



Cracked Tooth Registry

This form should be filled out only **AFTER** all eligibility criteria are confirmed, including tooth vitality. Section 1 (Baseline Exam) **MUST** be completed for all patients enrolled in the study. Section 2 (Treatment Information) is filled out **ONLY** if treatment is performed at the baseline enrollment visit.

Baseline: Exam & Treatment Form

Section 1 – Baseline Exam

Visit Date: |__|_|_|/|__|_|_|/|_2_|_0_|_1_|_|_|
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1. **Tooth #:** |__|_|_| Please answer the following questions regarding this tooth:
2. Patient reports spontaneous pain in this tooth
 Yes No
3. How was tooth **tested for vitality?** (Check all that apply):
 Cold-refrigerant spray (preferred) Electric Pulp Tester
 Cold-ice Other (please describe): _____
4. Did the patient respond with pain (not just discomfort) to **cold testing of this tooth?**
 Yes, pain was short and sharp No
 Yes, pain was prolonged (5 seconds or more) Other (please describe): _____
5. Did the patient respond with pain (not just pressure) upon **biting and/or releasing on this tooth?**
 Yes No Other (please describe): _____
6. Select the **characteristics that apply to the tooth in question** (Check all that apply):
 In occlusion with opposing tooth/teeth
 Has a wear facet through enamel
 Roots exposed to oral cavity
 Caries present anywhere on the tooth
 It is a Removable Partial Denture abutment tooth
 It is a Fixed Partial Denture (bridge) abutment tooth
 Has a non-carious cervical lesion (NCCL) or abfraction
 Has a partial tooth fracture (loss of a portion of tooth structure coronal to the periodontal attachment; e.g., loss of a cusp)
 Has a complete tooth fracture (includes both the coronal and radicular tooth structure below the periodontal attachment; e.g., a fracture that renders the tooth non-restorable)
 None of the above

7. Characterize the **opposing tooth/teeth** (Check all that apply):
- Natural or restored tooth
 - Implant restored crown
 - Fixed Partial Denture (bridge) pontic
 - Removable Full Denture or Partial Denture
 - No opposing tooth
8. **Radiographic evidence** (if radiograph available within past 12 months, taken in the course of regular care) (Check all that apply):
- Evidence of crack(s) on radiograph
 - Evidence of periradicular lucency
 - No crack-related findings on the radiograph
 - Radiograph not taken in past 12 months
9. **Treatment you are recommending for this tooth subsequent to this evaluation** (whether in your office or practice to which you refer) (Check all that apply):
- No treatment/monitor
 - Extraction (Complete the **DISCONTINUATION FORM**)
 - Endodontics
 - Restoration(s) (**Go to Q9a**)
- 9a. If you checked the “restoration” box, please answer the following questions about the **FINAL DEFINITIVE restoration you are recommending** for this tooth **subsequent to this evaluation, (either today or another day, whether in your office or a practice to which you refer)**
- i) The restoration will be (Check one response only)
 - Direct Placement
 - Indirect
 - ii) The restoration will be (Check one response only)
 - Intracoronal
 - Crown
 - Partial crown/onlay
 - iii) The restoration will be (Check one response only)
 - Bonded: (i.e. restoration bonded to tooth with bonding agent and/or resin cement)
 - Non-bonded
 - iv) If you will be providing a crown, partial crown or onlay, will you be placing a core/build-up prior to the final restoration? (Check one response only) Yes No NA
- Other (please describe): _____
10. **Reason for recommended treatment** (Check all that apply):
- Caries (associated with crack)
 - Caries (NOT associated with crack)
 - Broken/defective restoration
 - Compromised tooth structure (protection against tooth fracture)
 - Periodontal involvement
 - Pulpal involvement
 - Tooth sensitive to hot/cold
 - Tooth painful or infected
 - Broken tooth
 - Other (please describe): _____

END OF SECTION 1

If you will be treating this tooth **at this time**, please fill out Section 2. If you are only completing the exam, skip Section 2. Please sign and date this form on the last page. If you have not already done so, please complete the Reference Worksheet.

