving as a patient (including any financial arrangements) are solely between the Candidate and me, and do not involve the testing agency in any way
• that the testing agency has no duty to, and will not, notify me of inadequate work done by the Candidate during the Examination
• that it is my responsibility to have any and all dental work performed by the Candidate checked by a licensed dentist to determine that it is satisfactory

Disclosure of Risks
The Candidate has explained to me the risks involved in the procedures the Candidate will perform on me. The nature and purpose of the dental procedure(s), as well as the risks and possible complications, have been explained to me to my satisfaction by the Candidate. My questions with regard to the dental procedure(s) have been answered.

Adequacy of Treatment
I understand that the treatment provided during the Examination does not necessarily fulfill all my oral health needs, may not be performed correctly, or may not represent my entire treatment plan, and that further treatment may be necessary. I have been informed of the availability of services to complete treatment.

Authorization of Disclosure of Medical Information
I recognize that medical information which could be pertinent to the oral health care I receive in the course of the Examination may be communicated to the testing agency, their examiners, the staff and clinicians of the dental school which is the location of the Examination, and other medical professionals when deemed medically necessary, or when necessary for the administration for the Examination. I authorize this disclosure. This authorization specifically includes the disclosure of radiographs (X-rays), and information about my current medical and dental condition and my prior medical and dental history.

06/17/2016
Medical Condition and Medications
I have fully disclosed my current medical conditions and medical history to the best of my knowledge to the Candidate. I understand that if I am taking medications that are associated with certain chronic conditions, I may not be accepted as a patient for the Examination. I have fully disclosed all medications that I am currently taking to the Candidate. I have been informed that patients who are taking bisphosphonate medications may be at risk of osteonecrosis of the jaw after dental treatment or as a result of dental infections. I understand that neither the testing agency nor the school assumes any responsibility or liability regarding the health status of patients or candidates or concerning the procedures conducted by the Candidate. As neither the candidate nor patient is considered an employee of the testing agency or school, OSHA regulations do not apply. If an exposure to blood borne agents such as HIV or hepatitis or other infectious conditions occurs, it is not the responsibility of the school or testing agency to provide serologic testing, counseling, follow up care or any other health service.

Consent to X-Rays and Photographs
I consent to the taking of appropriate radiographs (X-rays) and the examination of my teeth and gums. I also consent to having testing agency examiners or the staff and clinicians of the dental school take photographs of my teeth and gums for use in future examinations, provided that my name is not in any way associated with the photographs or X-rays.

Anesthesia
I understand that as part of the dental procedure(s), it may be necessary to administer local anesthetics and I consent to the use of such anesthetics by the Candidate.

Agreement
I release the CITA, participating dental schools, and their employees and/or agents from any and all responsibility or liability of any nature whatsoever for their acts, and any acts of the Candidate (including negligence), which occur during the course of this Examination and any damages or injuries I may suffer as a result of my participation in the Examination. With full knowledge of all of the risks described above, I hereby expressly assume all risks as described or which can be inferred from the statements in this document. I further agree that neither CITA, nor the participating dental schools nor their employees or agents are responsible to provide any medical evaluation, treatment, counseling, follow-up care, or any compensation for any condition or occurrence arising out of any act or omission of the Candidate, and I hereby indemnify and agree to hold them harmless from any such claims and expenses, including attorney’s fees.

I verify that I am not a dentist (licensed or unlicensed), a dental student in the third, fourth or the final year of dental school, a dental student in a graduate level dental program, a dental hygienists (licensed or unlicensed) (periodontal section only) or dental hygiene student in the final year of school (periodontal section only).

By my signature below, I verify that I have read and fully understood the above information, and I agree to the terms of this agreement in consideration for the treatment provided by the Candidate.

06/17/2016
**Medical History**

<table>
<thead>
<tr>
<th>Confirmation of Blood Pressure Taken at Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Taken: ________</td>
</tr>
<tr>
<td>1st Procedure</td>
</tr>
<tr>
<td>2nd Procedure</td>
</tr>
<tr>
<td>3rd Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Candidate ID #:</th>
<th>Unit #:</th>
</tr>
</thead>
</table>

Patient’s name ___________________________ Birthdate ___/___/___

**INSTRUCTIONS TO THE PATIENT:**
Answer the following questions as completely and accurately as possible. All information is CONFIDENTIAL.
Please circle “yes” or “no” to all questions, and write in your answers as appropriate.

1. Are you under the care of a physician at this time? ____________________________ YES NO
   If yes, for what condition? ____________________________

2. The name and address of my physician is: ____________________________

3. Your last physical examination was on ____________________________

4. Has a physician treated you in the past six months? ____________________________ YES NO
   If yes, for what condition? ____________________________

5. Have you been hospitalized or have a serious illness (including MRSA infection) within the last five years? ____________________________ YES NO
   If yes, please specify: ____________________________

6. Are you allergic or had any adverse reaction to any medicines, drugs, local anesthetics, LATEX or other substances? ____________________________ YES NO
   If yes, please specify: ____________________________

7. Do you now or have you ever smoked cigarettes or used tobacco products? ____________________________ YES NO
   If yes, please specify: ____________________________Number of packs/day ____________________________Number of years ____________________________

8. Do you have or have you had any of the following diseases/problems? Please explain "YES" answers on the back.

   A. Abnormal bleeding, bruise or history of transfusion. Taking aspirin or blood thinner: YES NO
   B. Lung/Respiratory condition (asthma, bronchitis, emphysema): YES NO
   C. Diabetes: YES NO
   D. Emotional/Mental health disorder (anxiety, depression, bipolar disorder): YES NO
   E. Epilepsy/Seizures/Convulsions: YES NO
   F. Liver disease (Hepatitis/Auditive Cirrhosis): YES NO
   G. High blood pressure: YES NO
   H. HIV positive/AIDS: YES NO
   I. Hives, itching or skin rash: YES NO
   J. Kidney/Renal disease: YES NO
   K. Sexually Transmitted Disease(s): YES NO
   L. Stomach ulcers: YES NO
   M. Thyroid disease: YES NO
   N. Tuberculosis: YES NO
   O. Artificial/Prosthetic joint replacement (knee or hip) Date: YES NO
   P. Angina/Chest pain, Shortness of breath: YES NO
   Q. Artificial/Prosthetic heart valves. Date: YES NO
   R. Valve damage following heart transplant: YES NO
   S. Congenital heart disease: YES NO
   T. Infective endocarditis (heart infection): YES NO
   U. Heart attack Date: YES NO
   V. Heart surgery Date: YES NO
   W. Stroke Date: YES NO
   X. Congestive heart failure: YES NO
   Y. Coronary artery or other heart disease: YES NO
   Z. Arteriosclerosis/Coronary occlusion: YES NO
   AA. Pacemaker: YES NO
   BB. Implanted cardio-defibrillator: YES NO
   CC. Immune suppression or deficiency: YES NO
   DD. Cancer/Chemo/Radiation therapy: YES NO
   EE. Drug abuse (cocaine, methamphetamine, heroin, crack) or drug rehabilitation: YES NO
   FF. Alcohol abuse (alcohol rehabilitation): YES NO

