

CRDTS DENTAL HYGIENE “TREATMENT SELECTION” WORKSHEET

This worksheet should be copied and used to screen patients to determine if the patient selected meets the CRDTS criteria for patient acceptability.

Candidates should bring this completed Treatment Selection Worksheet with them to the exam. Candidates can also use this worksheet to prepare an Alternate Selection to use in case their Initial Treatment Selection is rejected.

Instructions for Completing the Treatment Selection Worksheet:

- Write the teeth numbers you want to submit in the corresponding tooth number boxes.
- Chart ONLY surfaces of qualifying subgingival calculus present in the Treatment Selection by filling in the appropriate bubble (M,F,D,L)
- If qualifying subgingival calculus is found on the line angle of a tooth, mark it on the nearest interproximal surface. (ie: A surface of qualifying subgingival calculus on the mesial-facial line angle of a tooth should be marked on the mesial surface.)
- If a tooth is rotated, the surfaces of subgingival calculus should be charted as the tooth appears in the mouth.
- ALL criteria must be met or the Treatment Selection will be rejected as Unacceptable.

CHART ONLY QUALIFYING CALCULUS

Qualifying deposits will exhibit such characteristics as:

- significant enough in quantity to be readily discernible or detectable;
- a definite “jump” or “bump” which is easily detected with one or two strokes;
- a deposit that easily “bind” or “catch” the explorer;
- ledges or ring formations;
- spiny or nodular formations.

TREATMENT SELECTION CRITERIA CHECKLIST

Does your Treatment Selection meet ALL this criteria?

Teeth:

- ___ At least 6 teeth?
- ___ If submitted, no more than 3 anterior teeth?
- ___ If submitted, 3rd molars are in the occlusal plane?

Qualifying Calculus:

- ___ All calculus charted meets “qualifying” definition?
- ___ At least 12 surfaces?
- ___ At least 1 surface on a minimum of 6 teeth?
- ___ At least 8 surfaces on posterior teeth?
- ___ At least 3 surfaces on molar(s)?

Prohibitions:

- ___ No implants are included in the teeth submitted?
- ___ No ortho brackets, Invisalign buttons, bonded retainers are in the teeth submitted?
- ___ No Class III or IV furcations, mobility or disease are in the teeth submitted?
- ___ No deciduous/primary teeth are in the teeth submitted?

Posterior teeth = molars and premolars
Anterior teeth = canines and incisors

Candidate Records Tooth # and Calculus Surfaces

M	<input type="checkbox"/>	#	
F	<input type="checkbox"/>		
D	<input type="checkbox"/>		
L	<input type="checkbox"/>		
M	<input type="checkbox"/>	#	
F	<input type="checkbox"/>		
D	<input type="checkbox"/>		
L	<input type="checkbox"/>		
M	<input type="checkbox"/>	#	
F	<input type="checkbox"/>		
D	<input type="checkbox"/>		
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M	<input type="checkbox"/>	#	
F	<input type="checkbox"/>		
D	<input type="checkbox"/>		
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