COE Examination Criteria	Response Type
1. RADIOGRAPHIC EVALUATION	
1001 Panoramic image (PAN)	
Maxillary sinuses	(textbox)
Nasal cavity	(textbox)
TMJ complex	(textbox)
Mandibular canal visualization	(textbox)
?Bone anomalies (eg. radiopacity/radiolucency)	(textbox)
? Click on green ? Mark at bottom of form Copy and paste into text box and enter answers	
Soft tissue abnormalities (eg. sialoliths, calcified lymph nodes)	(textbox)
Other findings	(textbox)
1101 Intraoral images (FMX, PAX, BWX)	
Missing teeth	(textbox)
For each caries class, list tooth # then surface	(textbox)
Double-click HERE to display ADA Caries Classification System (CCS)-XR	
E1:	(textbox)
E2:	(textbox)
D1:	(textbox)
D2:	(textbox)
D3:	(textbox)
Other caries:	(textbox)
Radiographic calculus	(textbox)
Radiographic periodontal defects	(textbox)
PDL space or lamina dura abnormalities	(textbox)
?Bone anomalies (eg. radiopacity/radiolucency)	(textbox)
? Click on green ? Mark at bottom of form Copy and paste into text box and enter answers	
1201 General radiographic diagnoses (summarize)	(textbox)
1301 Additional imaging needed?	(textbox)

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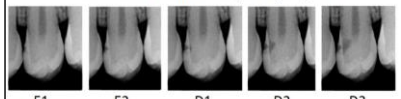
XR Lesion Descriptors:

Specific location
Size (mm x mm)
Number/distribution (single, multiple, diffuse)
Density (RL uni-locular, mixed RL-RO, RL multi-locular, RO)
Border (well-defined or poorly-defined)
Expansion (none, yes, questionable)
Effect on adjacent tissues
Symptoms (none-lesion is an incidental finding, none-but pt aware of lesion, yes-describe)
Symptoms duration (unknown, known-describe)
Soft-tissue correlation (none, yes-describe)
Compared to prior images

Use this information to determine the following:
a DIFFERENTIAL DX (minimum 2 possibilities, most to least likely, indicate if biopsy needed)
Additional testing needed (no, yes: images, percussion, palpation, thermal, EPT, tooth slooth, other)

ADA Caries Classification System (CCS)-XR



E1: To outer 1/2 enamel
E2: To inner 1/2 enamel
D1: To outer 1/3 dentin
D2: To middle 1/3 dentin
D3: To inner 1/3 dentin

COE Examination Criteria				Response Type
2. HEAD & NECK EVALUATION				
2101 Extra-oral Soft Tissue NO = No lesion/variations observed				
Facial asymmetry-significant variations?	Yes	No	If yes, describe:	(textbox)
Skin-lesions observed?	Yes	No	If yes, describe:	(textbox)
Thyroid gland-lesions observed?	Yes	No	If yes, describe:	(textbox)
Salivary glands-lesions observed?	Yes	No	If yes, describe:	(textbox)
Carotid pulse-any significant variations?	Yes	No	If yes, describe:	(textbox)
Lymph nodes-lesions observed?	Yes	No	If yes, describe:	(textbox)
2201 Musculoskeletal				
Muscles of Mastication				(dropdown)
Asymptomatic-no issues reported				
Symptomatic-jaw pain or limitations reported				
If symptomatic, describe (familiar pain?, pain intensity?, referred to distant sites?)				(textbox)
TMJ palpation				
R Lateral pole (Click Yes to select answers)			Yes No	
Asymptomatic				(checkall)
Symptomatic				
Click				
Crepitus				
L Lateral pole (Click Yes to select answers)			Yes No	
Asymptomatic				(checkall)
Symptomatic				
Click				
Crepitus				
Mandibular deviation upon maximum opening NO=Normal (<2mm)			Yes No	
If Yes-Deviation/deflection to R (mm)				(number box)
If Yes-Deviation/deflection to L (mm)				(number box)
Double-click HERE to display TMJ Functional Measurements Diagram				
Mandibular Range-of-Motion measurements (reference teeth #8 & #25)				
OB-Overbite (vertical mm)				(number box)
Maximum inter-incisal opening (mm, include OB)				(number box)
OJ-Overjet (horizontal mm)				(number box)
Maximum protrusion (mm, include OJ)				(number box)
Maximum R excursion (mm)				(number box)
Maximum L excursion (mm)				(number box)
2301 Cranial Nerve Screening				
Sensory/motor abnormalities observed: Y/N			Yes No	
(if yes, complete Cranial Nerve Screening on O*rofacial Pain* form)				
2999 Treatment suggestions based on findings				(textbox)

