



## Longitudinal Follow-Up of Restorations - Clinical Data Collection Form

Use this form from **4/23/2009** to **4/23/2010** or if you are repairing or replacing this specific restoration or extracting this tooth.

Patient ID **1000030-53101**

Original Treatment Date: **10/23/2008** Examination of: Tooth Number: **29** Surface(s): **MODFL**

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 (10/23/2008)?

- a  Yes
- b  No

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

- a  extracted → if you checked this, please **STOP HERE**
- b  treated with a root canal that altered this restoration → if you checked this, please **STOP HERE**
- c  treated for a problem with this restoration → if you checked this, please **STOP HERE**
- d  None of the above → please continue to question 3 and 4

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

→ if you checked "Acceptable", please **STOP HERE**

- b  Repair or Replace - Clinical action is needed. → please **TURN PAGE OVER AND CONTINUE**



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 →
- 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) \_\_\_\_\_

→

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 margins 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