---

**LETTER**

---

**EXPLANATION FOR QUESTION 8**

---

Turn Over
9. Have you had surgery or x-ray treatment for a tumor, growth or other condition of your head or neck? YES NO
   If yes, please list:

10. Do you have any other diseases, conditions, or problems not listed above? YES NO
   If yes, please explain:

<table>
<thead>
<tr>
<th>OTHER CONDITION</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

11. Are you taking or have you ever taken any medications, (examples below), either orally or by injection, for osteoporosis, osteopenia or bone loss due to aging OR lung cancer, breast cancer, prostate cancer, colorectal cancer, wet macular degeneration, Paget's Disease, or multiple myeloma? YES NO
   Examples: Fosamax® (alendronate); Boniva® (ibandronate); Actone® (risedronate); Reclast® yearly injection (zoledronic acid);
   Aredia® ( pamidronate); Zometa® (zoledronic acid); Bonefos® (clodronate); Avastin® (bevacizumab); Erbitux® (cetuximab);
   Herceptin® (trastuzumab)?
   If yes, please check the appropriate medication below:

12. Please list any premedication, medications, pills, or drugs with dosage which you are taking both prescription and nonprescription (Must be completed the DAY OF THE EXAMINATION)

<table>
<thead>
<tr>
<th>MEDICATION/DOSAGE</th>
<th>REASON PRESCRIBED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

13. WOMEN ONLY: Are you pregnant? YES NO
   If yes, when is your expected due date?
   Are you currently breast feeding? YES NO

   Any item on the Medical History with a "YES" response, in questions #4-13 could require a Medical Clearance from a licensed physician if the explanation section indicated the possibility of a systemic condition that could affect the patient’s suitability for elective dental treatment during the examination. The Medical Clearance must include the physician’s name, address, and phone number.

   AMERICAN SOCIETY OF ANESTHESIOLOGY (ASA) CLASSIFICATION
   (ASA I: Normal healthy patient; ASA II: Patient with mild systemic disease; no functional limitation—eg, smoker with well-controlled hypertension; ASA III: Patient with severe systemic disease; definite functional impairment—eg, diabetes mellitus (DM) and angina pectoris with relatively stable disease, but requiring therapy)

   I certify that I have read and understand the above. I acknowledge that I have answered these questions accurately and completely. I will not hold the testing agency responsible for any action taken or not taken because of errors I may have made when completing this form.

   Candidate Sequential: PLACE ID LABEL HERE
   Test Site: ______

   DATE FORM COMPLETED: ________________
   PATIENT SIGNATURE: ________________
   DATE SIGNED: ________________

   CANDIDATE INITIALS: _______ DATE INITIALED: _______ CANDIDATE SIGNATURE: ________________
   (Added at end of exam)
CERTIFICATION OF EXAMINATION
PREPARATION AND ORIENTATION FORM

Directions: This form must be signed and turned in at the exam day registration. You will NOT be admitted into the examination without this form completed.

I will be taking the following exam(s):

☐ Dental Patient  ☐ Dental Manikin
☐ Dental Hygiene

I certify that I have thoroughly read the 2017 examination manual(s) for the examination(s) and have prepared for the examination to the best of my knowledge.

Print Name

________________________
Signature                      Date

Examination Site              Exam Date

2017 (EXAM\MASTER ORIGINALS\Application Forms) (06/17/2016)
Council of Interstate Testing Agencies, Inc. (CITA)
Dental/Dental Hygiene Examination Disclaimer

Directions: This form must be signed and turned in at the exam registration.

LIMITATION OF LIABILITY AND INDEMNITY AGREEMENT

By signing below, I certify that I have read and understand the statements contained in this document and that I assume all risks associated with this examination. I recognize and agree that neither CITA, any CITA member state boards of dentistry, nor the School of Dentistry/Dental Hygiene where the CITA administers examinations, are responsible for the prevention or management of any of the incidents listed below. I agree to release and discharge CITA, any CITA member state boards of dentistry, and the School of Dentistry/Dental Hygiene from any liability or damage that may occur to my assistant, my patient(s), or myself regarding the incidents listed. I understand that neither CITA, nor any CITA member state boards of dentistry or the School of Dentistry/Dental Hygiene has any responsibility or duty to provide medical evaluation, treatment, counseling, follow-up care nor any type of compensation in connection with any of the incidents listed below. I also agree to indemnify and hold CITA, any CITA member state boards of dentistry, and the School of Dentistry/Dental Hygiene harmless for any occurrence under this agreement, including CITA, any CITA member state boards of dentistry and the School of Dentistry/ Dental Hygiene attorneys’ fees, costs and expenses, in the event a claim is made against them.

This disclosure document pertains to the candidate’s voluntary assumption of risk in the event any of the following incidents occur during this licensure examination:

1. Untoward events or reactions to anesthetics, antibiotics, or other prescribed medications
2. Occurrence of paresthesia
3. Exposure to respiratory or oral secretions
4. Exposure to blood borne infectious agents such as HBV, HIV, and other microorganisms
5. Other dental injuries or inadequacies of patient care and/or treatment.

As part of the clinical examination CITA utilizes for licensure purposes, you will be required to perform clinical procedures on patients that you provide expressly for this purpose. In addition, you may be permitted to utilize a dental assistant to assist you with these procedures, which, again, you provide.

Neither CITA or any CITA member state boards of dentistry nor the School of Dentistry/Dental Hygiene assumes any responsibility or liability for the health status of you, your assistant or your patient(s). Should an injury or exposure occur during the administration of this examination, there is no responsibility on the part of CITA, any CITA member state boards of dentistry or the School of Dentistry/Dental Hygiene to you, your assistant, or your patient(s) to provide serologic testing, counseling, follow-up care, or any other service. It is your responsibility to assure that any and all individuals involved see(s) the appropriate licensed health care professional(s) and obtain(s) the appropriate treatment and follow-up care.

CANDIDATE NAME: ____________________________________________ (Please Print)

I, the undersigned, verify that I have read and understood this disclaimer and Limitation of Liability and Indemnity Agreement.

EXAMINATION SITE: ___________________ EXAM DATE: __________

SIGNATURE: ___________________________ DATE: ________________

2017 (EXAMMASTER ORIGINALS/Application Forms)
Located in online profile (click on Document tab)
Print in Color

PERIODONTAL RADIOPHGRAPH VERIFICATION FORM
Complete prior to Registration

Candidate First Name: __________________________
Candidate Last Name: __________________________

I attest that these radiographs are a true and accurate representation of the current clinical condition of the Patient listed below. This patient is being presented for treatment and the associated radiographs have not been altered in any way.

