CANDIDATE ID LABEL

# CANDIDATE WORKSHEET

ADEX
AMERICAN BOARD of DENTAL EXAMINERS

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:

- ☐ **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 |

### Calculus Removal Quadrant (Mandibular)

Remove calculus from all surfaces within the assigned quadrant

## LOWER RIGHT

**QUADRANT: LR**
**A B C D E**

**Draft of Notes to Examiners (if applicable):**

### Periodontal Probing Measurements (Mandibular)

Record in millimeters

| ANTERIOR TOOTH | |
|---|---|
| _____ DF | |
| _____ F | |
| _____ MF | |
| _____ DL | |
| _____ L | |
| _____ ML | |
| **POSTERIOR TOOTH** | |
| _____ DF | |
| _____ F | |
| _____ MF | |
| _____ DL | |
| _____ L | |
| _____ ML | |