**Dentist ID: \_\_\_\_\_\_\_\_\_\_\_**

**1st session**

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| ***I.* *Please indicate the procedures performed*** (1) | **Result** | **Result: Number of teeth involved (if applicable)** | **Comment**  *Please add any specifics of the procedures you believe have informative value* |
| **Dental examination** *Recording patient’s medical profile, communicating diagnosis or therapeutic plan* (2)*; Including physical or digital recordings (e.g., filling out medical history forms, radiographic imagery); Including verbal communications of diagnosis or therapeutic plan; Not including acts related to medical examination (e.g., visual examination, palpation) where information is not recorded and/or do not yield to communicating diagnosis or therapeutic plan* |  | **N.A.** |  |
| **Professional oral hygienic procedures**  *Removing dental calculus and dental plaque; non-invasive treatments of gingivitis, periodontitis or pericoronitis* |  |  |  |
| **Surgical procedures**  *Structural alteration of the maxillofacial region by the incision or destruction of tissues for diagnostic or therapeutic purposes* (3)*; Including tooth extraction, apicoectomy, sutures, abscess drainage, periodontic surgery, dental implant placement, biopsy* |  |  |  |
| **Direct restorations**  *Restoration sculpted directly on the tooth surface; Including cases where material is added for esthetic reasons (e.g., direct veneers) Not including direct provisional crowns; applying material where there is no loss in dental tissues and no esthetic reason (e.g., fissure sealing), however,* |  |  |  |
| **Fixed and removable prosthetics**  *Work phases of fabricating restorations extraorally; Including direct provisional restorations,* |  |  |  |
| **Endodontics**  *Procedures performed in the pulp chamber or root canals; Not including pulp capping* |  |  |  |
| **Other** *Procedures that cannot be categorized elsewhere; Including teeth whitening, fissure sealing, orthodontics, fabrication of gnathological occlusal devices (splints) Not including: Lack of procedure (e.g., consultation)* |  |  |  |

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| **II. *Please indicate whether the following items were used and disposed of during the session*** | **Result: Disposed of** | **Results: Used, but not dispsosed of; multiple-use alternative used** | **Comment**  *Please add any specifics of the procedures you believe have informative value* |
| Face mask |  |  |  |
| Isolation gown |  |  |  |
| Bib |  |  |  |
| Surgical cap |  |  |  |
| Aspirator tip |  |  |  |
| Cup |  |  |  |
| Wedge |  |  |  |
| Scalpel |  |  |  |
| Syringe |  |  |  |
| Instrument tray or sheet |  |  |  |
| Sterilization pouch |  |  |  |
| Tip for delivering impression material |  |  |  |
| Mixing pad |  |  |  |
| Basic manual instruments |  |  |  |

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| **III. *Please indicate whether the more or less sustainable option was implemented when using the following items*** | **Result: Less sustainable** | **Results: More sustainable** | **Comment**  *Please add any specifics of the procedures you believe have informative value* |
| Gloves *Less sustainable: Vinyl or Nitrile More sustainable: Latex* |  |  |  |
| Curing light *Less sustainable: With the disposal of a barrier sleeve*  *More sustainable: Without the usage or disposal of a barrier sleeve* |  |  |  |

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| ***IV. Please indicate which statements describe the events of the session (Primary prevention)*** | **Result** |
| Recommending clinical screening, follow-up, oral hygienic interventions, fissure sealing or application of topical fluorides |  |
| Informing on the following possibilities of home oral care: Toothbrush, Toothpaste, Interdental toothbrush, Floss, Mouthwash |  |
| Presenting the proper use of oral hygiene devices |  |
| Lifestyle prevention: Addictions, Bad habits |  |
| Lifestyle prevention: Diet |  |
| Lifestyle prevention: Stress management |  |
| Lifestyle prevention: Sleep |  |
| Lifestyle prevention: Social relations |  |
| Lifestyle prevention: Exercise |  |

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| ***V. Please indicate which statements describe the events of the session (Digital technologies)*** | **Result: Conventional** | **Result:  Digital** |
| Radiographic imaging |  |  |
| Utilization or recommendation of educational materials |  |  |
| Prescribing medicine |  |  |
| Handing out an invoice |  |  |
| Smile-design (e.g, wax-up, mock-up) |  |  |
| Impression-taking |  |  |

