

# **CDC 4Y051P**

## **Dental Assistant Journeyman**

### **Volume 1. Dental Administration**



**Air Force Career Development Academy  
The Air University  
Air Education and Training Command**

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YOUR 4Y031 AFSC INDICATES you are a dental assistant apprentice, as pointed out by the 3-skill level. Apprentice means learner or novice, which describes your training status. The career development courses (CDC) 4Y051A, 4Y051B, and 4Y051C provide the information needed to upgrade you to the 4Y051 AFSC, the 5-skill level. Along with your CDCs, you will also be required to complete on-the-job training requirements. The information you learned in the basic Dental Assistant Course can now be used as a stepping stone to your new levels of skill and knowledge, 5-and 7-level.

CDC 4Y051C, *Dental Assistant Journeyman* contains three volumes, which contain the subject knowledge requirements for your upgrade training.

Volume 1, *Dental Administration*, is divided into three units: Unit 1 covers your ethical responsibilities as a healthcare provider and coworker. It also covers legal aspects and responsibilities as a dental assistant. Unit 2 contains information on the various dental programs, initiating and maintaining dental records, and dental reception responsibilities. Unit 3 includes information about examination and classification standards and completing dental treatment forms.

Volume 2, *Basic and Dental Sciences*, is divided into two units. Unit 1 contains a comprehensive study of anatomy and physiology, of cells and tissues, and body systems. Unit 2 is concerned with dental anatomy, physiology, and histology.

Volume 3, *Applied Dental Sciences*, is divided into three units. Unit 1 contains a comprehensive study of oral pathology including inflammation; dental plaque, calculus and stains; caries pulpitis, and periapical diseases; periodontal diseases; and anomalies and pathology of the oral cavity. Unit 2 introduces the basics of elementary chemistry as a foundation for more specific applications of chemistry in therapeutics, materials, and dental health. Unit 3 presents a study of dental materials. This unit includes factors affecting dental materials, restorative uses of materials, prosthodontic uses of materials, and miscellaneous dental materials.

These three volumes will give you the knowledge you need to move forward in your career as a dental assistant. Good luck as you start on an interesting and exciting journey in the Air Force (AF).

A glossary is included for your use.

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**NOTE:**

In this volume, the subject matter is divided into self-contained units. A unit menu begins each unit, identifying the lesson headings, numbers, and page location. After reading the unit menu page and unit introduction, study the section, answer the self-test questions, and compare your answers with those given at the end of the unit. Then complete the unit review exercises.

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# Unit 1. Ethics, Standards, and the Law

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**I**N THIS UNIT, you'll learn about some areas very important to both the patient and you—the dental assistant. These areas include ethics, professional standards, and legal responsibilities. Your duties and responsibilities are clearly outlined in Air Force Instruction (AFI) 36–2101, *Classifying Military Personnel*, and the 4Y0X1 Career Field Education and Training Plan (CFETP).

## 1–1. Ethical Responsibilities

*What do ethics have to do with my job?* This is a question asked by many new dental assistants. The answer is very simple: everything! Reflect on what you will be doing for a moment—treating people who are in pain or apprehensive about dental treatment.

Patients expect to undergo many strange and sometimes painful experiences while they are in the dental clinic. This brings up the question: *Why should you provide good care?* In many cases, nobody but you will ever know the difference. Good patient care should be a result of good ethics. In fact, the two are inseparable. If your personal ethical standards are high, you will always provide the best patient care of which you are capable. If your standards are low, you will probably take shortcuts and generally provide poor care.

In this section, you will study several areas. First, you will study the concept and origin of ethics, followed by an explanation of the terms used when talking about ethics. Next, you will learn what your ethical responsibilities towards your patients and coworkers are. Then, you'll learn how ethics apply to dentistry and the rights of the patients.

### 001. Ethical origins, concepts, and terms

As dental assistants you are oral healthcare professionals. You have ethical and moral responsibilities to your patients. It is your obligation to provide your patients with quality care. Your moral concerns, together with technical skills, must be acceptable and you should have a clear understanding of pertinent issues of the law that pertains to the practice of dentistry when providing care to patients. Let's talk about where the origin of ethics started and how they apply to you.

#### Concept and origin of ethics

Ethics are a code of conduct that describes actions as being either right or wrong. The Golden Rule, “treat others as you would have them treat you,” frequently is used as a basic ethical standard to follow. But ethics is a little more complex than that in medical professions, especially in dentistry. Therefore, the dental profession has developed a more specific code of ethics to guide the behavior of its members.

