Operative Dentistry

Navy Dental Records
Terminal Objective

- Understand components of the Navy dental record.
Enabling Objectives

1) Define terms associated with dental exam standards.
2) Identify the different forms and their proper sequencing within a dental record.
3) Describe how to update and review the health questionnaire form with the patient.
Enabling Objectives

4) List the components of the annual examination form.
5) Describe the significance of PSR score.
6) List the routing of the patient based on PSR scores.
7) Describe how to review and update the dental record for completeness.
EVALUATION

• Clinical Performance during rotations.
• In a classroom setting, using a hypothetical case study, prepare a complete dental treatment record.
1) Terms associated with dental exam standards
Dental Health and Readiness, SECNAVINST 6600.5

- **Purpose**
  - To establish the Department of the Navy (DON) Managed Dental Health Care Program that:
SECNAVINST 6600.5

- Defines unit dental readiness standards that are consistent with sustained operational commitments
  - Promotes individual dental health.
Dental Health

- A component of total health
- Dental disease is eliminated or managed and the member has desirable function and appearance
- Measured in a population as
  - # Class 1 / total number of records
Dental Classification

- Department of Defense (DOD) standardization of Dental Classifications:
Dental Classification

• Class 1
  • Current exam, requires no TX or reevaluation for the next 12 months, worldwide deployable
    • No dental caries or defective restorations
    • Healthy periodontium, no bleeding on probing
    • This means no prophy required
Dental Classification

- Class 2
  - Current exam, non-urgent TX
    - Examining dentist feels oral conditions have the potential but are not expected to result in dental emergencies within 12 months
Dental Classifications

- Class 3
  - Require urgent or emergent TX, normally not deployable
    - Oral conditions are expected to result in dental emergencies within 12 months if not treated
Dental Classification

- Class 4
  - Need exam, unknown dental class, normally not deployable
Dental Readiness

- Members in Class 1 or 2
  - Meet individual dental readiness
  - Percent ready is # Class 1&2 / total records
- Members in Class 3 or 4
  - Increased risk to experience a dental emergency and compromise unit combat effectiveness or ability to deploy
Dental Health

- Members in Class 1
  - No treatment needs
Managed Dental Health Care

- A system approach to the delivery of dental care to all eligible beneficiaries that includes:
Managed Dental Health Care

- Prioritization of TX needs
- Comprehensive preventive dental health regimen
- Education – attaining and maintaining
Managed Dental Health Care

- Periodic oral exams and *risk assessment*
- Resistance to oral diseases
- Education and counseling
  - Cancer
  - Dental Decay
  - Periodontal disease
Questions

- What would happen if our clinics were “first come first served”?
- Can we do everything for everyone?
  - Bleaching
  - Ortho
  - Pros
- What is the “military” mission?
2) Different Forms and Their Proper Sequencing within a Dental Record
Navy Dental Treatment Record
(NAVMED 6150/21-30)

- Front of record must be filled out with a **black permanent marker** unless stated
  - Patient’s name, DTR, USN, and Blood type.
  - Medical alert (red pen)
  - Command and title (Pencil)
- Note – this is a NAVMED form
NAVMED 6150/21-30/Dental Treatment Record

- Inside front cover
- Pencil entries
- Un-mounted radiographs in envelope
- Sequential bitewings
- Panographic and/or full mouth radiographs
- Record receipt (NAVMED 6150/7 pink form) on top
NAVMED 6150/21-30/Dental Treatment Record

- Inside front cover
- Pencil entries
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6/18/2011
Dental Treatment Record

- Center Page, Front
- DD2005 privacy act statement
- Signed by patient
- Dental Health Questionnaire, NAVMED 6600/3
Dental Treatment Record

- Center Page, Back
- Disclosure
- Accounting Record, OPNAV Form
- 5211/9
- EZ 603 Dental Exam Form
EZ 603 Dental Exam Form

- This form will have the order in which the patient will be routed for treatment. A new form is filled out when a new record is needed, at annual exams, and retirement or separation only if annual exam is over 6 mo old.
EZ 603 Dental Exam Form

- Patient’s info, examiner’s info/stamp, type of exam, reason for visit, and BP must be filled prior to dentist starting the exam.
- On a case by case basis a dentist might want you to have all treatment not completed since the last exam transferred onto the new exam form.
EZ 603 Dental Exam Form

