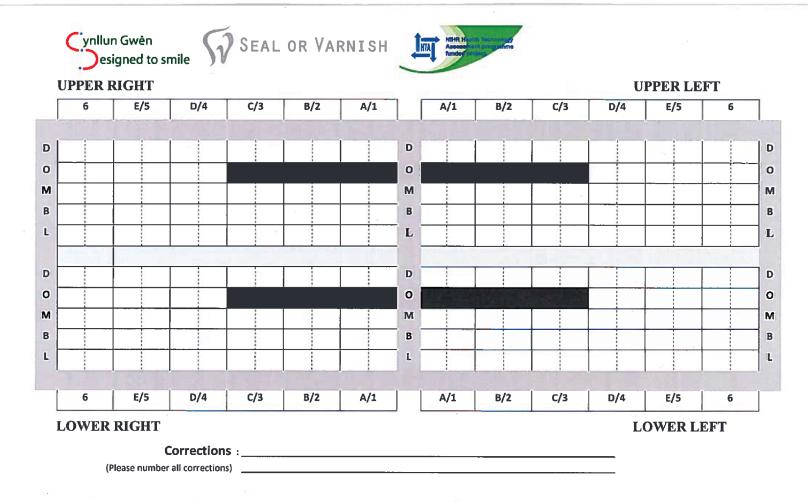
ynllun Gwên Designed to smile		ALOR	Varnish		
CO2: Caries This form sh			Re-examir Il Nurse at the caries	Form	
Section 1: Participants Details					
2. Participant ID	3. Initials		4. Date of Birth		
5. Gender Male F	emale				
6. Date of Assessment					
7. Visit: Baseline	12month	24month	36 month		



Now complete the Hypoplasia Record for the first permanent molars only

C02 Caries Re-examination Form Version 2.6 06/03/2013





## First Permanent Molar Hypoplasia Record

UPPER RIGHT		UPPI	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	
<b>10.Hypoplasia status (tick one)</b> normal (tooth in trial) demarked opacity (tooth in trial) post eruptive breakdown (excluded) tooth missing		<b>11.Hypoplasia status (tick one)</b> normal (tooth in trial) demarked opacity (tooth in trial) post eruptive breakdown (excluded) tooth missing	
LOWER RIGHT		LOW	R LEFT
blease sign)			
or SEWTU use only			
eceived:	ceived by	y: Entered into database:	