#### Historical background

The concept of ethics dates back to primitive times when humans developed certain behaviors that would allow them to live in harmony. The group accepted these behaviors as right or moral. The

group often ostracized those who did not follow this code of conduct. As the human population grew larger, the code of conduct grew more complex. From this original code of conduct, we developed a set of practices, beliefs, and theories that make up our ethics. The medical professions went through essentially the same developmental process. The members of the profession have adopted practices that are acceptable to themselves and their patients, and are the standards the dental profession follows today. These standards are constantly undergoing changes. As the dental profession increases in knowledge and technology, practices and beliefs that were acceptable in the past are no longer deemed appropriate.

### *Hippocratic Oath*

Some of the ethical standards developed by the early medical practitioners are still with us today. The medical profession in the fourth century BC first used the Hippocratic Oath. Many parts of the oath are as applicable today as then—for example, accountability, confidentiality, and good moral character. One concept that came from the oath was that the physician should be accountable for his or her work. Another was that the physician should have good moral character. A third concept that is still with us is keeping the patient's problems and treatments confidential.

### *Florence Nightingale*

Florence Nightingale had a significant influence on the development of medical ethics. She believed that healthcare providers should devote themselves to their profession and never knowingly harm a patient. She also believed in keeping the patient's care confidential and doing everything possible to elevate the standards of healthcare professions. You'll find these concepts in the codes of conduct in use today by members of medical professions.

### **Ethical conduct terms**

To understand ethics, it is helpful to be knowledgeable of several terms relating to ethical conduct. These terms include moral character, moral obligation, moral responsibility, and moral policy.

### *Moral character*

Moral character refers to the personality or character traits that an individual should possess to be considered a person of high standards and trustworthiness. Some traits considered desirable by medical professions are as follows:

- Hope.
- Faith.
- Charity.
- Courage.
- Honesty.
- Wisdom.
- Fortitude.
- Compassion.
- Temperance.
- Confidentiality.
- Strong work ethics.

If you have difficulty thinking of yourself complying with some of these traits, simply look at it as keeping your personal conduct above reproach.

### *Moral obligation*

Moral obligation is a feeling or an urge that compels us to behave in a positive way. Moral obligation is a result of moral character. To illustrate this, consider the act of taking patients' blood pressure.



This procedure is one you'll be performing over and over again. Without the trait of honesty, you might decide not to measure a patient's blood pressure and record a normal one just to save time. Honesty compels you to use the same care and accuracy each time you measure blood pressure. Generally, if your moral character is good then your desire to meet your moral obligations will also be good, and the result is behavior that will be ethically acceptable to your peer group. There are a number of different moral duties or obligations that refer to specific ethical behaviors. The following paragraphs summarize a few of these obligations.

### *Fidelity*

Fidelity is the act of keeping a promise. This promise may be clearly defined or only implied. Regardless of its nature, it should be upheld. Patient confidentiality is an implied promise that is a part of fidelity.

### *Nonmaleficence*

This is a medical term which means to refrain from harming yourself or others and is expressed in the Hippocratic Oath in terms of *do no harm*. Many procedures are potentially harmful to patients. One of your first and most important duties is to prevent harm to your patients, yourself, and coworkers.

### *Beneficence*

Beneficence is the act of bringing about good, or to act in the best interest of someone else. This is an easy one for you. The whole profession of dentistry has been built on the premise of acting in the best interest of the patient.

### *Reparation*

This is the act of compensating or making amends for a wrong that has been previously done. The wrong could have been an injustice, loss, or actual physical injury done to someone else. The reparation will vary according to the degree of wrong that has been done. The reparation could range from a simple "*I'm sorry*" to legal restitution. An example of reparation in the dental context could be when a patient receives monetary damages from a medical professional for malpractice.

### *Justice*

This is the obligation to distribute benefits or burdens fairly among persons or groups. Theoretically, care should be distributed equally among all patients; realistically, this is seldom possible. Resources are too limited to provide for the needs of all. Additionally, some patients and patient groups lack the ability to pay for their medical care. (In some countries, this problem has been partially resolved with socialized medicine.) This inability to provide for the dental needs of all frequently creates a conflict with another moral obligation or beneficence. Conflicts like this among different ethical standards are unavoidable.

