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# Case Report Form – Clinical Evaluation Form

## HEALTHY TEETH PROJECT

<table>
<thead>
<tr>
<th>Study Code: ___________________</th>
<th>Tooth Diagram–Post-Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ART Treatment</strong></td>
<td><strong>Evaluation</strong>*</td>
</tr>
<tr>
<td>Date</td>
<td>/ / 2010</td>
</tr>
<tr>
<td>Eligible Teeth</td>
<td>Tooth #</td>
</tr>
<tr>
<td>A</td>
<td>MODBL</td>
</tr>
<tr>
<td>B</td>
<td>MODBL</td>
</tr>
<tr>
<td>C</td>
<td>MODBL</td>
</tr>
<tr>
<td>D</td>
<td>MODBL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adverse Events (circle)</th>
<th>None / Adverse Event:</th>
<th>None / Adverse Event:</th>
</tr>
</thead>
</table>

Referral: No / Yes  Date of Referral: ___________________

________________________________________________________________________________

(Tooth#, surfaces, treatment need)

* ART Maintenance/failure criteria