WATHIM

GCC exam prep

PRACTICE PACK

DHA | DOH | SCFHS | Qatar DHP | Bahrain NHRA | Oman OMSB

Dentist (General) Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 809 questions · 3 papers

809	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Dentist Gulf Licensing Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

809	3	29	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 168 easier, 479 standard and 162 harder questions, marked on each one.

Periodontics 77 · Endodontics 69 · Paediatric dentistry 49 · Operative dentistry 48 · Oral surgery 38 · Orthodontics 38 · Fixed prosthodontics 28 · Removable prosthodontics 28 · Cariology and preventive dentistry 28 · Oral medicine 27 · Oral pathology 26 · Dental materials 25 · Dental anatomy and morphology 24 · Medically compromised patients 24 · Local anaesthesia 22 · Oral radiology 22 · Dental public health and biostatistics 22 · Dental pharmacology 21 · Geriatric and special care dentistry 21 · Medical emergencies in the dental office 20 · Ethics and patient safety 20 · Head and neck anatomy 20 · Communication and professionalism 18 · Implant dentistry basics 17 · Infection control 17 · Oral histology and embryology 16 · Oral microbiology and immunology 16 · Occlusion 14 · Oral physiology and biochemistry 14

The exam you are sitting

DHA: DHA exam for dentists (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
DOH: DOH licensing exam (Abu Dhabi)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
MOHAP: MOHAP exam (Northern Emirates)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
SCFHS: SDLE, Saudi Dental Licensure Exam	Questions: 200, in 2 parts of 120 min. Pass mark: 542 (scale 200-800) *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar Prometric qualifying exam (DHP)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Bahrain NHRA: NHRA licensure exam	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Oman OMSB: Oman Prometric exams (OMSB)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf general dentist licensing exams differ in length and scoring: the DHA exam is a computer test at Prometric with 150 multiple choice questions in 3 hours and a 60% pass mark (DHA CBT guideline, September 2026), and the Saudi SDLE has 200 questions and a scaled pass score. No single percentage pass mark is set here; the 70% shown in the app and the printed papers is our own practice target, not any regulator's. The questions are original practice questions on core dentistry knowledge, not real or recalled exam questions, and they are not mapped one to one to any exam blueprint.

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What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

Topic coverage

Topic	Questions in this pack	Share
Periodontics	**77**	10%
Endodontics	**69**	9%
Paediatric dentistry	**49**	6%
Operative dentistry	**48**	6%
Oral surgery	**38**	5%
Orthodontics	**38**	5%
Fixed prosthodontics	**28**	3%
Removable prosthodontics	**28**	3%
Cariology and preventive dentistry	**28**	3%
Oral medicine	**27**	3%
Oral pathology	**26**	3%
Dental materials	**25**	3%
Dental anatomy and morphology	**24**	3%
Medically compromised patients	**24**	3%
Local anaesthesia	**22**	3%
Oral radiology	**22**	3%
Dental public health and biostatistics	**22**	3%
Dental pharmacology	**21**	3%
Geriatric and special care dentistry	**21**	3%
Medical emergencies in the dental office	**20**	2%
Ethics and patient safety	**20**	2%
Head and neck anatomy	**20**	2%
Communication and professionalism	**18**	2%
Implant dentistry basics	**17**	2%
Infection control	**17**	2%
Oral histology and embryology	**16**	2%
Oral microbiology and immunology	**16**	2%
Occlusion	**14**	2%
Oral physiology and biochemistry	**14**	2%

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Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

> Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.

2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.

3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.

4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.

5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.

6. **Keep the revision bank for the last few days**
   629 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - Dentist (General) Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack
Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	629 more questions by topic, with the answer under each, and the night-before list of the hardest questions

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Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D)	2 (A) (B) (C) (D)	3 (A) (B) (C) (D)	4 (A) (B) (C) (D)	5 (A) (B) (C) (D)

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DENTIST (GENERAL) EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Periodontics EASY

A tooth moves more than 1 mm horizontally and can also be depressed vertically in its socket. What Miller mobility grade is this?

A Grade 0
B Grade 1
C Grade 2
D Grade 3

Q2 Endodontics HARD

A 40-year-old has had a 2-day throbbing toothache with a fluctuant buccal swelling next to the mandibular left first molar (FDI 36, Universal 19). The temperature is 36.8 C, there is no malaise, no lymph node enlargement, and mouth opening and swallowing are normal. The tooth is nonvital and very tender to percussion. Which approach is most appropriate?