There also is no easy solution to resolve these conflicts when they do occur. Because justice is such a complex obligation, we divide it into the following categories for easier understanding:

Categories of Justice	
Categories	Explanation
Distributive	<i>Distributive justice</i> deals with the treatment of individuals with fixed or limited resources. It is impossible to provide medical care for everyone. Distributive justice decides who is in the most need to receive care that is available.

Categories of Justice	
Categories	Explanation
Compensatory	<p><i>Compensatory justice</i> deals with individuals who have been wronged. In that respect, it is similar to the obligation of reparation, but differs in that the wrong may not have been done by a specific individual or group. For example, some select groups feel that they have been wronged by society as a whole; and, consequently, they feel they should receive preferential treatment.</p> <p>The military health system has its own unique conflict with compensatory justice. This conflict is retiree care. In other words, should the quality of treatment given be based on the member's <i>military status</i>, active duty or retired? Think about it.</p>
Procedural	<p><i>Procedural justice</i> probably comes closest to fitting our mental image of what justice should be. It deals with impartial or fair treatment for all. An example of fairness is treating patients on a first come, first served basis regardless of rank or position.</p>

There are many types of moral obligations. You will find that it is just as difficult to fulfill all these obligations as it is to satisfy all the individuals in a group. Ethical behavior requires a delicate balance of judgment, maturity, acceptance, and understanding. Frustrations will be frequent, but when you behave and perform your duties with high standards of conduct and to the best of your ability, you have fulfilled your ethical and moral obligations.

### ***Moral responsibility***

It is not enough to just act ethically; you must also accept responsibility for your actions. Acceptance of responsibility implies that you had a choice and that you voluntarily performed the duty. Also implied is that you possessed the necessary skills, knowledge, and authority to perform the duty in question. If you do not possess these elements, you cannot be held responsible for the duty. However, you can be held responsible for failing to acquire and maintain the knowledge and skill required to perform the duty. Ethical responsibility hinges on two factors: (1) you have the ability to perform the task and, (2) you freely choose to perform the task.

### ***Moral policy***

The concepts of moral character, behavior, duties, and responsibilities are at best confusing and contradictory. There are no absolutes when confronted with ethical conflicts. Each case must be weighed and judged on its own. Just as laws are subject to interpretation, so are moral laws and ethical practices. However, there are moral policies that outline general areas of agreement regarding action or interpretation of moral situations. The need for moral policy arises when a group of people with differing moral convictions are involved in moral conflict. The difficulty in formulating policy occurs when agreement between the fundamental moral beliefs of all parties involved cannot be satisfied. Moral policy can be made at the federal level, within healthcare facilities, or down at the departmental level. If you examine the standard operating procedures or operating instructions in your work area, you'll find overtones of moral policy. In many cases, moral policy relieves individuals of the responsibility for making difficult or painful decisions.

## **002. Dental ethics and jurisprudence**

Most people think well of the people in the healthcare field. They admire and respect us. This feeling of good faith didn't happen by accident—it was earned through observance of our code of ethics. Our code of ethics is the standard of moral principle and is practiced within the dental profession. Although they are voluntary controls rather than laws, they serve as a method of self-policing within our profession.

On the other hand, dental jurisprudence, which is the science or philosophy of law, deals with the laws that apply to dentistry. It includes statutes regulating dental practices, such as The State Dental Practice Act and The State Board of Dental Examiners. You'll study these two statutes, some basic medical standards of conduct, and the codes of ethics that relate to dentistry.

## **Standards of conduct**

We encourage you to develop your own personal code of ethics. You'll find that proper ethical behavior will improve your patient care, work relationships, and life in general.

Several organizations have formulated codes or standards of conduct for the dental profession. Although these codes differ slightly in wording, the basic concepts are the same. Some of these codes or standards are listed in the following paragraphs.

### ***Human dignity***

The respect for the patient's dignity either stated or implied is included in the code of dental professionals. This respect should be given to all patients, regardless of rank, financial status, or any other considerations. Respect for dignity includes greeting and conversing with the patient in a respectful manner. Avoid undue familiarity—"Good morning, Sgt Jones" or "Hello, Mrs. Smith," is much more appropriate than "What's happening, man?" The old saying, "familiarity breeds contempt," has a lot of truth to it.

