

**2020**

*Comprehensive  
Treatment  
Planning*

**exam candidate guide**



# **Mission Statement**

The mission of WREB is to develop and administer competency assessments for State agencies that license dental professionals.

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## Table of Contents

Examination Overview .....	1
Test Content .....	2
Treatment Plans .....	2
Supplemental Questions and Tasks.....	3
Scoring.....	4
Critical Errors.....	4
Definitions and Documentation Instructions.....	5
Suggested Abbreviations.....	7
Charting.....	7
References.....	8
CTP Global Scoring Criteria.....	9
CTP Constructed Response Scoring Criteria.....	10
Sample Treatment Plan Formatting.....	11
Sample Questions with Answers.....	14
Taking the Exam at Prometric.....	15
Guide to Interactive Features of the Exam .....	15
Sample Forms and Charts .....	20

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# COMPREHENSIVE TREATMENT PLANNING

## *Examination Overview*

The Comprehensive Treatment Planning (CTP) examination is a computer-based examination administered at Prometric test centers. The exam consists of three (3) patient cases of varying complexity, one of which is a pediatric patient. For each case, Candidates assess patient history, photographs, radiographs, and clinical information in order to create and submit a treatment plan. Candidates are required to answer questions, construct responses, and perform tasks related to each case. These include constructing appropriate pharmacy prescriptions and case specific dental laboratory work authorizations, when required. Candidates are allowed three (3) hours to complete the CTP exam. A 15-minute tutorial is provided prior to the beginning of the examination. Candidate scoring is completed by calibrated examiners utilizing published scoring criteria rating scales.

Communication at any time with other individuals regarding the contents of the CTP examination is considered unethical conduct. If a Candidate engages in Improper Performance or Unethical Conduct, in addition to dismissal from the exam, failure of the exam, or reduction in an exam score, WREB reserves the right to take any other reasonable action WREB deems appropriate, including, but not limited to reporting the Candidate to: (i) the various state licensing boards, (ii) the Candidate's dental school, (iii) other dental or dental hygiene testing organizations, or (iv) other professional organizations.

For each patient case, the following will be provided:

- Personal Profile that provides a brief overview of the patient
- Patient Information form
- Medical History form
- Dental Chart indicating existing restorations
- Periodontal Chart, for adult patients, highlighting key periodontal findings
- Photographs showing intraoral and extraoral images of the patient
- Intra and/or extraoral radiographs
- Clinical findings, located at the bottom of the medical history form, indicating conditions that may not be clearly demonstrated in the images but would be found during a patient examination

Also provided:

- The CTP Candidate Guide
- Space for recording the Candidate's Treatment Plan submission
- Space for recording the Candidate's answers to specific case questions

## ***Test Content***

The CTP examination is designed to integrate the various disciplines of dentistry as done in actual practice. The following list indicates the major areas of dentistry that are tested on the exam:

- Restorative Treatment
  - Single Units/Operative
  - Multiple Units
    - Fixed Prosthodontics
      - Interim Restorations
    - Removable Prosthodontics
      - Partial Dentures
      - Complete Dentures
      - Implant-Supported Restorations
- Periodontal Treatment
  - Phase I (Non-Surgical) Therapy
  - Re-evaluation
  - Surgery/Referral
  - Maintenance
- Endodontic Treatment
- Surgery
  - Exodontia
  - Pre-prosthodontic
  - Periodontal
  - Implant Placement
- Prescription Writing
  - Pharmacy - commercially available forms and dosages
  - Dental Laboratory
- Follow-up/Prognosis/Maintenance

Diagnosis, Etiology, and Treatment Planning are integrated throughout the exam and overlap the test specifications listed above. Also included are principles of pediatric dentistry, local anesthetic dosing, orthodontics, pharmacology, and specialist referrals when appropriate.

## ***Treatment Plans***

The Candidate is required to develop a complete treatment plan for each assigned patient case. The treatment plan can be edited or modified until final submission. After final submission of the treatment plan, it will be available for review only; no further changes can be made. Following submission of the treatment plan, additional questions or tasks related to the treatment of the patient become accessible. The treatment plan submitted by the Candidate will be available for review while navigating through these additional items but cannot be modified.

The treatment plan must:

- Appropriately address the patient’s chief complaint or concern.
- Include appropriate treatment modifications if there are medical conditions that may affect the delivery of dental care. If medications are required, the modification must include drug, dose, and directions for use.
- Recommend additional diagnostic tests or specialist referrals as part of the treatment plan, if indicated. If referring to a specialist, a diagnosis and proposed treatment must be indicated.
- Contain a comprehensive and appropriately sequenced list of procedures that address the patient’s dental needs.
- Be succinct, organized, and readily interpreted.

Candidates are to consider only what they can actually see in the diagnostic records and what they are given as clinical findings. However, Candidates are responsible for identifying and recommending appropriate treatment or management for all oral diseases and conditions that are present. Pit and fissure occlusal, lingual, buccal or facial restorations are not to be included unless there is an obvious cavitation on the photographs and/or radiolucency on the radiographs, or tactile evidence of caries is noted in the “Clinical Findings” section of the patient record. See Definitions, Pages 5-6. Interproximal carious lesions must reach the dentino-enamel junction radiographically in order to justify restoration.

Candidates must appropriately recommend treatment for caries, fractures, missing teeth, defective or failing restorations, infection, and/or other pathology. Candidates are not required to specify the material but must specify whether the restoration will be a direct or an indirect restoration. Bases, build-ups, pins, and posts need not be specified in the treatment plan. Guidelines for periodontal therapy are provided on Page 5.

Oral Hygiene Instructions do not need to be listed on the treatment plan. It is assumed that oral hygiene instruction will be provided for every patient. Topical fluoride application is not included in the definition of dental prophylaxis. Therefore, if indicated, fluoride should be listed separately.

Costs of dental treatment are not to be considered when developing the treatment plan. All patients are considered to be cooperative and compliant unless otherwise noted.

Candidates should not sign their name on treatment plans or the supplemental questions.

### ***Supplemental Questions and Tasks***

Following submission of the treatment plan, additional questions or tasks related to the case are presented. The first case will have four to five items, the second will have seven to eight, and the third will have four to five. Time should be managed accordingly. Candidates can navigate through and complete the items in any order. It is not necessary to answer questions in full sentences. Responses should be clear, succinct, and easily understood by an Examiner.



The response you write for the questions will be scored based on everything that is written. If more information than required is given, all information will be considered in scoring.

There may be more than one acceptable treatment plan; questions should be answered as asked.

### **Scoring**

Three Examiners grade each Candidate's submission independently. Each treatment plan is evaluated on the five criteria listed below:

1. Treatment modifications.
2. Is the treatment plan inclusive?
3. Does the treatment plan exhibit overtreatment?
4. Is the treatment sequence appropriate?
5. Is the treatment plan concise, well organized, and easily interpreted?

