

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 Mock Board

ASSIGNED
FINISH TIME:

- Typodont Mounting evaluated by Examiner
- Procedures Complete (Authorization required to remove typodont arch)
- 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):