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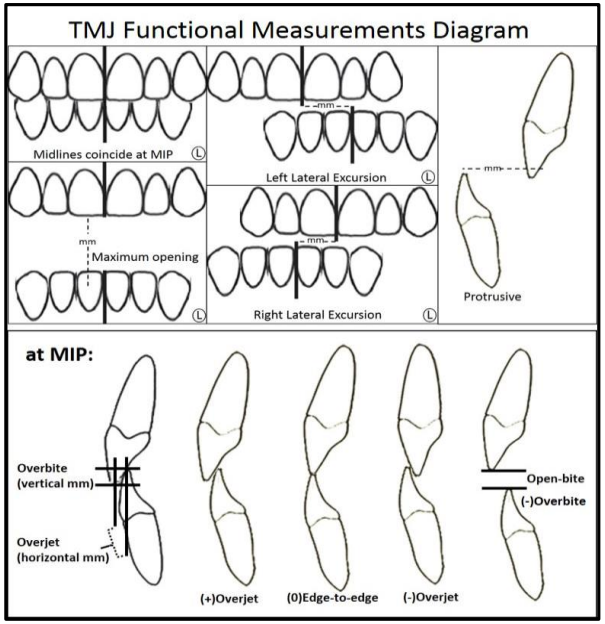

COE Examination Criteria | **Response Type**

3. ORAL SOFT TISSUE EVALUATION

?3001 Intra-oral ST lesion observations:

? Click on green ? Mark at bottom of form
Copy and paste into text box and enter answers

Lips	(textbox)
Hard palate	(textbox)
Soft palate	(textbox)
Oropharynx	(textbox)
Tongue	(textbox)
Floor-of-mouth	(textbox)
Buccal mucosa	(textbox)
Gingiva/alveolar mucosa	(textbox)

3999 Treatment suggestions based on findings (textbox)

4. INITIAL PERIODONTAL ASSESSMENT

Double click HERE to display LSU Modified ADA/AAP Case Type Classifications

4101 PD Probing depths (generalized = more than 30% of sites) (dropdown)
- 0-3 mm
- 3-4 mm
- 5-6 mm
- ≥ 7 mm

4201 XR Radiographic bone loss from CEJ (check all that apply) Yes No (if yes, checkall)
- No bone loss
- < 2mm
- 2-3 mm (≤ 10%)
- 3-5 mm (11-30%)
- > 5 mm (>30%)

4301 Working Diagnosis (Check one) Yes No (if yes, check one)
- N/A (not applicable, edentulous)
- Gingival health
- Gingival health or gingivitis on a reduced periodontium
- Gingivitis (I)
- Mild periodontitis (II)
- Moderate periodontitis (III)
- Severe periodontitis (IV)

4998 ADDITIONAL INFORMATION FOR THIS SECTION: (textbox)

? Click on green ? Mark at bottom of form
Copy and paste into text box and enter answers

4999 Treatment suggestions based on findings (textbox)

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ST Lesion Descriptors:

Specific location
Size (mm x mm x mm)
Number/Distribution (single, multiple, diffuse)
Color (normal pink, red, white, mixed red & white, brown, yellow, gray-black, blue-purple, blanches on pressure)
Border definition (well-defined, poorly-defined)
Border symmetry (regular, irregular)
Surface elevation (depressed, flat, raised)
Surface texture (normal, ulcerated, smooth, rough, papillary)
Consistency (normal, soft, fluctuant, firm, hard)
Symptoms (none-lesion is an incidental finding, none-but pt aware of lesion, yes-describe)
Symptoms duration
XR correlation (none, yes-describe)
Comparison to prior images

Use this information to determine one of the following:
a **CLINICAL DX** (based on signs & symptoms)
OR
a **DIFFERENTIAL DX** (minimum 2 possibilities, indicate if biopsy needed)

