DENTAL EXAMINATION RESTORATIVE CANDIDATE MANUAL

Class of 2023

A National Dental Examination
As administered by:

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Please read this candidate manual prior to attending the candidate orientation and bring it with you to the orientation and the examination.

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SCORING SYSTEM

The examination scoring system was developed in consultation with three different measurement specialists; the scoring system is criterion-based and was developed using an analytical model.

Only State Boards of Dentistry are legally authorized to determine standards of competence for licensure in their respective jurisdictions. However, in developing the examination, CRDTS has recommended a score of 75 to be a demonstration of sufficient competence; and participating State Boards of Dentistry have agreed to accept that standard. In order to achieve "CRDTS status" and be eligible for licensure in a participating state, candidates must achieve a score of 75 or more in each Part of the examination.
Each examination score is based on 100 points. **If all sections of an examination are not taken, a score of "0" will be recorded for that specific examination.**

SCORING SYSTEM FOR RESTORATIVE PATIENT BASED AND SIMULATED PATIENT PROCEDURES

CRDTS and other testing agencies have worked together on a national level to draft and refine the performance criteria for each procedure in this examination. For the majority of those criteria, gradations of competence are described across a 4-level rating scale. Those criteria appear in this manual and are the basis of the scoring system. Those four rating levels may be generally described as follows:

SATISFACTORY

The treatment is of good to excellent quality, demonstrating competence in clinical judgment, knowledge and skill. The treatment adheres to accepted mechanical and physiological principles permitting the restoration of the tooth to normal health, form and function.

MINIMALLY ACCEPTABLE

The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge and skill to be acceptable; however, slight deviations from the mechanical and physiological principles of the satisfactory level exist which do not damage the patient nor significantly shorten the expected life of the restoration.

MARGINALLY SUBSTANDARD

The treatment is of poor quality, demonstrating a significant degree of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry, which if left unmodified, will cause damage to the patient or substantially shorten the life of the restoration.

CRITICALLY DEFICIENT

The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry. The treatment plan must be altered and additional care provided, possibly temporization in order to sustain the function of the tooth and the patient's oral health and well-being.

In Part V, a rating is assigned for each criterion in every procedure by three different examiners evaluating independently. Based on the level at which a criterion is rated by at least two of the three examiners, points may be awarded to the candidate. In any instance that none of the three examiners' ratings are in agreement, the median score is assigned. However, if any criterion is assigned a rating of ***critically deficient*** by two or more of the examiners*,* ***no points are awarded for that procedure or for the Examination Part***, even though other criteria within that procedure may have been rated as satisfactory. A description of Part V and the number of criteria that are evaluated for the procedures in Part V appears below:

Part V: RESTORATIVE PATIENT-BASED EXAMINATION– 100 Points

The Restorative Patient Based Clinical Examination consists of four procedures as specified below; for the posterior procedure, candidates may choose to place a Class II Amalgam or a Class II Composite:

Class II Amalgam Preparation	12 Criteria
Class II Amalgam Finished Restoration	8 Criteria*
OR	
Class II Composite Preparation	11 Criteria
Class II Composite Finished Restoration	8 Criteria*OR
Class II Composite Slot Preparation	9 Criteria
Class II Composite Slot Restoration	8 Criteria*

AND

Class III Composite Preparation	7 Criteria
Class III Composite Finished Restoration	9 Criteria*

* 1 category split into 2 for clarity; scored as 1 criteria

Part V: RESTORATIVE SIMULATED PATIENT EXAMINATION – 100 Points

The Simulated Patient Restorative Clinical Examination consists of four procedures as specified below; for the posterior procedures, the candidate may choose to prepare/place a Class II Amalgam or a Class II Composite:

One Class II Composite or Amalgam Preparation	11/12 Criteria
One Class II Composite* or Amalgam Restoration	8/8 Criteria
AND	
One Class III Composite Preparation	7 Criteria
One Class III Composite Finished Restoration	9 Criteria*

To compute the score for each individual procedure, the number of points the candidate has earned for each criterion is totaled, divided by the maximum number of possible points for that procedure and the results are multiplied by 100. This computation converts scores for each procedure to a basis of 100 points. Any penalties that may have been assessed during the treatment process are deducted **after** the total score for the Examination Part has been converted to a basis of 100 points.

PENALTY DEDUCTIONS

Throughout the examination, not only clinical performance will be evaluated, but also the candidate's professional demeanor will be evaluated by Clinic Floor Examiners. A number of considerations will weigh in determining the candidate's final grades and penalties may be assessed for violation of examination standards, as defined within this manual, or for certain procedural errors as described below:

Any of the following may result in a deduction of points from the score of the entire examination Part or dismissal from the exam in any of the clinical procedures:

1. Violation of universal precautions (1 point) or infection control; gross asepsis; operating area is grossly unclean, unsanitary or offensive in appearance; failure to dispose of potentiallyinfectious material and clean the operatory after individual examinations (10 points)
2. Poor Professional Demeanor – unkept, unclean, or unprofessional appearance (1 point); inconsiderate or uncooperative with other candidates, examiners or testing site personnel (10 points)
3. Poor Patient Management--disregard for patient welfare or comfort; inadequateanesthesia* (10 points)
4. Improper management of significant history or pathosis* (10 points)
5. Inappropriate request for extension or modification* (10 points)
6. Unsatisfactory completion of required modifications* (10 points)
7. Improper Operator/Patient/Manikin position (1 point)
8. Improper record keeping (1 point)
9. Improper treatment selection*

Restorative Treatment Selection Penalty Points*

a. Penalty points are assessed for Treatment Selections that do not meet the describedcriteria

b. 5 penalty points for 1st rejection on either procedure
c. No additional penalty points deducted for subsequent rejections but an acceptableTreatment Selection must be submitted within the allotted time limits

10. Improper liner placement* (10 points)
11. Inadequate isolation* -The isolation dam is inappropriately applied, torn and/or leaking,resulting in debris, saliva and/or hemorrhagic leakage in the preparation, rendering thepreparation unsuitable for evaluation or the subsequent manipulation of the restorative material. (1 point)
12. Corroborated errors for Treatment Management criteria on all Restorative procedures

The following infractions will result in a loss of ***all*** points for the entire examination Part:

1. Temporization or failure to complete any preparation or final restoration*
2. Violation of Examination Standards, Rules or Guidelines
3. Treatment of teeth or surfaces other than those approved or assigned by examiners
4. Gross damage to an adjacent tooth
5. Failure to recognize an exposure
6. Unavoidable mechanical exposure which is poorly managed or irreparable
7. Unjustified or irreparable mechanical exposure
8. Critical Lack of Diagnostic/Clinical Judgment Skills – This penalty would be applied when theprognosis of the treatment and/or the patient's well-being is seriously jeopardized. Examples include but are not limited to:
    a. Inability to differentiate between caries and a pulpal exposure
    b. Inability to carry out instructions for modifications that any competent practitioner should be able to complete
    c. Failure to recognize the need for a critical alteration of the preparation beyondthe assigned surfaces, such as a fracture or defect that must be eliminated by the extension of the preparation
    d. Administration of anesthesia before approval of Medical History by Clinic Floor examiners*

The penalties or deficiencies listed above do not imply limitations, since obviously some procedures will be classified as unsatisfactory for other reasons, or for a **combination** of several deficiencies. Corroborated errors for the treatment management criteria for each Restorative procedure – Simulated Patient and Patient-based will be deducted as penalty points from the part total. If any restorative procedure is unacceptable for completion during the patient-based examination, any preparations must be temporized, the patient must be adequately informed of any deficiencies, and a "Follow-up Form" must be completed.

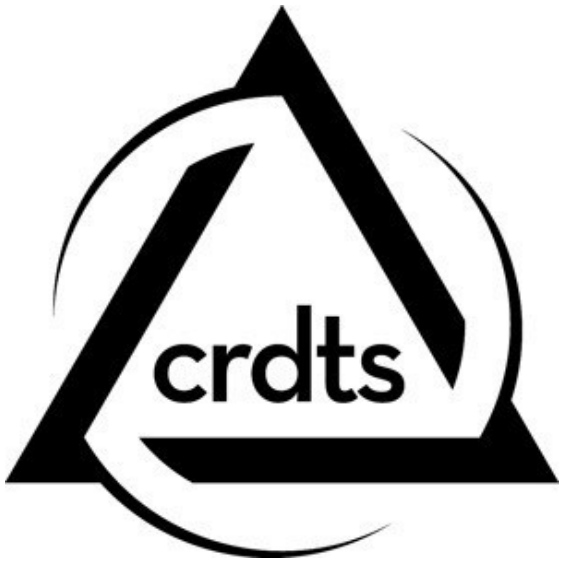
*** - Patient-based penalties only**

Professional Conduct – All substantiated evidence of falsification or intentional misrepresentation of application requirements, collusion, dishonesty, or use of unwarranted assistance during the course of the examination shall automatically result in failure of the entire examination by any candidate.
In addition, there will be no refund of examination fees and that candidate cannot apply for re- examination for one full year from the time of the infraction. Any of the following will result in failure of the entire examination:

a. Falsification or intentional misrepresentation of application requirements
b. Cheating (Candidate will be dismissed immediately)
c. Any candidate demonstrating complete disregard for the oral structures, welfare of the patient and/or complete lack of skill and dexterity to perform the required clinical

procedures

d. Misappropriation of equipment (theft)
e. Receiving unwarranted assistance
f. Alteration of examination records and/or radiographs



RESTORATIVE PATIENT-BASED PROCEDURES

PART V: RESTORATIVE EXAMINATION – 100 Points
PATIENT-BASED CONTENT

The Restorative Examination is a stand-alone examination that will be administered on the same day as the Periodontal Examination. The Restorative Examination consists of four sections, as follows:

PART V: RESTORATIVE EXAMINATION

Class II Amalgam –Preparation
Class II Amalgam – Restoration
OR
Class II Composite –Preparation
Class II Composite – Restoration
OR
Class II Slot Composite- Preparation
Class II Slot Composite - Restoration
AND
Class III Composite –Preparation
Class III Composite – Restoration

GENERAL REQUIREMENTS

1. **Patient Selection:** For patient-based procedures, candidates must furnish their own patients. Patient selection and management is an important part of the examination and should be completed independently, without the help or assistance of faculty or colleagues.
   It is imperative that all assigned procedures be completed; incomplete procedures cannot be evaluated. Therefore, another consideration in patient selection is the cooperative attitude of the patient. Avoid selecting patients who are apprehensive, hypersensitive, have physical limitations or cannot remain until the examination is completed. Candidates must advise their patients of the time required to participate in this examination and ascertain that their patient is available for the entire day.

2. **Patient Management: Significant Medical History and Pathosis:** The candidate and assisting auxiliary must behave in an ethical and proper manner towards all patients. Patients shall be treated with proper concern for their safety and comfort. The candidate shall accurately complete the appropriate medical history form and establish a diagnosis and treatment plan as required for each selected patient. The patient's health status must be acceptable for clinical treatment and the lengthy examination process. Misinformation or missing information that would endanger the patient, candidate, auxiliary personnel, or examiners is considered cause for appropriate action including dismissal from the examination.

3. **Patient Acceptability Requirements - General & Medical History:** A medical history form must be completed for all clinical patients who are present for the examination. This form may be completed prior to the examination date; however, a medical history that reflects the patient's current health must be presented to the examiners at the time of patient check-in. All positive responses must be explored by the candidate with the patient and adequately explained on the Medical History.

   A screening blood pressure reading should be taken when the patient is selected and must be retaken the day of the examination. In addition, on the day of the examination the candidate must also update all medications, pills or drugs both prescription and non-prescription consumed within the last 24 hours.

If a patient requires antibiotic premedication, it must be documented on the Progress Folder before patient check-in. If conditions indicate an alteration in treatment procedures or a need to consult the patient's physician, the candidate must obtain the necessary written clearance before the patient is accepted. In order to be accepted for treatment, patients must meet all of the following criteria:

a. Minimum patient age is 16 years.
b. No patient may be a dentist, dental hygienist, dental student or dental hygiene student.
c. Have a blood pressure reading of 159/94 or below to proceed without medical clearance. Patients with a blood pressure reading between 160/95 and 179/109 will be accepted only with **written clearance** from the patient's physician. Patients with a blood pressure reading greater than 180/110 will not be accepted for this examination even if a consult from a physician authorizes treatment.
d. Candidates who are sharing a patient with a need for antibiotic prophylaxis must treat the patient the same clinical day. Treatment of the same patient on subsequent clinical days will not be permitted.
e. No heart attack, stroke or cardiac surgery within the past six months.
f. Any cardiac or organ transplant requires a physician's consultation.
g. No active tuberculosis. A patient who has tested positive for TB, or is being treated for TB, but does not have the clinical symptoms is acceptable.
h. No chemotherapy treatment within the last 6 months.
i. No history of taking IV **bisphosphonate medications** for the Periodontal Examination. Generally no history of taking IV administered bisphosphonate medications for the Restorative Examination (with the exception that taking the approved annual IV dosage for osteoporosis is acceptable). Patients currently taking or who have a history of taking orally administered bisphosphonates may sit for both Restorative and Periodontal procedures, however, it is recommended that the diagnosing physician be consulted concerning any risk factors associated with the patient's condition.
j. No active incidence of bisphosphonate osteonecrosis of the jaw (BON), also known as osteochemonecrosis or, osteonecrosis of the jaw – ONJ
k. No condition or medication/drug history that might be adversely affected by the length or nature of the examination procedures.
l. Patients with latex sensitivity must have a sticker placed on the top left-hand corner of the Progress Form for that procedure. Contact a CFE for the appropriate sticker.
m. Any item on the Medical History with a "YES" response could require a Medical Clearance from a licensed physician if the explanation section indicates the possibility of a significant systemic condition that could affect the patient's suitability for elective dental treatment during the examination.

