

CRA Form Adults and Children 6+

Four-Step Guide to Cavity Prevention

Name _____

Date _____



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

PATIENT USE	Risk Factors		
	SALIVA	YES	NO
	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
	DIET		
	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
	CLINICIAN USE ONLY	Disease Indicators	
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

Once risk level diagnosis has been made, refer to next page for treatment options and reassessment protocol.

CRA Form

Four-Step Guide to Cavity Prevention



Treatment Options

1 - Low Risk	2 - Moderate Risk	3 - High Risk
 Gel 1100 or Pro Gel 5000	 Maintenance Rinse and Pro Gel 5000 (or 3-month Maintenance Kit)	 Treatment Rinse and Pro Gel 5000 (or 3-month Treatment Kit)

Dry Mouth

If dry mouth diagnosis has been made or if answered yes to dry mouth question, it is recommended to add moisturizing products such as Spray, Breath Mints, or Fluoride Free Gel for use throughout the day.



Reassessment Protocol

High Risk: Reassess every three months until moderate risk.

Moderate Risk: Reassess at every re-care appointment until low risk.

Low Risk: Reassess annually.

Four-Step Guide to Cavity Prevention