- You will take note of what the dentist dictates as he/she is doing the dental exam.
- Must be accurate and complete
- All new treatment needed will also be transferred onto the current status form in pencil.
Dental Treatment Record

- In this form – as with all forms you will see in the military, you should probably put something in every blank. This shows that the patient was given a proper exam – and not that the doctor failed to look. We will talk about this form in more detail later in the lecture.
Current status card

- On top of all other forms
- Pencil entries on top
  - Erase as you complete!
- Ink Drawings of restorations
  - Accurate!!
- Medical warnings

<table>
<thead>
<tr>
<th>Box 1</th>
<th>Accession and Subsequent Diseases and Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PENCIL ENTRIES ONLY</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Box 2</th>
<th>Missing Teeth at Time Of Accession and Treatments Completed After Accession</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BLACK INK ENTRIES ONLY</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Box 3</th>
<th>If medical alert exists, write &quot;ALERT&quot; in large red letters, followed by smart explanation.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Box 4</th>
<th>Patient's Last Name</th>
<th>First name</th>
<th>MI</th>
<th>Patient/Sponsor Social Security Number</th>
</tr>
</thead>
</table>
Dental Treatment Record

- Inside back cover
- FMP and SSN (Black permanent marker)
- Black tape for last digit of SSN
- Forensic examination (green ink)
- Need not be completed if intact SF603 in record

6/18/2011
Forms and Arrangement

- Name and SSN on all forms
- Like numbered forms grouped together
  - Most current on top
Forms

- Personnel Reliability Program
  - PRP (GONE!)
- Continuation Form EZ603A
  - Most current on top
  - Tooth #!
Forms

- Periodontal Chart, NAVMED 6660/2
Forms

- Consultation Sheet, SF 513
- Narrative Summary, SF 502
- Not common

6/18/2011
**Forms**

- Doctor’s Progress Notes SF 509 (Medical)
- Tissue Examination SF 515
### Forms

- **Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, SF 522**

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#### MEDICAL RECORD

**REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES**

**A. IDENTIFICATION**

1. **OPERATION OR PROCEDURE**

   Extraction of 1, 16, 17, 32 with local anesthesia

**B. STATEMENT OF REQUEST**

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be:

   (Description of operation or procedure in layman's language)

   *Get me numb and remove four teeth.*

   which is to be performed by or under the direction of Dr. **Oral Surgeon Resident**

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are:

   **none**

   *(If "none", so state)*

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:
   - a. The name of the patient and his/her family is not used to identify said pictures.
   - b. Said pictures be used only for purposes of medical/dental study or research.

   *(Cross out any parts above which are not appropriate)*

**C. SIGNATURES**

1. **COUNSELING PHYSICIAN/IDENTSY**: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

   ![Signature]

   **(Signature of Counseling Physician/Identisy)**

2. **PATIENT**: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

   ![Signature]

   **(Signature of Patient)**

   **Date and Time**

3. **SPONSOR OR GUARDIAN**: (When patient is a minor or unable to give consent) I, the sponsor/guardian of ____________, understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

   ![Signature]

   **(Signature of Sponsor/Legal Guardian)**

   **Date and Time**

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**PATIENTS IDENTIFICATION**

- **First Name**
- **Last Name**
- **Gender**
- **Date of Birth**
- **Social Security Number**
- **Address**
- **Telephone Number**
- **Relationship to Patient**
- **Next of Kin Contact Information**

**REGISTER NO.**

**WARD NO.**

**STANDARD FORM 522**

General Services Administration

[Signature]

**Date and Time**

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**6/18/2011**

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**MASTEr, PEF 1.2 Hm?**

**201 Class # Last 4**

**Expanded Functions**
Forms

- Other TX forms not prescribed for use may be incorporated in the record when considered necessary to document care and TX.
- File on right side beneath other forms.
3) How to Update and Review the Health Questionnaire (HQR) with a Patient
Dental Health Questionnaire (HQR), NAVMED 6600/3

- **Background**
  - Health and physical status MUST BE determined before providing ANY dental care
HQR Background cont’d

- ESSENTIAL to protect
  - Patient’s wellbeing
  - Other Patients
  - Staff personnel
HQR, Action

- Each provider must ensure
  - Up-to-date HQR
  - Filled out and signed by each patient
  - Reviewed, dated, and signed by FIRST dental officer who conducts the exam or tx

