# Dental status/Caries Recording Form

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Name _____ Date _____ 20_____

Area _____ Ident. Numb. _____

School _____ Class _____

Age _____ Boy [ ] Girl [ ] Examiner _____ Recorder _____

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 55 | 54 | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 | | | | |
| | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | |
| **o** | | | | | | | | | | | | | | | | | |
| **m** | | | | | | | | | | | | | | | | | |
| **b** | | | | | | | | | | | | | | | | | |
| **d** | | | | | | | | | | | | | | | | | |
| **l** | | | | | | | | | | | | | | | | | |
| **o** | | | | | | | | | | | | | | | | | |
| **m** | | | | | | | | | | | | | | | | | |
| **b** | | | | | | | | | | | | | | | | | |
| **d** | | | | | | | | | | | | | | | | | |
| **l** | | | | | | | | | | | | | | | | | |
| | 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | |
| | | | | 85 | 84 | 83 | 82 | 81 | 71 | 72 | 73 | 74 | 75 | | | | |

| Permanent | | Primary |
|---|---|---|
| 0 | sound | A |
| 1 | decayed | B |
| 2 | filled & decayed | C |
| 3 | filled, no decay | D |
| 4 | missing due caries | E |
| 5 | missing, other reason | - |
| 6 | sealant | - |
| 7 | bridge abutment, crown | G |
| 8 | unerupted | - |
| 9 | excluded | - |

**DMFT:** D _____ M _____ F _____ = _____

**DMFS:** D _____ M _____ F _____ = _____

- Saliva secretion, volume: _____ time: _____ (normal 5 min)
- Saliva ml/min: _____ (to be calculated)
- Dentobuff: blue green yellow (read after 5 min exactly)
- Dentocult LB: _____ (according to chart)
- Strip mutans: _____ (according to chart) (save)

**Other observations:**