    Candidates must follow the 2014 American Heart Association **antibiotic premedication** recommendations when treating patients at potential risk of infective endocarditis following dental treatment. A Medical Consult may be indicated to determine the patient's potential risk of infective endocarditis.

    Additionally, candidates must follow 2015 AAOS (American Association of Orthopedic Surgeons) recommendations when treating patients with joint replacements/concerns unless the physician provides a consultation note indicating premedication is not needed.

Medical clearance, if necessary, must include:

- A legible statement from a physician written within 30 days of the examination clearly stating the medical concern.
- A positive statement of how the patient should be managed.
- The practitioner's name, address and phone number

The Medical History and any physician's statement will be reviewed by a Clinic Floor Examiner for the Restorative Clinical Examination and Periodontal Clinical Examination and must accompany the patient when the treatment procedure is submitted for evaluation. If the patient sits for more than one candidate, a copy of the Medical History and Consent Form must be available for each procedure and records.

4. **Treatment Consent:** A Consent Form (Consent for Performance of Dental Procedures) is provided by CRDTS and must be completed for each clinical patient. Patients under the age of legal consent for the state in which the examination is being given must have the Consent Form signed by the parent or guardian. Only the candidate **number** should be recorded on the Consent Form; the candidate's name may be added after the examination is completed and **before** the packet is turned in.

5. **Anesthetic Record:** An anesthetic record is included in the candidate's Progress Form. Candidates are not allowed to administer anesthesia until authorization has been received and a Clinic Floor examiner has reviewed the medical history and approved anesthesia. **At the time of the starting check for each clinical procedure requiring anesthesia, either restorative or periodontal, the anesthetic information - must be indicated on the record.** The record requires information as follows: The Type(s) of Injection pertains to the specific block and/or infiltration administered, including non-injectable subgingival anesthetics. The Anesthetic(s) relates to the brand name used. The Vasoconstrictor, if present, must specify the type and concentration. The Quantity is specific to volume. If more than two carpules (approximately 3.4 cc.) of local anesthetic are needed during any clinical procedure, the candidate must request approval from the Clinic Floor Examiner who will document and initial the request. This protocol must be followed for each subsequent carpule. An aspirating syringe and proper aspirating technique must be used for the administration of local anesthesia. Please be sure to complete the quantity actually administered prior to submitting patient to the evaluation area.

6. **Premedication Record:** A record must be noted for every patient who requires premedication prior to or during the course of the examination. For each patient treatment procedure, there is a place on the Health History Form to record the type of medication administered and the dosage. In addition to premedication, ***all medications taken within the last 24 hours—***both prescribed and over-the-counter— must be recorded.

7. **Analgesia:** The administration of inhalation analgesia or parenteral sedation is not permitted for any clinical procedures.

8. **Radiographs:** The radiographs, which are appropriate for each part of the examination, must demonstrate sufficient contrast to clearly reveal the extent of caries and other pathoses. Initial submission of radiographs (film or digital prints) of poor quality will result in a request for a new radiograph. If a subsequent required retake radiograph is not of diagnostic quality there will be a point deduction. If a third radiograph is not of diagnostic quality, the examination is stopped. Additional radiographs may be required by the examiner during the course of the examination. The radiographic films or digital views used in the examination may be collected at the end of the examination (either separately or on a disk) and become the property of the testing agency. Lack of, or alteration of radiographs or digital prints will result in failure of the examination.
   Post-operative radiographs or digital prints are not routinely required. However, a post-operative radiograph may be requested at any time at the discretion of the examiners in the Evaluation Station or a Clinic Floor Examiner. Any radiographs requested by a candidate after the start of a procedure must be approved and documented by the Chief Examiner.

9. **Digital Radiography:** Candidates may present these images on premium quality photo paper or a monitor view, if available. Candidates are required to check with the site to determine availability, upload and

presentation requirements for monitor views. The school will provide a disk of all exam images at the completion of the exam.

As a back-up, it is suggested that candidates have printed copies of the digital images available. If images are printed, the following requirements apply:

a. The films/images must be of diagnostic quality and unaltered. Enhancements that do not alter the data in the file of the original radiographic exposure are acceptable. Any alterations to the original file data would be considered fraudulent.
b. For restorative procedures, periapicals and bite-wings must be non-distorted images printed on premium quality photo paper. If possible, more than one image may be placed on the sheet of photo paper.
c. A complete mouth series of digital radiographs must be printed on 8½" x 11" premium quality photo paper.
d. A regional school must verify the unaltered authenticity of the image(s) with an official seal on the photo paper of the radiographs. Incoming practitioners who are not associated with a dental school must submit a signed, dated statement on the back of or with their radiographs attesting that the images are unaltered. Example: "I hereby attest that this reproduction of digital radiographs is a copy of the original, unaltered exposure, and I agree that any subsequent evidence to the contrary will constitute a violation of CRDTS' examination guidelines".
e. The patient's name, the date of exposure and the candidate's ID number must be written on the page.

10. **Communications from Examiners:** Clinic Floor Examiners are available to help facilitate the examination process. If you have any questions about any part of exam, ***please do not hesitate*** to confer with a Clinic Floor Examiner.

    Candidates may receive written instructions ("Instructions to the Candidate" form) from the Restorative Examiners to modify their treatment. If so, the candidate must ***immediately*** summon a Clinic Floor Examiner **prior to** carrying out any of the instructions. Candidates should not make the assumption that they have failed. The procedure may be acceptable even though modification is indicated. Conversely, candidates who receive no instructions to modify procedures may not necessarily assume their performance is totally satisfactory or will result in a passing grade. It is possible to have a deficient preparation which cannot be modified for the purposes of the examination. Such a preparation, while deficient in terms of CRDTS evaluation criteria, may still support a finished restoration without seriously jeopardizing the immediate prognosis of the treatment. In every instance, each procedure is evaluated as it is presented rather than as it may be modified. The examiner ratings are not converted to scores until after the examination is completed and all records are processed by computer. Examiners at the examination site do not know and cannot provide information on whether a candidate has passed or failed a specific Examination.

11. **Infection Control:** Candidates must follow all infection control guidelines required by the state where the examination is taking place and must follow the CDC's *Guidelines for Infection Control in Dental Health-Care Settings – 2003* (CDC MMWR: December 19, 2003, Vol. 52, No. RR-17.)
    (www.cdc.gov/oralhealth/infectioncontrol/guidelines)

    The current recommended infection control procedures as published by the CDC must be followed for the Endodontics, Fixed Prosthodontics, Periodontal and Restorative Examinations. These procedures must begin with the initial setting up of the unit, continue throughout the examinations and include the final cleanup of the operatory. It is the candidate's responsibility to assure that both the candidate and his/her auxiliary fully comply with these procedures. Failure to comply will result in loss of points and any violation that could lead to direct patient harm will result in termination of the examination and loss of all points.

PART V: RESTORATIVE PROCEDURES

Requirements Specific to the Patient-based Restorative Examinations

General

Required Procedures: Candidates may choose to place either a Class II Amalgam or Class II Composite in addition to the Class III Composite Preparation. The Class II Composite must be ***placed*** under a rubber dam.

Restorative Instruments: A clear, unscratched, front-surface, non-disposable, #4 or #5 mouth mirror (mouth mirrors that are clouded, tinted, or unclear will be rejected), a ***sharp*** traditional Shepherd's Hook-type explorer and a periodontal probe with 1mm markings are required for the restorative examination and must be provided by the candidate.

Recontouring: No recontouring of adjacent teeth or restorations will be permitted without prior approval. Candidates may request to recontour restorations on adjacent teeth from the CFE.The CFE will initial the progress form if recontouring is approved. Candidates are not permitted to request to recontour until **after** the preparation has been evaluated. Once recontouring is completed, the candidate will request the same CFE evaluate the finished procedure.

Post-op Radiographs: Post-operative radiographs are not required. However, a post-op radiograph may be requested at any time at the discretion of Restorative Examiners or Clinic Floor Examiners. The radiograph should be mounted, meet the same criteria as specified for pre-op radiographs, and returned to the requesting examiner for evaluation.

Caries Detection Agents: Caries detector liquid may be used. If used it must be completely removed prior to the submission of the preparation for evaluation.

Standardized Floss: CRDTS will provide standardized, approved floss for evaluation of the interproximal contact on the Class III Composite Restoration:
POH LiteWax Percept 630 Black Floss sachets
Go to www.oralhealthproducts.com for more information.

Patient/Treatment Selection and Approval (Start Checks)

Patient selection is very important. If the candidate is unable to complete a procedure due to patient management problems, the procedure cannot be evaluated and no credit will be assigned.

Candidates may receive start checks for both procedures on the same patient. Candidates must complete their first procedure, submit it for evaluation and complete any instructions prior to beginningthe second procedure. Candidate with 2 patients cannot receive start checks for both procedures at the same time. Five penalty points will be deducted from the overall Part V score for the first rejection on each procedure; no further points will be deducted for subsequent rejections, although deadlines and time constraints must be considered. **Candidates may indicate an alternate treatment selection onthe same patient on the back of the Progress Form for that particular procedure.**

It is strongly suggested that substitute patients be available so that in the event the first patient is not accepted, the substitute patient may be called. When using a substitute patient, the candidate is required to complete the examination in the remaining scheduled time **including completion of**

medical and dental charts and radiographs. The criteria for tooth selection outlinedin this Manual are the **guidelines** utilized by examiners for the approval of treatment selection. However, it must be recognized that criteria cannot cover every possible condition that may exist in each situation. Examiners must also be guided by time factors, limitations of the examination setting, and reasonable consistency among candidates in the cases being treated. The examiners must make the final decision for approval of treatment selection.

All treatment selections must be approved by at least one (1) Examiner; two examiners are required for a treatment selection to be rejected. A Clinic Floor Examiner will be the first to evaluate each treatment selection. If the Clinic Floor Examiner should determine that the first treatment selection does not meet the criteria, the patient must be sent to the Evaluation Station for evaluation by a second examiner. If the first treatment selection is disapproved by two examiners, the alternate treatment selection, if indicated, will be evaluated while the patient is in the Express Chair.

If the alternate treatment selection is rejected by two examiners, the patient will be returned to the candidate and additional treatment selections may be presented on the same patient or on a new patient; a new Progress Form must be completed. If the candidate has presented treatment selections for both procedures on the same patient and one of them is rejected, the candidate may proceed with the approved lesion, then present a treatment selection for the 2nd procedure later. Under no circumstances can anesthetic solution be administered prior to assignment.

The candidate should set up at least 15 minutes before the examination begins and have all materials prepared for examiners to begin starting checks promptly. The candidate may request only one starting check at a time, unless both lesions are on the same patient, then they may request both start checks. The candidate must carry the procedure through to the appropriate stage of completion before beginning the second procedure.

Treatment Selection Exclusions:

- Pulpal pathology or endodontic treatment
- Facial veneers
- Mobility of Class III or more
- Mesial surface of mandibular first premolars
  (Distal surface is acceptable for Class II amalgam and Class II composite)
- Distal surface of canines is allowed for Class III composite only, not Class II

For approval of tooth selection, the candidate will present:

1. Completed Medical History
2. Radiographs (bitewing and periapical no more than 6 months old) which depict the current condition of the tooth and surrounding structures, properly presented and either attached to the Progress Form or viewed on a monitor
3. Tooth # and type of restoration circled on the Progress Form, outline existing restoration(s). A CFE will note the size of the lesion
4. The anesthetic record filled out on the Progress Form (but no anesthetic administered)
5. Mirror, sharp explorer, cotton pliers, periodontal probe
6. Articulating paper and holder

