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 / LEFT

QUADRANT: LR/LL

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	