Candidate Signature: __________________________ Date: ______________

FOLLOW-UP CARE PROVIDER INFORMATION
Complete prior to Registration

Patient First Name: __________________________
Patient Last Name: __________________________

Physical Address: __________________________________________________________
City, State or Province, Zip Code: __________________________
Daytime Phone Number: (_____) _______ - _______

In the event my patient will need follow-up care proceeding the examination, the following practitioner or facility will be providing such care:

First Name: __________________________ Last Name: __________________________
Facility Name: __________________________________________________________
Physical Address: __________________________________________________________
City, State or Province, Zip Code: __________________________
Daytime Phone Number: (_____) _______ - _______

This form is to be completed and turned in at Candidate Registration!
Located in online profile (click on Document tab)
Print in Color

ANTERIOR RESTORATIVE RADIOGRAPH VERIFICATION FORM

Candidate First Name: ___________________________ Candidate Last Name: ___________________________

I attest that these radiographs are a true and accurate representation of the current clinical condition of the Patient listed below. This patient is being presented for treatment and the associated radiographs have not been altered in anyway.

Candidate Signature: ___________________________ Date: ___________________________

FOLLOW-UP CARE PROVIDER INFORMATION

Patient First Name: ___________________________ Patient Last Name: ___________________________

Physical Address:

City: ___________________________ State or Province: ___________________________ Zip Code: ___________________________

Daytime Phone Number: ___________________________

(______) ___________________________ ___________________________

In the event my patient will need follow-up care proceeding the examination, the following practitioner or facility will be providing such care:

First Name: ___________________________ Last Name: ___________________________

Facility Name: ___________________________

Physical Address:

City: ___________________________ State or Province: ___________________________ Zip Code: ___________________________

Daytime Phone Number: ___________________________

(______) ___________________________ ___________________________

This form is to be completed and turned in at Candidate Registration!
Located in online profile (click on *Document tab*).
Print in Color

**POSTERIOR RESTORATIVE RADIOPHGRAPH VERIFICATION FORM**
*Complete prior to Registration*

<table>
<thead>
<tr>
<th>Candidate First Name</th>
<th>Candidate Last Name</th>
</tr>
</thead>
</table>

I attest that these radiographs are a true and accurate representation of the current clinical condition of the Patient listed below. This patient is being presented for treatment and the associated radiographs have not been altered in anyway.

Candidate Signature: ______________________ Date: ______________________

**FOLLOW-UP CARE PROVIDER INFORMATION**
*Complete prior to Registration*

<table>
<thead>
<tr>
<th>Patient First Name</th>
<th>Patient Last Name</th>
</tr>
</thead>
</table>

Physical Address

City               State or Province   Zip Code

Daytime Phone Number

In the event my patient will need follow-up care proceeding the examination, the following practitioner or facility will be providing such care:

First Name

Last Name

Facility Name

Physical Address

City               State or Province   Zip Code

Daytime Phone Number

This form is to be completed and turned in at Candidate Registration!
RESTORATIVE EXAM FLOWCHART

Clinic Set up
Enter Clinic with patient and take Blood Pressure. Complete Check-in Paperwork

Locate CFE
to begin patient/paperwork approval process

Lesion Approval
Leave patient in operatory and proceed to the BLUE Station with required forms.

Lesion Approved – Progress Form Stamped with OK
Proceed to prepare only ONE Lesion (if you had 2 approved)

Modification Request
Leave patient in operatory and proceed to the BLUE station with required paperwork; then, proceed to the GREEN station for check-in

Modification Denied
Requested Modification not allowed. Resubmit a different request, or complete and proceed to Preparation Evaluation

Modification Approved
Continue with requested modification. Once complete, proceed to Preparation Evaluation above.

Candidate Check Out
Proceed to BLUE station with ALL required materials/paperwork and Check-out form after your last procedure of the day.

Preparation Evaluation (Grade)
Leave patient in operatory and proceed to the BLUE station with required paperwork; then, proceed to the GREEN station for check-in

Preparation Form – OK
Returned with OK stamp. Proceed with Restoration

Preparation Form – Red "X"
Locate a CFE

Restoration Evaluation (Grade)
Leave patient in operatory and proceed to the BLUE station with required paperwork; then, proceed to the GREEN station for check-in

Restoration Form – OK
Returned with "OK" stamp. Locate CFE for dismissal of patient. CFE must sign GREEN BOX on progress form. Return to the Lesion Approval step above for second lesion

Restoration Form – Red "X"
Locate a CFE

Lesion Denied – Progress Form Stamped with Red "X"
Find another lesion and/or patient and return to Locate CFE step above.
This form may be used to register teeth in the candidate online profile prior to the exam, or on the day of the examination with the Desk Coordinator at the Check-in Station. Desk Coordinators will enter changes into the patient management software system and print two (2) confirmation sheets. The candidate will enter their candidate ID # on one copy which the desk will keep. The second copy is for candidate use.

### Teeth Selection Requirements

In the adjacent grid place an ‘X’ in the box corresponding to the teeth and surfaces of the 6-8 teeth selected for treatment, at least three of which are molars or premolars, including at least one molar. All posterior teeth must have at least one approximating tooth within two (2) millimeters. Each of the selected teeth must have at least one surface of subgingival calculus selected for calculus removal. (M = Mesi al; F = Facial; D = Distal; L = Lingual).

### Calculus Detection Requirements:

There must be exactly 12 surfaces of explorer-detectable subgingival calculus identified on the selected teeth. No more than four surfaces may be on incisors. Three (3) of the twelve (12) identified surfaces of calculus must be on inter-proximal surfaces of posterior teeth, i.e., on molars and/or premolars.

### Plaque/Stain Removal

The first six (6) teeth from the list of teeth selected for Subgingival Calculus Detection, will be evaluated for the removal of plaque, stain, and supragingival deposits on the coronal surfaces of the teeth.
Periodontal Evaluation Station Request Form

Please send your patient to the evaluation area with the following items:
1. Pre-op Diagnostic Radiographs if not sent digitally
2. Patient's Protective Eyewear
3. Patient Napkin with ID Label Affixed
4. Sturdy, plastic container containing #11/12 Explorer, Periodontal Probe with William's markings, Mirror, and 2x2 Gauze (4)

COMMUNICATION FROM CANDIDATE TO THE GRADING ROOM:

Pre-Treatment
EVALUATION STATION USE ONLY!

Post-Treatment
EVALUATION STATION USE ONLY!