For each parameter, the Examiner compares the Candidate's submission to a WREB-developed answer key and uses a five (5) point scale to assign a score. Candidates' responses to additional items are scored in a similar manner. (Scoring Criteria is listed on Pages 9-10.)

The median (middle) score of the three Examiners for each of the five categories (listed above) of the treatment plan and each of the questions/tasks are added and averaged to obtain the overall score. Each category of the treatment plan and each question are of equal value. An average score of 3.00 or higher is required for passing.

It is important to submit a response for every question or task; unanswered items receive a score of 1. Responses should be checked for accuracy. Examiners will score exactly what is written.

Equating procedures are used to address variation in difficulty among the various cases and forms of the examination. Equating ensures that Candidates of comparable competency are equally likely to pass the examination.

### **Critical Errors**

There are certain critical errors that result in failure of this exam regardless of the average accumulated score. Critical errors are those likely to cause life-threatening harm or severe morbidity that may require hospitalization.

Prescribing medications contrary to patient medical histories and/or dosages exceeding safe guidelines may constitute a critical error.

Local anesthetic administration exceeding the manufacturer's recommended dose (MRD), as found in the American Academy of Pediatric Dentistry (AAPD) guidelines, constitutes a critical error.

Critical errors require validation by two Examiners independently, as well as agreement by the Lead Examiner.

### ***Definitions and Documentation Instructions***

**Caries:** Caries has definite resistance to the perpendicular withdrawal of the explorer and may have a dry leathery appearance.

**Dental prophylaxis (prophy)** means removal of plaque, calculus and stain, to control local irritational factors and frequently involves scaling of coronal and subgingival surfaces of the teeth.

Application of fluoride is not included in the definition of dental prophylaxis. It must be listed separately, if indicated.

**Periodontal treatment should be stated by quadrant, including number of teeth.** Examples of this are:

- Prophylaxis
- S/RP 4 quads of 4 or more teeth
- S/RP 4 quads of 1-3 teeth
- Prophylaxis, S/RP: UR and LL 1-3 teeth
- Prophylaxis, S/RP: UL 4 or more teeth

A decision to treat should be based on clinical attachment loss (CAL), periodontal pocket depth (PD), and evidence of inflammation (bleeding on probing). Teeth having CAL with pocket depths  $\geq 5$  mm or  $\geq 4$  mm with BOP require SRP.

**Pocket Depth (PD) Measurements** are provided for the six sites shown below:



**Bleeding on Probing (BOP)** will be designated on the chart by a red dot indicating sites which bleed within 30 seconds of probing.

**Furcation Involvement** will be noted where present and classified as:

Class 1 ( $\wedge$ )

Incipient involvement: tissue destruction extends 1.0 mm but not more than 2.0 mm measured horizontally from the most coronal aspect of the furcation.

Class 2 (Δ)

Cul-de-sac involvement: tissue destruction extends deeper than 2.0 mm, measured horizontally from the most coronal aspect of the furcation, but does not totally pass through the furcation.

Class 3 (▲)

Through-and-through involvement: tissue destruction extends through the entire furcation. A blunt instrument passed between the roots can emerge on the other side of the tooth.

**Mobility** will be noted where present and classified as follows:

Class 1

Total facial-lingual tooth movement of less than 1.0 mm.

Class 2

Total facial-lingual tooth movement from 1.0-2.0 mm, without movement in a vertical direction.

Class 3

Total facial-lingual tooth movement of more than 2.0 mm, and/or movement in a vertical direction (i.e., depressible).

**Clinical Attachment Level (CAL)** is the distance from the cemento-enamel junction (CEJ) to the base of the sulcus/pocket. In health, the base of the sulcus is at or very near the CEJ, i.e. CAL = 0.

**Periodontal Prognosis** is the forecast of the likely response to treatment and the long-term outlook for maintaining a healthy and functional dentition.

**Good Prognosis** – involves one or more of the following: health or slight CAL, adequate periodontal support, no mobility, no furcation involvement, and control of etiological factors to assure the tooth would be relatively easy to maintain, assuming full patient compliance.

**Fair Prognosis** – involves one or more of the following: CAL to the point that the tooth could not be considered to have a good prognosis, which would include slight or moderate CAL, and/or Class 1 mobility or furcation involvement. The location and depth of the furcation would allow proper maintenance with full patient compliance.

**Poor Prognosis** – involves one or more of the following: severe CAL resulting in a poor crown to root ratio, poor root form, Class 2 furcations not easily accessible to maintenance, or Class 3 furcations, Class 2 or 3 mobility, significant root proximity.

**Hopeless Prognosis** – involves one or more of the factors listed in poor prognosis with inadequate attachment to maintain the tooth in health, comfort and function. Extraction is suggested, as active periodontal therapy (non-surgical or surgical) is unlikely to improve the current status of the tooth.

### ***Suggested Abbreviations***

Use of the appended abbreviations is encouraged. These abbreviations are understood by Examiners and will facilitate Examiner interpretation of the treatment plan.

**Abbreviations and acronyms other than those listed may not be understood by Examiners, resulting in a possible score reduction.**

**UL** - Upper Left                      **UR** - Upper Right  
**LL** - Lower Left                      **LR** - Lower Right

### **Restorative Designation**

<b>Surface/Area</b>	<b>Type</b>
<b>O</b> - Occlusal	Direct/Indirect
<b>M</b> - Mesial	Crown
<b>D</b> - Distal	Inlay/Onlay
<b>L</b> - Lingual	Implant
<b>F</b> - Facial	Bridge/FPD (specify teeth)
<b>I</b> - Incisal	Pontic

### **Other Abbreviations**

**Apico** - Apicoectomy  
**CR** - Crown  
**EXT** - Extraction  
**Prophy** - Dental Prophylaxis  
**RCT** - Root Canal Therapy  
**Re-eval** - Reassessment or re-evaluation after completion of a treatment phase  
**RPD** - Removable Partial Denture (specify teeth replaced and rests)  
**S/RP** - Scale and Root Plane  
**SSC** - Stainless Steel Crown

### ***Charting***

WREB recognizes the American System of tooth identification. Tooth numbers are recorded clockwise from the posterior of the upper right quadrant to the posterior of the lower right quadrant: 1-32 for permanent teeth; A-T for primary teeth.

## **References**

The complete guidelines for antibiotic coverage in patients having some form of cardiac disease or repair. (2008). The Journal of the American Dental Association 139(1), Special Supplement: 3S-24S.

Sollecito TP, Abt E, Lockhart PB, et al. (2015). The use of prophylactic antibiotics prior to dental procedures in patients with prosthetic joints. Journal of the American Dental Association 146(1), 11-16.

Wynn RL, Meiller TF, & Crossley HL. (2015-2016). Drug Information Handbook for Dentistry (21st ed). Lexicomp.

Summitt JB, Robbins JW, Hilton TJ, & Schwartz RS (eds). (2006). Fundamentals of Operative Dentistry: A Contemporary Approach (3rd ed). Quintessence Publishing Co.