LSU MODIFIED ADA/AAP CASE TYPE CLASSIFICATIONS

	Gingivitis	Mild (Slight) Periodontitis	Moderate Periodontitis	Severe (Advanced) Periodontitis
Most often correlates with	ADA I	ADA II	ADA III	ADA IV
Gingival Inflammation	BOP +	BOP+/-	BOP+/-	BOP+/-
PD Probing Depth	0 to 3 mm	3-4 mm	5-6 mm	≥ 7 mm
CAL Clinical Attachment Loss	None	*1-2 mm*	*3-4 mm*	*≥5 mm*
FI Furcation Involvement	None	Furcation involvement possible	Furcation involvement probable	Furcation involvement probable
XR Radiographic Bone Level	Bone no more than 2 mm from CEJ	Bone >2 mm &/or ≤3 mm from the CEJ (or up to ~10% of the actual root length)	Bone is >3 mm &/or ≤ 5 mm (or between 11-30% of the actual root length)	Bone is >5 mm from the CEJ (or >30% of the actual root length)

This chart is intended as a guideline for disease classification. A patient might be diagnosed with more than one condition.

As probing depths do not give enough information to diagnose a patient, the soft tissue margin must be considered (Clinical Attachment Level). A diagnosis of periodontitis is currently rendered based on the patient having loss of the bone or soft tissue, and the severity is dependent upon the amount of Clinical Attachment Loss.

Mobility, variation in the gingival color or contour, and mucogingival issues may be present or absent in any patient. It is important to note if variations in these conditions exist, but none (on their own) will determine the extent of periodontal disease. Likewise, bleeding on probing is a sign of inflammation. Patient factors, including smoking, might mask this condition.

Other Periodontal Observations

Gingival color (normal=coral pink, physiologic pigmentation, red, purple=cyanotic)
Papilla contour (normal=pointed, min-mod-sev blunting, hyperplasia)
Gingival consistency (normal=firm, soft, spongy, swollen=edematous)
Gingival deficiencies (none, gen or local, min-mod-sev, recession, lack of KG, clefts)
Clinical Attachment Loss (min-1-2mm, mod-3-4mm, sev->5mm; loc or gen)
Furcation involvement (gen or loc)
Mobility (none, gen or local, class 1=more than normal, class 2=up to 1mm B-L or reduced periodontium, class 3=more than 1mm B-L and/or vertically depressible)
Plaque (gen or local, min-mod-sev amount)
Calculus (gen or local, min-mod-sev amount)

COE Examination Criteria	Response Type
5. OCCLUSAL EVALUATION	
5001 Skeletal	
Skeletal Class (profile vertical)	(dropdown)
Mesognathic-Class 1	
Retrognathic-Class 2	
Prognathic-Class 3	
Skeletal Harmony (frontal horizontal)	(dropdown)
Open (midface < lower face)	
Normal (midface = lower face)	
Deep (midface > lower face)	
5101 Individual Arch Assessment	
Click on green ? at bottom of form	
Copy and paste into answer text box	
?Maxillary Arch Assessment Summary	(textbox)
?Mandibular Arch Assessment Summary	(textbox)
Inter-arch Relationships in Maximum Intercuspal Position (MIP)	
5201 Horizontal MIP (Angle's Classification)	
Double-click HERE to display Angle's Classification Diagram	
Right Angle's Classification	(dropdown)
R molar/cuspid--Class I Mesognathic	
R molar/cuspid--Class II Retrognathic	
R molar/cuspid--Class III Prognathic	
R molar/cuspid--N/A	
Left Angle's classification	
L molar/cuspid--Class I Mesognathic	(dropdown)
L molar/cuspid--Class II Retrognathic	
L molar/cuspid--Class III Prognathic	
L molar/cuspid--N/A	
Incisor Position	
Labioversion, proclined as Angle's Class II Div 1	(check one)
Retruded centrals, reclined as Angles Class II Div 2	
Incisor position--N/A	
5301 Vertical MIP (Occlusal Vertical Dimension)	
?OVD Assessment Summary	(textbox)
Click on green ? Mark at bottom of form	
Copy and paste into answer text box	
5401 Transverse MIP (Crossbite)	
No crossbite	(checkall)
Anterior crossbite	
Right posterior crossbite	
Left posterior crossbite	
5998 ADDITIONAL INFORMATION FOR THIS SECTION:	(textbox)
5999 Treatment suggestions based on findings	(textbox)

