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**		
	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	CariScreen reading results:	LOW (0-1500)	HIGH (1501-9999)
	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

2 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.

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3 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)

Hydration & Daily Support

For patients looking for added hydration throughout the day, consider CariFree Oral Moisturizing Spray, Breath Mints, and Fluoride Free Gel as part of their daily oral care routine.

4 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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