Stefanac, SJ & Nesbit, SP. (2007) Treatment Planning in Dentistry (2nd ed). Mosby Elsevier.

American Academy of Periodontology. (2015) Task Force Report on the Update to the 1999 Classification of Periodontal Diseases and Conditions. J. Periodontal. (2015) 86(7):835-838.

AAPD for both anesthetic and antibiotic pediatric dosages.

## CTP GLOBAL SCORING CRITERIA

	<b>5 Optimal</b>	<b>4 Appropriate</b>	<b>3 Acceptable</b>	<b>2 Inadequate</b>	<b>1 Unacceptable</b>
<b>Treatment Modification</b>	All needed modifications are appropriately noted (medication, referral, etc.). Specific medication and dosage is required.	The modifications are not optimal, but appropriate.	Not all modifications are noted, but the patient's health is not compromised. Modifications are noted at the minimally acceptable level.	Not all modifications are noted, and or the modifications are incorrect or incomplete. The patient's health may be compromised.	Modifications are ignored or incorrect and the patient's health is compromised.  Severe morbidity requiring hospitalization.
<b>Is the Treatment Plan Inclusive?</b>	All items that must be addressed are addressed. Chief complaint correctly addressed.	Most items that need to be addressed are addressed. Those that may be missing have little or no impact on the well-being of the patient.  Chief complaint correctly addressed.	Missing items (one or more) do not pose a short-term threat. Missing items (one or more) might affect patient well-being if the next regular periodic exam is missed.  Chief complaint not fully addressed.	Important items (one or more) are missing. If not corrected, patient well-being is at risk in the near term.  Chief complaint wrongly addressed.	Critical items (one or more) are missing. Patient well-being is currently at risk.  Chief complaint not addressed.
<b>Does the Treatment Plan Exhibit Overtreatment?</b>	Only those item(s) that must be addressed are addressed.	There are some (one or more) items that do not need to be addressed, but do not pose a risk to the patient.	There are some (one or more) items for which justification is questionable, but that pose little risk to the patient.	There are some (one or more) items that are not justified, if performed, they would result in limited physical damage to the patient.	There are multiple items that are not justified; if performed they would damage the patient.
<b>Is the Treatment Sequence Appropriate?</b>	The sequence is optimal.	The sequence is not optimal but will accomplish treatment goals.	The sequence is not correct, but can be corrected as treatment progresses. Rationale for the proposed sequence is unclear.	The sequence has definite flaws that are likely to result in backtracking and additional treatment.	The sequence has serious flaws and will not accomplish treatment goals.
<b>Is the Treatment Plan Concise, Well Organized and Easily Interpreted?</b>	The treatment plan is concise, well organized, and easily interpreted.		The treatment plan, as presented, may be confusing, but can be interpreted.		The interpretation of the plan cannot be determined.

**CTP CONSTRUCTED RESPONSE SCORING CRITERIA**

<p align="center"><b>5 Optimal</b></p> <p>All essential elements are addressed and/or no errors are present. Response reflects optimal planning, rationales, and/or procedures.</p>	<p align="center"><b>4 Appropriate</b></p> <p>Most essential elements are addressed and/or minor errors are present. Response is not optimal, but reflects an appropriate level of planning, rationales, and/or procedures.</p>	<p align="center"><b>3 Acceptable</b></p> <p>Response is missing more than one essential element or contains moderate errors, but reflects planning, rationales, and/or procedures that are not likely to put the patient at risk.</p>	<p align="center"><b>2 Inadequate</b></p> <p>Response is missing several essential elements or contains significant errors. Response reflects planning, rationales, and/or procedures that are likely to put the patient at risk.</p>	<p align="center"><b>1 Unacceptable</b></p> <p>Response is absent, missing most or all essential elements, or is mostly in error. Response reflects planning, rationales, and/or procedures that will harm the patient.</p>
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**Sample Treatment Plan Formatting**

**NOTE: The following sample treatment plan does not relate to any specific case.**

**SAMPLE #1 TREATMENT PLAN**

**Treatment Modifications:**

Antibiotic Prophylaxis (Amox. 2g. 1hr prior to procedure), avoid latex

**Sequenced Treatment Plan:**

#1 EXT (addressing the patient's chief complaint)

Prophylaxis LR

S/RP: UR and LL 1-3 teeth

S/RP: UL 4 or more teeth

#14 RCT (retreatment)

#19 RCT

#20 DO Direct

#3 MO Direct

#4 MOD Indirect

#27 F Direct

#30 MODF Direct

#12-14 bridge

#18 crown

#19 crown

#29 EXT Refer for implant placement

#32 EXT Refer to oral surgeon

#29 implant and crown



**NOTE: The following sample treatment plan does not relate to any specific case.**

***SAMPLE #2 TREATMENT PLAN***

**Treatment Modifications:**

Avoid Penicillin, Consultation with oncologist re: timing of treatment

**Sequenced Treatment Plan:**

Smoking Cessation

Prophy

#9 cosmetic contouring (in lieu of restoration) (addressing the patient's chief complaint)

#2 MO Direct

#6 DL Direct

#14 OL Direct

#15 O Direct

#31 O Direct

EXT #'s 1, 16, 17, 32

Refer for orthodontic consultation regarding malocclusion

**NOTE: The following sample treatment plan does not relate to any specific case.**

***SAMPLE #3 TREATMENT PLAN***

**Treatment Modifications:**

None

**Sequenced Treatment Plan:**

Prophy and Fluoride

#S Extract

#T MO Direct

#S band and loop space maintainer

#A MO Direct

#B SSC and pulpotomy

#C, F Direct

#I SSC and pulpotomy

#J MO Direct

#K MO Direct

#L DO Direct

Refer to orthodontist/pediatric dentist for evaluation of posterior cross-bite

### Sample Questions with Answers

Note: The following sample questions, with answers scored a "5", do not relate to any specific case.

Answers to the sample questions are noted in blue.

1. You estimate this patient will require 3-4 dental appointments. Write the prescription for prophylactic antibiotic coverage for the patient.

RX:

*Amoxicillin 500mg  
16 capsules  
Take 4 capsules one hour prior to appointment*

Refills:

*0*

2. List the reasons for an indirect full coverage restoration on tooth #19.
- Fractured porcelain on the mesial, open contact, and food impaction*
  - Large root canal access opening through the current crown*
  - Recurrent caries (facial margin)*
3. What risk factors may have contributed to the periodontal disease evident in this patient?
- Smoking*
  - Diabetes*
  - Poor oral hygiene*
  - Irregular professional dental care*
4. List the reasons and provide the benefits to the patient for your proposed treatment and replacement for tooth #12.
- Reason (for removal):*
- Possible root perforation*
  - Draining fistula*
  - Periodontal defect*
  - Poor long-term prognosis*
- Benefits (of implant placement):*
- Conserves adjacent teeth*
  - Preserves bone*
  - Good long-term prognosis*

## Taking the Exam at Prometric

After you have registered for the WREB exam and your application has been processed, scheduling information for your Comprehensive Treatment Planning (CTP) Exam will be included in your CTP eligibility letter. Please review this information carefully. Failure to schedule within your assigned window or meet Prometric's appointment requirements will result in additional fees.

