

CRA Form

Adults and Children 6+

First name: _____ Last name: _____ Date: _____

| | | |
|--|---|----------------------------------|
| Risk Factors <i>Circle one:</i> | | |
| P A T I E N T U S E | Saliva | |
| | Do you take medications daily? If so, how many? | NO YES (_____) |
| | Do you feel as though you have a dry mouth at any time of the day or night? | NO YES |
| | Diet | |
| | Do you drink liquids other than water more than 2 times daily between meals? | NO YES |
| | Do you snack daily between meals? | NO YES |
| | Biofilm | |
| | Do you notice plaque build-up on your teeth between brushings? | NO YES |
| C L I N I C I A N U S E O N L Y | CariScreen reading results: | LOW HIGH (0-1500) (1501-9999) |
| | Disease Indicators <i>Circle one:</i> | |
| | New/Progressing visible cavitations? | NO YES |
| | New/Progressing approximal radiographic radiolucencies? | NO YES |
| | New/Active white spot lesions? | NO YES |
| | Is decay history a concern? | NO YES |

Risk Identification *Transfer information above to boxes below to determine risk.*

| | | |
|----------------|-------------------|---------------------|
| Healthy | +Risk Factors | +Disease Indicators |
| 1 - Low Risk | 2 - Moderate Risk | 3 - High Risk |
| CDT Code D0601 | CDT Code D0602 | CDT Code D0603 |

Product Recommendation Guide

| 1 - Low Risk | 2 - Moderate Risk | 3 - High Risk |
|--|---|---|
|  <p>CTx12 Kit or CTx4 Gel 1100 (optional)</p> |  <p>CTx21 Kit</p> |  <p>CTx36 Kit</p> |
| <p>Brush CTx4 Gel 5000 or CTx4 Gel 1100</p> <ul style="list-style-type: none"> • Replaces current toothpaste • Brush twice daily with a pea-sized amount until product is gone • Avoid eating or drinking for 30 minutes after use | <p>Rinse 1st CTx3 Rinse</p> <ul style="list-style-type: none"> • Use daily until product is gone • Swish for 60 seconds with 10 mL <p>Brush 2nd CTx4 Gel 5000</p> <ul style="list-style-type: none"> • Replaces current toothpaste • Brush twice daily with a pea-sized amount until product is gone • Avoid eating or drinking for 30 minutes after use | <p>Rinse 1st CTx4 Treatment Rinse</p> <ul style="list-style-type: none"> • Use daily until product is gone • Mix 5 mL of Solution A with 5 mL of Solution B in the provided mixing cup • Swish for 60 seconds <p>Brush 2nd CTx4 Gel 5000</p> <ul style="list-style-type: none"> • Replaces current toothpaste • Brush twice daily with a pea-sized amount until product is gone • Avoid eating or drinking for 30 minutes after use |