STAMP REQUIRED

Examiners#1: OPTIONAL
Examiner #1: OPTIONAL

Examiner #2: CITA USE
Examiner #2: CITA USE

Examiner #3: CITA USE ONLY
Examiner #3: CITA USE ONLY

1 Time Out: Time Return:
2 Time Stamp (CITA use ONLY)

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# POSTERIOR RESTORATIVE PROCEDURE

## Progress Form

### Candidate Identification

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

### Procedure Order (Check one if Dual Lesion):

1. ST
2. ND

<table>
<thead>
<tr>
<th>Candidate #</th>
<th>Unit #</th>
</tr>
</thead>
</table>

### ANESTHETIC RECORD

- **Previous Anesthetic:**
  - Name:
- **Proposed Anesthetic:**
  - Name:
- **Vasoconstrictor:**
  - None
  - 1:50,000
  - 1:100,000
- **Quantity:**
  - None
  - 1 carpule
  - 2 carpules
- **Type(s) of Injection:**
  - Infiltration
  - Block
- **Paperwork/Anesthetic Approval:**
  - CFE #
- **Additional Anesthetic Approval (Per Carpule):**
  - 1st Additional
  - 2nd Additional
  - CFE #

### PRE-TREATMENT MEDICATION (If Required)

- **Medication(s) (Brand/Generic Name):**
- **Dosage/When Taken:**

### PROPOSED RESTORATION

- **CHECK ONE:**
  - AMALGAM
  - CONVENTIONAL COMPOSITE
  - BOX COMPOSITE

<table>
<thead>
<tr>
<th>TOOTH #</th>
<th>SURFACES</th>
<th>PULP CAP</th>
<th>STAMP REQUIRED</th>
</tr>
</thead>
</table>

### LINER CHECK

| CFE # | Base Placement must be checked by CFE prior to placing final restoration |

### RESTORATION ADJUSTMENT

| CFE # | All adjustments checked by CFE on floor |

### LINER SENT TO EVALUATION STATION

| CFE # |

### RESTORATION SENT TO EVALUATION STATION

| CFE # |

### COMMUNICATION FROM CANDIDATE:

| |

### Optional: CITA USE ONLY

- **FINISH TIME:**
  - [ ]

### Patient Approved for Dismissal:

| CFE # |

### Candidate and Patient Early Dismissal:

| CFE # |

---

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Instruction to Candidate

SEE CLINIC FLOOR EXAMINER BEFORE PROCEEDING

Procedure: ____________________________

Tooth #: [ ] Surfaces: [ ]
(if applicable)

Candidate #: [ ] Unit #: [ ]

Issuing Examiners:
Examiner #: [ ] Examiner #: [ ]
(if applicable)

Reason(s) for ITC:

[ ]

Candidate must complete the following:

[ ]

Candidate acknowledgement of ITC:

[ ]

Authorized by CFE to continue:

[ ]

Treatment(s) have been completed:

[ ]
# PENALTY DEDUCTION FORM

<table>
<thead>
<tr>
<th>Candidate #</th>
<th>Unit #</th>
<th>Exam Date</th>
</tr>
</thead>
</table>

**POST. RESTORATIVE**

<table>
<thead>
<tr>
<th><strong>ANT. RESTORATIVE</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>PERIODONTAL</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>ENDODONTIC</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>PROSTHODONTIC</strong></th>
</tr>
</thead>
</table>

## Patient Management/Treatment

- Inadequate isolation for Modification Request/Exposure Processing
- Inadequate isolation for a graded procedure
- Treatment of teeth or surfaces other than those approved or assigned by examiners
- Request to remove caries or decalcification without clinical justification
- Inappropriate Modification Request
- Unrecognized exposure
- Improper operator/patient position

## Infection Control

- Minor violation of infection control or disease barrier technique
- Gross violation of infection control or disease barrier technique
- Failure to dispose of potentially infectious materials and clean the operatory after examination

## Policies and Procedures

- Violation of examination standards, rules or guidelines or time schedules
- Administration of anesthetic prior to tooth approval of treatment selection or clinic start
- Possession of teeth or unauthorized material in violation of examination protocols or guidelines
- Temporization or failure to complete an examination procedure
- Unprofessional demeanor: unkempt, unclean, or unprofessional appearance; inconsiderate or uncooperative behavior with other candidates, examiners or testing site personnel

## Shroud/Teeth Damage

- Endodontic Procedure
- Prosthodontic Procedure

| CFE Examiner # | CFE Examiner # | CFE Examiner # |
The concept of ideal cavity form is basic to the tenants of dental education and as such should be familiar to all candidates for licensure in dentistry. The criteria established by CITA for evaluation of cavity preparations in the restorative exams, are based upon the candidate’s preparation of an ideal cavity design for retention and resistance form. In the situation where the candidate contemplates that extension of the cavity preparation beyond ideal is necessary for complete removal of caries, the candidate should first prepare the cavity to ideal form and then submit a modification request to the Evaluation Station, BEFORE extending the cavity preparation beyond ideal in any dimension.

The Modification Request Form utilized to communicate with the Evaluation Station must be completed in its entirety. The candidate must place a Candidate ID label in the “Candidate Identification” box on the Modification Request Form. On the form, the candidate must denote whether this is the first, or a subsequent modification request, and whether it is for the amalgam or composite procedure. The modification request must be specific and also denote:

1. “Type” of modification - Will it be made to the Internal or External Form?
2. “Where” the modification of the preparation from ideal will occur,
3. “Why” the modification from ideal is required, (i.e. caries, undermined enamel)
4. “How Much” modification from ideal will occur. (Specifically .25mm to 2.0mm)

If the Modification Request Form is not properly completed in its entirety, it will be returned to the candidate for completion, and a penalty will be assessed.

The candidate must take the preparation to ideal form prior to submission for a modification request. If the preparation is not taken to ideal form and a modification request is submitted to the Evaluation Station, the modification request will be denied and the Modification Request Form will be returned to the candidate with instructions that “cavity preparation must be taken to ideal before submission of a modification request.” A penalty will be assessed to the candidate at this time.

Should a patient be presented for a modification request and the candidate performance or the nature of the modification request demonstrates a lack of clinical judgment, critical thinking and/or demonstrates a disregard for patient welfare, the candidate’s participation in the examination may be terminated.

For demonstration purposes on the following pages there is one illustration of an incorrect modification request scenario and correct modification request scenario.
Example One

Modification Request Form submitted to the Evaluation Station requesting a modification from ideal to remove remaining caries present on the gingival floor of the proximal box.

<table>
<thead>
<tr>
<th>Type</th>
<th>Where</th>
<th>How Much</th>
<th>Granted</th>
<th>Stamped</th>
<th>Reviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>External</td>
<td>Outline of Gingival Floor of Proximal Box</td>
<td>.5mm</td>
<td>Granted</td>
<td>STAMP</td>
<td></td>
</tr>
<tr>
<td>Internal</td>
<td>Axial Wall and Gingival Floor of Proximal Box</td>
<td>.5mm</td>
<td>Granted</td>
<td>STAMP</td>
<td></td>
</tr>
<tr>
<td>External</td>
<td>Occlusal Outline</td>
<td>1.0 mm</td>
<td>Granted</td>
<td>STAMP</td>
<td></td>
</tr>
<tr>
<td>External</td>
<td>Fissures</td>
<td></td>
<td>Granted</td>
<td>STAMP</td>
<td></td>
</tr>
</tbody>
</table>

Note: The table contains details of the caries location and the decision on whether the modification is granted or not.
Incorrect Modification Request
(Not at Ideal Prep Stage)

Clinical evaluation of the preparation reveals that while caries are present on the floor of the gingival box, and all defective fissures have not been removed from the outline form, the preparation has not been taken to ideal preparation stage based upon the following:

a. Depth of pulpal floor is not through the enamel
b. Outline extension and pulpal floor extension does not include carious fissures
c. Level of gingival box floor does not break gingival contact.