Radiographs

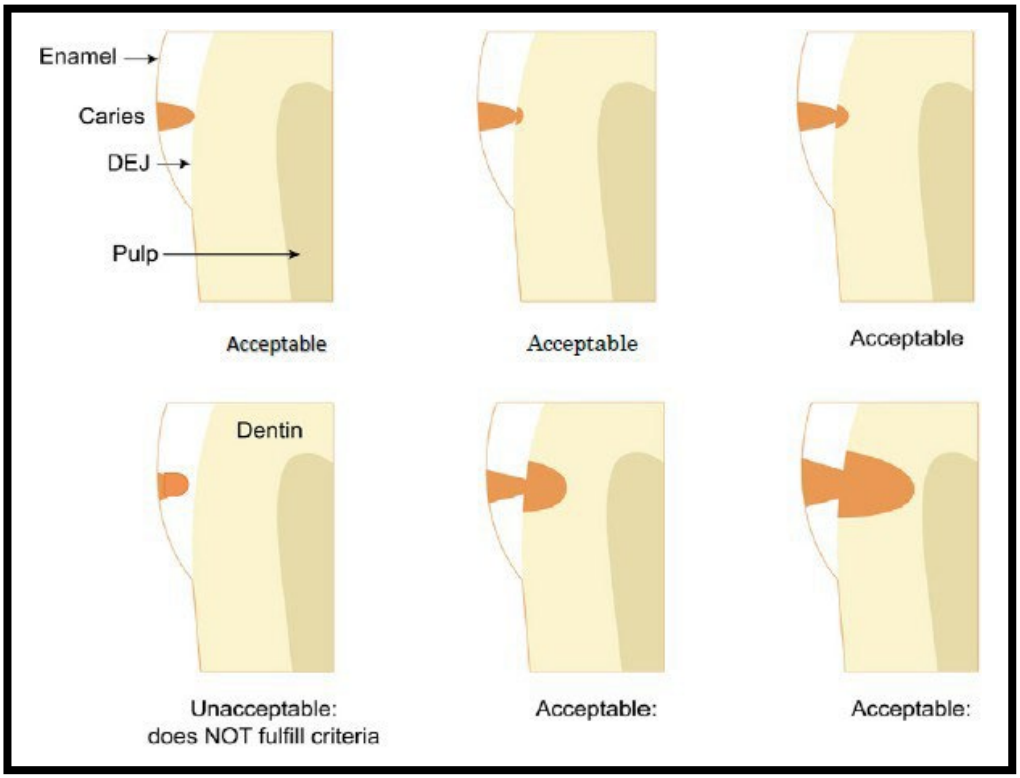
A periapical and a bitewing radiograph of the tooth selected for the Class II procedures must be presented at the time the treatment selection is presented for approval; only a periapical radiograph is required for the Class III composite procedure. The pre op films must be of diagnostic quality. The periapical radiograph must include the entire crown of the tooth and at least 2 mm beyond the apex. For the Class II procedure, both the mesial and distal contacts must be open on the tooth selected for

treatment in either the periapical or the bitewing radiograph. For the Class III procedure, only the contact on the surface selected for treatment must be open on the radiograph

If necessary, more than one radiograph may be submitted to satisfy these requirements. The radiographs cannot be more than 6 months old and must depict the **current clinical condition of the tooth** to be treated as well as surrounding teeth. That is, there must have been no treatment between the time of taking the radiograph and the CRDTS' examination that would alter the situation depicted in the radiograph. Duplicate radiographs of diagnostic quality are acceptable.

At the examination, the films must be printed on premium quality photo paper mounted/presented according to ADA procedures. Conventional films should be attached to a Progress Form provided by CRDTS. Digital radiographs may either be printed and attached to the Progress Form or be presented on monitors within the clinic and must also be available in the evaluation area. These radiographs must be turned in at the end of the examination, either attached to the Progress Form or on a disk, labeled with candidate ID; these will become the property of CRDTS.

The illustrations which appear below help define acceptable and unacceptable radiographic images of primary lesions. Radiographic appearance of caries must extend to the DEJ or beyond and/or there must be evidence of dentinal penetration.



Modification Requests

If during the preparation the tooth indicates a need for a significant change from the criteria outlined for Satisfactory, the candidate should make modification request(s) **prior to performing them.** The preparation **must** be prepared to the Satisfactory criteria and all pre-existing restorative material must be removed before submitting the first Modification Request. If removal of the pre-existing restorative material might result in a direct or indirect pulp exposure, refer to Indirect Pulp Cap Request/Policy section of the Manual. Requests to extend the preparation to an MOD or to place different material than the approved Treatment Selection must be made utilizing the Modification Request process. Exceptions include: modification to extend the proximal box because of tooth rotation or position. These do not require a request for modification but are listed in the Notes to Examiners area at the bottom of the Progress Form and must be initialed by a CFE. Each modification needs to be numbered and listed separately with the time noted and

a brief explanation of the proposed modifications. The request to modify should include:

What: (Type of modification)
Where: (gingival axial line angle, mesial box) *See Illustration below*
Why: (due to caries, decalcification)
How much: (reference back to either ideal or to the start)

The request should be shown to a Clinic Floor Examiner who will direct the candidate through the authorization process for modifications; all requests for modifications will be placed under a rubber dam and sent to the Express Chair in the Evaluation Station. There will be one or more Express Chairs reserved in the Evaluation Station to process requests for modifications. When the patient is sent to the Evaluation Station, it must be made clear at the Exam Desk that the patient is there for the Express Chair.

If the candidate feels a finger extension is appropriate and/or necessary to eliminate marginal decalcification, such a modification should also be submitted for approval. **If the candidate anticipates or experiences a pulpal exposure, the Clinic Floor Examiner should be notified at once**.

Example Modification Request

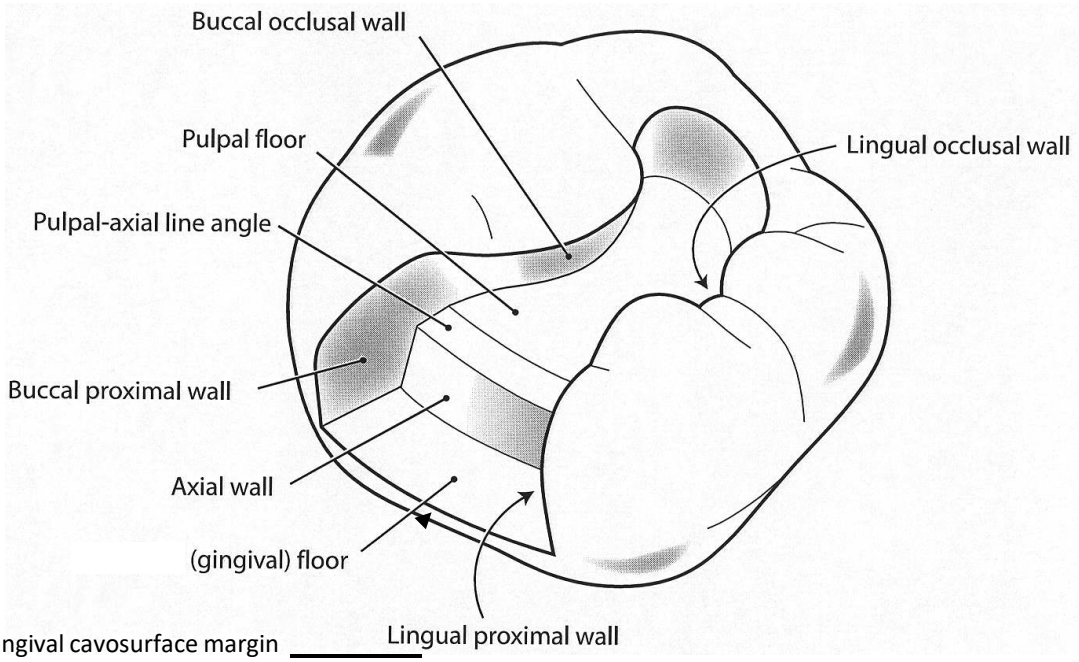
Modification Request # 1
What: Extend
Where: axial wall
Why: remove caries
How Much: .5 mm
☐ **Granted** ☐ **Not Granted**

The examiners will record on the Modification Request Form whether the request is granted or not granted and forward notification to the candidate.

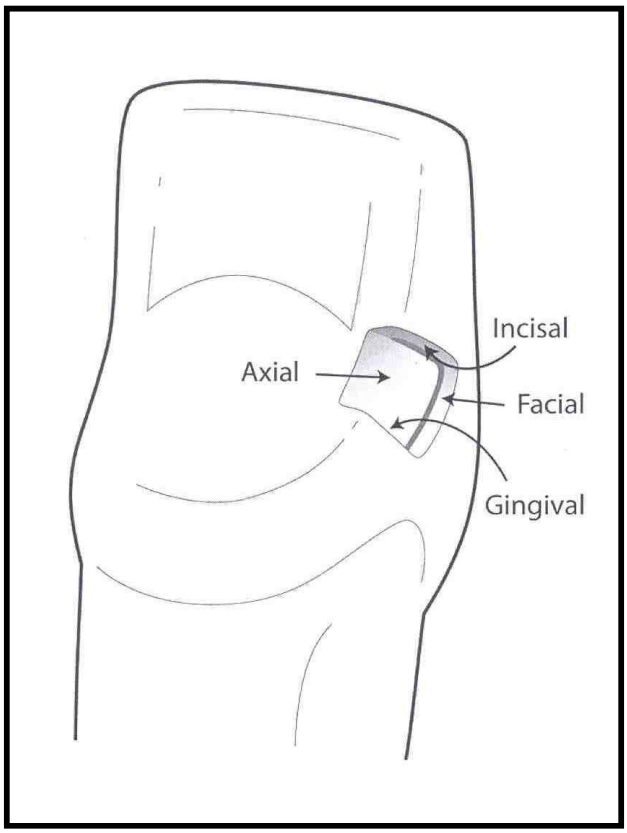
Carefully review the criteria for modification requests. Inappropriate requests for modification(s) will result in a small penalty for each modification not granted. Requests for a modification for removal of caries when no stain, caries or decalcification exists will receive a larger penalty. Modifications that have been approved and appropriately accomplished will not result in any penalties. **Regardless of whether the modification is granted or not granted, the candidate must complete the preparation and send the patient to the Evaluation Station for evaluation of the final completed preparation.** The copy of the modification request form that is returned to you must be submitted with your Preparation Evaluation form.

If more than one modification is anticipated at any time, it is to the candidate's advantage to submit them on the same form as no additional time is provided for evaluation of modification requests and multiple submissions may significantly decrease treatment time. Candidates will submit their copy of the Modification Request Form with their Finished Restoration Forms.

Terminology for Modification Requests
Amalgam & Posterior Composite Preparations



Composite Preparation



Instructions to Candidates

When the patient returns from the Evaluation Station, if the candidate does not receive an "Instruction to the Candidate" form, the candidate should continue to the next step of the treatment. If the candidate does receive an "Instruction to the Candidate" form, **the candidate must inform the Clinic Floor Examiner before proceeding** and follow the instructions that have been issued. **The Clinic Floor Examiner must evaluate the performance of the candidate, per the instructions, and initial the "Instructions to the Candidate" form when the instructions have been satisfactorily completed.**

Evaluation of Restorative Procedures

Preparations

With the isolation dam in place, the patient is sent to the Evaluation Station for evaluation of the preparation. On an instrument tray, the candidate should send:

1. Completed Medical History Form
2. Completed Restorative Progress Form – including anesthetic dose
3. Modification Request Forms, if any
4. a mirror
5. sharp explorer
6. a metal periodontal probe with 1mm markings,
7. cotton pliers
8. air/water syringe tip (if removable),
9. radiographs

There are deadlines for preparations and restorations to be presented for final evaluation, as specified in the discussion of the Restorative Examination under **SCHEDULE/DATES**. The second preparation must be presented at least one hour prior to the end of the Restorative Examination.

Isolation dam

1. A standard isolation dam should be used in all instances where an isolation dam is required. The Posterior Composite must be ***placed*** under an isolation dam. Cavity preparations may be made with or without the isolation dam.
2. All cavity preparation checks by the examiners for the posterior procedures and anterior composite, ***including modifications,*** will be made with the dam intact, not torn or leaking.
3. Final evaluations for the finished restorations will be made with the isolation dam **removed**.

Finished Restoration

1. The finished restoration must be presented by the required time as specified in the examination schedule or it will not be evaluated. Any wedges placed during treatment must be removed prior to evaluation. On a tray, the candidate should send to the Evaluation Station:
    a. a mirror
    b. sharp explorer
    c. periodontal probe with 1 mm markings
    d. Floss (Class II only)
    e. articulating paper and holder
    f. air/water syringe tip (if removable)
    g. radiographs
    h. completed Medical History Form
    i. completed Restorative Progress Form – check for anesthetic dose

2. If the candidate receives no communication from the Evaluation Station, the patient may be dis- missed. If the finished restoration is NOT acceptable as stated on the "Instruction to the Candidate" form, the candidate must contact a CFE. The restoration will either be requested to be removed and the tooth temporized by the candidate as directed by the Chief Examiner or be allowed to remain as a temporary restoration. The Chief Examiner will advise the candidate as to the decision and will also inform the patient. A follow-up form must be completed by the candidate and Chief Examiner to ensure that the responsibility for further treatment is understood and that the patient will receive the proper care. All post-treatment required as a result of treatment rendered as a part of the examination process is the responsibility of the candidate and done at the expense of the candidate.