6/18/2011
HQR, Action

- Each provider must indicate in the “O” section of the “S. O. A. P.” that questionnaire has been reviewed and updated by patient:
  - The findings could be “within normal limits” (WNL)
- This is on the exam form (EZ603.2) or Continuation (EZ603A)
HQR, Action

- Significant items which affect TX
- Not essential to restate all positive responses unless pertinent to TX at hand
HQR, Action

- During Annual exams, patients need only:
  - Review, date, and sign if health status has not changed
  - Significant change in medical history or health status occurs:
    - New HQR
    - Initial and all latter HQRs must be maintained
HQR

- S. O. A. P example
- HQR dtd 15 NOV 06 (Heart murmur – SBE prophylaxis indicated).
4) Components of the Annual Examination Form
Dental Exam Form, EZ 603.2

- Used for Initial, Subsequent Annual Recall, and Separation exam
- “S” “O” “A” “P” sections
- All entries are made in BLACK ink
Dental Exam Form, EZ 603

- Subjective (S) – one’s perception to how one feels.
- Reason for exam or chief complaint
Dental Exam Form, EZ 603

- Objective (O) – condition as perceived without distortion by personal feelings.

Findings

- Type of exam, caries, etc.
  - When charting might do drawings first
- Health Questionnaire findings
Dental Exam Form, EZ 603

- Assessment (A) – Diagnosis based on subjective and objective findings.
Dental Exam Form, EZ 603

Plan (P) – Treatment Plan

- Doctor should prioritize
- Urgent and routine treatment
EZ603A

- Record of all dental treatment provided:
  - Treatment provided
  - Dental emergencies
  - Results from Report of Medical Examination (SF 88)
Record entry guidelines and “do not use “ abbreviations.

- All entries must be dated and signed with author identification (stamped or printed).
- A copy of the “Do Not Use Abbreviations” should be posted in the operatory.
- “Trailing zeros” and “Naked Decimals” Should never be used.
EZ603A

- Column on left side
- Tooth Number of the treatment provided on that date.
- Facilitates piecing together a treatment history of a particular tooth.
5) Significance of the PSR Score
Periodontitis Risk Assessment

- Navy Dentistry’s periodontitis risk assessment is based on clinical and patient history parameters quickly determined during a routine annual dental examination and includes:
Periodontitis Risk Assessment

- PSR Score: primary indicator of future periodontal disease risk
- Other factors might be:
  - Tobacco Usage
  - Genetic Susceptibility
  - Oral Hygiene
Periodontitis Risk Assessment

- When an evaluation of the periodontium is required (T-1 or T-2), examiners will use the Periodontal Screening Record (PSR)
PSR Scoring
PSR Scoring

- Periodontal Screening and Recording™ (PSR) is a diagnostic screening tool for the early detection of periodontal disease.
PSR Scoring

- The examination consists of gently inserting the PSR probe into the gingival sulcus of each tooth until light resistance is met and then “walking” the probe around the tooth’s circumference.
- The greatest probe depth in each sextant of the mouth is determined and recorded.
- Probing forces should not cause pain and should be approximately 20-25 gm, or roughly equal to the force of blanching a fingernail.
PSR Scoring

- 5.5 mm
- 3.5 mm
Probing Scores Definition

- o (Zero)
  - Colored area completely visible in deepest depth of sextant.
  - No calculus or defective margins.
  - Gingival tissues are healthy and no bleeding
Probing Scores Definition

1 (One)

- Colored area completely visible in deepest depth of sextant.
- No calculus or defective margins.
- Gentle bleeding.
Probing Scores Definition

- **2 (Two)**
  - Colored area completely visible in deepest depth of sextant.
  - Supra- or subgingival calculus or defective margins are detected.
Probing Scores Definition

- 3 (Three)
  - Colored area only partly visible in deepest depth of sextant.
Probing Scores Definition

- 4 (Four)
  - Colored area completely disappears, indicating a probing depth of greater than 5.5mm.
Probing Scores

- It is important to know where you should write the numbers the dentist dictates to you as the PSR scores are done.
- The dentist will normally start at the maxillary right posterior and work toward the maxillary left posterior.
Probing Scores

- On the mandible the scores will be given from mandibular left to mandibular right
- Unless previously stated by the dentist doing the exam.
### Probing Scores Definition

