CariFree

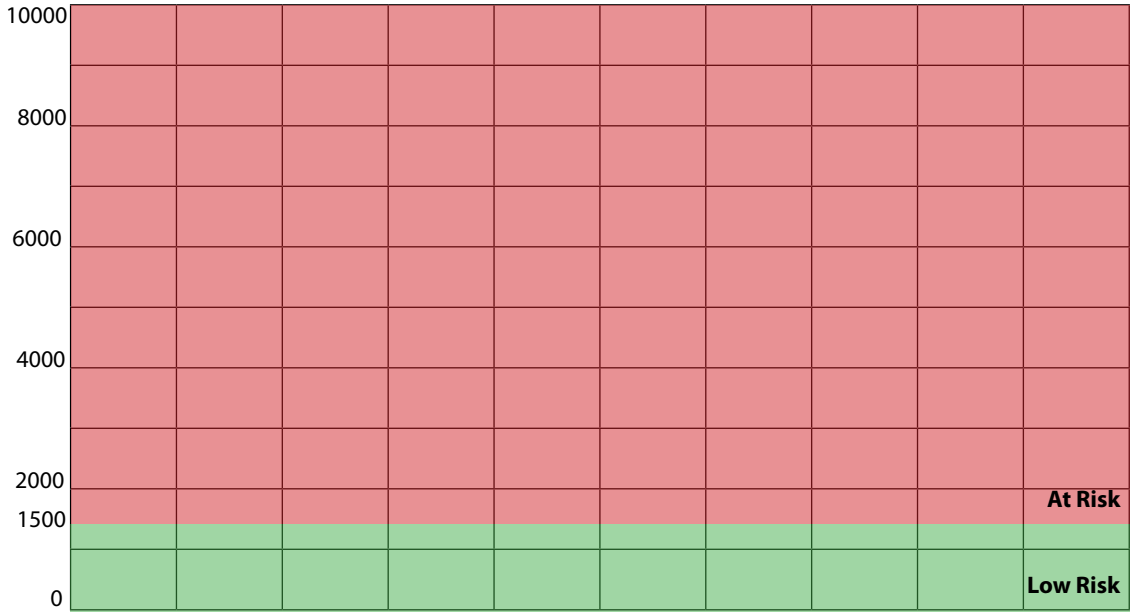
Caries Risk Assessment Form

Adults/Children over 6 Years

Name:_____ Date:_____

If **1** or more **DISEASE INDICATORS** or **2** or more **RISK FACTORS** are identified, then the patient is **AT RISK** and preventative theraputic intervention is recommended to reduce the risk of dental caries (tooth decay).

Instructions: Circle all answers that apply.		**AT RISK**	**LOW RISK**
1	**SCREENING**		
	CariScreen	1,501 - 9,999	0 - 1,500
2	**ASSESSMENT**		
	DISEASE INDICATORS		
	Visible cavitations	Yes	No
	Radiographic lesions	Yes	No
	White spot lesions	Yes	No
	Cavities in last 3 years	Yes	No
	RISK FACTORS		
	Visible plaque	Yes	No
	Deep pits and fissures	Yes	No
	Inadequate saliva flow	Yes	No
	Exposed roots	Yes	No
	Orthodontic or other appliances present	Yes	No
	Frequent Snacking (1-3 times between meals)	Yes	No
	Acidic Beverages (soft/sport/juice/wine/beer/tea/coffee)	Yes	No
	Hyposalivary Medications	Yes	No
	Reflux	Yes	No
	Recreational Drugs	Yes	No
	Other	Yes	No
	DIAGNOSIS - ASSESSMENT	**AT RISK**	**LOW RISK**



Recommended Corrective Treatment

☐ Treatment Rinse ☐ Maintenance Rinse ☐ Oral Neutralizer Gel

☐ Boost Mouth Spray Brush Teeth _____ Daily Floss _____ Daily

Sugarfree Xylitol Gum_____ Daily

* Based on Featherstones clinically proven Caries Risk Assessment. Caries risk criteria as defined by the American Dental Association Council on Scientific Affairs, JADA August 2006.

For further information contact www.esssolology.com