If you experience technical issues during your exam, please notify the Prometric Exam Proctor immediately and request a report number. You will also need to contact the WREB office directly as soon as possible after the incident and provide the report number for further investigation.

For testing center locations, payment information, and identification requirements, please visit Prometric's website at [prometric.com/en-us/clients/wreb/Pages/landing.aspx](http://prometric.com/en-us/clients/wreb/Pages/landing.aspx).

## Guide to Interactive Features of the Exam

This is an interactive computer-based examination. Access to information on the computer is needed to develop a treatment plan. The following information provides an overview of the functions available. A tutorial available online ([wreb.org](http://wreb.org)) shows how each function works. Review it carefully. An interactive tutorial at the beginning of the exam provides the opportunity to practice using the functions before the actual timed exam begins.

Folders are displayed along the left of the viewing screen. These folders contain information needed to develop the treatment plan. Candidates must determine the information needed, access the information, and appropriately interpret it. To do this efficiently requires navigation between folders. Spending time practicing with the tutorial prior to the examination will ensure that you can do this easily and comfortably.

Some windows contain more information than can be viewed on the screen. To see all information, hold and drag the mouse button on the scroll bar on the right of the screen.

Patient Information

Patient Name: **TJ4225H3**

Age: **32**

Sex (gender):  Male  Female

Marital Status:  Single  Married  Divorced  Other: \_\_\_\_\_

Ethnicity:  Caucasian  African-American  Hispanic  Asian  Native American  Other

Primary Language Spoken: **English**

Personal History

Occupation: **Administrative Assistant**

Do you use  Tobacco  Alcohol  Caffeine  Recreational drugs \_\_\_\_\_

If yes, frequency: **1/2 pack daily**

# of "sugared" drinks/day (juice, soft drinks, etc.): **2 large sodas**

# of "diet" drinks/day: **n/a**

Other refined carbohydrates/day: \_\_\_\_\_

Family History

Any history of immediate family with heart disease, lung disease, diabetes, etc.? \_\_\_\_\_

