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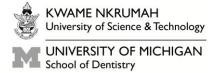
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### **Case Report Form – Clinical Evaluation Form**

**HEALTHY TEETH PROJECT** 

Study Code	e:			Tooth Diagram-Post-Treatment		
	ART Treatment		Evaluation*	\ R   L /		
Date	/ / 2010		/ /2010	ۣ <sub>ۣ؞؞</sub> ۄؖڰۛڰؖڰۄ؞ ؞؞ڔۄڰڰڰۿ		
Eligible Teeth	Tooth # (treated)	Surfaces (circle)	Clinical Evaluation (6 month recall)*			
Α		MODBL				
В		MODBL		18 (D) (D) 55   65 (D) (D) 24		
С		MODBL				
D		MODBL		44 60 60 85 75 60 60 31		
Adverse Events (circle)	None /	Adverse Event:	None / Adverse Event:	47 6 6 84 74 6 6 31 46		


(tooth#, surfaces, treatment need)

Referral: No / Yes Date of Referral: \_\_\_\_\_

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ART Maintenance/failure criteria