

CLINICAL ASSESSMENT FORM

USE BLUE OR BLACK INK ONLY! DO NOT WRITE IN GRAY AREAS.

DATE: _____ EXAMINEE NO. _____

FOR COMMITTEE USE ONLY

PROBE ERRORS

Section A.

CANDIDATE SUBMISSION

UR	UL
LR	LL

Accepted

Teeth # _____

Not Accepted

Examiner Number _____

UR	UL
LR	LL

Accepted

Teeth # _____

Not Accepted

Examiner Number _____

Examiner 1		Examiner 2		Error
No.		No.		
Pocket Reading	Tooth	Surface	Pocket Reading	

1ST Submission: Circle quadrant(s) submitted

2nd Submission: Circle quadrant(s) submitted

Section B.

PERIODONTAL ASSESSMENT

Record six probing depths for each tooth in quadrant(s) submitted. Furcation involvement (I-IV) and mobility (I-III) recorded for each tooth in quadrant(s) submitted. If no furcation or mobility present, leave box blank.

Place an "X" in the box if the tooth is missing. DO NOT WRITE IN GRAY BOXES

FACIAL

Mobility								
Furcation								
Pocket Depth								
Tooth #	1	2	3	4	5	6	7	8
Pocket Depth								
Furcation								
LINGUAL								

FACIAL

Mobility														
Furcation														
Pocket Depth														
Tooth #	9	10	11	12	13	14	15	16						
Pocket Depth														
Furcation														
LINGUAL														

RIGHT.....LEFT

LINGUAL

Furcation								
Pocket Depth								
Tooth #	32	31	30	29	28	27	26	25
Pocket Depth								
Furcation								
Mobility								
FACIAL								

LINGUAL

Furcation											
Pocket Depth											
Tooth #	24	23	22	21	20	19	18	17			
Pocket Depth											
Furcation											
Mobility											
FACIAL											

Section C.

CONDITION OF HARD & SOFT TISSUES

Lips ___ Normal	___ Abnormal	Describe _____	Floor of Mouth ___ Normal	___ Abnormal	Describe _____
Tongue ___ Normal	___ Abnormal	Describe _____	Oral Mucosa ___ Normal	___ Abnormal	Describe _____
Palate ___ Normal	___ Abnormal	Describe _____	Carious Lesions ___ Yes	___ No	Location(s) _____

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1	2	3	4	5	6	7	8	9	10	11	12	YES	NO
DF	F	MF	DL	L	ML	M	D						