Requirements Specific to the Restorative Patient-Based Examination - Class II Procedures-Amalgam and Composite

1. Must be a Class II restoration and the tooth selected for either restoration must be a permanent posterior tooth that meets these requirements:
    - At least one proximal surface being restored must have a primary carious lesion OR a defective Class II restoration:
        a. If a primary carious lesion is present:
            i. it must NOT have been previously excavated
            ii. it must be in contact with a sound enamel surface or a permanently restored surface of an adjacent tooth
        b. If a defective existing restoration is present:
            i. defined as one which exhibits recurrent caries that is radiographically visible or detectable clinically with an explorer.
            ii. it must be in contact with a sound enamel surface or a permanently restored surface of an adjacent tooth
            iii. existing restoration may not include cuspal coverage or replacement
            iv. a digital image or photo on photo paper from an occlusal perspective must be submitted with the radiographs for acceptance and grading.
            v. existing defective restorations must be completely removed before submitting the patient to the Evaluation Station for a modification request or evaluation of the completed preparation.
    - There may be a lesion on the proximal surface of the adjacent tooth provided that there is no breakdown of the contact before or during the preparation that would jeopardize proximal contour or contact of the finished restoration.
    - When in maximum intercuspation, the selected tooth must be in occlusion with an opposing tooth or teeth. Those opposing tooth/teeth may be natural dentition, a fixed bridge, or any artificial replacement thereof with cusp to fossa relationship. Crossbite occlusion that exhibits cusp to fossa relationship is acceptable.
    - A MOD Treatment selection that presents with only one qualifying proximal surface is acceptable:
        a. Proximal contact that is visible both visually and radiographically is acceptable.
        b. If the non-qualifying proximal surface is adjacent to a temporary material, that proximal surface should be restored to proper contour and/or contact
        c. If the non-qualifying proximal surface demonstrates an open contact, that proximal surface should be restored to proper contour
        d. If caries dictates modifying a two-surface preparation to a three-surface preparation, the modified proximal surface, regardless of contact or contour, must be restored to proper contour and/or contact

2. Pre-existing restorations and any underlying liner must be entirely removed and the preparation must demonstrate acceptable principles of cavity preparation. A MOD treatment selection must have at least one proximal contact to be restored. In the event of a defect **that would qualify as an acceptable lesion** on the opposite proximal surface from the qualifying surface, the treatment plan must be a MOD unless there is an intact transverse ridge or oblique ridge.
3. Proximal contact is a critical part of the evaluation and the candidate should be aware that the examiners will be checking the contact visually and with approved, standardized dental floss. Field trials have indicated that most amalgams can withstand floss being passed through the contact within30 minutes after the matrix band has been removed. For either procedure, the candidate should be familiar with the properties of the material being used, and should be sure to allow sufficient time for any material requirements (i.e., amalgam set time) before sending the finished restoration to the Evaluation Station.
4. Slot Preparations are an acceptable treatment selection for the Class II Restorative Procedures. It is the candidate's responsibility to check with the State Board for licensure regarding their statute / rules for this procedure as not all State boards allow a slot preparation for licensure. In order for a lesion to qualify for a slot preparation, it must meet the following criteria:
    a. The occlusal grooves cannot be carious. The occlusal surface cannot have a cavitation or exhibit shadowing under the enamel surface.
        i. Grooves which are stained are not considered carious and can qualify for a slot preparation.
    b. There cannot be an existing occlusal restoration or sealant.
    c. Any tooth may have an existing restoration or lesion on the opposite surface if the oblique/transverse ridge remains intact. This includes mesial restorations on mandibular 1st premolars.
    d. If, upon preparation, it becomes evident that the occlusal grooves are carious or exhibit uncoalesced enamel contiguous with the preparation, a modification request to extend to include the occlusal surface is required. Extension to include the occlusal grooves without a modification request will be considered preparation of the wrong surface and will result in the failure of the Restorative Procedures
    e. Please obtain a sticker from a CFE at Treatment Selection approval to place on the Posterior Composite Progress Sheet if a slot preparation is planned.
    f. Should the lesion require a Class II Posterior Composite be placed, the CFE will place another sticker over the “Slot” sticker for submission to the evaluation area.
5. A developed and mounted post-operative bitewing <u>may</u> be requested at any time at the discretion of a Restorative Examiner or Clinic Floor Examiner.
6. The candidate must decide if a treatment **liner** is indicated <u>prior to</u> sending the patient to the Evaluation Station for the preparation check. If a liner is to be placed, the candidate must indicate the placement of a liner in the Notes to Examiners section of the appropriate Progress Form & contact a CFE.
   In some instances, examiners may request that the candidate place a liner via an Instruction to Candidate form, but the candidate incurs no penalty for not requesting a liner. If the candidate has been directed to place a liner via an Instruction to Candidate form, the placement of the liner must be checked by the CFE.
    a. <u>Definition of Bases and Liners</u>
        i. <u>Cavity Sealers:</u> provide a protective coating for freshly cut tooth structure of the prepared cavity.
        ii. <u>Cavity Liners</u>: Resin or cement coating of minimal thickness (usually less than 0.5 mm) to achieve a physical barrier and/or therapeutic effect (a chemical effect that in some way benefits the health of the tooth pulp). Examples include Dycal, Life, Cavitec, Hydroxyline, Vitrebond, and Fuji Lining LC.

iii. Cavity Bases: A replacement material for missing dentinal tooth structure, used for bulk buildup and/or for blocking out undercuts.

b. Placement Criteria
   i. The liner must be placed only in those pulpal and/or axial wall areas that deviate from established ideal depth.
   ii. The liner must not be placed on enamel or within 1.0 mm of any cavosurface margin.
   iii. The liner must not compromise the internal retentive and resistant features of the cavity preparation.
   iv. The liner must not be subject to dislodgment during placement of the permanent restoration.
   v. Placement must reflect consideration of limitations of the materials used.

INDIRECT PULP CAP

1. At least one Modification Request to remove decay must be granted and completed prior to requesting placement of an indirect pulp cap
2. All decay must be removed except the area of imminent pulp exposure
3. Ask for an indirect pulp cap by using Modification Request form:
   a. What: Indirect pulp cap
   b. Where: indicate location
   c. Why: to prevent frank pulp exposure
   d. No other Modification Requests can be included with this request
4. Request is either approved or denied by the Express Chair
   a. If the Request is denied the penalties may be issued and the candidate will receive a notice that the request has been denied.
   b. If the Request is approved, the candidate will receive an Instruction to Candidate form with instructions to place an indirect pulp cap
   c. The completion of the procedure is managed by CFE's on the floor, any unsatisfactory results will be sent back to Express Chair
5. If a requested indirect pulp cap is approved, no further exploration or modification can occur to any part of the preparation and once placed, checked/approved by a CFE, the preparation must be immediately sent to the evaluation area for final evaluation.
6. Placement of an indirect pulp cap without submission of a prior Modification Request to remove decay will result in failure of the examination.

Requirements Specific to the Restorative Patient-Based Examination- Class III Composite Procedure

1. The composite must be a Class III restoration. The tooth selected for the composite restoration must be a permanent anterior tooth that meets the following requirements:
    - at least one proximal primary carious lesion which shows no signs of previous excavation and radiographically or clinically appears to extend at least to the DEJ (see illustrations under the posterior procedure requirements).
    - a defective existing restoration is present
        - defined as one which exhibits recurrent caries that is radiographically visible or detectable clinically with an explorer.
        - digital image or photo on photo paper of the existing restoration must be submitted with theradiographs for acceptance and grading.
        - existing defective restorations must be completely removed before submitting the patient to the Evaluation Station for a modification request or evaluation of the completed preparation.
    - visually closed contact with the adjacent tooth on the proximal surface to be restored, although the area to be restored may or may not be in contact.
    - The approximating contact of the adjacent tooth must be natural tooth structure or restored with a permanent restoration.
    - There may be a lesion on the proximal surface of the adjacent tooth provided that there is no breakdown of the contact before or during the preparation that would jeopardize proximal contour or contact of the finished restoration.
        - Occlusion may or may not be present.
        - Single-sided (mesial/distal) restorations are acceptable.

2. Lesions which may initially be described as Class IV will not be accepted. However, Class III lesions that may require modifications resulting in Class IV restorations are acceptable.

3. Surface sealants will not be placed on the finished composite restoration.

4. Proximal contact is a critical part of the evaluation and the candidate should be aware that the examiners will be checking the contact with approved standardized dental floss provided by CRDTS.

   It is recommended that all wedges be removed **well before** the finished restoration is submitted to the Evaluation station. A developed and mounted post-operative bitewing may be requested at any time at the discretion of a Restorative Examiner or Clinic Floor Examiner.

Retest: Part V - Patient-based Restorative Examination

A score is reported for each of the Parts of the CRDTS dental examination. If one or more Parts are failed, all procedures in that Part must be retaken, **not** just the procedures with deficient performance with the exception of the Part V – Restorative Patient Based Procedures. If the 2nd procedure is not completed successfully, candidates will only need to retake that particular procedure upon retest. Should the candidate be unsuccessful on the first Restorative Procedure, both procedures will need to be retaken at a later date.

Candidates will have 6 hours to complete both procedures; candidates retaking only 1 Patient-based Restorative Procedure will have 3 hours to complete that procedure; appropriate end-of-examination deadlines apply, regardless of start time.

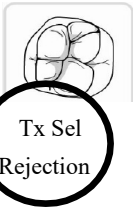
Place Candidate label here

CRDTS

AMALGAM RESTORATION
1st SUBMISSION

Patient's Name_____Assistant's Name_____

CANDIDATE: *Circle Type of Restoration and Tooth Number, note & outline any existing restorations.*



MO	DO	MOD	1	2	3	4	5	12	13	14	15	16
			32	31	30	29	28	21	20	19	18	17

Size: S____ M____ L ____ **Existing Restoration: Yes No**

Comments:_____

Acceptable **Unacceptable**

1st ☐ **TREATMENT SELECTION, LEGAL CONSENT, HEALTH HISTORY, ANESTHESIA RECORD** **1st** ☐ ☐

Authorizing CFE #:	1	2	3	4	5	6
Verifying CFE #:	1	2	3	4	5	6
Candidate Initials:	1	2	3	4	5	6

Ex 1 Ex 2 Ex 3

Mod Request

REST Ex ID: *Mod Req Reviewed*

Request to Recontour: Approved to Recontour ☐ **CFE #**

Recontour Acceptable ☐ **CFE #**

☐ **Exposure Processed:** *(any pulpal exposure must be checked by Clinic Floor Examiner)*

☐ ☐ ☐ **FINISHED PREPARATION:** *(without liner; under rubber dam, checked Mod Requests)*

☐ ☐ ☐ **FINISHED, CARVED RESTORATION:** *(without rubber dam)*

ANESTHETIC RECORD
Has the patient previously received anesthetic the same day for another procedure? ☐Yes ☐ No
Dose:_____ Time: _____
Type(s) of Injection (*Infiltration/Block)*
Anesthetic(s) *(Brand/Generic Name)*
Vasoconstrictor-*(Concentration)*
Quantity of Anesthetic (*cc Expected to Use)*
Quantity Actually Used *(cc)*
Examiner Initials *(Additional Anesthetic)*

NOTES TO EXAMINERS (***Use ink***. *Please number each note. Notes should be written clearly and include specific information, i.e., description, location, etc.)*	***Ex. ID#***		
1.			

CRDTS

Place Candidate label here

AMALGAM RESTORATION
2nd SUBMISSION

Patient's Name_____ Assistant's Name_____

CANDIDATE: *Circle Type of Restoration and Tooth Number, outline any existing restorations.*

MO DO MOD

1	2	3	4	5		12	13	14	15	16
32	31	30	29	28		21	20	19	18	17

Tx Sel Rejection

Size: S___M___L ___

Acceptable **Existing Restoration: Yes No**

Comments:_____ **Unacceptable**

TREATMENT SELECTION, LEGAL CONSENT, HEALTH HISTORY, ANESTHESIA RECORD

Authorizing CFE #:	1	2	3	4	5	6	
Verifying CFE #:	1	2	3	4	5	6	
Candidate Initials:	1	2	3	4	5	6	Ex 1 / Ex 2 / Ex 3

Mod Request

REST Ex ID: *Mod Req Reviewed*

Request to Recontour: Approved to Recontour ____ **CFE #**

Recontour Acceptable ____ **CFE #**

Exposure Processed: *(any pulpal exposure must be checked by Clinic Floor Examiner)*

FINISHED PREPARATION: *(without liner; under rubber dam, checked Mod Requests)*

FINISHED, CARVED RESTORATION: *(without rubber dam)*

ANESTHETIC RECORD
Has the patient previously received anesthetic the same day for another procedure? ☐Yes ☐ No
Dose:_____ Time: _____
Type(s) of Injection (*Infiltration/Block)*
Anesthetic(s) *(Brand/Generic Name)*
Vasoconstrictor-*(Concentration)*
Quantity of Anesthetic (*cc Expected to Use)*
Quantity Actually Used *(cc)*
Examiner Initials *(Additional Anesthetic)*

NOTES TO EXAMINERS (***Use ink***. *Please number each note. Notes should be written clearly and include specific information, i.e., description, location, etc.)*	***Ex. ID#***		
1.			