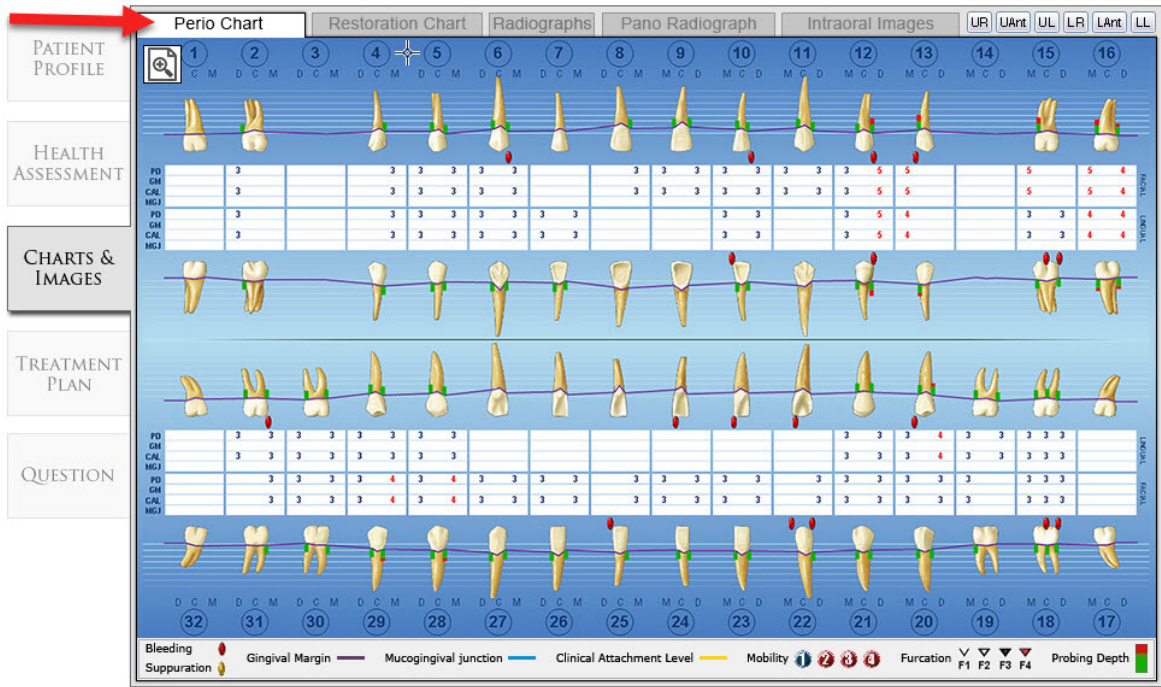
If yes, what family member: \_\_\_\_\_

Age and health of: Mother: **57** If deceased, cause: \_\_\_\_\_

Father: **deceased** If deceased, cause: **heart attack**

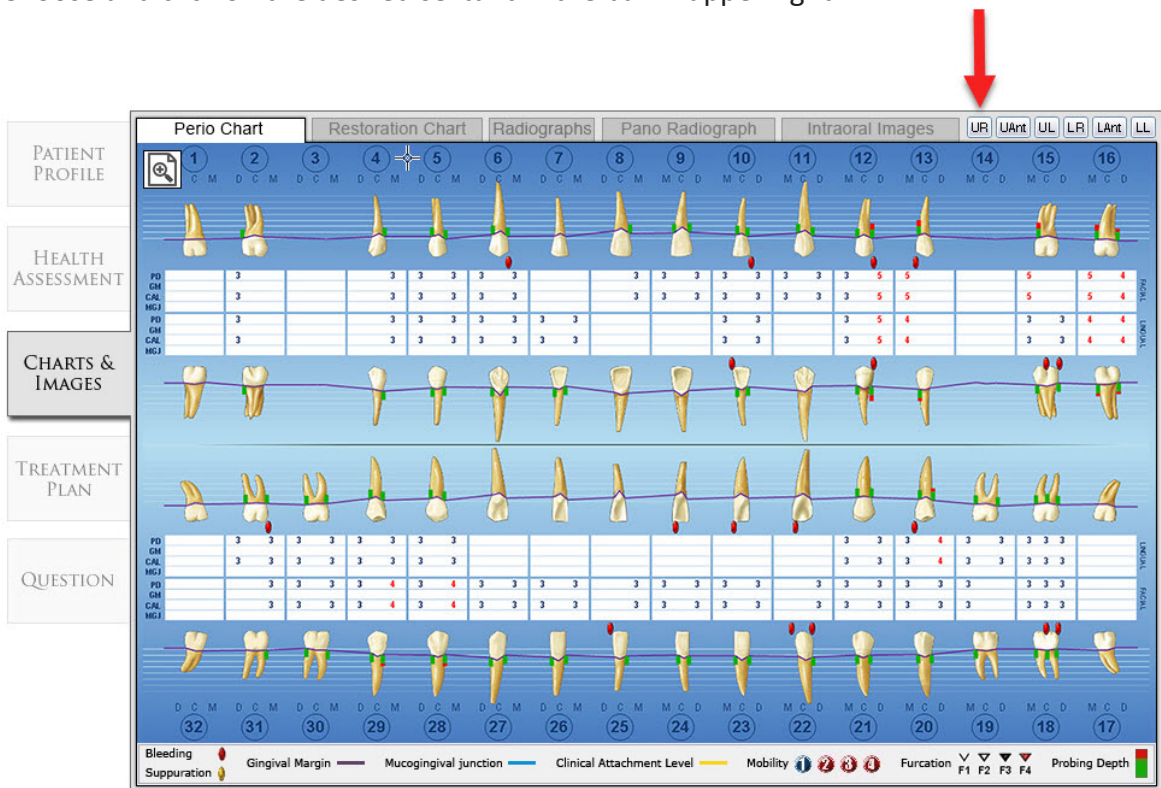
Scroll up or down

After accessing the Charts and Images Folder, select the desired chart or image by clicking on the options at the top of the screen.



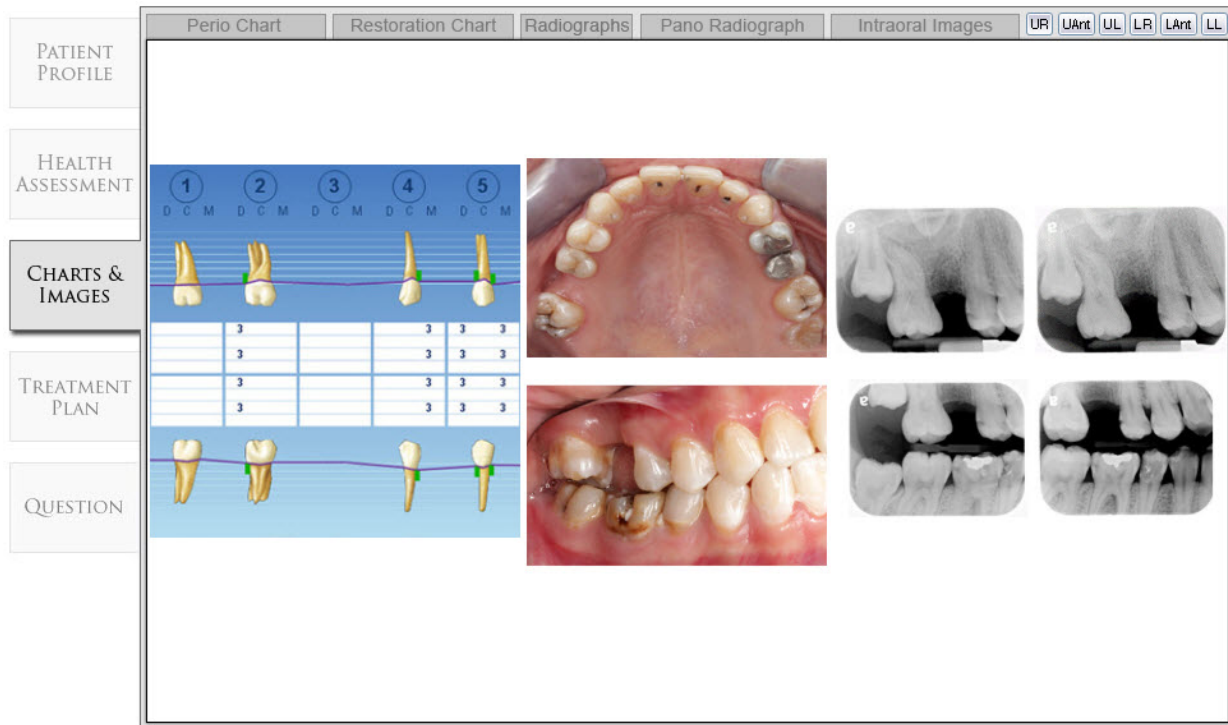
To expedite navigation, be familiar with the sextant views which show the periodontal chart, photographs and radiographs simultaneously.

Choose and click on the desired sextant in the bar in upper right.

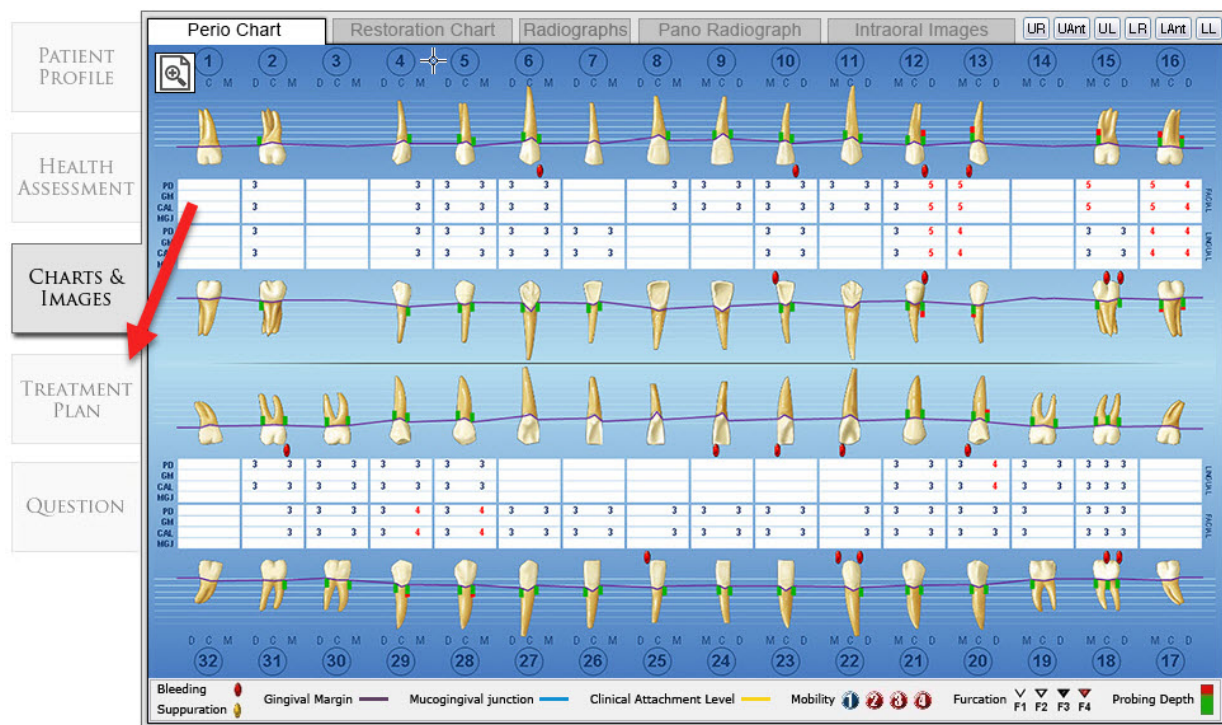




The appropriate sextant view will appear showing the periodontal chart, photographs and radiographs for that sextant. To return to full-screen mode, click anywhere on the image.