This modification request would be rejected with a notation made on an Instruction to Candidate Form that the candidate should take the initial cavity preparation to ideal before submission of a modification request.

Noncoalesced fissure not removed for ideal outline form

Depth of pulpal floor not through enamel. Enamel islands remaining

Pulpal floor extension does not include carious fissures

Level of gingival box does not break gingival contact
Example Two

*Modification Request Form* submitted to the Evaluation Station requesting a modification from ideal to remove remaining caries present on the axio-gingival line angle and the axial wall of the proximal box.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Anterior Composite</th>
<th>Amalgam</th>
<th>Conventional Composite</th>
<th>Box Composite</th>
</tr>
</thead>
<tbody>
<tr>
<td>These request(s) have been discussed with a CFE prior to submitting them to Evaluation Station. CFE #</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Type:** Internal
   **Where:** Gingivo Axial Line Angle
   **Remaining Caries:** 25 mm
   **Why:**
   **Granted:** gingivo axial line angle
   **Not Granted:** gingivo axial line angle

2. **Type:**
   **Where:**
   **Why:**
   **Granted:** gingivo axial line angle
   **Not Granted:** gingivo axial line angle

3. **Type:**
   **Where:**
   **Why:**
   **Granted:** gingivo axial line angle
   **Not Granted:** gingivo axial line angle

4. **Type:**
   **Where:**
   **Why:**
   **Granted:** gingivo axial line angle
   **Not Granted:** gingivo axial line angle

5. **Type:**
   **Where:**
   **Why:**
   **Granted:** gingivo axial line angle
   **Not Granted:** gingivo axial line angle

6. **Type:**
   **Where:**
   **Why:**
   **Granted:** gingivo axial line angle
   **Not Granted:** gingivo axial line angle

7. **Type:**
   **Where:**
   **Why:**
   **Granted:** gingivo axial line angle
   **Not Granted:** gingivo axial line angle

8. **Type:**
   **Where:**
   **Why:**
   **Granted:** gingivo axial line angle
   **Not Granted:** gingivo axial line angle

---

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Correct Modification Request
(Ideal Prep Stage)

This modification request would be approved and the candidate would proceed with the removal of the remaining caries as indicated on the *Modification Request Form*. Note, the candidate should not remove more tooth structure than approved in the modification request. Should additional removal of tooth structure be indicated, the candidate must submit an additional modification request BEFORE proceeding with the additional removal of tooth structure.
For patient protection, all caries and explorer penetrable decalcified enamel will be removed prior to restoration placement. If removal of remaining caries will result in a pulp exposure the candidate may request treating the tooth with an indirect pulp cap. The procedure is as follows:

Prior to a request for an indirect pulp cap, at least one (1) modification request to remove caries must have been granted and completed by the candidate. To request treatment of the tooth by an indirect pulp cap the candidate must have removed all the caries other than that directly over the pulp. The candidate must also be able to determine that there is only approximately 0.5 mm of tooth structure remaining beneath the remaining caries before the exposure may occur and/or clinical evidence of pulpal blushing.

All caries, except in the area of a possible pulp exposure, must be removed.

An *Indirect Pulp Cap Request Form* is used to request proceeding with an indirect pulp cap.

The form will include:

1. What - Indirect pulp cap
2. Where - Indicate location accurately
3. Why - Exposure will occur by removing remaining caries
4. How - Place (name of material) over remaining caries

No other modification request should be included.

The request will be granted or not granted by examiners at the Express Chair. The following are the next steps:

1. If the request is granted, the candidate will proceed with the indirect pulp cap and placement of the appropriate material under the supervision of the CFE. Unsatisfactory placement of the indirect pulp cap, as determined by the CFE, will be evaluated at the Express Chair
2. If the request is not granted penalties may be assessed and the candidate will be notified of such and how to proceed

No further treatment of the tooth preparation is allowed after placement of the indirect pulp cap. After approval by the CFE of the indirect pulp cap, the patient is sent to the Evaluation Station for final evaluation of the preparation.
The ADEX Dental Examination Series

PATIENT BASED EXAM

VIII. GLOSSARY
The following information provides definitions and/or descriptions of words, terms or phrases used by CITA for purposes of examining and evaluating candidates for dental licensure. Furthermore, this information should assist not only candidates with their understanding of the criteria and procedures for this examination, but also examiners in making consistent evaluations of candidate performance.

The words, terms or phrases have been collected from many sources, including, but not limited to ADEX's evaluation criteria, various evaluation forms, and information appearing elsewhere this manual. Other similar items not found in the foregoing sources have been included, inasmuch as they also may be used by examiners or candidates during the course of the examination. The definitions or descriptions for the words, terms or phases were derived from dictionaries, dental dictionaries, operative dentistry textbooks, glossaries from dental schools, operative dentistry technique or procedure manuals. The periodontal terms were taken from the "Glossary of Periodontic Terms" published by the American Academy of Periodontology.

