

| Create Caries Exam For | |
|---|---|
| Caries Exam Date// | |
| Prepared By | |
| Which teeth have most recently been in the mouth for at least 12 months? | |
| Permanent First Molars Permanent Second Molars Permanent Premolars | |
| Status of the Permanent Second Molars | |
| Sound or sealed, or only occlusal restorations Have Interproximal restorations | Have pits, fissures or other defects 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 12-23 | 24-35 1 or more teeth has had caries in the last 12 months |
| Bacteria culture includes elevated MS and/or LB level? | |
| Yes No culture or test available | □ No |
| 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 cares or an incipient lesion? | |
| # of teeth | |

Check all that apply

Clinical Conditions Questions the Patient Can Answer □ Oral hygiene improvement is needed □ Snacks or beverages containing sugar are consumed between meals 4 or more times per day Dry mouth or inadequate saliva flow **Treatment History and Considerations** Patient drinks fluoridated water Dental care frequency is NOT as regular as □ Nonprescription or prescription fluoride other than water are used advised Development problems or special care needs □ Chlorhexidine used for at least 1 week per month for last 6 months □ Teeth have been extracted due to caries in □ Xylitol products have been used 4 times daily last 36 months for last 6 months □ Fluoride varnish applied in last 6 months □ Calcium & phosphate toothpaste have been used during last 6 months □ Has orthodontic appliance, space maintainer, □ Patient currently uses vaping products or obturator □ Recreational drug/alcohol use