

PRE-OPERATIVE CALCULUS DETECTION FORM (completed prior to patient approval)

LEGEND **M - mesial** **L - lingual** **D – distal** **F – facial** **O – occlusal**

Surface count	TOOTH #	LOCATION OF CALCULUS					RADIOGRAPHIC CALCULUS (indicate if present)		SUBGINGIVAL CALCULUS (indicate if present)		SUPRA GINGIVAL CALCULUS (indicate if present)		STAIN (indicate if present)	
		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
1		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
2		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
3		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
4		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
5		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
6		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
7		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
8		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
9		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
10		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
11		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
12		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
13		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
14		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
15		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
16		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
17		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO
18		M	L	D	F	O	M	D	YES	NO	YES	NO	YES	NO

- 1. Prior to patient approval, enter tooth number**
- 2. Circle appropriate response for pre-operative calculus evaluation**
- 3. Multiple surfaces of the same tooth should be recorded as separate line entry.**