



Carifree

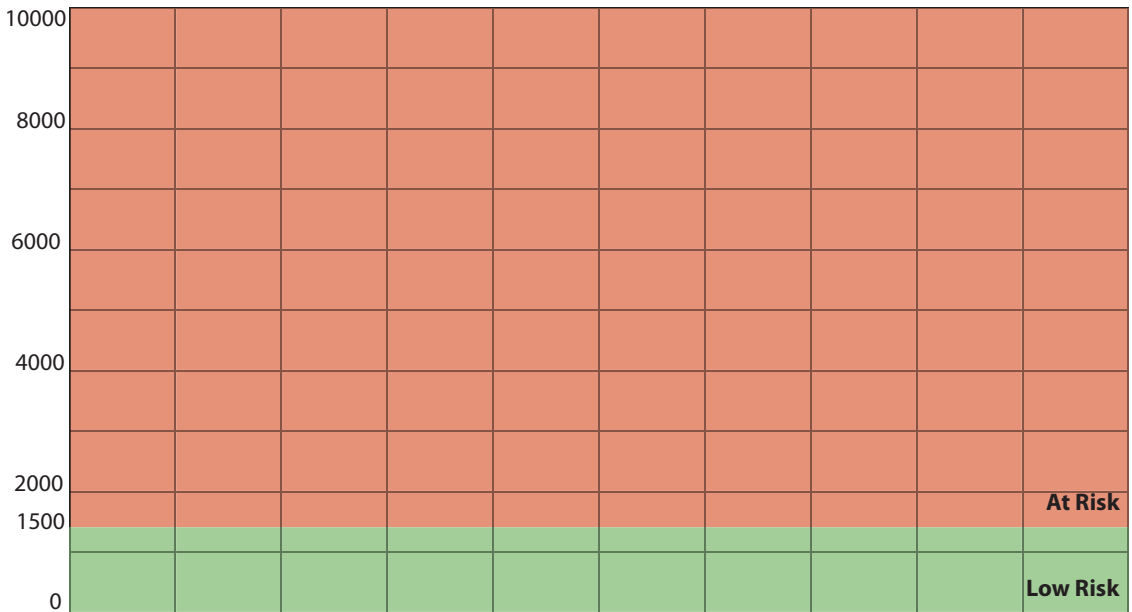
Caries Risk Assessment Form

Adults/Children over 6 Years

Name: _____ Date: _____

If **1** or more **DISEASE INDICATORS** or **2** or more **RISK FACTORS** are identified, then the patient is **AT RISK** and preventative therapeutic intervention is recommended to reduce the risk of dental caries (tooth decay).

Instructions: Circle all answers that apply.		AT RISK	LOW RISK
1	SCREENING		
	CariScreen	1,501 - 9,999	0 - 1,500
2	ASSESSMENT		
DISEASE INDICATORS			
	Visible cavitations	Yes	No
	Radiographic lesions	Yes	No
	White spot lesions	Yes	No
	Cavities in last 3 years	Yes	No
RISK FACTORS			
	Visible plaque	Yes	No
	Deep pits and fissures	Yes	No
	Inadequate saliva flow	Yes	No
	Exposed roots	Yes	No
	Orthodontic or other appliances present	Yes	No
	Frequent Snacking (1-3 times between meals)	Yes	No
	Acidic Beverages (soft/sport/juice/wine/beer/tea/coffee)	Yes	No
	Hyposalivary Medications	Yes	No
	GERD/Reflux	Yes	No
	Recreational Drugs	Yes	No
	Other	Yes	No
DIAGNOSIS - ASSESSMENT		AT RISK	LOW RISK



Recommended Corrective Treatment

- Treatment Rinse Maintenance Rinse Oral Neutralizer Gel
- Boost Mouth Spray Brush Teeth _____ Daily Floss _____ Daily
- Sugarfree Xylitol Gum _____ Daily

For further information contact www.essology.com

* Based on Featherstones clinically proven Caries Risk Assessment. Caries risk criteria as defined by the American Dental Association Council on Scientific Affairs, JADA August 2006.