

CANDIDATE ID LABEL

CANDIDATE WORKSHEET

Unit/Cubicle #



Official exam records are digital. All exam communications are submitted via Tablet-entry.
Candidates are responsible for ensuring accuracy of data entry.

Periodontal Treatment	ASSIGNED FINISH TIME:	
<input type="checkbox"/> Typodont Mounting evaluated by Examiner <input type="checkbox"/> Procedures Complete (Authorization required to remove typodont arch) <input type="checkbox"/> Candidate Check-Out (Collection of labeled Mandibular arch, Worksheet, ID labels)		

Calculus Detection (Maxillary)

Record **Y = YES**, Calculus is present
Record **N = NO**, Calculus is NOT present

Tooth#	D	F	M	L
	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N

Periodontal Probing Measurements (Mandibular)

Record in millimeters

ANTERIOR TOOTH	
DF	
F	
MF	
DL	
L	
ML	
POSTERIOR TOOTH	
DF	
F	
MF	
DL	
L	
ML	

Calculus Removal Quadrant (Mandibular)

Remove calculus from all surfaces within the assigned quadrant

LOWER RIGHT/LEFT



QUADRANT: LR/LL

A B C D E

Draft of Notes to Examiners (if applicable):