CANDIDATE ASSIGNMENT FORM

TIME ASSIGNMENT
START TIME: ________________
(Deducted for late check-in: ________ minutes.)
STOP TIME: ________________  (Patient must be at the Check-In desk at or before this time.)

CANDIDATE ID # ________________

It is your responsibility to evaluate this form for accuracy prior to beginning treatment. If you think there is an error, please see the Chief Examiner. Making changes to this form could result in dismissal from the exam.

SUBMISSION ACCEPTED:
The examiner(s) accepted the following submission: ☐ 1st  ☐ 2nd  ☐ 3rd

QUADRANT ASSIGNMENT: UR UL LR LL
ADDITIONAL TEETH: ______ ______ ______ ______

Remove all subgingival and supragingival calculus from the circled quadrant and additional teeth.

EXTRAORAL AND INTRAORAL EXAMINATION
Describe atypical conditions, which require follow up evaluation or monitoring at future recare.

☐ NSF

OR

☐ Follow up or Monitor

Location of Condition:______________________________
BRIEF Description:_________________________________

History:__________________________________________________________________________________
________________________________________________________________________________________

☐ Follow up or Monitor

Location of Condition:______________________________
BRIEF Description:_________________________________

History:__________________________________________________________________________________
________________________________________________________________________________________

General comments to Examiners (informational only; not graded):
________________________________________________________________________________________
________________________________________________________________________________________

CHIEF INITIALS ARE NOT REQUIRED FOR PATIENT TO REPORT FOR CHECK-OUT.
Record the six periodontal probing depths and the facial and lingual recession for the indicated teeth below.

**Periodontal Assessment**
Utilizing all of your assessment records, answer the following questions for Tooth #________

1. **What type of Radiographic Bone Loss is present?** Evaluate the interproximal surfaces for the presence of bone loss and select the correct answer.
   - None  **OR**  If bone loss is present, select all types that apply.
     - Horizontal
     - Vertical

2. **What is the severity of interproximal Radiographic Bone Loss?** Evaluate the interproximal surfaces and select the correct answer for the greatest percentage of bone loss on the assigned tooth.
   - None
   - Coronal 1/3 <15%
   - Coronal 1/3 15-33%
   - Extends to middle 1/3 of root and/or beyond

3. **What is the classification of furcation on the facial aspect?**
   - None  **OR**  Class I  **OR**  Class II or greater

4. **What is the classification of periodontal disease?** Using all recorded measurements and radiographs, classify the disease for the assigned tooth by the most severe condition present.
   - Gingivitis (No Clinical Attachment Loss)  **OR**  Slight  **OR**  Moderate  **OR**  Severe