

HYGIENE TREATMENT SELECTION FORM

CANDIDATE #

PLEASE COMPLETE USING BLUE PEN

NOTE TO CANDIDATE: Once submitted, this form will NOT be returned to you.

CANDIDATE TO COMPLETE THIS SECTION:

Please "X" ALL impacted, missing and unerupted teeth in the patient's mouth:

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

List ALL teeth numbers in your INITIAL Treatment Submission:

_____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____

ALTERNATE SUBMISSION: PLEASE CHECK ONE OF THE TWO OPTIONS LISTED BELOW

An ALTERNATE SUBMISSION is allowed and is designed to save time for candidates whose first submission is deemed unacceptable. If the candidate wishes to resubmit the **SAME PATIENT** with an ALTERNATE TREATMENT SELECTION please complete the lower portion of this form.

I understand the option is available to submit an Alternate Submission but I am electing to NOT do so for this patient.

I am submitting an Alternate Submission

CANDIDATE TO COMPLETE THIS SECTION:

List ALL teeth numbers in your ALTERNATE Treatment Submission:

_____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____

ALTERNATE SUBMISSION

Submission criteria for Selected Teeth:

- Minimum six teeth
- Maximum ten teeth
- Maximum three anteriors (canine to canine)
- All teeth must be fully erupted

Submission must have AT A MINIMUM the following Qualifying Calculus (QC = Qualifying Calculus):

- At least 1 surface of QC on 6 teeth
- At least 3 surfaces of QC on molar(s)
- At least 8 surfaces of QC on posterior* teeth
- At least 12 surfaces of QC

* Posterior teeth = molars and premolars

Prohibitions:

Teeth included in the Treatment Submissions with the following prohibitions will be deemed Unacceptable:

- Grade III mobility
- Grade III/IV furcations
- Orthodontic brackets, Invisalign buttons and/or bonded retainers
- Implants
- Partially erupted teeth
- Retained deciduous teeth