



Longitudinal Follow-Up of Restorations - Clinical Data Collection Form

Use this form from **11/22/2007** to **11/22/2008** or if you are repairing or replacing this specific restoration or extracting this tooth.

Patient ID **1000030-5101**

Original Treatment Date: **05/22/2007** Examination of: Tooth Number: **29** Surface(s): **D**

Visit Date: Enter today's date / / 20
mm dd yy

1. Is the dentist who is filling out this form today the same one who placed this restoration on the original treatment date (05/22/2007)?

- a Yes
- b No

2. Restoration Status: Since the last time you evaluated this restoration, this tooth has been:

- a extracted →
- b treated with a root canal that altered this restoration →
- c treated for a problem with this restoration →
- d None of the above →

3. Is this visit due to a problem with this restoration?

- a Yes
- b No

4. Restoration Rating: Rate the condition of this restoration ("acceptable" or "repair or replace")

- a Acceptable - No further clinical action is needed, please indicate if you adjusted the restoration.

Did you adjust or polish to improve the restoration today?

- 1 Yes
- 2 No

→

- b Repair or Replace - Clinical action is needed. →



5. What is your treatment plan for this restoration?

(Mark all that apply)

- a Repair a defective part of the restoration
- b Replace the entire restoration
- c Tooth requires endodontics
- d Tooth will be extracted
- e Other treatment (explain) _____

6. Please indicate the **main** reason for repair or replacement of the restoration

(Choose only one).

- a Secondary/recurrent caries → If you checked this box, please continue to questions 7 and 8
- b Entire restoration is discolored
- c Restoration margins are discolored
- d Restoration margins are degraded or ditched
- e Bulk fracture of restoration
- f Restoration is missing
- g Tooth is fractured
- h Pain or sensitivity
- i Patient request (specify) _____
- j Other reason (specify) _____

→ if you checked an answer b - j , please STOP HERE

7. What technique or observation led you to the diagnosis of secondary caries?

(Mark all that apply)

- a Probing with a dental explorer
- b Radiographs
- c Intuition or clinical experience based on clinical appearance
- d Discolored margin of the restoration
- e Frank or definite caries cavitation
- f Presence of soft, discolored dentin or enamel
- g An exploratory preparation to inspect the lesion

8. Where was the clinically diagnosed secondary caries relative to the existing restoration?

- a Gingival to the restoration with the carious margin in the enamel
- b Gingival to the restoration with the carious margin in dentin or cementum
- c Other location