Assignment and Candidate Findings Form

Cubicle #

CANDIDATE LABEL

ADEX
AMERICAN BOARD of DENTAL EXAMINERS

Quadrant:

LR/LL

Typodont mounting approved & Assignment confirmed by Examiner #: | | | | | |

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 #			
DF		DL	
F		L	
MF		ML	

Posterior Tooth #			
DF		DL	
F		L	
MF		ML	

CANDIDATE ASSIGNED FINISH TIME

CANDIDATE FINDINGS RECORDED
Confirmed by EXAMINER # | | | | | |