**2nd session**

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| ***I.* *Please indicate the procedures performed*** (1) | **Result** | **Result: Number of teeth involved (if applicable)** | **Comment**  *Please add any specifics of the procedures you believe have informative value* |
| **Dental examination** *Recording patient’s medical profile, communicating diagnosis or therapeutic plan* (2)*; Including physical or digital recordings (e.g., filling out medical history forms, radiographic imagery); Including verbal communications of diagnosis or therapeutic plan; Not including acts related to medical examination (e.g., visual examination, palpation) where information is not recorded and/or do not yield to communicating diagnosis or therapeutic plan* |  | **N.A.** |  |
| **Professional oral hygienic procedures**  *Removing dental calculus and dental plaque; non-invasive treatments of gingivitis or periodontitis* |  |  |  |
| **Surgical procedures**  *Structural alteration of the maxillofacial region by the incision or destruction of tissues for diagnostic or therapeutic purposes* (3)*; Including tooth extraction, apicoectomy, sutures, abscess drainage, periodontic surgery, dental implant placement, biopsy* |  |  |  |
| **Direct restorations**  *Restoration sculpted directly on the tooth surface; Including cases where material is added for esthetic reasons (e.g., direct veneers) Not including direct provisional crowns; applying material where there is no loss in dental tissues and no esthetic reason (e.g., fissure sealing), however,* |  |  |  |
| **Fixed and removable prosthetics**  *Work phases of fabricating restorations extraorally; Including direct provisional restorations,* |  |  |  |
| **Endodontics**  *Procedures performed in the pulp chamber or root canals; Not including pulp capping* |  |  |  |
| **Other** *Procedures that cannot be categorized elsewhere; Including teeth whitening, fissure sealing, orthodontics, fabrication of gnathological occlusal devices (splints) Not including: Lack of procedure (e.g., consultation)* |  |  |  |

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| **II. *Please indicate whether the following items were used and disposed of during the session*** | **Result: Disposed of** | **Results: Used, but not dispsosed of; multiple-use alternative used** | **Comment**  *Please add any specifics of the procedures you believe have informative value* |
| Face mask |  |  |  |
| Isolation gown |  |  |  |
| Bib |  |  |  |
| Surgical cap |  |  |  |
| Aspirator tip |  |  |  |
| Cup |  |  |  |
| Wedge |  |  |  |
| Scalpel |  |  |  |
| Syringe |  |  |  |
| Instrument tray or sheet |  |  |  |
| Sterilization pouch |  |  |  |
| Tip for delivering impression material |  |  |  |
| Mixing pad |  |  |  |
| Basic manual instruments |  |  |  |

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| **III. *Please indicate whether the more or less sustainable option was implemented when using the following items*** | **Result: Less sustainable** | **Results: More sustainable** | **Comment**  *Please add any specifics of the procedures you believe have informative value* |
| Gloves *Less sustainable: Vinyl or Nitrile More sustainable: Latex* |  |  |  |
| Curing light *Less sustainable: With the disposal of a barrier sleeve*  *More sustainable: Without the usage or disposal of a barrier sleeve* |  |  |  |

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| ***IV. Please indicate which statements describe the events of the session (Primary prevention)*** | **Result** |
| Recommending clinical screening, follow-up, oral hygienic interventions, fissure sealing or application of topical fluorides |  |
| Informing on the following possibilities of home oral care: Toothbrush, Toothpaste, Interdental toothbrush, Floss, Mouthwash |  |
| Presenting the proper use of oral hygiene devices |  |
| Lifestyle prevention: Addictions, Bad habits |  |
| Lifestyle prevention: Diet |  |
| Lifestyle prevention: Stress management |  |
| Lifestyle prevention: Sleep |  |
| Lifestyle prevention: Social relations |  |
| Lifestyle prevention: Exercise |  |

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| ***V. Please indicate which statements describe the events of the session (Digital technologies)*** | **Result: Conventional** | **Result:  Digital** |
| Radiographic imaging |  |  |
| Utilization or recommendation of educational materials |  |  |
| Prescribing medicine |  |  |
| Handing out an invoice |  |  |
| Smile-design (e.g, wax-up, mock-up) |  |  |
| Impression-taking |  |  |

