

CDHO Clinical Competency Evaluation Record of Deposits

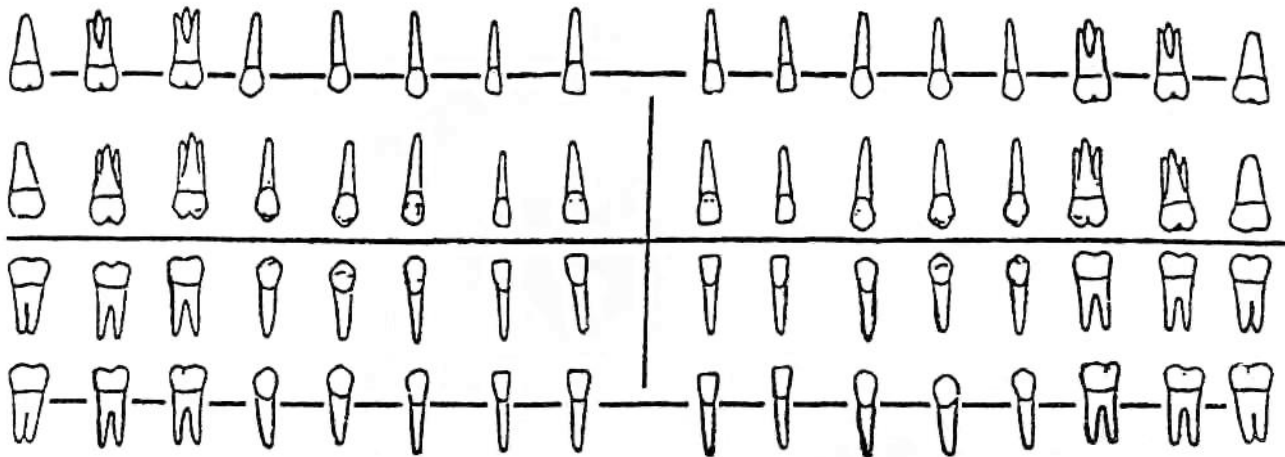
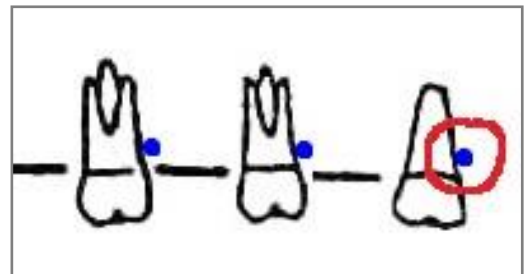
Evaluation Date: _____

Client Name: _____

CANDIDATE

Instructions:

- Chart presence of all supra and subgingival calculus using blue ink or black ink.
- Circle any remaining in red ink.



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