

**Create Caries Exam For** \_\_\_\_\_

**Caries Exam Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prepared By** \_\_\_\_\_

**Which teeth have most recently been in the mouth for at least 12 months?**

- Primary Incisors
- Primary Molars
- Permanent First Molars

**Status of the Primary Molars**

- Sound or sealed, or only occlusal restorations
- Have pits, fissures or other defects
- Have interproximal restorations
- Show early decalcification or are carious

**How many months has the patient been without primary caries or an incipient carious lesion? Primary caries is the first carious lesion on a tooth surface, not one beneath or at the margin of a restoration.**

- 36 or more
- 24-35
- 12-23
- 1 or more teeth has had primary caries in the last 12 months

**Bacteria culture includes elevated MS and/or LB level?**

- Yes
- No
- No culture or test available

**Check all that apply**

- Liquids containing sugar are given in crib or bed by bottle or consumed during the day in a sippy cup.
- Parent or caregiver is low socioeconomic status or health literacy
- Mother or caregiver has had a cavity within the last 12 months

**Please answer the following questions**

How many erupted teeth are present in the oral cavity?

\_\_\_\_\_ # of teeth

How many natural teeth have any type of restoration, including crowns and veneers?

\_\_\_\_\_ # of teeth

How many natural teeth currently require treatment because of caries or a defective restoration?

\_\_\_\_\_ # of teeth

How many natural teeth have primary caries or an incipient lesion?

\_\_\_\_\_ # of teeth

## Check all that apply

### Clinical conditions

- Oral hygiene improvement is needed
- Dry mouth or inadequate saliva flow

### Questions the patient can answer

- Snacks or beverages containing sugar are consumed between meals 4 or more times per day
- Patient drinks fluoridated water

### Treatment History and Considerations

- Dental care frequency is NOT as regular as advised
- Developmental problems or special health care needs
- Teeth have been extracted due to caries in the last 36 months
- Fluoride varnish applied in last 6 months
- Has orthodontic appliance, space maintainer or obturator

- Nonprescription or prescription fluoride products other than water are used

## Report Settings

- Treatment Options

- 
- Home Care Report (coming soon)

- Clinical Care Plan (coming soon)

**Model this Patient**

**Save for Later**

**Finish**