Section 2 - Treatment Information

- Tooth #:** |__| |__|
- Can an internal crack assessment be done now? (Tooth will be prepared at this treatment visit and internal cracks can be viewed now)?
 - Yes
 - No (Skip to Q4)
- Number of cracks assessed internally:** |__| (For each numbered internal crack, fill out the appropriate table below)

Internal Crack #1
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #2
a. Characteristics (Check all that apply): <input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply): <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply): <input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply): <input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

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Internal Crack #3	
a. Characteristics (Check all that apply):	<input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply):	<input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply):	<input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply):	<input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

Internal Crack #4	
a. Characteristics (Check all that apply):	<input type="checkbox"/> Stained <input type="checkbox"/> Connected with pre-existing Restoration <input type="checkbox"/> None of the above
b. Surfaces involved (Check all that apply):	<input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> L <input type="checkbox"/> Pulpal
c. Crack involves: (Check all that apply):	<input type="checkbox"/> F cusps <input type="checkbox"/> L cusps <input type="checkbox"/> Unsure <input type="checkbox"/> None
d. Connects with another crack(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
e. Continuation of external crack:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
f. Crack includes: (Check all that apply):	<input type="checkbox"/> Enamel <input type="checkbox"/> Dentin

4. What treatment was completed on the study tooth? (Check all that apply)

- Extraction (Complete the **DISCONTINUATION FORM**)
- Endodontics
- Restoration(s) (**Go to Q4a**)

4a. If you checked the "restoration" box, please answer the following questions (i-v) **only** if you provided a **final definitive restoration** at this appointment?

i) The restoration was (Check one response only)

- Direct Placement Indirect

ii) The restoration was (Check one response only)

- Intracoronal Crown Partial crown/onlay

iii) The restoration was (Check one response only)

- Bonded (i.e. restoration bonded to tooth with bonding agent and/or resin cement)
- Non-bonded

iv) Which surfaces were involved in the restoration? (Check all that apply)

- M O D F L

v) Which material(s) were used? (Check all that apply)

- Amalgam Composite GI/RMGI (Glass Ionomer/Resin-modified Glass Ionomer)
- All Ceramic Cast metal/PFM (porcelain fused to metal)
- Other (please describe): _____

Other (please describe): _____

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4b. If you checked the “restoration” box, did you place a core/build-up for a crown, partial crown or onlay at today’s appointment? (Check one response only)
 Yes No NA

4c. If you checked the “restoration” box, did you place a temporary crown or restoration at today’s appointment? (Check one response only)
 Yes No NA

5. Treatment you are **recommending** for this tooth subsequent to today’s treatment, (whether in your office or a practice to which you refer) (Check all that apply):

- No treatment/monitor
- Extraction (Complete the **DISCONTINUATION FORM**)
- Endodontics
- Restoration(s) (If restorative treatment recommendation is the same as Section 1, Q9a, you are done completing this form and can go to the end of section 2; If restorative treatment recommendation has changed, Go to Q5a)

5a. If you checked the “restoration” box, please answer the following questions about the **FINAL DEFINITIVE restoration you are recommending** for this tooth subsequent to this evaluation, (either today or another day, whether in your office or a practice to which you refer)

- i) The restoration will be (Check one response only)
 - Direct Placement Indirect
- ii) The restoration will be (Check one response only)
 - Intracoronal Crown Partial crown/onlay
- iii) The restoration will be (Check one response only)
 - Bonded: (i.e. restoration bonded to tooth with bonding agent and/or resin cement)
 - Non-bonded
- iv) If you will be providing a crown, partial crown or onlay, will you be placing a core/build-up prior to the final restoration? (Check one response only) Yes No NA
- Other (please describe): _____

END OF SECTION 2

Practitioner Signature

Date: |__|_|/|__|_|/| **2** | **0** | **1** |__|_|
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PLEASE REVIEW THIS FORM FOR COMPLETION AND ACCURACY. THANK YOU.
 Questions? Contact your RC at the phone or email provided on the front of the binder.