A Establish drainage and remove the infected pulp, without antibiotics
B Prescribe antibiotics alone and delay treatment until the swelling has settled
C Establish drainage and remove the pulp, then give a 7-day course of amoxicillin and metronidazole
D Give analgesics and wait for the swelling to drain spontaneously

Q3 Endodontics STANDARD

Which statement about the electric pulp test is correct?

A It measures the volume of blood flowing through the pulp
B It grades the extent of inflammation present within the pulp
C It detects the presence of bacteria in the root canal system
D It tests nerve fibre response, not whether the pulp has a blood supply

Q4 Endodontics EASY

A maxillary right first molar (FDI 16, Universal 3) has been root filled with three canals, but apical periodontitis persists. Where is the most common site of a missed fourth canal?

A Palatal to the mesiobuccal orifice, on a line toward the palatal orifice
B Buccal to the mesiobuccal orifice, under the buccal wall of the chamber
C Distal to the distobuccal orifice, on the distal wall of the chamber
D Midway between the distobuccal and palatal orifices on the chamber floor

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Q5 Periodontics STANDARD

Under the 2017 classification, a 22-year-old with rapid attachment loss concentrated on the first molars and incisors would previously have been labelled aggressive periodontitis. How is this patient now diagnosed?

(A) Aggressive periodontitis of the generalised form

(B) Chronic periodontitis of the generalised form

(C) Periodontitis, with stage and grade, commonly grade C

(D) Gingivitis on a reduced periodontium after treatment

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Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	**D**	2	**A**	3	**D**	4	**A**	5	**C**

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Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **D Grade 3**

Miller grade 1 is slightly more than normal movement, grade 2 is clearly detectable horizontal movement, and grade 3 is severe horizontal movement and/or vertical depressibility, so a tooth that moves more than 1 mm horizontally and can be depressed is grade 3. Millimetre cut-offs differ a little between texts, but vertical depressibility places a tooth in grade 3. Grade 0 is physiological mobility only. Recording mobility at baseline lets the clinician judge whether it improves after inflammation is controlled and occlusal factors are managed.

Source: Carranza's Clinical Periodontology

Q2 Answer: **A Establish drainage and remove the infected pulp, without antibiotics**

The source of an acute apical abscess is infected necrotic pulp, so definitive control is drainage through the canal or by incision, plus debridement. Antibiotics are an adjunct reserved for spreading infection, systemic involvement such as fever or malaise, or a medically compromised patient, and none of these is present, so they add little after drainage. Antibiotics alone leave the source untreated. Waiting for spontaneous drainage delays care and risks spread of infection.

Source: Cohen's Pathways of the Pulp; European Society of Endodontology quality guidelines for endodontic treatment

Q3 Answer: **D It tests nerve fibre response, not whether the pulp has a blood supply**

The electric pulp test stimulates sensory nerve fibres (mainly A-delta) and gives a response or no response. It cannot show vascular health, because a tooth can respond while partly necrotic or fail to respond after trauma although vital. Blood flow can be assessed with laser Doppler flowmetry or pulse oximetry. Inflammation cannot be graded by a numerical reading, and the test does not detect microorganisms.

Source: Cohen's Pathways of the Pulp

Q4 Answer: **A Palatal to the mesiobuccal orifice, on a line toward the palatal orifice**

The second mesiobuccal canal (MB2) is the most frequently missed canal in maxillary first molars. Its orifice usually lies just palatal and slightly mesial to the main mesiobuccal orifice, along the line joining it to the palatal orifice, often under a dentine ledge. The other locations are not sites where an additional canal is typically found in this tooth. Looking for it with magnification and an ultrasonic tip after troughing the dentine ledge greatly improves detection.

Source: Cohen's Pathways of the Pulp

Q5 Answer: **C Periodontitis, with stage and grade, commonly grade C**

The 2017 classification removed the separate categories of aggressive and chronic periodontitis, so all are diagnosed as periodontitis and described by stage, grade and extent. Rapid progression in a young patient, especially with a molar-incisor pattern, is often grade C. The old labels are not used. Gingivitis does not apply as there is clear attachment loss. Extent and the modifiers for smoking and diabetes then complete the diagnostic statement for this patient.

Source: 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions

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What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	629 more questions by topic with the answer under each, and the night-before list
Total	809 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/dentist-practice**

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