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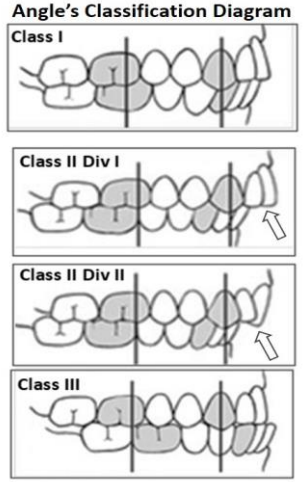
Individual Arch Assessment Criteria

Intact arch
Crowding
Spacing (other than missing teeth)
Partially edentulous--one or two missing teeth within arch (not including 3rd molars)
Partially edentulous--three or more missing teeth in arch (not including 3rd molars)

Completely edentulous
Ridge defects (size, alignment, inter-arch space, shallow palate, combination syndrome...)
Hard-tissue defects (bony undercuts, spicules, residual roots...)
Soft-tissue defects (vestibule depth, frenum attachments...)

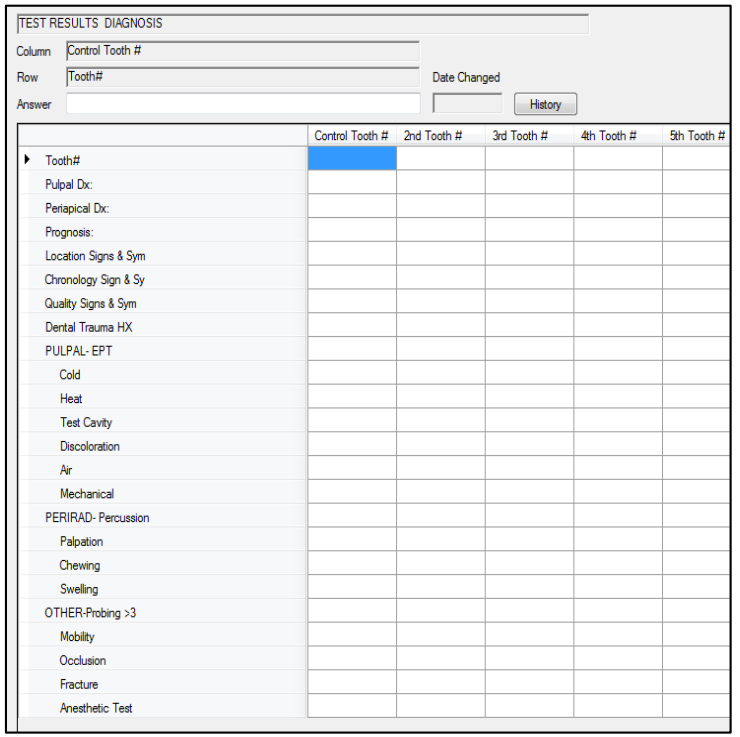
Angle's Classification Diagram



Occlusal Vertical Dimension Criteria

Normal OVD (up to 33% vertical overlap of incisors)
Loss of OVD-excessive posterior wear
Loss of OVD-lack of posterior support (collapsed occlusion)

Anterior-excessive wear (< 1/2 normal tooth height)
Anterior deep-bite (more than 50% vertical overlap)
Anterior edge-to-edge (no vertical overlap, 0 mm)
Anterior open-bite (no vertical overlap, negative mm)

COE Examination Criteria			Response Type
6. VITALITY EVALUATION			
6001 Vitality evaluation needed?	Yes	No	(check one)
6101 Symptoms affected by any of the following: heat, cold, sweets, biting, chewing, manipulation, head position, time of day, medication?			(textbox)
6201 Tooth clinical findings?			(textbox)
6301 Soft tissue clinical findings?			(textbox)
6401 XR tooth findings?			(textbox)
6501 XR attachment apparatus findings?			(textbox)
6601 Double-click HERE to enter pulp and periapical TEST RESULTS & DIAGNOSIS			

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