



pleBOS National Audit of mini-screws / temporary anchorage devices (TADs)

DATA COLLECTION SHEET 2: AT TIME OF MINI-SCREW / TAD REMOVAL OR FAILURE

TAD Audit Registration Number		Patient Date of Birth dd/mm/yy	/ /
Number of mini-screws / TADs used <small>if more than 4 complete two audit sheets</small>		Unique patient identifier i.e. hospital / practice number	
Is orthodontic treatment complete at date of form submission?	Yes / No	Have mini-screws / TADs provided desired anchorage?	Yes / No

		TAD #1	TAD #2	TAD #3	TAD #4
TAD location	Which jaw?	Max / Mand	Max / Mand	Max / Mand	Max / Mand
	Lingual or Labial?	Lingual / Labial	Lingual / Labial	Lingual / Labial	Lingual / Labial
	Adjacent teeth <small>FDI notation</small>				
Removal or Failure?		Removal / Failure	Removal / Failure	Removal / Failure	Removal / Failure
Date of removal / failure		/ /	/ /	/ /	/ /
Reason for failure	Infection	Yes / No	Yes / No	Yes / No	Yes / No
	Gingival inflammation	Yes / No	Yes / No	Yes / No	Yes / No
	Excess mobility	Yes / No	Yes / No	Yes / No	Yes / No
Any adverse effects recorded	Infection	Yes / No	Yes / No	Yes / No	Yes / No
	Gingival inflammation	Yes / No	Yes / No	Yes / No	Yes / No
	Excess mobility	Yes / No	Yes / No	Yes / No	Yes / No
	Damage to tooth root	Yes / No	Yes / No	Yes / No	Yes / No
Screw replaced following failure?		Yes / No	Yes / No	Yes / No	Yes / No
<i>Additional comments</i>					

Delete responses as appropriate

When sheet completed send to TAD Audit, BOS, 12 Bridewell Place, London EC4V 6AP