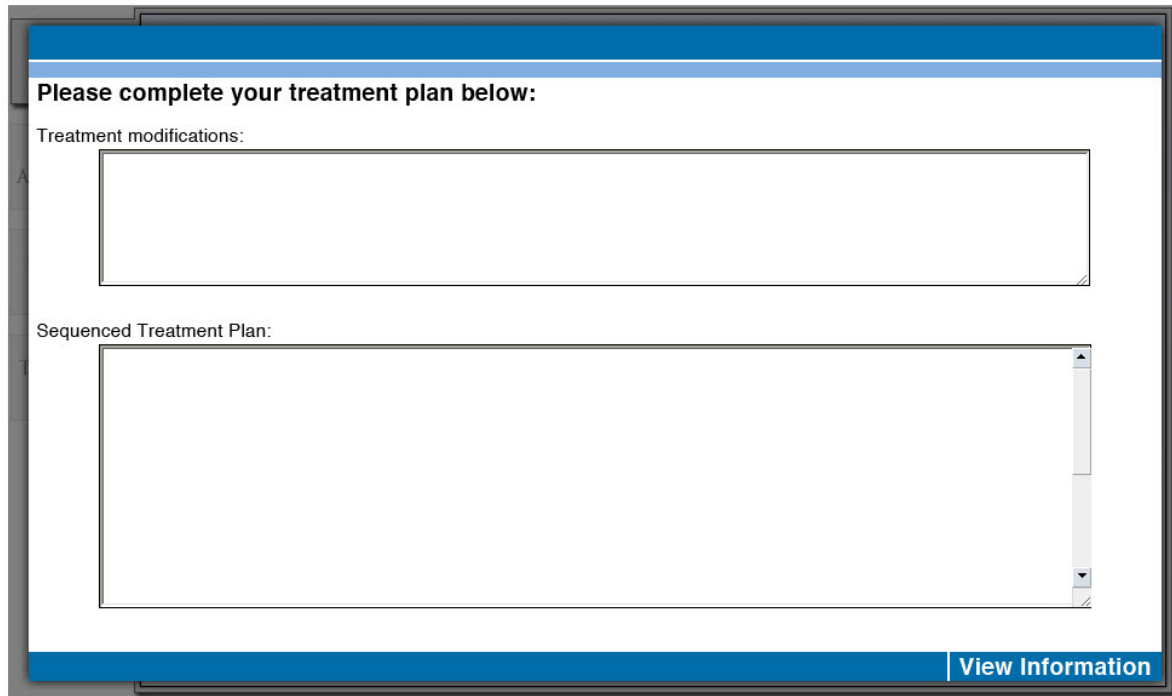


To record your treatment plan, click on "Treatment Plan" on the left of the screen.



There are two sections to the plan. Treatment modifications are recorded in the first box.

The sequenced treatment plan is recorded in the second box. Use the right scroll button to scroll down for additional lines.



The screenshot shows a software interface for entering a treatment plan. At the top, a blue header bar contains the text "Please complete your treatment plan below:". Below this, there are two main input areas. The first is labeled "Treatment modifications:" and contains a large, empty rectangular text box. The second is labeled "Sequenced Treatment Plan:" and contains a larger, empty rectangular text box with a vertical scrollbar on its right side. At the bottom right of the interface, there is a blue button labeled "View Information".

To return to the case information, select the "View Information" button in the lower right. This will return to the last screen opened.

After completing the treatment plan, select the "Next" button. This will take you to the questions for the case. Once you select "Next" you will be locked out of the treatment plan, so **be sure you are ready to move on**. Your treatment plan will be available for reference, but you will not be able to make any changes. All of the case information will still be available.

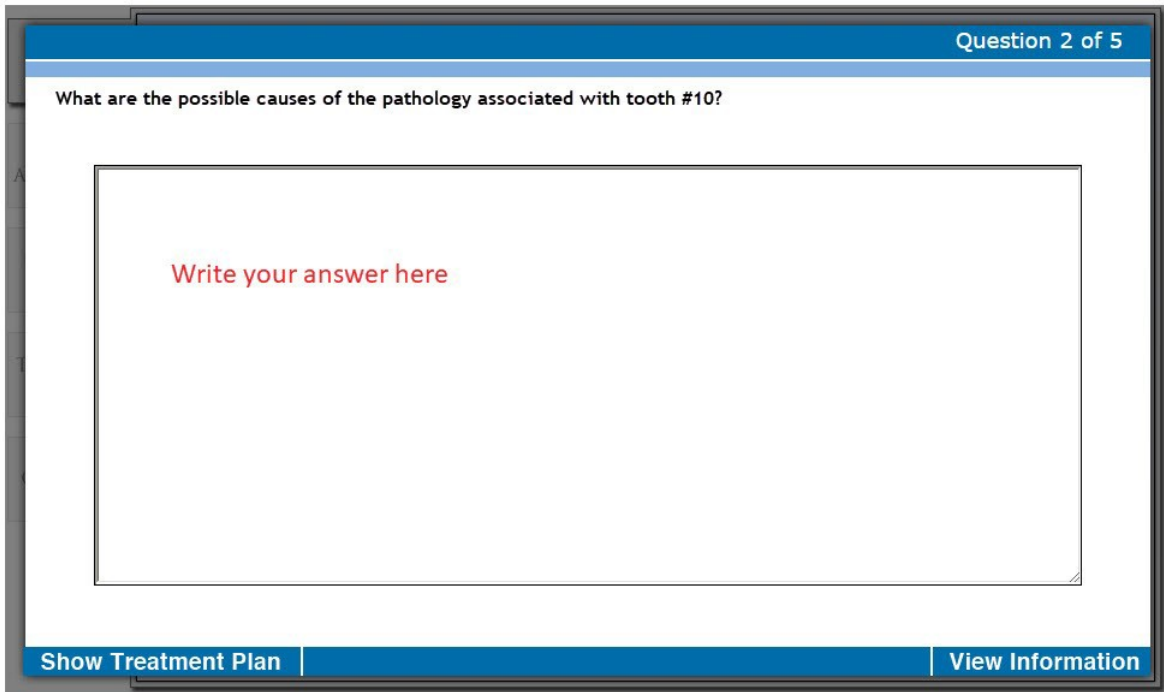
Each question will appear at both the top and the bottom of the screen. Write your answer in the box as shown. To return to the case files, select "View Information". Selecting the "Question" folder will return you to the question box. If you wish to refer to your treatment plan, do so by selecting "Show Treatment Plan". Selecting "Next" will open the next question.

Question 2 of 5

What are the possible causes of the pathology associated with tooth #10?

