





	C01: Caries Follow-up Assessment Form This form should be completed by the Dental Nurse at the screening examination
	1. School ID
	Section 1: Participants Details
	2. Participant ID 3. Initials 4. Date of Birth
	5. Gender Male Female
3.1	6. Date of Treatment
	7. Follow-up visit 12month 24month 36month







UPPER RIGHT UPPER LEFT

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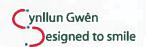
LOWER RIGHT LOWER LEFT

Corrections :	
(Please number all corrections)	

Now complete the Hypoplasia Record for the first permanent molars only

CO1 Caries Follow-up Form, version 2.5

17/06/2014







First Permanent Molar Hypoplasia Record

UPPER RIGHT		UPP	ER LEFT
8.Hypoplasia status (tick one) normal (tooth in trial) demarked opacity (tooth in trial) post eruptive breakdown (excluded) tooth missing		9.Hypoplasia status (tick one) normal (tooth in trial) demarked opacity (tooth in trial) post eruptive breakdown (excluded) tooth missing	
10.Hypoplasia status (tick one) normal (tooth in trial) demarked opacity (tooth in trial) post eruptive breakdown (excluded) tooth missing		11.Hypoplasia status (tick one) normal (tooth in trial) demarked opacity (tooth in trial) post eruptive breakdown (excluded) tooth missing	
LOWER RIGHT	10	LOWI	ER LEFT
Date form completed Examining Dentist Initials		13. Completed by (please sign)	ER LEFT
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Date form completed		13. Completed by	ER LEFT