### ***Individual care***

This ethical standard is closely related to respecting the patient's dignity, treating each patient as an individual means that you avoid stereotyping patients. "All old people are senile," is one example of a stereotype to avoid. How many elderly persons do you know who are actually senile? Strive to learn as much as possible about each patient's likes and dislikes, and try to accommodate these likes and dislikes as much as possible. Treating the patient as an individual also involves respecting the customs and beliefs of the patient. The AF operates medical facilities all over the world. You may be exposed to many different customs and beliefs. Show each the same respect that you expect for your own beliefs.

### ***Privacy***

In many areas the AF operates on a strict need-to-know basis. It's a good idea for you to apply the same principle when performing patient care. As far as you are concerned, the only people who need to know anything about a patient's condition and treatments are the people helping you treat that patient. Refer all others to the dentist when they have questions about the patient. Remember, it is not your job to satisfy everyone's curiosity. Moreover, wrongful invasion of privacy can lead to a lawsuit. In addition, patients lose confidence in their ability to share important medical history information with their providers when they feel their privacy is compromised.

### ***Professional competence***

Protect the patient from incompetent, unethical, and illegal care. Know how to do your job. You're expected to know the consequences of treatments you render the patient and refrain from doing anything that could be harmful. Also refrain from doing anything you have not been trained to do. Always correct any conditions that threaten a patient's health or safety. Failure to do so is negligence.

### ***Accountability***

You are accountable for your own actions. This means you are responsible for what you do and what you don't do. Act within your training and ensure that the procedures you are doing will help the patient. If something goes wrong or you make a mistake, accept responsibility for that also.

### ***Self-improvement***

Continually seek to improve your skills. With today's advances in dentistry and technology, if you're not constantly trying to learn new skills and improve the skills you already have, you will be less effective in doing your job. This is important because your patients should always receive the best care possible.

### **Loyalty**

Be loyal to your coworkers and profession. Give encouragement and praise to your coworkers whenever possible. Sometimes all that is needed is another person to talk to. If you finish your work ahead of your coworkers, help them out. A little cooperation will do wonders for the morale of a unit, and you never know when you might need a little help yourself. Loyalty also means that you do not publicly criticize your coworkers. We have said that you should not tolerate incompetence in a coworker. That's true. The correct way to deal with incompetence is to first find out why it's happening. Possibly the person has simply forgotten the correct procedure. In that case, a little remedial training is in order. The person may not even be aware that the procedure was performed incorrectly. Find a private area and discuss the matter. If you are unable to correct the problem yourself, bring it to the attention of someone with more authority. Above all, *never* criticize a coworker in front of the patients.

### **Personal conduct**

As a member of the military as well as the medical service, you have a dual responsibility for maintaining high standards of grooming and conduct. You must present a clean, neat appearance, and be courteous to patients and coworkers. A first impression usually is a lasting impression. If you present yourself in an unkempt fashion at work, you will create a poor impression of yourself, the medical profession, and the AF. The same is true of your conduct. If you are discourteous to your patients, or show up to work intoxicated, or display an uncaring attitude, you create a poor impression for your patients, peers, and supervisor.

### **Cooperation**

Cooperation is important at all levels. You need cooperation from your patients to perform any type of dental procedure. Your patients need your cooperation in terms of reassurance, information, and good dental care. If you do not cooperate with your coworkers, patient care will suffer. Patient care will also suffer if there is no cooperation among medical professionals. Cooperation includes good communication practices, courtesy, and respect for others.

### **Professional ethics**

In dentistry, principles of ethics are adopted by the American Dental Association (ADA), American Dental Assistants' Association (ADAA), and American Dental Hygienists' Association (ADHA). The ADAA is the professional organization of dental assistants, with local and state components, and a national office in Chicago. Membership in the ADAA gives the assistant representation and a voice in national affairs, with a far-reaching effect on the career and future of all dental assistants.

The code of ethics formulated by the ADAA applies to both military and civilian dental assistants. The following principles were adopted by the ADAA in 1980:

- Each individual must strive at all times to maintain confidentiality and exhibit respect for the dentist and coworkers.
- Each individual shall constantly strive to upgrade and expand technical skills for the benefit of dentistry and the consumer public.
- Each individual shall refrain from performing any professional service that is prohibited by state law and has the obligation to prove competence prior to providing services to any patient.
- Each individual should seek to sustain and improve the local organization, state association, and the ADAA by active participation and personal commitment.
- Each individual involved in the practice of dentistry assumes the obligation of maintaining and enriching the profession. Each individual may choose to meet this obligation according to the dictate of personal conscience, based on the needs of the human beings the profession of dentistry is committed to serve. The spirit of the Golden Rule is the guiding principle of this concept.