CRDTS

Place Candidate label here

POSTERIOR COMPOSITE RESTORATION
1st SUBMISSION

Slot Prep

Patient's Name_____Assistant's Name_____

CANDIDATE: *Circle Type of Restoration and Tooth Number, outline any existing restorations.*

Tx Sel Rejection

MO	DO	MOD	1	2	3	4	5	12	13	14	15	16
			32	31	30	29	28	21	20	19	18	17

Size: S___M___L ___

Cavosurface Bevel: Yes No Existing Restoration: Yes No

Comments: _____

Acceptable **Unacceptable**

☐ **TREATMENT SELECTION, LEGAL CONSENT, HEALTH HISTORY, ANESTHESIA RECORD**

Authorizing CFE #:	1	2	3	4	5	6	
Verifying CFE #:	1	2	3	4	5	6	
Candidate Initials:	1	2	3	4	5	6	Ex 1 / Ex 2 / Ex 3

Mod Request

REST Ex ID: *Mod Req Reviewed*

Request to Recontour: Approved to Recontour ☐ **CFE #**

Recontour Acceptable ☐ **CFE #**

☐ **Exposure Processed:** *(any pulpal exposure must be checked by Clinic Floor Examiner)*

☐☐☐ **FINISHED PREPARATION:** *(without liner; under rubber dam, checked Mod Requests)*

☐☐☐ **FINISHED RESTORATION:** *(without rubber dam)*

ANESTHETIC RECORD
Has the patient previously received anesthetic the same day for another procedure? ☐Yes ☐ No
Dose:_____ Time: _____
Type(s) of Injection (*Infiltration/Block)*
Anesthetic(s) *(Brand/Generic Name)*
Vasoconstrictor-*(Concentration)*
Quantity of Anesthetic (*cc Expected to Use)*
Quantity Actually Used *(cc)*
Examiner Initials *(Additional Anesthetic)*

NOTES TO EXAMINERS (***Use ink***. *Please number each note. Notes should be written clearly and include specific information, i.e., description, location, etc.)*	***Ex. ID#***

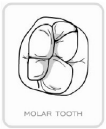
Place Candidate label here

POSTERIOR COMPOSITE RESTORATION
2nd SUBMISSION

Slot Prep

Patient's Name_____Assistant's Name _____

CANDIDATE: *Circle Type of Restoration and Tooth Number, outline existing restorations.*



MO DO MOD	1	2	3	4	5		12	13	14	15	16
Size: S___M___L ___	32	31	30	29	28		21	20	19	18	17

Tx Sel Rejection

Cavosurface Bevel: Yes No **Existing Restoration: Yes No**

Comments: _____

Acceptable **Unacceptable**

TREATMENT SELECTION, LEGAL CONSENT, HEALTH HISTORY, ANESTHESIA RECORD

Authorizing CFE #:	1	2	3	4	5	6
Verifying CFE #:	1	2	3	4	5	6
Candidate Initials:	1	2	3	4	5	6

Ex 1 Ex 2 Ex 3

Mod Request

REST Ex ID: *Mod Req Reviewed*

Request to Recontour: Approved to Recontour **CFE #**

Recontour Acceptable **CFE #**

Exposure Processed: *(any pulpal exposure must be checked by Clinic Floor Examiner)*

FINISHED PREPARATION: *(without liner; under rubber dam, checked Mod Requests)*

FINISHED RESTORATION: *(without rubber dam)*

ANESTHETIC RECORD
Has the patient previously received anesthetic the same day for another procedure? ☐Yes ☐ No
Dose:_____ Time: _____
Type(s) of Injection (*Infiltration/Block)*
Anesthetic(s) *(Brand/Generic Name)*
Vasoconstrictor-*(Concentration)*
Quantity of Anesthetic (*cc Expected to Use)*
Quantity Actually Used *(cc)*
Examiner Initials *(Additional Anesthetic)*

NOTES TO EXAMINERS (***Use ink***. *Please number each note. Notes should be written clearly and include specific information*	***Ex. ID#***		
1.			

CRDTS

Place Candidate label here

ANTERIOR COMPOSITE RESTORATION
1st SUBMISSION

Patient's Name_____ Assistant's Name_____

CANDIDATE: *Circle Surfaces to Be Restored, Access and Tooth Number, outline any existing restoration(s).*

D M **Size: S M L**

ACCESS **Lingual Facial**

6	7	8	9	10	11
27	26	25	24	23	22

Tx Sel Rejection

Cavosurface Bevel: Yes No **Existing Restoration: Yes No**

Acceptable **Comments:**_____ **Unacceptable**

1st ☐ **TREATMENT SELECTION, LEGAL CONSENT** **1st** ☐ ☐

HEALTH HISTORY, ANESTHESIA RECORD

Authorizing CFE #:	1	2	3	4	5	6
Verifying CFE #:	1	2	3	4	5	6
Candidate Initials:	1	2	3	4	5	6

Ex 1 Ex 2 Ex 3

Mod Request

***REST Ex ID**: Mod Req Reviewed*

Request to Recontour: Approved to Recontour ☐ **CFE #**

Recontour Acceptable ☐ **CFE #**

Exposure Processed: *(any pulpal exposure must be checked by Clinic Floor Examiner)*

FINISHED PREPARATION: *(under rubber dam)*

FINISHED RESTORATION: *(without rubber dam)*

ANESTHETIC RECORD
Has the patient previously received anesthetic the same day for another procedure? ☐Yes ☐ No Dose:_____ Time: _____
Type(s) of Injection (*Infiltration/Block)*
Anesthetic(s) *(Brand/Generic Name)*
Vasoconstrictor-*(Concentration)*
Quantity of Anesthetic (*cc Expected to Use)*
Quantity Actually Used *(cc)*
Examiner Initials *(Additional Anesthetic)*

NOTES TO EXAMINERS (***Use ink***. *Please number each note. Notes should be written clearly and include specific information, i.e., description, location, etc.)*	***Ex. ID#***		

Place Candidate label here

CRDTS

ANTERIOR COMPOSITE RESTORATION
2nd SUBMISSION

Patient's Name_____ Assistant's Name_____

CANDIDATE: *Circle Surfaces to Be Restored, Access and Tooth Number, note and outline any existing restorations.*

D M **ACCESS**
Size: S M L **Lingual Facial**

6	7	8	9	10	11
27	26	25	24	23	22


Tx Sel
Rejection

Comments: _____

Cavosurface Bevel: Yes No **Existing Restoration: Yes No**

Acceptable **Unacceptable**

TREATMENT SELECTION, LEGAL CONSENT
HEALTH HISTORY, ANESTHESIA RECORD

Authorizing CFE #:	1	2	3	4	5	6
Verifying CFE #:	1	2	3	4	5	6
Candidate Initials:	1	2	3	4	5	6

Mod Request

Ex 1	Ex 2	Ex 3

***REST Ex ID**: Mod Req Reviewed*

Request to Recontour: Approved to Recontour **CFE #**
Recontour Acceptable **CFE #**

Exposure Processed: *(any pulpal exposure must be checked by Clinic Floor Examiner)*
FINISHED PREPARATION: *(under rubber dam)*
FINISHED RESTORATION: *(without rubber dam)*

ANESTHETIC RECORD
Has the patient previously received anesthetic the same day for another procedure? ☐Yes ☐ No
Dose:_____ Time: _____
Type(s) of Injection (*Infiltration/Block/)*
Anesthetic(s) *(Brand/Generic Name)*
Vasoconstrictor-*(Concentration)*
Quantity of Anesthetic (*cc Expected to Use)*
Quantity Actually Used *(cc)*
Examiner Initials *(Additional Anesthetic)*

NOTES TO EXAMINERS (***Use ink***. *Please number each note. Notes should be written clearly and include specific information, i.e. description, location, etc.)*	***Ex. ID#***		

CRDTS ID:_____Test Site #_____ CANDIDATE # | |

MODIFICATION REQUEST FORM

SEE CLINIC FLOOR EXAMINER <u>BEFORE</u> PROCEEDING

NOTE: Regardless of whether the modification is granted or not granted, the candidate must complete the preparation and send the patient to the Evaluation Station for evaluation of the final completed preparation.

Examiner # 1_____ **Examiner # 2**_____

AMALGAM	POST COMP	ANT COMP
Prep ☐	Prep ☐	Prep ☐
	Slot ☐	

TIME IN:_____**TIME OUT:**_____

Modification Request # 1
What:
Where:
Why:
How Much:
❑ **Granted** ☐ **Not Granted**

Modification Request # 2
What:
Where:
Why:
How Much:
❑ **Granted** ☐ **Not Granted**

Modification Request # 3
What:
Where:
Why:
How Much:
❑ **Granted** ☐ **Not Granted**

Modification Request # 4
What:
Where:
Why:
How Much:
❑ **Granted** ☐ **Not Granted**

Modification Request # 5
What:
Where:
Why:
How Much:
❑ **Granted** ☐ **Not Granted**

Yellow Copy – Candidate	Pink Copy – CFE	Top/White Copy - Proctor

INSTRUCTIONS:
- **Use INK to complete this form**
- **Have patient complete this form PRIOR to the exam**
- **Bring this completed form with you to the exam**

ONE OR TWO DIGIT CANDIDATE NUMBER

CRDTS PATIENT HEALTH HISTORY SCREENING FORM

Patient name: _____

Birthdate: _____ **Pre-exam Screening Blood Pressure _____/_____** *** Day of Exam @ Testing Site Blood Pressure _____/_____**

INSTRUCTIONS TO PATIENT: Please answer the following questions as completely and accurately as possible. All Information is CONFIDENTIAL.

YES NO 1. Are you currently under the care of a physician/primary care provider or have you been treated by a healthcare provider in the last six months?
If YES, please specify: _____

YES NO 2. Are you allergic or had any adverse reactions to LATEX, any medicines, drugs, local anesthetics or other substances?
If YES, please identify: _____

YES NO 3. Are you currently receiving INTRAVENOUS bisphosphonates for the treatment of osteoporosis or cancer?

Answer Below 4. Do you have or have you had any of the following diseases/conditions?

YES NO 4A. Cardiac/Organ Transplant
YES NO 4B. Tuberculosis (active/currently)
YES NO 4C. Stroke If YES Date: _____
YES NO 4D. Chemotherapy/Radiation Therapy If YES Date: _____
YES NO 4E. Heart Attack If YES Date: _____
YES NO 4F. Heart Surgery (including stents) If YES Date: _____
YES NO 4G. Artificial/Prosthetic/Damaged Heart Valve(s)
YES NO 4H. History of Infective Endocarditis
YES NO 4I. Heart Conditions (Congenital, Atrial Fibrillation)
YES NO 4J. Cardiac Medical Devices (including pacemaker, defibrillator, watchman)
YES NO 4K. Joint Replacement
YES NO 4L. Osteochemonecrosis of the Jaw
YES NO 4M. Pregnant If YES Due Date: _____
YES NO 4N. Asthma/Lung/Breathing Disorder/COPD
YES NO 4O. Bleeding Disorder
YES NO 4P. Cancer
YES NO 4Q. Diabetes If YES Type: _____
YES NO 4R. Epilepsy/Seizures
YES NO 4S. Hepatitis
YES NO 4T. High Blood Pressure
YES NO 4U. Immune Suppression/HIV/AIDS
YES NO 4V. Kidney/Renal Disease
YES NO 4W. Mental Health Disorders
YES NO 4X. Substance Abuse Disorders
YES NO 4Y. Do you have any disease or condition not listed above?
If YES, please specify: _____

Please explain any YES answers here

Question # _____
Explanation:
_____
_____
_____

Question # _____
Explanation:
_____
_____
_____

Question # _____
Explanation:
_____
_____
_____

If more space is needed, please use the back of this form.

Any item on the health history with a YES response may require a medical clearance from a licensed primary care provider if the explanation section indicates the possibility of a significant systemic condition that could adversely affect the patient's suitability to take part in the examination.

Securely attach any medical clearance letters to this form.

List all prescribed, over the counter and recreational drugs taken within the last 48 hours:

IF NONE PLEASE MARK "X" HERE: _____

Name of Drug	Amount/Dose	Reason for Taking	Last Taken (Day/Time)

If needed, record additional information below:

_____

_____

_____

_____

I certify that I have read and understand the above. I acknowledge that I have answered these questions accurately and completely. I will not hold the testing agency responsible for any action taken or not taken because of errors I may have made when completing this form.

PATIENT SIGNATURE: _____ DATE: _____

(Parent or Guardian if patient is a minor)

I hereby attest to the fact that this Health History Screening Form was reviewed and updated on the day of the exam.
***Patient Initials _____ *Candidate Initials _____ *Today's Exam Date _____/_____/20____**

All items marked with an asterisk must be completed the DAY OF THE EXAMINATION

For CRDTS Use Only

CRDTS Medical Clearance Form

This form is only needed for patients who have conditions requiring Medical Clearance.

Candidate to complete this top section:

Dental Patient Information:
Name:_____
DOB: _____
***Date patient scheduled to sit for CRDTS Exam:**_____

Primary Care Provider Information:
Name:_____
Address: _____
City/State/Zip: _____
Phone:_____Fax: _____

Dear Provider:

Our mutual patient (listed above) is scheduled for dental or dental hygiene treatment as part of a clinical board examination.

The medical history (see attached CRDTS medical history screening form) completed by this patient indicates a medical concern of:

_____

_____

Primary Care Provider to complete section below:

Please evaluate this patient's medical history and advise us on any special considerations that should be made for this patient regarding the dental treatment and/or periodontal therapy they have scheduled.

Would you recommend any treatment modifications for this patient? ☐ No ☐ Yes
If yes, specify: _____

Is antibiotic prophylaxis necessary? ☐ No ☐ Yes
If yes, specify: _____

May local anesthetic be used on this patient? ☐ Yes ☐ No
If yes, may local anesthetic with epinephrine be used? ☐ Yes ☐ No

Is high blood pressure (160/95 to 179/109) a concern for this patient? ☐ Yes ☐ No
Note: CRDTS guidelines state patients with a BP 180/110 or above are NOT allowed to sit for this exam.
If yes, would you allow this patient to sit for the CRDTS exam if they had a blood pressure reading in the range of 160/95 to 179/109? ☐ Yes ☐ No

Additional comments:

_____

_____

Provider (please print): _____

Provider Signature: _____

*Date Signed: _____

***Must be signed within 30 days of the above exam date listed.**

Thank you for your assistance in providing optimum care for this patient.

CRDTS 2022

Candidate Number

Exam Site_____

Central Regional Dental Testing Service, Inc.