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abfraction</td>
<td>The deep V-shaped groove usually noted at the CEJ which is caused by bruxism. This may be visible or below the gingival margin.</td>
</tr>
<tr>
<td>Abrasion</td>
<td>Abnormal wearing of tooth substance or restoration by mechanical factors other than tooth contact.</td>
</tr>
<tr>
<td>Abutment</td>
<td>A tooth used to provide support or anchorage for a fixed or removable prosthesis.</td>
</tr>
<tr>
<td>Acrylic Resin</td>
<td>Synthetic resin derived from acrylic acid used to manufacture dentures/denture teeth and provisional restorations</td>
</tr>
<tr>
<td>Adjustment</td>
<td>Selective grinding of teeth or restorations to alter shape, contour, and establish stable occlusion</td>
</tr>
<tr>
<td>Angle</td>
<td>A corner; cavosurface angle: angle formed between the cavity wall and surface of the tooth; line angle: angle formed between two cavity walls or tooth surfaces.</td>
</tr>
<tr>
<td>Apical</td>
<td>The tip, or apex, of a root of a tooth and its immediate surroundings.</td>
</tr>
<tr>
<td>Attached Gingiva</td>
<td>The portion of the gingiva that extends apically from the base of the sulcus to the mucogingival junction.</td>
</tr>
<tr>
<td>Attrition</td>
<td>Loss of tooth substance or restoration caused by mastication or tooth contact.</td>
</tr>
<tr>
<td>Axial Wall</td>
<td>An internal cavity surface parallel to the long axis of the tooth.</td>
</tr>
<tr>
<td>Base</td>
<td>Typically a replacement material for missing dentinal tooth structure, used for bulk buildup and/or for blocking out undercuts. Examples include ZOE B&amp;T, IRM, glass ionomer cement and zinc-phosphate cement.</td>
</tr>
<tr>
<td>Bevel</td>
<td>A plane sloping from the horizontal or vertical that creates a cavosurface angle which is greater than 90°.</td>
</tr>
<tr>
<td>Bonding Agent</td>
<td>See &quot;Sealers.&quot;</td>
</tr>
<tr>
<td>Bridge</td>
<td>Permanently fixed restoration that replaces one or more missing natural teeth.</td>
</tr>
<tr>
<td>TERM</td>
<td>DEFINITION</td>
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</tr>
<tr>
<td>Build Up</td>
<td>A restoration associated with a cast restoration, which replaces some, but not all, of the missing tooth structure coronal to the cementoenamel junction; the buildup provides resistance and retention form for the subsequent cast restoration; also called Pin Amalgam Build Up (PABU) or Foundation.</td>
</tr>
<tr>
<td>Calculus</td>
<td>A hard deposit attached to the teeth, usually consisting of mineralized bacterial plaque.</td>
</tr>
<tr>
<td>Caries</td>
<td>An infectious microbiological disease that results in localized dissolution and destruction of the calcified tissues of the teeth. The diagnosis of dentinal caries is made by tactile sensation with light pressure on an explorer described as (1) a defect with a soft, sticky base, or (2) a defect that can be penetrated and exhibits definite resistance upon withdrawal of the explorer.</td>
</tr>
<tr>
<td>Cavity Preparation</td>
<td>Removal and shaping of diseased or weakened tooth tissue to allow placement of a restoration.</td>
</tr>
<tr>
<td>Cavosurface Margin</td>
<td>The line angle formed by the prepared cavity wall with the unprepared tooth surface; the margin is a continuous entity enclosing the entire external outline of the prepared cavity; also called the cavosurface line angle.</td>
</tr>
<tr>
<td>Cementoenamel Junction</td>
<td>Line formed by the junction of the enamel and cementum of a tooth.</td>
</tr>
<tr>
<td>Centric Occlusion</td>
<td>That vertical and horizontal position of the jaws in which the cusps of the maxillary and mandibular teeth interdigitate maximally.</td>
</tr>
<tr>
<td>Centric Relation</td>
<td>That operator guided position of the jaws in which the condyles are in a rearmost and uppermost position in the fossae of the temporomandibular joint.</td>
</tr>
<tr>
<td>Contact Area</td>
<td>The area where two adjacent teeth approximate.</td>
</tr>
<tr>
<td>Convenience Form</td>
<td>The shape or form of a cavity preparation that allows adequate observation, accessibility, and ease of operation in preparing and restoring the cavity.</td>
</tr>
<tr>
<td>Convergence</td>
<td>The angle of opposing cavity walls which, when projected in a gingival to occlusal direction, would meet at a point some distance occlusal to the occlusal or incisal surface.</td>
</tr>
<tr>
<td>Core</td>
<td>A restoration associated with a cast restoration which replaces ALL coronal tooth structure and is usually associated with a post of one type or another; the core provides resistance and retention form for the subsequent cast restoration.</td>
</tr>
<tr>
<td>Crown</td>
<td>Cast-metal restoration or porcelain restoration covering most of the surfaces of an anatomical crown.</td>
</tr>
<tr>
<td>Cusp (Functional)</td>
<td>Those cusps of teeth which by their present occlusion provide a centric stop which interdigitates with a fossa or marginal ridge of an opposing tooth/teeth.</td>
</tr>
<tr>
<td>Cusp (Non-Functional)</td>
<td>Those cusps of teeth which by their present occlusion DO NOT provide a centric stop which interdigitates with a fossa or marginal ridge of an opposing tooth/teeth.</td>
</tr>
<tr>
<td>Debris</td>
<td>Scattered or fragmented remains of the cavity preparation procedure; all debris should be thoroughly removed from the preparation before the restoration is placed.</td>
</tr>
<tr>
<td>Defective Restoration</td>
<td>Any dental restoration which is judged to be causing or is likely to cause damage to the remaining tooth structure if not modified or replaced.</td>
</tr>
<tr>
<td>TERM</td>
<td>DEFINITION</td>
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</tr>
<tr>
<td>Dentin</td>
<td>Calcified tissue surrounding the pulp and forming the bulk of the tooth.</td>
</tr>
<tr>
<td>Deposits--Subgingival</td>
<td>Deposits which are apical to the gingival margin.</td>
</tr>
<tr>
<td>Deposits--Supragingival</td>
<td>Deposits which are coronal to the gingival margin.</td>
</tr>
<tr>
<td>Divergence</td>
<td>The angle of opposing cavity walls which, when projected in an occlusal to gingival direction, would meet at a point some distance gingival to the crown of the tooth.</td>
</tr>
<tr>
<td>Embrasure</td>
<td>A “V” shaped space continuous with an interproximal space formed by the point of contact and the subsequent divergence of these contacting surfaces in an occlusal (incisal), gingival, facial or lingual direction.</td>
</tr>
<tr>
<td>Enameloplasty</td>
<td>The selected reshaping of the convolutions of the enamel surface (fissures and ridges) to form a more rounded or “saucer” shape to make these areas more clean able, finish able, and allow more conservative cavity preparation external outline forms.</td>
</tr>
<tr>
<td>Erosion</td>
<td>Abnormal dissolution of tooth substance by chemical substances; typically involves exposed cementum at the CEJ.</td>
</tr>
<tr>
<td>Exposure</td>
<td>See “Pulp Exposure.”</td>
</tr>
<tr>
<td>Fissure</td>
<td>A developmental linear fault in the occlusal, buccal or lingual surface of a tooth, commonly the result of the imperfect fusion of adjoining enamel lobes.</td>
</tr>
<tr>
<td>Flash</td>
<td>Excess restorative material extruded from the cavity preparation extending onto the unprepared surface of the tooth.</td>
</tr>
<tr>
<td>Foundation</td>
<td>See “Build Up.”</td>
</tr>
<tr>
<td>Gingival Recession</td>
<td>The visible apical migration of the gingival margin, which exposes the CE junction and root surface.</td>
</tr>
<tr>
<td>Gingival Wall</td>
<td>An internal cavity surface perpendicular to the long axis of the tooth near the apical or cervical end of the crown of the tooth or cavity preparation.</td>
