

# CRA Form Adults and Children 6+

## Four-Step Guide to Cavity Prevention

Name \_\_\_\_\_

Date \_\_\_\_\_



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

Risk Factors			
PATIENT USE	SALIVA	YES	NO
	Do you take medications daily? If so, how many?	NO	YES ( <u>    </u> )
	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

Disease Indicators			
CLINICIAN USE ONLY	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



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

<i>Healthy</i>	<i>+ Risk Factors</i>	<i>+ Disease Indicators</i>
<b>1 - Low Risk</b>	<b>2 - Moderate Risk</b>	<b>3 - High Risk</b>
<i>CDT Code D0601</i>	<i>CDT Code D0602</i>	<i>CDT Code D0603</i>

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

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### Treatment Options

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

### 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.

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