Write your answer here

Show Treatment Plan | View Information



You may select the “Mark for Review” box in the upper right corner of the screen to flag items to which you would like to return before exiting the exam. After the last question for the case, a Review Screen allows you to review any of the items. It will indicate items that you flagged for review.

After you have completed the Review Screen, select the “End Review” button. This will open the next case and you will no longer have access to the first case. Complete the second and third cases as you did the first.



**Patient Medical History**

Patient Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_  
 Blood Pressure: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Repeat BP: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Do you have or have you ever experienced any of the following conditions?

Rheumatic Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney/Renal Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Murmur	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis/Jaundice	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	HIV Positive	<input type="checkbox"/> Yes <input type="checkbox"/> No
Valve Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy/Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pacemaker	<input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ulcers/Colitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexually Transmitted Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychiatric Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma/Lung/Respiratory Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Are you taking any medication, pills or drugs, prescribed or not? If yes, please list and reason for use: \_\_\_\_\_  Yes  No

Are you allergic to any medicines, drugs, latex or other things? If yes, please list: \_\_\_\_\_  Yes  No

Have you ever received intravenous bisphosphonates for bone cancer or severe osteoporosis? \_\_\_\_\_  Yes  No

Are you under the care of a physician at the present time or have you been treated by a physician in the past six months? If yes, for what condition: \_\_\_\_\_  Yes  No

Do you have any disease, condition or problem not listed above that we should know about? If yes, please list: \_\_\_\_\_  Yes  No

Women only, are you pregnant? If yes, expected due date: \_\_\_\_\_  Yes  No

Clinical Findings: \_\_\_\_\_

**Patient Information**

Patient Name: \_\_\_\_\_

**Demographics**  
 Age: \_\_\_\_\_ Sex (gender):  Male  Female  
 Marital Status:  Single  Married  Divorced  Other: \_\_\_\_\_  
 Ethnicity:  Caucasian  African-American  Hispanic  Asian  Native American  Other  
 Primary Language Spoken: \_\_\_\_\_

**Personal History**  
 Occupation: \_\_\_\_\_  
 Do you use  Tobacco  Alcohol  Caffeine  Recreational drugs \_\_\_\_\_  
 If yes, frequency: \_\_\_\_\_  
 # of "sugared" drinks/day (juice, soft drinks, etc.): \_\_\_\_\_  
 # of "diet" drinks/day: \_\_\_\_\_  
 Other refined carbohydrates/day: \_\_\_\_\_

**Family History**  
 Any history of immediate family with heart disease, lung disease, diabetes, etc.? \_\_\_\_\_  
 If yes, what family member: \_\_\_\_\_  
 Age and health of: Mother: \_\_\_\_\_ If deceased, cause: \_\_\_\_\_  
 Father: \_\_\_\_\_ If deceased, cause: \_\_\_\_\_  
 Does either parent have dentures?  Mother  Father  
 At what age: \_\_\_\_\_

**Dental Concerns - Reason for Visit**  
 Cleaning/Exam  Bleeding gums  Lost filling  Missing teeth  
 Other: \_\_\_\_\_  
 Are you in pain? \_\_\_\_\_ If so, where? \_\_\_\_\_  
 # of months since last visit: \_\_\_\_\_ What procedure was done: \_\_\_\_\_

**Past Dental Treatment**  
 Fillings  Crowns  Extraction(s)  Dentures  
 Root Canal(s)  Braces  Implant(s)  Other: \_\_\_\_\_

**Current Oral Hygiene Practices (frequency and type)**  
 Frequency of brushing: \_\_\_\_\_ Type of toothbrush and toothpaste: \_\_\_\_\_  
 Frequency of flossing: \_\_\_\_\_ Mouth rinse: \_\_\_\_\_  
 Frequency of cleaning/check-ups: \_\_\_\_\_  
 Other: \_\_\_\_\_

## Pediatric Patient Information

Child's Name: \_\_\_\_\_

### Demographics

Age: \_\_\_\_\_ Sex (Gender):  Male  Female

Ethnicity:  Caucasian  African American  Hispanic  Native American  Other

Primary Language Spoken: \_\_\_\_\_

### Personal and Family History

Any immediate family history of heart disease, lung disease, diabetes, etc?  Yes  No

If yes, which family member? \_\_\_\_\_

Age and Health of: Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Does either parent have dentures?  Mother  Father  Neither

# of "sugared" drinks/day (juice, soft, drinks, etc.): \_\_\_\_\_

# of "diet" drinks/day: \_\_\_\_\_

Type of "snacks" and # per day: \_\_\_\_\_

### Dental History

What is the reason for your visit today?  Cleaning/Exam  Pain  Lost Filling  Loose Tooth

Orthodontic Concerns  Other

If your child is in pain, where is the pain present and how long has it been present? \_\_\_\_\_

When was your child's last dental visit? \_\_\_\_\_

What was done? \_\_\_\_\_

What oral habits did or does your child have?  Thumb Sucking  Finger Sucking  Pacifier Use

### Oral Hygiene Practice

Frequency of brushing: \_\_\_\_\_ Frequency of flossing: \_\_\_\_\_

Does your child use a mouth rinse?  Yes  No

Do you help with your child's homecare?  Yes  No

## Pediatric Medical History

Child's Height: \_\_\_\_\_ Child's Weight: \_\_\_\_\_

Child's Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_

Is your child in generally good health?  Yes  No

Does your child have or had any of the following:

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	Allergy/Hay Fever	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/Lung/Respiratory Conditions	Kidney/Renal Disease
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	Hepatitis/Jaundice
<input type="checkbox"/>	<input type="checkbox"/>	Eye Problems	HIV Positive/AIDS
<input type="checkbox"/>	<input type="checkbox"/>	Heart Conditions	Epilepsy/Seizures
<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur	Cancer/Chemotherapy
<input type="checkbox"/>	<input type="checkbox"/>	Heart Surgery	Blood Disorder
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	Bleeding Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Problems	Nervousness/Psychiatric Care
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	Hospitalizations/Surgery

Is your child taking any medications, prescribed or not?

If yes, list the medication and reason for use: \_\_\_\_\_

Has your child experienced any unfavorable reactions to any medications, drugs, latex, or other materials?

If yes, please list: \_\_\_\_\_

Does your child have any known physical or mental conditions?

If yes, please list: \_\_\_\_\_

Is your child under the care of a physician presently or has your child been treated by a physician in the last 6 months?

If yes, please list: \_\_\_\_\_

Does your have any learning, speech, or hearing disorder that may affect your child's dental treatment?

If yes, please list: \_\_\_\_\_

Does your child have any disease, condition or problem not listed above that we should know about?