</tr>
<tr>
<td>Gingivitis</td>
<td>Inflammation of the gingiva.</td>
</tr>
<tr>
<td>Glass Ionomer</td>
<td>Material containing polyacrylic acid and aluminosilicate glass that that can be used as restorative, lining or luting material.</td>
</tr>
<tr>
<td>Grainy</td>
<td>The rough, perhaps porous, poorly detailed surface of a material.</td>
</tr>
<tr>
<td>Ill-Defined</td>
<td>A cavity preparation which, while demonstrating the fundamentals of proper design, lacks detail and refinement in that design.</td>
</tr>
<tr>
<td>Infra-Occlusion</td>
<td>A tooth or restoration which lacks opposing tooth contact in centric when such contact should be present.</td>
</tr>
<tr>
<td>Interproximal Contact</td>
<td>The area of contact between two adjacent teeth; also called proximal contact.</td>
</tr>
<tr>
<td>Isthmus</td>
<td>A narrow connection between two areas or parts of a cavity preparation.</td>
</tr>
<tr>
<td>Keratinized Gingiva</td>
<td>In healthy mouths, this includes both the free marginal and attached gingiva which are covered with a protective layer of keratin; it is the masticatory oral mucosa which withstands the frictional stresses of mastication and tooth brushing; and provides a solid base for the movable alveolar mucosa for the action of the cheeks, lips and tongue.</td>
</tr>
<tr>
<td>Line Angle</td>
<td>The angle formed by the junction of two surfaces; in cavity preparations there can be internal and external line angles which are formed at the junction of two cavity walls.</td>
</tr>
<tr>
<td>Line of Draw</td>
<td>The path or direction of withdrawal or seating of a removable or cast restoration.</td>
</tr>
<tr>
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<tr>
<td>Liner</td>
<td>Typically, a material placed between dentin and a dental restoration to provide protection to the dentin and/or pulp. Examples of liners include Gluma, Vitrebond, Dycal and Cavitec.</td>
</tr>
<tr>
<td>Liner - Treatment</td>
<td>An appropriate dental material placed in deep portions of a cavity preparation to produce desired effects on the pulp such as insulation, sedation, stimulation of odontoblasts, bacterial reduction, etc.; also called therapeutic liner.</td>
</tr>
<tr>
<td>Long Axis</td>
<td>An imaginary straight line passing through the center of the whole tooth occluso-apically.</td>
</tr>
<tr>
<td>Marginal Deficiencies</td>
<td>Failure of the restorative material to properly and completely meet the cut surface of the cavity preparation; the marginal discrepancy does not exceed 0.5 mm, and the margin is sealed; may be either voids or under-contour.</td>
</tr>
<tr>
<td>Marginal Excess</td>
<td>Restorative material which extends beyond the cavosurface margin of the cavity walls; marginal excess may or may not extend onto the unprepared surface(s) of the tooth; see also “over-contoured,” “Flash,” “over-extension.”</td>
</tr>
<tr>
<td>Mobility</td>
<td>The degree of looseness of a tooth.</td>
</tr>
<tr>
<td>Occluso-Axial Line Angle</td>
<td>In a casting preparation, the angle formed by the junction of the prepared occlusal and axial (lingual, facial, mesial, distal) surfaces.</td>
</tr>
<tr>
<td>Open Margin</td>
<td>A cavity margin or section of margin at which the restorative material is not tightly adapted to the cavity preparation wall(s); margins are generally determined to be open when they can be penetrated by the tine of a sharp dental explorer</td>
</tr>
<tr>
<td>Outline Form (External)</td>
<td>The external boundary or perimeter of the area of the tooth surface to be included within the outline or enamel margins of the finished cavity preparation.</td>
</tr>
<tr>
<td>Outline Form (Internal)</td>
<td>The internal details and dimensions of the finished cavity preparation.</td>
</tr>
<tr>
<td>Over-Contoured</td>
<td>Excessive shaping of the surface of a restoration so as to cause it to extend beyond the normal physiologic contours of the tooth when in health.</td>
</tr>
<tr>
<td>Over-Extension (Preparation)</td>
<td>The placement of final cavity preparation walls beyond the position required to properly restore the tooth as determined by the factors which necessitated the treatment.</td>
</tr>
<tr>
<td>Over-Extension (Restoration)</td>
<td>Restorative material which extends beyond the cavosurface margin of the cavity walls; marginal excess may or may not extend onto the unprepared surface(s) of the tooth; see also “Over-Contoured,” “Flash,” “Marginal Excess.”</td>
</tr>
<tr>
<td>Overhang (Restoration)</td>
<td>The projection of restorative material beyond the cavosurface margin of the cavity preparation but which does not extend on to the unprepared surface of the tooth; also, the projection of a restoration outward from the nominal tooth surface; see also “Flash.”</td>
</tr>
<tr>
<td>Path of Insertion</td>
<td>The path or direction of withdrawal or seating of a removable or cast restoration; see “Line of Draw.”</td>
</tr>
<tr>
<td>Periapical</td>
<td>Area around the root end of a tooth.</td>
</tr>
<tr>
<td>Periodontitis</td>
<td>Inflammation of the supporting tissues of the teeth; usually a progressively destructive change leading to loss of bone and periodontal ligament; an extension of inflammation from gingiva into the adjacent bone and ligament.</td>
</tr>
<tr>
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<tr>
<td>Pits (Surface)</td>
<td>Small voids on the polished surface (but not at the margins) of a restoration.</td>
</tr>
<tr>
<td>Polishing (Restoration)</td>
<td>The act or procedure of imparting a smooth, lustrous, and shiny character to the surface of the restoration.</td>
</tr>
<tr>
<td>Pontic</td>
<td>The suspended portion of a fixed bridge that replaces the lost tooth or teeth.</td>
</tr>
<tr>
<td>Porous (Restoration)</td>
<td>To have minute orifices or openings in the surface of a restoration which allow fluids or light to pass through.</td>
</tr>
<tr>
<td>Provisional Restoration</td>
<td>Any restoration, which by its intent, is placed for a reduced period of time or until some event occurs; any restorative material can be placed as a provisional restoration; it is only the intent or the restoration and not the material which determines the provisional status.</td>
</tr>
<tr>
<td>Pulp Cap (Direct)</td>
<td>The technique of placing a base (usually a calcium hydroxide material) over the exposed pulp to promote reparative dentin formation and the formation of a dentinal bridge across the exposure; the decision to perform a pulp cap or endodontics and the success of the procedure is determined by the conditions under which the pulp was exposed.</td>
</tr>
<tr>
<td>Pulp Cap (Indirect)</td>
<td>The technique of deliberate incomplete caries removal in deep excavation to prevent frank pulp exposure followed by basing of the area with a calcium hydroxide material to promote reparative dentin formation; the tooth may or may not be re-entered in 6-8 weeks to remove the remaining dentinal caries.</td>
</tr>
<tr>
<td>Pulp Exposure (Carious)</td>
<td>The frank exposure of the pulp through clinically carious dentin.</td>
</tr>
<tr>
<td>Pulp Exposure (General)</td>
<td>The exposure of the pulp chamber or former pulp chamber of a tooth with or without evidence of pulp hemorrhage.</td>
</tr>
<tr>
<td>Pulp Exposure (Irreparable)</td>
<td>Generally, a pulp exposure in which most or all of the following conditions apply: the exposure is greater than 0.5 mm; the tooth had been symptomatic; the pulp hemorrhage is not easily controlled; the exposure occurred in a contaminated field; the exposure was relatively traumatic.</td>
</tr>
<tr>
<td>Pulp Exposure (Mechanical)</td>