**3rd session**

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| ***I.* *Please indicate the procedures performed*** (1) | **Result** | **Result: Number of teeth involved (if applicable)** | **Comment**  *Please add any specifics of the procedures you believe have informative value* |
| **Dental examination** *Recording patient’s medical profile, communicating diagnosis or therapeutic plan* (2)*; Including physical or digital recordings (e.g., filling out medical history forms, radiographic imagery); Including verbal communications of diagnosis or therapeutic plan; Not including acts related to medical examination (e.g., visual examination, palpation) where information is not recorded and/or do not yield to communicating diagnosis or therapeutic plan* |  | **N.A.** |  |
| **Professional oral hygienic procedures**  *Removing dental calculus and dental plaque; non-invasive treatments of gingivitis or periodontitis* |  |  |  |
| **Surgical procedures**  *Structural alteration of the maxillofacial region by the incision or destruction of tissues for diagnostic or therapeutic purposes* (3)*; Including tooth extraction, apicoectomy, sutures, abscess drainage, periodontic surgery, dental implant placement, biopsy* |  |  |  |
| **Direct restorations**  *Restoration sculpted directly on the tooth surface; Including cases where material is added for esthetic reasons (e.g., direct veneers) Not including direct provisional crowns; applying material where there is no loss in dental tissues and no esthetic reason (e.g., fissure sealing), however,* |  |  |  |
| **Fixed and removable prosthetics**  *Work phases of fabricating restorations extraorally; Including direct provisional restorations,* |  |  |  |
| **Endodontics**  *Procedures performed in the pulp chamber or root canals; Not including pulp capping* |  |  |  |
| **Other** *Procedures that cannot be categorized elsewhere; Including teeth whitening, fissure sealing, orthodontics, fabrication of gnathological occlusal devices (splints) Not including: Lack of procedure (e.g., consultation)* |  |  |  |

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| **II. *Please indicate whether the following items were used and disposed of during the session*** | **Result: Disposed of** | **Results: Used, but not dispsosed of; multiple-use alternative used** | **Comment**  *Please add any specifics of the procedures you believe have informative value* |
| Face mask |  |  |  |
| Isolation gown |  |  |  |
| Bib |  |  |  |
| Surgical cap |  |  |  |
| Aspirator tip |  |  |  |
| Cup |  |  |  |
| Wedge |  |  |  |
| Scalpel |  |  |  |
| Syringe |  |  |  |
| Instrument tray or sheet |  |  |  |
| Sterilization pouch |  |  |  |
| Tip for delivering impression material |  |  |  |
| Mixing pad |  |  |  |
| Basic manual instruments |  |  |  |

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| **III. *Please indicate whether the more or less sustainable option was implemented when using the following items*** | **Result: Less sustainable** | **Results: More sustainable** | **Comment**  *Please add any specifics of the procedures you believe have informative value* |
| Gloves *Less sustainable: Vinyl or Nitrile More sustainable: Latex* |  |  |  |
| Curing light *Less sustainable: With the disposal of a barrier sleeve*  *More sustainable: Without the usage or disposal of a barrier sleeve* |  |  |  |

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| ***IV. Please indicate which statements describe the events of the session (Primary prevention)*** | **Result** |
| Recommending clinical screening, follow-up, oral hygienic interventions, fissure sealing or application of topical fluorides |  |
| Informing on the following possibilities of home oral care: Toothbrush, Toothpaste, Interdental toothbrush, Floss, Mouthwash |  |
| Presenting the proper use of oral hygiene devices |  |
| Lifestyle prevention: Addictions, Bad habits |  |
| Lifestyle prevention: Diet |  |
| Lifestyle prevention: Stress management |  |
| Lifestyle prevention: Sleep |  |
| Lifestyle prevention: Social relations |  |
| Lifestyle prevention: Exercise |  |

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| ***V. Please indicate which statements describe the events of the session (Digital technologies)*** | **Result: Conventional** | **Result:  Digital** |
| Radiographic imaging |  |  |
| Utilization or recommendation of educational materials |  |  |
| Prescribing medicine |  |  |
| Handing out an invoice |  |  |
| Smile-design (e.g, wax-up, mock-up) |  |  |
| Impression-taking |  |  |

