**Form 2: At time of removal or failure**

**National Audit of Mini Screws / Temporary Anchorage Devices (TADs)**

**This form should only be completed when all TADs in the patient have failed or been removed.**

Please complete the data collection form below for online submission or to download the form as a PDF document for postal submission to BOS [click here](http://www.bos.org.uk/Resources/BOS/Documents/Audit%20and%20research/TAD%20audit%20form%202.pdf).

\* denotes mandatory field.

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| **TAD audit registration number \*** | This is the unique 4 digit identifier you were provided with when you registered. If you have forgotten your Registration Number, please contact the Project Lead via the link at the Project home page for resent. |
| **Patient date of birth \*** |  |

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| This is necessary for the Form 1 and Form 2 to be correctly linked. |
| **Number of mini screws / TADs inserted (Please complete two audit sheets if more than 4) \*** | Please insert your local unique identifier. Again this is necessary to ensure Form 1 is correctly linked to Form 2. |
| **Unique patient identifier i.e. hospital / practice number \*** | State the number of TADs used in this patient and previously reported on a Form 1. Include all TADs in the Audit even if more than one Form 1s have been used. If this total is more than four, then submit more than one Form 2. We will cross reference the individual TADs via the location data you provide. |
| **Is orthodontic treatment completed at date of form submission? \*** | |  | | --- | | Yes | | No |   Indicate whether active orthodontic treatment is now complete, or is ongoing after removal of all TADs. |
| **Have mini screws / TADs provided desired anchorage? \*** | |  | | --- | | Yes | | No |   Indicate whether the TADs have provided the anchorage you required to carry out the treatment planned. You may wish to add additional comments at the bottom of the form. |
| **TAD #1** | | |
| **Which jaw? \*** | |  | | --- | | Maxilla | | Mandible | |  |
| **Location \*** | |  | | --- | | Lingual | | Labial | |  |
| **Adjacent teeth (FDI notation) \*** | Enter the teeth (FDI notation) adjacent to the TAD. For example, if placed between the upper left first and second premolars please enter ’24,25’. It is important this is included on Form 2 so that individual TADs can be linked to those entered on the Form 1s you have previously submitted. |  |
| **Removal or failure? \*** | |  | | --- | | Removal | | Failure |   Indicate if you have removed the TAD at completion of anchorage requirement (‘removal’) or whether it has been removed early for any reason (‘failure’). |  |
| **Date of removal / failure \*** |  |  |

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| **Reason for failure** | |  | | --- | | Infection | | Gingival inflammation | | Excess mobility |   If you record the TAD as a ‘failure’, indicate all the reasons for failure that apply. |
| **Any adverse effects recorded? \*** | |  | | --- | | Gingival inflammation | | Excess mobility | | Damage to tooth root | | No |   Indicate as many of the adverse events listed as apply to that individual TAD. |
| **Screw replaced following loss or removal? \*** | |  | | --- | | Yes | | No |   If a further screw was placed after failure then please indicate here. |
| **TAD #2** | | |
| **Which jaw?** | |  | | --- | | Maxilla | | Mandible | |  |
| **Location** | |  | | --- | | Lingual | | Labial | |  |
| **Adjacent teeth (FDI notation)** |  |  |
| **Removal or failure?** | |  | | --- | | Removal | | Failure | |  |
| **Date of removal** |  |  |

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| **Reason for failure** | |  | | --- | | Infection | | Gingial inflammation | | Excess mobility | |
| **Any adverse effects recorded?** | |  | | --- | | Infection | | Gingival inflammation | | Excess mobility | | Damage to tooth root | | No | |
| **Screw replaced following loss or removal?** | |  | | --- | | Yes | | No | |
| **TAD #3** | | |
| **Which jaw?** | |  | | --- | | Maxilla | | Mandible | |  |
| **Location** | |  | | --- | | Lingual | | Labial | |  |
| **Adjacent teeth (FDI notation)** |  |  |
| **Removal or failure?** | |  | | --- | | Removal | | Failure | |  |
| **Date of removal / failure** |  |  |

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| **Reason for failure** | |  | | --- | | Infection | | Gingival inflammation | | Excess mobility | |
| **Any adverse effects recoded?** | |  | | --- | | Infection | | Gingival inflammation | | Excess mobility | | Damage to tooth root | | No | |
| **Screw replaced following loss or removal?** | |  | | --- | | Yes | | No | |
| **TAD #4** | | |
| **Which jaw?** | |  | | --- | | Maxilla | | Mandible | |  |
| **Location** | |  | | --- | | Lingual | | Labial | |  |
| **Adjacent teeth (FDI notation)** |  |  |
| **Removal or failure?** | |  | | --- | | Removal | | Failure | |  |
| **Date of removal / failure** |  |  |

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| **Reason for failure** | |  | | --- | | Infection | | Gingival inflammation | | Excess mobility | |
| **Any adverse effects recorded?** | |  | | --- | | Infection | | Gingival inflammation | | Excess mobility | | Damage to tooth root | | No | |
| **Screw replaced following loss or removal?** | |  | | --- | | Yes | | No | |
| **Additional comments** | Add any additional relevant information in this free-text section. |
| **Email address \*** |  |
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