If yes, please list: \_\_\_\_\_

Clinical Findings: \_\_\_\_\_

# EXISTING RESTORATION CHART

## Adult Chart

Right

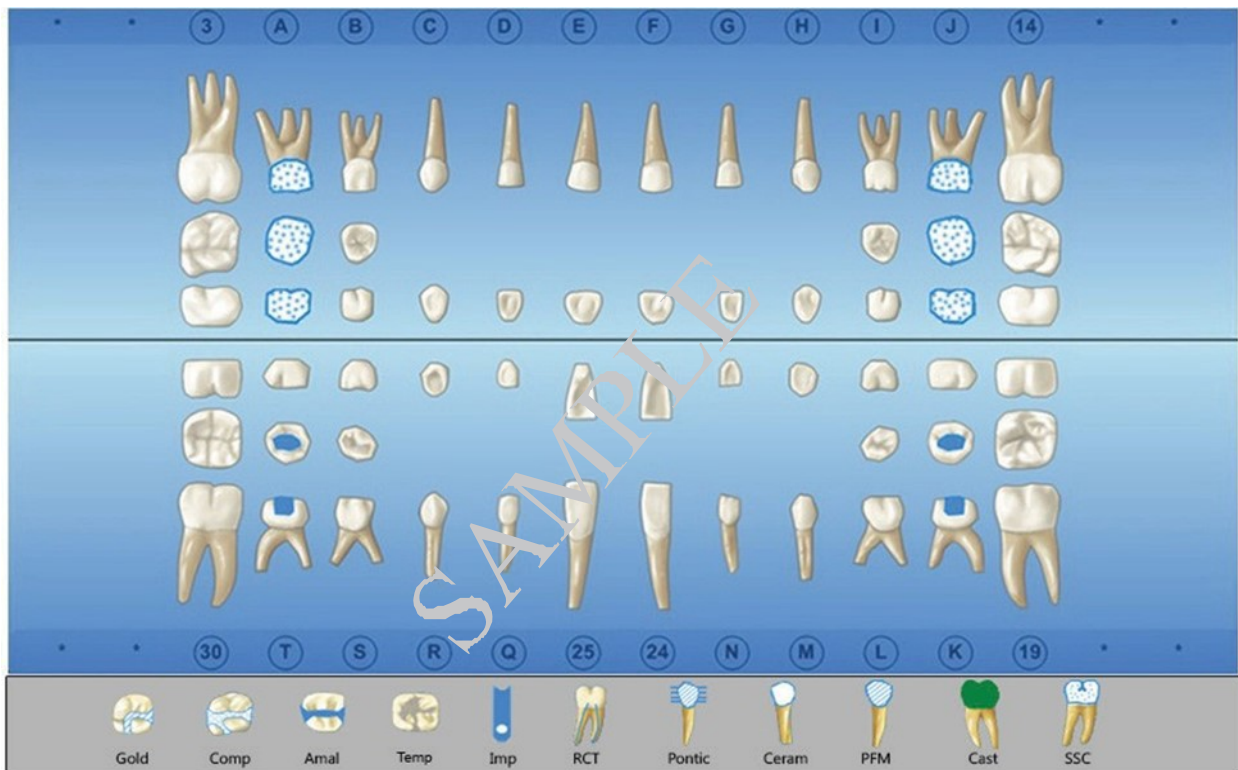
Left



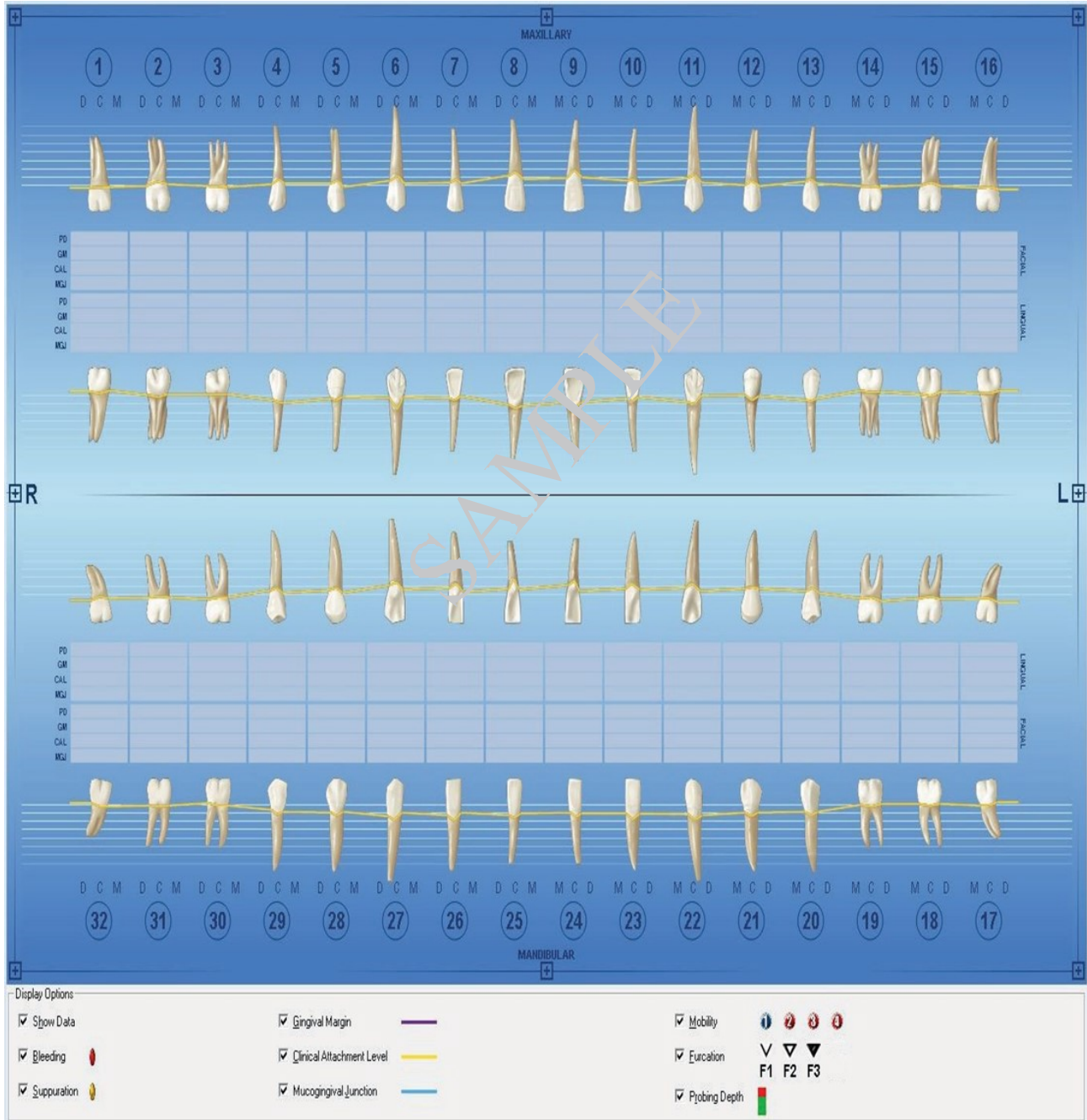
## Pediatric Chart

Right

Left



# PERIODONTAL CHART



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