CRA Form
Adults and Children 6+

First name:	Last name:	Date:

	Saliva			
USE	Do you take medications daily? If so, how many?	NO	YES ()	
	Do you feel as though you have a dry mouth at any time of the day or night?	NO	YES	
PATIENT USE	Diet			
PA-	Do you drink liquids other than water more than 2 times daily between meals?	NO	YES	
	Do you snack daily between meals?	NO	YES	
	Biofilm			
	Do you notice plaque build-up on your teeth between brushings?	NO	YES	
	CariScreen reading results:	LOW (0-1500)	HIGH (1501-9999)	
ONLY	Disease Indicators Circle one:			
NUSE	New/Progressing visible cavitations?	NO	YES	
CLINICIAN USE ONLY	New/Progressing approximal radiographic radiolucencies?	NO	YES	
O	New/Active white spot lesions?	NO	YES	
	Is decay history a concern?	NO	YES	

Risk Identification Transfer information above to boxes below to determine risk.

Healthy	+Risk Factors	+Disease Indicators
1 - Low Risk	2 - Moderate Risk	3 - High Risk
CDT Code D0601	CDT Code D0602	CDT Code D0603

Product Recommendation Guide

1 - Low Risk	2 - Moderate Risk	3 - High Risk
Gel CTX4 Gel 5000	CTX Rinse Rinse William Willia	CTX4 Treatment Rinse T
CTx12 Kit or CTx4 Gel 1100 (optional)	CTx21 Kit	CTx36 Kit
Brush CTx4 Gel 5000 or CTx4 Gel 1100 Replaces current toothpaste Brush twice daily with a pea-sized amount until product is gone Avoid eating or drinking for 30	Rinse 1st CTx3 Rinse • Use daily until product is gone • Swish for 60 seconds with 10 mL	Rinse 1st CTx4 Treatment Rinse • Use daily until product is gone • Mix 5 mL of Solution A with 5 mL of Solution B in the provided mixing cup
minutes after use	Brush 2nd CTx4 Gel 5000 Replaces current toothpaste Brush twice daily with a pea-sized amount until product is gone Avoid eating or drinking for 30 minutes after use	Swish for 60 seconds Brush 2nd CTx4 Gel 5000 Replaces current toothpaste Brush twice daily with a pea-sized amount until product is gone Avoid eating or drinking for 30 minutes after use