<td>The frank exposure of the pulp through non-carious dentin caused by operator error, misjudgment, pulp chamber aberration, etc.</td>
</tr>
<tr>
<td>Pulp Exposure (Reparable)</td>
<td>Generally, a pulp exposure in which most or all of the following conditions apply: the exposure is less than 0.5 mm; the tooth had been asymptomatic; the pulp hemorrhage is easily controlled; the exposure occurred in a clean, uncontaminated field; the exposure was relatively atraumatic.</td>
</tr>
<tr>
<td>Pulpal Wall</td>
<td>An internal cavity surface perpendicular to the long axis of the tooth; also pulpal floor.</td>
</tr>
<tr>
<td>Pulpoaxial Line Angle</td>
<td>The line angle formed by the junction of the pulpal wall and axial wall of a prepared cavity.</td>
</tr>
<tr>
<td>Pulpotomy</td>
<td>The surgical amputation of the vital dental pulp coronal to the cement-enamel junction in an effort to retain the radicular pulp in a healthy, vital state.</td>
</tr>
<tr>
<td>Resistance Form</td>
<td>The features of a tooth preparation that enhance the stability of a restoration and resist dislodgement along an axis other than the path of placement.</td>
</tr>
<tr>
<td>Retention Form</td>
<td>The feature of a tooth preparation that resists dislodgment of a crown in a vertical direction or along the path of placement.</td>
</tr>
<tr>
<td>TERM</td>
<td>DEFINITION</td>
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</tr>
<tr>
<td>Root Planing</td>
<td>A definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with calculus, or contaminated with toxins or microorganisms.</td>
</tr>
<tr>
<td>Scaling</td>
<td>Instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces.</td>
</tr>
<tr>
<td>Surface Sealant</td>
<td>After polishing, the application of the unfilled resin (bonding agent) of the composite resin system to the surface of the restoration to fill porosities or voids in the body of the restoration or at the margins or to provide a smooth surface to the restoration followed by curing.</td>
</tr>
<tr>
<td>Sealer</td>
<td>Cavity sealers provide a protective coating for freshly cut tooth structure of the prepared cavity; VARNISH: A natural gum, such as copal rosin, or a synthetic resin dissolved in an organic solvent, such as acetone, chloroform, or ether; examples include Copalite, Plastodent, Varnish, and Barrier; RESIN BONDING AGENTS: Include the primers and adhesives of dentinal and all-purpose bonding agents; examples include All-Bond 2, Scotchbond MP+, Optibond, ProBond, Amalgambond, etc.</td>
</tr>
<tr>
<td>Shade (Restoration)</td>
<td>The color of a restoration, as defined by hue, value, and chroma which is selected to match as closely as possible the natural color of the tooth being restored.</td>
</tr>
<tr>
<td>Shoulder Preparation</td>
<td>A shelf cut around the tooth as for a porcelain jacket crown.</td>
</tr>
<tr>
<td>Sound Tooth Structure</td>
<td>Enamel that has not been demineralized or eroded; it may include proximal decalcification that does not exceed ½ the thickness of the enamel and cannot be penetrated by an explorer</td>
</tr>
<tr>
<td>Stain - Extrinsic</td>
<td>Stain which forms on and can become incorporated into the surface of a tooth after development and eruption; these stains can be caused by a number of developmental and environmental factors.</td>
</tr>
<tr>
<td>Stain - Intrinsic</td>
<td>Stain which becomes incorporated into the internal surfaces of the developing tooth; these stains can be caused by a number of developmental and environmental factors.</td>
</tr>
<tr>
<td>Sonic Scaler</td>
<td>An instrument tip attached to a transducer through which high frequency current causes sonic vibrations (approximately 6,000 cps). These vibrations, usually accompanied by the use of a stream of water, produce a turbulence which in turn removes adherent deposits from the teeth.</td>
</tr>
<tr>
<td>Sterilization</td>
<td>A heat or chemical process to destroy microorganisms.</td>
</tr>
<tr>
<td>Supra-Occlusion</td>
<td>A tooth or restoration which has excessive or singular opposing tooth contact in centric or excursions when such contact should not be present and should be balanced with the other contacts in the quadrant or arch.</td>
</tr>
<tr>
<td>Taper</td>
<td>To gradually become more narrow in one direction</td>
</tr>
<tr>
<td>Temporary Restoration</td>
<td>See “Provisional Restoration.”</td>
</tr>
<tr>
<td>Tissue Trauma – Gross Hard</td>
<td>Unwarranted iatrogenic damage to the intraoral hard tissues resulting in injury to the teeth and/or bone which would require that reparative measures are taken to correct the injury to the patient and restoration of the patient’s hard tissues.</td>
</tr>
<tr>
<td>Tissue Trauma – Gross Soft</td>
<td>Unwarranted iatrogenic damage to extra/intraoral soft tissues resulting in significant injury to the patient such as lacerations greater than 3.0 mm, burns, amputated papilla, or large tissue tags.</td>
</tr>
<tr>
<td>TERM</td>
<td>DEFINITION</td>
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</tr>
<tr>
<td>Tissue Trauma - Hard</td>
<td>Abrasions, alterations, and/or disruptions to the natural cellular composition and/or morphology of the teeth and/or supporting alveolar bone which are the result of chemical or mechanical contact with agents, instruments, and/or armamentarium employed by the candidate during the examination evaluation process.</td>
</tr>
<tr>
<td>Tissue Trauma - Soft</td>
<td>Breaks, alterations, abrasions, disruptions or other changes to the natural cellular composition or morphology of that area, which are the result of chemical or mechanical contact with agents, instruments, and/or armamentarium employed by the candidate during the examination evaluation process.</td>
</tr>
<tr>
<td>Ultrasonic Scaler</td>
<td>An instrument tip attached to a transducer through which high frequency current causes ultrasonic vibrations (approximately 30,000 cps); these vibrations, usually accompanied by the use of a stream of water, produce a turbulence which in turn removes adherent deposits from the teeth.</td>
</tr>
<tr>
<td>Uncoalesced</td>
<td>The failure of surfaces to fuse or blend together such as the lobes of enamel resulting in a tooth fissure.</td>
</tr>
<tr>
<td>Under-Contoured</td>
<td>Excessive removal of the surface of a restoration so as to cause it to be reduced beyond the normal physiologic contours of the tooth when in good health.</td>
</tr>
<tr>
<td>Undercut</td>
<td>Feature of tooth preparation that retains the intra-coronal restorative material; an undesirable feature of tooth preparation for an extra-coronal restoration.</td>
</tr>
<tr>
<td>Under-Extension (Preparation)</td>
<td>Failure to place the final cavity preparation walls at the position required to properly restore the tooth as determined by the factors which necessitated the treatment.</td>
</tr>
<tr>
<td>Under-Extension (Restoration)</td>
<td>Restorative material which fails to extend to the cavosurface margin of the cavity walls thereby causing exposure of the prepared cavity wall.</td>
</tr>
<tr>
<td>Undermined Enamel</td>
<td>During cavity preparation procedures, an enamel tooth surface (particularly enamel rods) which lacks dentinal support; also called unsupported enamel.</td>
</tr>
<tr>
<td>Unsound Marginal Enamel</td>
<td>Loose or fragile cavosurface enamel that is usually discolored or demineralized, which can be easily removed with hand instruments when mild to moderate pressure is applied.</td>
</tr>
<tr>
<td>Varnish</td>
<td>See “Sealers.”</td>
</tr>
<tr>
<td>Void(s)</td>
<td>An unfilled space within the BODY of a restoration or at the restoration margin which may or may not be present at the external surface and therefore may or may not be visible to the naked eye.</td>
</tr>
</tbody>
</table>