# **Pediatric CRA Form**

Guide to Cavity Prevention

Name			
Date			

**Risk & Disease Discovery** Complete the section below by circling the most appropriate answer for each question.

	Risk Factors				
	SALIVA				
SE	My child takes medications daily. If so, how many?	NO	YES ()		
	My child seems to have dry mouth at some point during the day or night.	NO	YES		
PATIENT USE	DIET				
PATIE	My child continuously sips on something other than water during the day, sleeps with a bottle, or nurses on demand.	NO	YES		
	My child snacks 1-3 times daily between meals	NO	YES		
	BIOFILM				
	I notice plaque build-up on my child's teeth.	NO	YES		
	Disease Indicators				
CLINICIAN USE ONLY	Mother/Caregiver active caries?	NO	YES		
	New/Progressing visible cavitations?	NO	YES		
	New/Progressing approximal radiographic radioluscencies?	NO	YES		
	New/Active white spot lesions?	NO	YES		
	Is decay history a concern?	NO	YES		

**Risk Identification** Determine risk based on answers above; one blue response indicates moderate risk, one red response indicates high risk.

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

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### **Treatment Options 0-2**

1 - Low Risk	2 - Moderate Risk	3 - High Risk
No intervention necessary	Description of the second	CASTREE
Control of the contro	SPRAY  SP	SPEAN
ether with the second s	Any of the above may be recommended	Both of the above may be recommended
Optional- CariFree Naturals Kids Toothpaste	CariFree Naturals Kids Toothpaste, Spray	Fluoride Free Gel (with n-HA), Spray

#### **Treatment Options 3-5**

1 - Low Risk	2 - Moderate Risk	3 - High Risk
No intervention necessary  Optional- Gel 1100	Any of the above may be recommended Gel 1100 (with n-HA), Spray	Both of the above may be recommended Gel 1100 (with n-HA), Spray

### **Treatment Options 6+**



Due to its strong flavor, Treatment Rinse may be reserved for extreme-risk cases only. Brushing it on is recommended to minimize taste concerns.

