

Caries Susceptibility Clinical Chart

Patient _____

Date												
Operator												
Baseline		Tooth #	Mandatory	Elective	Cosmetic	Baseline Primary Dent			Tooth #	Mandatory	Elective	Cosmetic
tooth #	reading(s)	surface(s)	M	E	C	tooth #	reading(s)	surface(s)	M	E	C	
1						17						
2						18						
3						19						
4/a						20/k						
5/b						21/l						
6/c						22/m						
7/d						23/n						
8/e						24/o						
9/f						25/p						
10/g						26/q						
11/h						27/r						
12/i						28/s						
13/j						29/t						
14						30						
15						31						
16						32						

Legend

- X Missing tooth
- No reading necessary -
- Restorative work present
- or
- No pits or fissures present

Surface

- OC occlusal, central fossa
- OM occlusal, mesial groove
- OD occlusal, distal groove
- OL occlusal, lingual groove
- OB occlusal, buccal groove
- L lingual
- F facial
- B buccal