CLINICAL FINDINGS FOR
RESTORATION BENEFITS DETERMINATION

“I attest to the accuracy of the information based upon my clinical evaluation and chart review. All of these findings are documented in the patient’s records.”

Dentist Signature: __________________________ Date: __________________________

Patient: __________________________

Tooth #:______ New/Proposed Restoration: __________________________

Prior Restoration(s): __________________________ Date of Prior Placement: __________________________

The new restoration will be/were placed for the following reason(s):

DECAY
☐ Caries extensive enough to undermine cusps, requiring cuspal coverage: MB DB ML DL
☐ Recurrent caries adjacent to existing restoration(s) at M O D B L surface(s)
☐ Recurrent marginal caries involving crowns, not repairable, at M O D B L surface(s)
☐ Caries undermining the incisal angle of an anterior tooth: MI DI

FRACTURE
☐ Tooth fractured; cannot be reasonably restored with a direct restorative material.
   __Previous fracture, previously restored cusp(s): MB DB ML DL
   __New fracture, with the loss of cusp(s): MB DB ML DL
   __Incisal angle(s) on anterior: MI DI
   __From trauma; cause:
   ☐ Prior restoration fractured; cannot be reasonably restored with direct restorative material.
   ☐ True cracks and/or fissures with loss or displacement of enamel (not “craze lines”), in these areas:
      a. Horizontal, in dentin at base of these cusps: MB DB ML DL
      b. Mesial to distal, in dentin of pulpal floor
      c. Mesial to distal, across occlusal surface enamel
      d. Across the ( _mesial / _distal ) marginal ridge(s)
         __ Seen clinically, not visible on x-ray
         __ Stops transilluminated light
      ☐ Fractured porcelain on existing crown: Mesial Distal MB DB ML DL MI DI

PAIN – Clinically confirmed diagnosis of Cracked Tooth Syndrome
☐ Pain on biting and/or release of pressure, on these cusps: MB DB ML DL
☐ Pain upon thermal stimuli: __hot / __cold / __both
☐ Clinically reproduced pain goes away in: ___seconds / ___minutes

ENDODONTICALLY TREATED TOOTH
☐ Tooth has had a root canal treatment done on this date: _____________
☐ Tooth will have root canal treatment prior to this restoration
☐ Coronal area is lacking in dentin and enamel, and is unsupported

ABRASION / EROSION
☐ Severe abrasion, into dentin, with no enamel protection
☐ Close to pulp.

INSUFFICIENT TOOTH STRUCTURE - Inadequate remaining sound tooth structure to support a direct restoration.
   Approximate amount of missing clinical crown structure:
   _25% _40% _50% _60% _70% _80% _90%

BUILD-UP PLACED
☐ Build-up material is not being used only as a filler, or to eliminate prep undercuts, box form, or concave irregularity.
☐ Insufficient anatomical crown structure for retention of a new crown (see above).
☐ Tooth has been endodontically treated

ADDITIONAL SUPPORTING DOCUMENTATION ENCLOSED:
☐ Clinical/Intraoral photographs
☐ Copy of chart notes
☐ X-rays
☐ Narrative describing prognosis if there is uncertainty about decay proximity to bone or furcation, periapical radiolucencies, prior endodontic treatment fill, root fracture, or periodontal bone loss.