TREATMENT CONSENT FORM

DENTAL EXAMINATION

*Fill in the Candidate name below **after** the examination is over and **before** you turn in your packet.*

I,_____, authorize Candidate #_____, Candidate Name (added later)_____, a dental examinee and whomever the dental examinee may designate as an assistant or assistants, to perform upon myself the following dental procedure(s):

	Amalgam Preparation and Restoration
	Composite Preparation and Restoration
	Periodontal Treatment (Scaling, Supragingival Deposit Removal, Periodontal Measurements)

I understand that the dental examinee may not be a licensed dentist. I further understand that such procedure(s) will be performed by the examinee as part of an examination conducted to determine the qualification of the dental examinee for licensure. I recognize that medical information which could be pertinent to the oral health care I receive in the course of the examination may be communicated to examiners.

The nature and purpose of the dental procedure(s) as well as the risks and possible complications have been explained to me. My questions with regard to the dental procedure(s) have been answered. I acknowledge that no guarantee or warranty has been made as to the results to be obtained. I understand that the treatment provided during the examination does not necessarily fulfill all my oral health needs or represent my entire treatment plan, and that further restorative and/or periodontal treatment may be necessary. I have been informed of the availability of services to complete treatment.

I understand that if I am taking certain medications (as indicated on the Medical History form) that are associated with chronic conditions following dental treatment, I may not be accepted as a patient for this examination. Patients who are taking oral bisphosphonate medications may be at risk for oral osteochemonecrosis of the jaws after dental treatment or as a result of dental infections.

I consent to the taking of appropriate radiographs (X-Rays) and dental examinations.

I consent to having CRDTS examiners or school personnel take photographs of my teeth and gums for use in future examiner calibration provided my name is not in any way associated with these photographs.

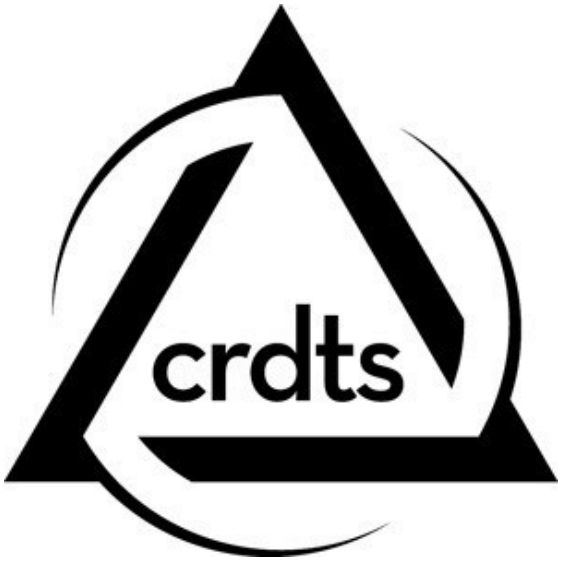
I understand that as a part of the dental procedure(s), it may be necessary to administer anesthetics and I consent to the use of such anesthetics by the dental examinee.

I understand that due to variables within the exam it may be necessary for me to be available through the conclusion of the exam day.

_____ DATE_____20_____.
Patient's Signature

_____ (____)_____
Patient's Address, City, State, Zip Patient's Phone

This form may be copied as necessary for each patient utilized in the examination.



RESTORATIVE MANIKIN "SIMULATED PATIENT" PROCEDURES

PART V: RESTORATIVE SIMULATED PATIENT EXAMINATION – 100 Points

SIMULATED PATIENT CONTENT

The Restorative Examination is a stand-alone examination that will be administered on the same day as the Periodontal Examination. The Restorative Examination consists of four sections, as follows:

PART V: RESTORATIVE SIMULATED PATIENT EXAMINATION

The Restorative Clinical Examination consists of four procedures: Place restorations in 2 pre-prepared teeth on 29 DO or 18 MO, 23 DL and prepare 2 teeth with simulated decay on 9 DL, 14 MO or 4 DO. For the posterior procedures, candidates may choose to prepare/place a Class II Amalgam or a Class II Composite.

GENERAL REQUIREMENTS

1. **Communications from Examiners:** Clinic Floor Examiners are available to help facilitate the examination process. If you have any questions about any part of exam, **do not hesitate** to confer with a Clinic Floor Examiner.
   In every instance, each procedure is evaluated as it is presented rather than as it may be modified. The examiner ratings are not converted to scores until after the examination is completed and all records are processed by computer. Examiners at the examination site do not know and cannot provide information on whether a candidate has passed or failed a specific Examination.

2. **Infection Control:** Candidates must follow all infection control guidelines required by the state where the examination is taking place and must follow the CDC's *Guidelines for Infection Control in Dental Health-Care Settings* The current recommended infection control procedures as published by the CDC must be followed for the Endodontics, Fixed Prosthodontics, Periodontal and Restorative Examinations. These procedures must begin with the initial setting up of the unit, continue throughout the examinations and include the final cleanup of the operatory. Failure to comply will result in loss of points and any violation that could lead to direct harm will result in termination of the examination and loss of all points.

PART V: RESTORATIVE SIMULATED PATIENT PROCEDURES

Restorative Examination Procedural and Clinical Management Guidelines: Requirements Specific to the Restorative Simulated Patient Examinations

General

Restorative Typodont Modules: Restorative treatment must be completed on the assigned teeth. The typodont may be mounted on a post and attached to an operatory chair or mounted in a simulation laboratory.
CRDTS will provide the following: CRDTS ModuPro One Typodont with modules

Typodont instructions: Upon receiving all 4 arches, candidates should immediately inscribe their 3-digit candidate # on the end caps of the arches.
Candidates completing their Restorative procedures first will receive those arches already loaded in the labeled typodont box. Upon completion of those procedures, contact a CFE for permission to dismantle. Place the Restorative arches into the labeled baggie in the candidate packet and submit to a CFE for evaluation/storage.

Required Procedures: Candidates may choose to prepare and place either a Class II Amalgam or Class II Composite in addition to the Class III Composite Preparation. The Class II Composite must be **placed** under a rubber dam).

Restorative Instruments: A clear, unscratched, front-surface, non-disposable, #4 or #5 mouth mirror (mouth mirrors that are clouded, tinted, or unclear will be rejected), a ***sharp*** traditional Shepherd's Hook-type explorer and a periodontal probe with 1mm markings are required for the restorative examination and must be provided by the candidate. A new diamond bur is the recommended manufacturer option for the Acadental typodont teeth with simulated decay.

Standardized Floss: CRDTS will provide standardized, approved floss for evaluation of the interproximal contact on the Class III Composite Restoration:
POH LiteWax Percept 630 Black Floss sachets
Go to www.oralhealthproducts.com for more information

Modification Requests: There will be no modification requests in the Restorative Simulated Patient Examination

Simulated Patient Procedures- Amalgam Class II and Composite Class II and III

Proximal contact is a critical part of the evaluation and the candidate should be aware that the examiners will be checking the contact visually and with approved, standardized dental floss. For either procedure, the candidate should be familiar with the properties of the material being used.

Retest: Part V - Simulated Patient Restorative Examination

A score is reported for each of the Parts of the CRDTS dental examination. If one or more Parts are failed, all procedures in that Part must be retaken, **not** just the procedures with deficient performance

Candidates will have 4 hours to complete all procedures in the Part V – Simulated Patient Restorative Examination; appropriate end-of-examination deadlines apply, regardless of start time.

THE FOLLOWING PAGES INCLUDE THE CRITERIA FOR THE RESTORATIVE PROCEDURES AND WILL APPLY FOR BOTH PATIENT-BASED AND SIMULATED PATIENT EXAMINATIONS.

AMALGAM PREPARATION
External Outline Form

PROXIMAL CLEARANCE

SAT	Contact is visibly open proximally.
ACC	Proximal contact is visibly open, and proximal clearance at the height of contour extends beyond 0.5 mm but not more than 1.0 mm on either one or both proximal walls.
SUB	Proximal contact is [_] not visually open; or proximal clearance at the height of contour [_] extends beyond 1.0 mm but not more than 2.0 mm on either one or both proximal walls.
DEF	The proximal clearance at the height of contour extends beyond 2.0 mm on either one or both proximal walls.

GINGIVAL CLEARANCE

SAT	Contact is open gingivally up to 0.5 mm.
ACC	The gingival clearance is greater than 0.5 mm but not greater than 2.0 mm.
SUB	The gingival clearance is greater than 2.0 mm but not more than 3.0 mm or is not open.
DEF	The gingival clearance is greater than 3.0 mm.

OUTLINE SHAPE/CONTINUITY/EXTENSION

SAT	The outline form includes all carious and non-coalesced fissures.
SUB	The outline form is inappropriately overextended so that it compromises the remaining marginal ridge and/or cusp(s). The outline form is underextended and non-coalesced fissure(s) remain which extend to the DEJ and are contiguous with the outline form.
DEF	The outline form is overextended so that it compromises, undermines and leaves unsupported the remaining marginal ridge to the extent that the pulpal-occlusal wall is unsupported by dentin, or the width of the marginal ridge is 1 mm or less.

ISTHMUS

SAT	The isthmus must be 1-2 mm wide, but not more than ¼ the intercuspal width of the tooth.
ACC	The isthmus is more than ¼ and not more than ⅓ the intercuspal width.
SUB	The isthmus is more than ⅓ and not more than ½ the intercuspal width.
DEF	The isthmus is greater than ½ the intercuspal width or less than 1 mm.

CAVOSURFACE MARGIN

SAT	The external cavosurface margin meets the enamel at 90°. There are no gingival bevels. The proximal gingival point angles may be rounded or sharp.
ACC	The proximal cavosurface margin deviates from 90° but is unlikely to jeopardize the longevity of the tooth or restoration; this would include small areas of unsupported enamel.
SUB	The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).

SOUND MARGINAL TOOTH STRUCTURE

SAT	The cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material, including sealants, at the cavosurface margin. There is no decalcification on the gingival margin.
SUB	The cavosurface margin does not terminate in sound natural tooth structure; or there is explorer penetrable decalcification remaining on any cavosurface margin, or the cavosurface marginterminates in a previously placed pit and fissure sealant.

AMALGAM PREPARATION

Internal Form

AXIAL WALLS

SAT	The axial wall follows the external contours of the tooth, and is entirely in dentin, .5 mm from the DEJ.
ACC	The depth of the axial wall is .5 mm to 1.5 mm beyond the DEJ.
SUB	The axial wall is more than 1.5 mm beyond the DEJ, but no more than 2.5 mm or the axial wall depth does not include the DEJ.
DEF	The axial wall is [_] more than 2.5 mm beyond the DEJ or [_] there is no gingival floor.

PULPAL FLOOR

SAT	The pulpal floor is optimally 1.5 to 2.0 mm from the cavosurface margin at its shallowest point.
SUB	The pulpal floor is less than 1.5 mm at its shallowest point or greater than 2.0 mm but not greater than 3.0 mm from the cavosurface margin.
DEF	The pulpal floor is more than 3.0 mm from the cavosurface margin or is 0.5 mm or less at its shallowest point.

PULPAL-AXIAL LINE ANGLE

SAT	The pulpal-axial line angle is rounded.
SUB	The pulpal-axial line angle is sharp.

CARIES/REMAINING MATERIAL

SAT	All caries and/or previous restorative material are removed.
DEF	Caries or previous restorative material remains in the preparation or preparation is not extended to include caries.

PROXIMAL BOX WALLS

SAT	The walls of the proximal box should be convergent occlusally and meet the external surface at a 90º angle.
ACC	The walls of the proximal box are parallel, but appropriate internal retention is present.
DEF	The walls of the proximal box diverge occlusally which offers no retention and will jeopardize the longevity of the tooth or restoration.

PREPARED SURFACES

SAT	All prepared surfaces are smooth and well-defined, and the gingival floor is perpendicular to the long axis of the tooth.
SUB	The prepared surfaces are irregular or ill-defined.

AMALGAM PREPARATION

Critical Errors

1. Wrong Tooth/Surface Treated
2. Retention, when used, grossly compromises the tooth or restoration
3. Unrecognized Exposure
4. Critical Lack of Clinical Judgment/Diagnostic Skills

AMALGAM FINISHED RESTORATION
Margin Integrity and Surface Finish

MARGIN DEFICIENCY

SAT	There is no marginal deficiency. There is no evidence of voids or open margins.
ACC	There is a detectable marginal deficiency at the restoration-tooth interface either visually or with the tine of an explorer, but it is less than .5 mm.
SUB	The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal deficiency, 0.5 mm up to 1 mm, which can include pits and voids at the cavosurface margin
DEF	There is evidence of marginal deficiency of more than 1 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin.

MARGIN EXCESS

SAT	There is no detectable excess at the cavosurface margin either visually or with the tine of an explorer.
ACC	There is a detectable marginal excess at the cavosurface margin either visually or with the tine of an explorer, but it is no greater than 1.0 mm.
SUB	The cavosurface margin is detectable visually or with the tine of an explorer. There is evidence of marginal excess of more than 1.0 mm and up to 2.0 mm.
DEF	There is evidence of marginal excess at the cavosurface margin of more than 2.0 mm.

GINGIVAL OVERHANG

SAT	The restoration exhibits no gingival overhang.
ACC	The restoration exhibits a slight gingival overhang but would not be expected to adversely affect the tissue health.
DEF	The restoration exhibits a significant gingival overhang and would be expected to adversely affect the tissue health.

SURFACE FINISH

SAT	The surface of the restoration is uniformly smooth and free of pits and voids.
ACC	The surface of the restoration is slightly grainy or rough, but it is free of significant pits and voids.
SUB	The surface of the restoration is rough and exhibits surface significant irregularities, pits or voids.

