

Dental Hygiene Simulated Patient Assignment and Candidate Findings Form

Cubicle #



Quadrant:

LR/LL

CANDIDATE LABEL

Typodont mounting approved & Assignment confirmed by Examiner #:

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CALCULUS DETECTION FINDINGS

Maxillary

For the assigned teeth, indicate the **presence** or **absence** of subgingival calculus by placing an **X** in the appropriate box for each of the four surfaces on each tooth:
Mesial, Distal, Facial, and Lingual

Yes = present

No = not present/absent

Tooth #	D		F		M		L	
	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO

CALCULUS REMOVAL ASSIGNMENT

Mandibular

You are evaluated on the removal of all calculus in the assigned quadrant.

QUADRANT:

LOWER RIGHT/LEFT

PERIODONTAL PROBING MEASUREMENT

Mandibular

For the assigned teeth, measure and record in the appropriate boxes the depth of each sulcus on the indicated surfaces to nearest mm.

Anterior Tooth #				Posterior Tooth #			
DF		DL		DF		DL	
F		L		F		L	
MF		ML		MF		ML	

CANDIDATE ASSIGNED
FINISH TIME

CANDIDATE FINDINGS RECORDED
Confirmed by EXAMINER #