**4th session**

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| ***I.* *Please indicate the procedures performed*** (1) | **Result** | **Result: Number of teeth involved (if applicable)** | **Comment**  *Please add any specifics of the procedures you believe have informative value* |
| **Dental examination** *Recording patient’s medical profile, communicating diagnosis or therapeutic plan* (2)*; Including physical or digital recordings (e.g., filling out medical history forms, radiographic imagery); Including verbal communications of diagnosis or therapeutic plan; Not including acts related to medical examination (e.g., visual examination, palpation) where information is not recorded and/or do not yield to communicating diagnosis or therapeutic plan* |  | **N.A.** |  |
| **Professional oral hygienic procedures**  *Removing dental calculus and dental plaque; non-invasive treatments of gingivitis or periodontitis* |  |  |  |
| **Surgical procedures**  *Structural alteration of the maxillofacial region by the incision or destruction of tissues for diagnostic or therapeutic purposes* (3)*; Including tooth extraction, apicoectomy, sutures, abscess drainage, periodontic surgery, dental implant placement, biopsy* |  |  |  |
| **Direct restorations**  *Restoration sculpted directly on the tooth surface; Including cases where material is added for esthetic reasons (e.g., direct veneers) Not including direct provisional crowns; applying material where there is no loss in dental tissues and no esthetic reason (e.g., fissure sealing), however,* |  |  |  |
| **Fixed and removable prosthetics**  *Work phases of fabricating restorations extraorally; Including direct provisional restorations,* |  |  |  |
| **Endodontics**  *Procedures performed in the pulp chamber or root canals; Not including pulp capping* |  |  |  |
| **Other** *Procedures that cannot be categorized elsewhere; Including teeth whitening, fissure sealing, orthodontics, fabrication of gnathological occlusal devices (splints) Not including: Lack of procedure (e.g., consultation)* |  |  |  |

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| **II. *Please indicate whether the following items were used and disposed of during the session*** | **Result: Disposed of** | **Results: Used, but not dispsosed of; multiple-use alternative used** | **Comment**  *Please add any specifics of the procedures you believe have informative value* |
| Face mask |  |  |  |
| Isolation gown |  |  |  |
| Bib |  |  |  |
| Surgical cap |  |  |  |
| Aspirator tip |  |  |  |
| Cup |  |  |  |
| Wedge |  |  |  |
| Scalpel |  |  |  |
| Syringe |  |  |  |
| Instrument tray or sheet |  |  |  |
| Sterilization pouch |  |  |  |
| Tip for delivering impression material |  |  |  |
| Mixing pad |  |  |  |
| Basic manual instruments |  |  |  |

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| **III. *Please indicate whether the more or less sustainable option was implemented when using the following items*** | **Result: Less sustainable** | **Results: More sustainable** | **Comment**  *Please add any specifics of the procedures you believe have informative value* |
| Gloves *Less sustainable: Vinyl or Nitrile More sustainable: Latex* |  |  |  |
| Curing light *Less sustainable: With the disposal of a barrier sleeve*  *More sustainable: Without the usage or disposal of a barrier sleeve* |  |  |  |

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| ***IV. Please indicate which statements describe the events of the session (Primary prevention)*** | **Result** |
| Recommending clinical screening, follow-up, oral hygienic interventions, fissure sealing or application of topical fluorides |  |
| Informing on the following possibilities of home oral care: Toothbrush, Toothpaste, Interdental toothbrush, Floss, Mouthwash |  |
| Presenting the proper use of oral hygiene devices |  |
| Lifestyle prevention: Addictions, Bad habits |  |
| Lifestyle prevention: Diet |  |
| Lifestyle prevention: Stress management |  |
| Lifestyle prevention: Sleep |  |
| Lifestyle prevention: Social relations |  |
| Lifestyle prevention: Exercise |  |

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| ***V. Please indicate which statements describe the events of the session (Digital technologies)*** | **Result: Conventional** | **Result:  Digital** |
| Radiographic imaging |  |  |
| Utilization or recommendation of educational materials |  |  |
| Prescribing medicine |  |  |
| Handing out an invoice |  |  |
| Smile-design (e.g, wax-up, mock-up) |  |  |
| Impression-taking |  |  |

**Derived variables**Primary prevention: If any item is true: score = 1; If no items are true: score = 0. Total score   
Less disposal during treatment: Number of items marked as used but not disposed or more sustainable / (Number of items marked as disposed or more sustainable+ Number of items as used but not disposed or less sustainable);  
If for an item both “disposed” and “used but not disposed” are marked: Evaluate it as “disposed”  
If for an item both “less sustainable “ and “more sustainable” are marked: Evaluate is “less sustainable”  
Digital technologies: Number of items marked as Digital / (Number of items marked as Conventional + Number of items marked as Digital)  
  
Average of each dimension: Sum of scores / Number of sessions

**Literature**

1. Martin N, Mulligan S, Fuzesi P, Hatton PV. Quantification of single use plastics waste generated in clinical dental practice and hospital settings. J Dent. 2022 Mar 1;118:103948.

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3. H-475.983 Definition of Surgery | AMA [Internet]. [cited 2025 Jan 2]. Available from: https://policysearch.ama-assn.org/policyfinder/detail/surgery?uri=%2FAMADoc%2FHOD.xml-0-4317.xml