CONTIGUOUS TOOTH STRUCTURE

SAT	There is no evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure contiguous to the restoration.
ACC	There is minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure contiguous to the restoration. (Enameloplasty)
SUB	There is evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure contiguous to the restoration. (Enameloplasty)
DEF	There is gross enameloplasty resulting in the exposure of dentin.

AMALGAM FINISHED RESTORATION
Contour, Contact and Occlusion

INTERPROXIMAL CONTACT

SAT	Interproximal contact is present, the contact is visually closed and is properly shaped and positioned; and there is definite, but not excessive, resistance to dental floss when passed through the interproximal contact area.
ACC	Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but demonstrates little resistance to dental floss.
SUB	Interproximal contact is visually closed, but the contact is deficient in size, shape, or position and demonstrates little resistance to dental floss or shreds the floss.
DEF	The interproximal contact is visually open or will not allow floss to pass through the contact area.

CENTRIC/EXCURSIVE CONTACTS

SAT	When checked with articulating ribbon or paper, all centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth, in that quadrant.
SUB	When checked with articulating ribbon or paper, the restoration is in hyper-occlusion inconsistent in size, shape and intensity with the occlusal contacts on surrounding teeth, and requires adjustment.
*DEF	There is gross hyperocclusion so that the restoration is the only point of occlusion in that quadrant.

*Patient-Based examination only

ANATOMY/CONTOUR

SAT	The restoration reproduces the normal physiological proximal contours of the tooth, occlusal and marginal ridge anatomy.
ACC	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, but would not be expected to adversely affect the tissue health.
DEF	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, and would be expected to adversely affect the tissue health.

AMALGAM FINISHED RESTORATION
Critical Errors

1. Fractured Restoration

POSTERIOR COMPOSITE PREPARATION

External Outline Form

PROXIMAL CLEARANCE

SAT	Proximal contact is visibly open up to 0.5 mm.
ACC	Proximal contact is visibly open, and proximal clearance at the height of contour extends beyond 0.5 mm but not more than 1.0 mm on either one or both proximal walls.
SUB	Proximal contact is [_] not visually open; or proximal clearance at the height of contour [_] extends beyond 1.0 mm but not more than 2.0 mm on either one or both proximal walls.
DEF	The proximal clearance at the height of contour extends beyond 2.0 mm on either one or both proximal walls.

GINGIVAL CLEARANCE

SAT	Contact is open gingivally up to 0.5 mm.
ACC	The gingival clearance is greater than 0.5 mm but not greater than 2.0 mm.
SUB	The gingival clearance is greater than 2.0 mm but not more than 3.0 mm or is not open.
DEF	The gingival clearance is greater than 3.0 mm.

OUTLINE SHAPE/CONTINUITY/EXTENSION

SAT	The outline form includes all carious and non-coalesced fissures, and is smooth, rounded and flowing with no sharp curves or angles.
SUB	The outline form is inappropriately overextended so that it compromises the remaining marginal ridge and/or cusp(s). The outline form is underextended and non-coalesced fissure(s) remain which extend to the DEJ and are contiguous with the outline form.
DEF	The outline form is overextended so that it compromises, undermines and leaves unsupported the remaining marginal ridge to the extent that the cavosurface margin is unsupported by dentin or the width of the marginal ridge is 1.0 mm or less.

ISTHMUS

SAT	The isthmus may be up to 2 mm wide, but not more than ¼ the intercuspal width of the tooth.
ACC	The isthmus is more than ¼ and not more than ⅓ the intercuspal width.
SUB	The isthmus is more than ⅓ and not more than ½ the intercuspal width
DEF	The isthmus is greater than ½ the intercuspal width.

CAVOSURFACE MARGIN

SAT	The external cavosurface margin meets the enamel at 90°.
SUB	The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).

SOUND MARGINAL TOOTH STRUCTURE

SAT	The cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material, including sealants, at the cavosurface margin. There is no decalcification on the gingival margin.
SUB	The cavosurface margin does not terminate in sound natural tooth structure; or there is explorer penetrable decalcification remaining on any cavosurface margin, or the cavosurface margin terminates in a previously placed pit and fissure sealant.

POSTERIOR COMPOSITE PREPARATION

Internal Form

AXIAL WALLS

SAT	The axial wall follows the external contours of the tooth, and is entirely in dentin, .5 mm from the DEJ.
ACC	The depth of the axial wall is .5 mm to 1.5 mm beyond the DEJ.
SUB	The axial wall is [_] more than 1.5 mm beyond the DEJ, but no more than 2.5 mm or the axial wall depth does not include the DEJ.
DEF	The axial wall is more than 2.5 mm beyond the DEJ or [_] there is no gingival floor.

PULPAL FLOOR

SAT	The pulpal floor depth must be at 1.5—2.0 mm in all areas; there may be remaining enamel.
SUB	The pulpal floor depth is greater than 0.5 mm but less than 1.5 mm or up to 3.0 mm.
DEF	The pulpal floor is [_] less than 0.5 mm or [_] is more than 3.0 mm from the cavosurface margin.

CARIES/REMAINING MATERIAL

SAT	All caries and/or previous restorative material are removed.
DEF	Caries or previous restorative material remains in the preparation or preparation is not extended to include caries.

PROXIMAL BOX WALLS

SAT	The walls of the proximal box should be parallel or converge occlusally.
SUB	The walls of the proximal box are divergent.
DEF	The walls of the proximal box are grossly [_] convergent so that the buccal-lingual gingival floor width is greater than two times the buccal-lingual width of the occlusal access or [_] divergent so that the occlusal access is greater than two times the width of the buccal-lingual gingival floor.

PREPARED SURFACES

SAT	All prepared surfaces are smooth and well-defined, and the gingival floor is perpendicular to the long axis of the tooth.
SUB	The prepared surfaces are irregular or ill-defined.

POSTERIOR COMPOSITE PREPARATION

Critical Errors

1. Wrong Tooth/Surface Treated
2. Unrecognized Exposure
3. Critical Lack of Clinical Judgment/Diagnostic Skills

POSTERIOR COMPOSITE FINISHED RESTORATION
Margin Integrity and Surface Finish

MARGIN DEFICIENCY

SAT	There is no marginal deficiency. There is no evidence of voids or open margins.
ACC	There is a detectable marginal deficiency at the restoration-tooth interface either visually or with the tine of an explorer, but it is less than .5 mm.
SUB	The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal deficiency, 0.5 mm up to 1 mm, which can include pits and voids at the cavosurface margin
DEF	There is evidence of marginal deficiency of more than 1 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin.

MARGIN EXCESS

SAT	There is no detectable marginal excess at the cavosurface margin either visually or with the tine of an explorer.
ACC	There is a detectable marginal excess at the cavosurface margin either visually or with the tine of an explorer, but it is no greater than 1.0 mm.
SUB	The cavosurface margin is detectable visually or with the tine of an explorer. There is evidence of marginal excess of more than 1.0 mm and up to 2.0 mm.
DEF	There is evidence of marginal excess at the cavosurface margin of more than 2.0 mm.

GINGIVAL OVERHANG

SAT	The restoration exhibits no gingival overhang.
ACC	The restoration exhibits a slight gingival overhang but would not be expected to adversely affect the tissue health.
DEF	The restoration exhibits a significant gingival overhang and would be expected to adversely affect the tissue health.

SURFACE FINISH

SAT	The surface of the restoration is uniformly smooth and free of pits and voids.
ACC	The surface of the restoration is slightly grainy or rough, but it is free of significant pits and voids.
SUB	The surface of the restoration is rough and exhibits surface significant irregularities, pits or voids.

CONTIGUOUS TOOTH STRUCTURE

SAT	There is no evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration. There is no excess restorative material present that is not contiguous with the restoration.
ACC	There is minimal evidence of unwarranted or unnecessary removal, or recontouring of tooth structure contiguous to the restoration. (Enameloplasty) Excess present that is not contiguous with the restoration no greater than 0.5mm.
SUB	There is evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration. (Enameloplasty) Excess present that is not contiguous with the restoration greater than 0.5mm.
DEF	There is gross enameloplasty resulting in the exposure of dentin.

POSTERIOR COMPOSITE FINISHED RESTORATION
Contour, Contact and Occlusion

INTERPROXIMAL CONTACT

SAT	Interproximal contact is present, the contact is visually closed and is properly shaped and positioned; and there is definite, but not excessive, resistance to dental floss when passed through the interproximal contact area.
ACC	Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but demonstrates little resistance to dental floss.
SUB	Interproximal contact is visually closed, but the contact is deficient in size, shape, or position and demonstrates little resistance to dental floss or shreds the floss.
DEF	The interproximal contact is visually open or will not allow floss to pass through the contact area.

CENTRIC/EXCURSIVE CONTACTS

SAT	When checked with articulating ribbon or paper, all centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth, in that quadrant.
SUB	When checked with articulating ribbon or paper, the restoration is in hyper-occlusion inconsistent in size, shape and intensity with the occlusal contacts on surrounding teeth, and requires adjustment.
*DEF	There is gross hyperocclusion so that the restoration is the only point of occlusion in that quadrant.

*Patient-Based examination only

ANATOMY/CONTOUR

SAT	The restoration reproduces the normal physiological proximal contours of the tooth, occlusal and marginal ridge anatomy.
ACC	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, but would not be expected to adversely affect the tissue health.
DEF	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, and would be expected to adversely affect the tissue health.

POSTERIOR COMPOSITE FINISHED RESTORATION
Critical Errors

1. Fractured Restoration
2. The restoration is debonded and/or movable in the preparation.

POSTERIOR COMPOSITE SLOT PREPARATION*

External Outline Form

PROXIMAL CLEARANCE

SAT	Proximal contact is visibly open up to 0.5 mm.
ACC	Proximal contact is visibly open, and proximal clearance at the height of contour extends beyond 0.5 mm but not more than 1.0 mm on either one or both proximal walls.
SUB	Proximal contact is [_] not visually open; or proximal clearance at the height of contour [_] extends beyond 1.0 mm but not more than 2.0 mm on either one or both proximal walls.
DEF	The proximal clearance at the height of contour extends beyond 2.0 mm on either one or both proximal walls.

GINGIVAL CLEARANCE

SAT	Contact is open gingivally up to 0.5 mm.
ACC	The gingival clearance is greater than 0.5 mm but not greater than 2.0 mm.
SUB	The gingival clearance is greater than 2.0 mm but not more than 3.0 mm or is not open.
DEF	The gingival clearance is greater than 3.0 mm.

OUTLINE SHAPE/CONTINUITY/EXTENSION

SAT	The outline form is smooth, rounded and flowing with no sharp curves or angles.
DEF	The outline form is [_] underextended and non-coalesced fissure(s) remain which extend to the DEJ and are contiguous with the outline form. [ ] The outline at the occlusal surface is overextended and extends past the triangular fossa

CAVOSURFACE MARGIN

SAT	The external cavosurface margin meets the enamel at 90°.
SUB	The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).

SOUND MARGINAL TOOTH STRUCTURE

SAT	The cavosurface margin terminates in sound natural tooth structure. There is no decalcification on any cavosurface margin
SUB	The [_] cavosurface margin does not terminate in sound natural tooth structure; or, there is [_] explorer penetrable decalcification remaining on any cavosurface margin

***Patient-based exams only**

POSTERIOR COMPOSITE SLOT PREPARATION*

Internal Form

AXIAL WALLS

SAT	The axial wall follows the external contours of the tooth, and is entirely in dentin, .5 mm from the DEJ.
ACC	The depth of the axial wall is .5 mm to 1.5 mm beyond the DEJ.
SUB	The axial wall is [_] more than 1.5 mm beyond the DEJ, but no more than 2.5 mm or the axial wall depth does not include the DEJ.
DEF	The axial wall is more than 2.5 mm beyond the DEJ or [_] there is no gingival floor.

CARIES/REMAINING MATERIAL

SAT	All caries and/or previous restorative material are removed.
DEF	Caries or previous restorative material remains in the preparation or preparation is not extended to include caries.

PROXIMAL BOX WALLS

SAT	The walls of the proximal box should be parallel or converge occlusally.
SUB	The walls of the proximal box are divergent.
DEF	The walls of the proximal box are grossly [_] convergent so that the buccal-lingual gingival floor width is greater than 2 times the buccal-lingual width of the occlusal access or [_] divergent sothat the occlusal access is greater than two times the width of the buccal-lingual gingival floor.

PREPARED SURFACES

SAT	All prepared surfaces are smooth and well-defined, and the gingival floor is perpendicular to the long axis of the tooth.
SUB	The prepared surfaces are irregular or ill-defined.

POSTERIOR COMPOSITE SLOT PREPARATION

Critical Errors

1. Wrong Tooth/Surface Treated
2. Unrecognized Exposure
3. Critical Lack of Clinical Judgment/Diagnostic Skills

***Patient-based exams only**

POSTERIOR COMPOSITE SLOT RESTORATION*
Margin Integrity and Surface Finish

MARGIN DEFICIENCY

SAT	There is no marginal deficiency. There is no evidence of voids or open margins.
ACC	There is a detectable marginal deficiency at the restoration-tooth interface either visually or with the tine of an explorer, but it is less than .5 mm.
SUB	The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal deficiency, 0.5 mm up to 1 mm, which can include pits and voids at the cavosurface margin
DEF	There is evidence of marginal deficiency of more than 1 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin.