### The State Dental Practice Act

The State Dental Practice Act contains the legal restrictions and controls on the dentist, dental auxiliaries, and the practice of dentistry. It specifies the requirements for and the restrictions imposed upon the practice of dentistry within that particular state. The act creates and designates the State Board of Dental Examiners as an administrative board to interpret and provide a definite procedure to ensure that regulations are fulfilled.

### The State Board of Dental Examiners

The State Board of Dental Examiners is the body responsible for the administration of examinations; for licensure; enforcement of statutes, rules, and regulations; and the establishment of standards for quality continuing education for license renewal. This board adopts rules and regulations that define, interpret, and provide a plan that follows the intent of the dental practice act. The State Board of Dental Examiners supervises and regulates the practice of dentistry within a state.

## 003. Patient rights and responsibilities

The code of ethics provides the guidelines to carry out the philosophy or goals of dentistry. It is not enough to simply perform our various dental procedures. We must also consider the patient's human dignity as well as the other ethical standards we discussed. These considerations are so important that they are described as the rights of each patient. All Department of Defense (DOD) medical treatment facilities (MTF) and dental treatment facilities (DTF) must post the DOD Instruction 6000.14, *DOD Patient Bill of Rights and Responsibilities in the Military Health System (MHS)*, in highly visible areas within the facility. Let's take a look at what the *DOD Patient Bill of Rights and Responsibilities in the Military Health System* includes.

### Patients' rights

Patients' rights are to be supported by all MTF or DTF health facility personnel and should become an integral part of the treatment process. To support the patients' rights you must be familiar with them.

Patient's Rights	
Area of Concern	Explanation
Medical and dental care	Quality care and treatment consistent with available resources and generally accepted standards. The patient has the right also to refuse treatment to the extent permitted by law and government regulations, and to be informed of the consequences of his or her refusal.
Respectful treatment	Considerate and respectful care, with recognition of their personal dignity.
Privacy and Confidentiality	Within law and military regulations, privacy and confidentiality concerning their medical care.
Healthcare Personnel Identity	The identity, professional status, and professional credentials of healthcare personnel, as well as the name of the healthcare provider primarily responsible for their care is available at all times.
Explanation of Care	An explanation concerning their diagnosis, treatment, procedures, and prognosis of illness in terms the patient can be expected to understand. When it is not medically advisable to give such information to the patient, the information should be provided to appropriate family members or, in their absence, another appropriate person.
Informed Consent	Be advised in nonclinical terms on information needed to make knowledgeable decisions on consent of refusal for treatments. Such information should include significant complications, risks, benefits, and alternative treatments available.
Research Projects	Be advised if the facility proposes to engage in or perform research associated with their care or treatment. Patients have the right to refuse to participate in any research projects.
Safe Environment	Care and treatment in a safe environment. Patient can expect that

Patient's Rights	
Area of Concern	Explanation
	adequate safety precautions will be taken. For example, you must take steps to protect patients from injury to eyes or any part of the body, from swallowing or aspirating any objects in the mouth, or from damage to clothing.
MTF or DTF Rules and Regulations	Be informed of the facilities' rules and regulations that relate to patient or visitor conduct. Patients should be informed about smoking rules and should expect compliance with those rules from other individuals. Patients are entitled to information about the MTF and DTF mechanism for the initiation, review, and resolution of patient complaints.

### Patient responsibilities

Providing quality healthcare is a complex task requiring close cooperation between patients and health facility personnel. Patients can take responsibility for their care by helping the medical team give the best possible care. A list of the patient responsibilities are represented in the following table.

Patient Responsibilities	
Area of Responsibility	Explanation
Provide information	Provide, to the best of their knowledge, accurate and complete information about complaints, past illness, hospitalization, medications, and other matters relating to their health. Patients have the responsibility to let their primary healthcare provider know whether they understand the treatment and what is expected of them.
Respect and consideration	Be considerate of the rights of other patients and MTF and DTF healthcare personnel and for assisting in the control of noise, smoking, and the number of visitors. Patients are responsible for being respectful of the property of other persons and of the facility.
Compliance with medical care	Comply with the medical and dental treatment plan, including follow-up care, recommended by healthcare providers. This includes keeping appointments on time and notifying the MTF and DTF when appointments cannot be kept.
Medical records	Make sure that medical records are promptly returned to the medical facility for appropriate filing and maintenance when records are transported by the patients for the purpose of medical appointment or consultation. All medical records documenting care provided by any MTF or DTF are the property of the US government.
MTF and DTF rules and regulations	Follow the MTF and DTF rules and regulations affecting patient care and conduct. Regulations regarding smoking should be followed by all patients.
Reporting recommendations, questions, and complaints	Help the MTF and DTF commander provide the best possible care to all beneficiaries. Recommendations, questions, or complaints should be reported to the patient contact or patient advocate representative.