- Highest score for any tooth or implant in the sextant is recorded on the EZ603A

<table>
<thead>
<tr>
<th>PSR Score</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Max</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Man</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Probing Scores Definition

- An “*” – other clinical abnormalities
  - Furcation involvement
  - Tooth mobility greater than physiologic
  - Mucogingival problems
  - Gingival recession of 3.5mm or greater
- An “X” - edentulous
6) Routing of the patient based on PSR scores
Score Interpretation

- 0, 1, 2: appointment with dental hygienist or dental technician. Referral for further periodontal evaluation is *NOT* necessary UNLESS score is modified with an “*”.
Score Interpretation

3: need for a thorough examination by a dentist with emphasis on the involved sextants. Comprehensive periodontal examination may or may not be indicated.
Score Interpretation

- 4: indicates the need for a comprehensive periodontal examination by a dentist and the formulation of an appropriate treatment plan.
Risk Management

LOW PERIO RISK

- PSR 0, 1, or 2
  - annual exam by general dentist and prophylaxis as needed by prophy technician
Risk Management

MODERATE PERIO RISK

- PSR 3 (less than 2 additional risk factors)
  - Annual exam by general dentist and prophylaxis by RDH, evaluate and discussion of periodontitis risk factors.
Risk Management

HIGH PERIO RISK

- PSR 4
- PSR 3 (plus any 2 risk factors)
  - Tobacco user
  - Inadequate oral hygiene
  - Family history of denture or diabetes
Risk Management

HIGH PERIO RISK cont’d

- Examination by a periodontist and prophylaxis by RDH
- Recall based on individual patient needs
- Evaluation and discussion of periodontitis risk factors
Routing

• NO correlation between PSR scores and dental classification
• Classification is based on radiographic and clinical evaluation and NOT solely on the PSR
7) How to review and update the dental record for completeness
Verification of Records

When
- Transferred
- Retired
- As directed by the DTF
  annually

What
- Proper identification
- Placement of forms
- Completion--MANMED, Ch6
Verification of Records

Specifics to look at

• With patient present, if possible
• Cross-check name against current roster of last known unit. THIS IS ESSENTIAL!
• Privacy Act signed
• Pencil entries accurate
Verification of Records

Specifics to look at cont’d

- Treatment plan current (not over 12 months old)
- Appoint if class 3, T-2 if 12 months elapsed since last exam
- Ensure name and SSN are on ALL pages
REVIEW AND SUMMARY
Patients with a current dental examination, who require non-urgent dental treatment or dental re-evaluation for oral condition, which are unlikely to result in dental emergencies within 12 months and are worldwide deployable are dental class?

2
QUESTION TIME

• A systems approach to the delivery of dental care to all eligible beneficiaries is known as?

• Managed dental health care
QUESTION TIME

- What form provides an individual chronological record of dental examinations and treatment?
- NAVMED 6150/21-30, Navy Dental Treatment Record
QUESTION TIME

- Where can you find the Permanent imprint of the DD2005
- Center page, front
QUESTION TIME

- It is essential to review the NAVMED 6600/3 to protect who (3)?
  - Patients
  - Other Patients
  - Staff
QUESTION TIME

• In what section of the “S, O, A, P” would a provider indicate the health questionnaire has been reviewed and updated by the patient?

• “O”-- Objective
QUESTION TIME

- Reason for the examination and the patient’s chief complaint is known as what type of data?
- Subjective
QUESTION TIME

• Generally meant to record findings and not a diagnosis is known as what type of data?

• Objective
QUESTION TIME

• Used by the examiner to make a diagnosis is known as what type of data?

• Assessment
A loss of attachment of 4mm or more (PSR 3 or 4) is highly predictive of what?

Bone Loss
QUESTION TIME

- Colored area of the probe remains completely visible in the deepest probing depth in the sextant. No calculus or defective margins are detected. Gingival tissues are healthy and no bleeding occurs after gentle probing. This is a probing score of?

- 0
QUESTION TIME

- Colored area of probe remains completely visible in the deepest probing depth in the sextant. Supra- or subgingival calculus or defective margins are detected. This is a probing score of?

- 2
QUESTION TIME

“X” in the PSR score mark indicates?

Edentulous
QUESTION TIME

• What is the correlation between PSR scores and dental classifications?
• There is no correlation