MARGIN EXCESS

SAT	There is no detectable marginal excess at the cavosurface margin either visually or with the tine of an explorer.
ACC	There is a detectable marginal excess at the cavosurface margin either visually or with the tine of an explorer, but it is no greater than 1.0 mm.
SUB	The cavosurface margin is detectable visually or with the tine of an explorer. There is evidence of marginal excess of more than 1.0 mm and up to 2.0 mm.
DEF	There is evidence of marginal excess at the cavosurface margin of more than 2.0 mm.

GINGIVAL OVERHANG

SAT	The restoration exhibits no gingival overhang.
ACC	The restoration exhibits a slight gingival overhang but would not be expected to adversely affect the tissue health.
DEF	The restoration exhibits a significant gingival overhang and would be expected to adversely affect the tissue health.

SURFACE FINISH

SAT	The surface of the restoration is uniformly smooth and free of pits and voids.
ACC	The surface of the restoration is slightly grainy or rough, but it is free of significant pits and voids.
SUB	The surface of the restoration is rough and exhibits surface significant irregularities, pits or voids.

CONTIGUOUS TOOTH STRUCTURE

SAT	There is no evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration. There is no excess restorative material present that is not contiguous with the restoration.
ACC	There is minimal evidence of unwarranted or unnecessary removal, or recontouring of tooth structure contiguous to the restoration. (Enameloplasty) Excess present that is not contiguous with the restoration no greater than 0.5mm.
SUB	There is evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration. (Enameloplasty) Excess present that is not contiguous with the restoration greater than 0.5mm.
DEF	There is gross enameloplasty resulting in the exposure of dentin.

***Patient-based exams only**

POSTERIOR COMPOSITE SLOT RESTORATION*
Contour, Contact and Occlusion

INTERPROXIMAL CONTACT

SAT	Interproximal contact is present, the contact is visually closed and is properly shaped and positioned; and there is definite, but not excessive, resistance to dental floss when passed through the interproximal contact area.
ACC	Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but demonstrates little resistance to dental floss.
SUB	Interproximal contact is visually closed, but the contact is deficient in size, shape, or position and demonstrates little resistance to dental floss or shreds the floss.
DEF	The interproximal contact is visually open or will not allow floss to pass through the contact area.

CENTRIC/EXCURSIVE CONTACTS

SAT	When checked with articulating ribbon or paper, all centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth, in that quadrant.
SUB	When checked with articulating ribbon or paper, the restoration is in hyper-occlusion inconsistent in size, shape and intensity with the occlusal contacts on surrounding teeth, and requires adjustment.
DEF	There is gross hyperocclusion so that the restoration is the only point of occlusion in that quadrant.

ANATOMY/CONTOUR

SAT	The restoration reproduces the normal physiological proximal contours of the tooth, occlusal and marginal ridge anatomy.
ACC	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, but would not be expected to adversely affect the tissue health.
DEF	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, and would be expected to adversely affect the tissue health.

POSTERIOR COMPOSITE SLOT RESTORATION
Critical Errors

1. Fractured Restoration
2. The restoration is debonded and/or movable in the preparation.

***Patient-based exams only**

ANTERIOR CLASS III COMPOSITE PREPARATION
External Outline Form

OUTLINE EXTENSION

SAT	Outline form provides adequate access for complete removal of caries and/or previous restorative material and insertion of composite resin. Access entry is appropriate to the location of caries and tooth position. If a lingual approach is initiated, facial contact may or may not be broken as long as the margin terminates in sound tooth structure.
ACC	The wall opposite the access, if broken, may extend no more than 1.0 mm beyond the contact area. The outline form is overextended mesiodistally 0.5-1 mm beyond what is necessary for complete removal of caries and/or previous restorative material.
SUB	The outline form is underextended making caries removal or insertion of restorative material questionable. The outline form is overextended mesiodistally more than 1mm, but no more than 2 mm beyond what is necessary for complete removal of caries and/or previous restorative material. The incisal cavosurface margin is overextended so that the integrity of the incisal angle is compromised. The wall opposite the access opening extends more than 1 mm beyond the contact area.
DEF	The outline form is underextended making it impossible to manipulate and finish the restorative material. The outline form is overextended mesiodistally more than 2.0 mm beyond what is necessary for complete removal of caries and/or previous restorative material. The incisal cavosurface margin is overextended so that the incisal angle is removed or fractured. A Class IV restoration is now necessary without justification. The wall opposite the access opening extends more than 2.5 mm beyond the contact area.

GINGIVAL CONTACT BROKEN

SAT	The gingival contact must be broken. The incisal contact need not be broken, unless indicated by the location of the caries. If a lingual approach is initiated, facial contact may or may not be broken as long as the margin terminates in sound tooth structure.
ACC	The gingival clearance does not exceed 1.5 mm.
SUB	The gingival clearance is greater than 1.5 mm. The gingival contact is not visibly broken.
DEF	The gingival clearance is greater than 2.0 mm.

MARGIN SMOOTHNESS/CONTINUITY/BEVELS

SAT	Cavosurface margins form a smooth continuous curve with no sharp angles. Enamel cavosurface margins may be beveled.
ACC	The cavosurface margins are slightly irregular. Enamel cavosurface margin bevels, if present, do not exceed 1.0 mm in width.
SUB	The cavosurface margin is rough and severely irregular. Enamel cavosurface margin bevels, if present, exceed 1.0 mm in width, are not uniform or are inappropriate for the size of the restoration.

SOUND MARGINAL TOOTH STRUCTURE

SAT	The cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material, including sealants, at the cavosurface margin. All unsupported enamel is removed unless it compromises facial esthetics.
ACC	There is a small area of unsupported enamel which is not necessary to preserve facial esthetics.
SUB	There are large or multiple areas of unsupported enamel which are not necessary to preserve facial esthetics. The cavosurface margin does not terminate in sound natural tooth structure; or the cavosurface margin terminates in previous restorative material.

ANTERIOR CLASS III COMPOSITE PREPARATION

Internal Form

AXIAL WALLS

SAT	The axial wall follows the external contours of the tooth, and the depth does not exceed .5 mm beyond the DEJ.
ACC	The depth of the axial wall is no more than 1.5 mm beyond the DEJ.
SUB	The axial wall is more than 1.5 mm beyond the DEJ.
DEF	The axial wall is more than 2.5 mm beyond the DEJ.

INTERNAL RETENTION

SAT	If used, rounded internal retention is placed in the dentin of the gingival and incisal walls just axial to the DEJ as dictated by cavity form. Retention is tactilely and visually present.
SUB	When used, retention is excessive and undermines enamel or jeopardizes the incisal angle or encroaches on the pulp.

CARIES/REMAINING MATERIAL

SAT	All caries and/or previous restorative material are removed.
DEF	Caries or previous restorative material remains in the preparation or preparation is not extended to include caries.

ANTERIOR COMPOSITE PREPARATION

Critical Errors

1. Wrong Tooth/Surface Treated
2. Unrecognized Exposure
3. Critical Lack of Clinical Judgment/Diagnostic Skills

ANTERIOR CLASS III COMPOSITE RESTORATION
MARGIN INTEGRITY AND SURFACE FINISH

MARGIN DEFICIENCY

SAT	There is no marginal deficiency. No marginal deficiency is detectable at the restoration-tooth interface either visually or with the tine of an explorer. There is no evidence of voids or open margins.
ACC	There is a detectable marginal deficiency at the facial or lingual restoration-tooth interface either visually or with the tine of an explorer, but it is less than .5 mm.
SUB	The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal deficiency, 0.5 mm up to 1 mm, which can include pits and voids at the cavosurface margin
DEF	There is evidence of marginal deficiency of more than 1 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin.

MARGIN EXCESS

SAT	No marginal excess is detectable at the cavosurface margin either visually or with the tine of an explorer.
ACC	There is a detectable marginal excess at the cavosurface margin either visually or with the tine of an explorer, but it is no greater than 1.0 mm..
SUB	The cavosurface margin is detectable visually or with the tine of an explorer. There is evidence of lingual marginal excess, more than 1.0 mm and up to 2 mm. There is facial and/or lingual flash with contamination underneath, but it is not internal to the cavosurface margin, and could be removed by polishing or finishing.
DEF	There is evidence of marginal excess at the cavosurface margin of more than 2 mm, and/or there is internal contamination at the facial and/or lingual interface between the restoration and the tooth.

GINGIVAL OVERHANG

SAT	The restoration exhibits no gingival overhang.
ACC	The restoration exhibits a slight gingival overhang but would not be expected to adversely affect the tissue health.
DEF	The restoration exhibits a significant gingival overhang and would be expected to adversely affect the tissue health.

SURFACE FINISH

SAT	The surface of the restoration is uniformly smooth and free of pits and voids.
ACC	The surface of the restoration is slightly grainy or rough, but it is free of significant pits and voids.
SUB	The surface of the restoration is rough and exhibits surface significant irregularities, pits or voids.

CONTIGUOUS TOOTH STRUCTURE

SAT	There is no evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration. There is no excess restorative material present that is not contiguous with the restoration.
ACC	There is minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure contiguous to the restoration. (Enameloplasty) Excess present that is not contiguous with the restoration no greater than 0.5mm.
SUB	There is evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration. (Enameloplasty) Excess present that is not contiguous with the restoration greater than 0.5mm.
DEF	There is gross enameloplasty resulting in the exposure of dentin.

SHADE SELECTION

SAT	The shade of the restoration blends with the surrounding tooth structure.
SUB	The shade of the restoration contrasts markedly with the surrounding tooth structure.

ANTERIOR CLASS III COMPOSITE FINISHED RESTORATION
Contour, Contact and Occlusion

INTERPROXIMAL CONTACT

SAT	Interproximal contact is present, the contact is visually closed and is properly shaped and positioned; and there is definite, but not excessive, resistance to dental floss when passed through the interproximal contact area.
ACC	Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but demonstrates little resistance to dental floss.
SUB	Interproximal contact is visually closed, but the contact is deficient in size, shape, or position and/or demonstrates little resistance to dental floss, shreds the floss or is visually open but deflects floss.
DEF	The interproximal contact allows standardized dental floss to pass without deflection or resistance or will not allow dental floss to pass through the contact area.

CENTRIC/EXCURSIVE CONTACTS

SAT	When checked with articulating ribbon or paper, all centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth, in that quadrant.
SUB	When checked with articulating ribbon or paper, the restoration is in hyper-occlusion inconsistent in size, shape and intensity with the occlusal contacts on surrounding teeth, and requires adjustment.
*DEF	There is gross hyperocclusion so that the restoration is the only point of occlusion in that quadrant.

*Patient-Based examination only

ANATOMY/CONTOUR

SAT	The restoration reproduces the normal anatomical contours of the tooth, including facial, lingual, proximal and marginal ridge anatomy when compared to contiguous tooth structure.
ACC	The restoration deviates slightly from the normal anatomical contours of the tooth, when compared to contiguous tooth structure but would not be expected to adversely affect the tissue health.
DEF	The restoration deviates significantly from the normal anatomical contours of the tooth, including facial, lingual, proximal or marginal ridge anatomy, and/or would be expected to adversely affect the tissue health.

ANTERIOR COMPOSITE RESTORATION
Critical Errors

1. Restoration is debonded.

RESTORATIVE PROCEDURES
Treatment Management
Penalty Points <u>Only</u>

CONDITION OF ADJACENT TEETH

SAT	The adjacent teeth and/or restorations are free from damage.
ACC	Damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
SUB	Damage to adjacent tooth/teeth requires recontouring which changes the shape and/or position of the contact.
DEF	There is gross damage to adjacent tooth/teeth which requires a restoration.

CONDITION OF SOFT TISSUE

SAT	The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.
SUB	There is iatrogenic soft tissue damage that is inconsistent with the procedure.
DEF	There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.

CRDTS

RESTORATIVE SIMULATED PATIENT PROGRESS FORM

STARTING TIME: _____

FINISH TIME: _____ ***Preparations and restorations may be done in any order***

PREPARATIONS

Place an X by the Class II Prep you have chosen	CLASS II PREP	CLASS III PREP
	#4___A ___C or #14 ___A ___C	#9

CRDTS will provide the candidate a typodont to complete the Restorative Procedures. When the typodonts are received, the candidate's 3-digit candidate number must immediately be etched onto the end caps of the arch and then the typodont inserted into the facial shroud. The typodont may be dismantled only with the authorization of a CFE.

CFE

TYPODONT MOUNTING APPROVED
Arches Labeled with Cand #
2nd arches placed in labeled bag

RESTORATIONS

Place an X by the Class II Rest you have chosen	CLASS II REST	CLASS III REST
	#18___A ___C or #29 ___A ___C	#23

CFE

CFE AUTHORIZES DISMANTLING TYPODONT
CFE Receives Typodont for Evaluation in bag or box
CFE Collects Progress Form

			FINAL EVALUATION #4 DO OR #14 MO PREPARATION
			FINAL EVALUATION #9 DL COMP PREPARATION
			FINAL EVALUATION #18 MO OR #29 DO RESTORATION
			FINAL EVALUATION #23 DL COMP RESTORATION

NOTES TO EXAMINERS (*Use ink. Please number each note. Notes should be written clearly and include specific information, i.e. description, location, etc.*)	*Ex. ID#*		