### 004. Professional relationships

In this lesson you'll study the concept of professionalism. Usually, people think of a professional as being a lawyer, doctor, or someone in a highly paid, highly skilled occupation. Not so. The term *professional* can be applied to you as well as to anyone. You will also learn about *professional behavior*. You'll learn why it is important for you to establish a professional relationship with your patients and coworkers.

There are many definitions for the word *profession*, but all definitions have certain characteristics in common. These characteristics include; (1) a high degree of skill and/or knowledge—competence, (2) service to society rather than self—altruism, and (3) the right of the profession to control its own destiny—autonomy. You'll study each of these individually to determine how they apply to the dental and military professions.



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## Competence

Actually, competence means more than a high degree of skill or knowledge. To attain the skill or knowledge, you must first go through a period of training, usually followed by a period of apprenticeship. Even after you attain the required level of competence, you must continue to study and work to improve your skills and the standards of your profession. Usually, competence is accompanied by a feeling of pride and the desire to be the very best at what you are doing. This desire may inspire you to look for ways of doing the job better. How does this definition fit your idea of your job now? You have just finished a period of training at a technical school. At technical school you learned the basic skills, theories, and principles of your profession. You are entering into your period of apprenticeship. In your case, the apprenticeship includes your career development course (CDC) and on-the-job training (OJT) required to up-grade you to the 5-skill level. After you earn your 5-skill level, you can continue to improve yourself by studying, asking questions, participating in services, and attending off-base courses. You may ask, "How is this going to help me?" There are two answers to this question: job satisfaction and material benefits. Job satisfaction is a combination of a feeling of pride because you know you have done your job well, and the knowledge that your work is important to others. You will also find that hard work and study will produce benefits in the form of promotions and increases in pay. If you take pride in your work, your work will become more enjoyable.

To further your degree of skill and knowledge, obtaining certification in your area of responsibility is a great opportunity to pursue. The Dental Assisting National Board (DANB) is a national, independent, nonprofit, credentialing agency established in 1948 for the express purpose of discerning competence in dental assisting. The ADA recognizes the DANB as the certification agency for dental assistants. For those dental assistants who meet the eligibility and examination requirements, certification may be earned in one or more of the following areas:

- Certified Dental Assistant (CDA).
- Certified Orthodontic Assistant (COA).
- Certified Dental Practice Management Assistant (CDPMA).
- Certified Oral and Maxillofacial Surgery Assistant (COMSA).

To earn any of these certifications, you must meet one of the eligibility pathways for certification being sought, and pass the certification examination. You will submit documentation to the DANB for each of the requirements in the pathway sought. A certification fee is charged to all applicants. The fee covers the cost of processing applications, examination administration, and the first year of certification. Annual recertification is earned through continuing education and payment of a renewal fee due on an assigned expiration date.

An applicant who meets all requirements and is successful on the examination will be issued a credential relevant to the area of certification. The CDA credential includes certification in infection control and radiation health and safety. The COA and COMSA credentials will include certification in infection control. Certificates and identification cards are issued to all certified assistants.

To provide a career ladder opportunity, on-the-job trained assistants can take the Infection Control and Radiation Health and Safety examinations at any time and the General Chairside component after gaining two years of experience. Currently Infection Control and Radiation Health and Safety is offered in technical school. Graduates of ADA accredited dental assisting programs are eligible for the complete examination. The dental assistant training completed in the AF through the 3-level resident course, qualification training packages, and career development courses is considered an ADA accredited program. After you are awarded your 5-level, you are considered a graduate from this program.

Certification carries with it the prestige of knowledge and the ability to apply it properly. It is in no sense a degree, nor does it hold any legal status, except in those states recognizing it under their

dental practice acts. You are encouraged to take any of the certification examinations. You can obtain an application and brochure by contacting DANB at 1.800.FOR.DANB (1.800.367.3262), or writing directly to: DANB, 444 North Michigan Ave, Suite 900, Chicago IL 60611. The brochure contains information on the examination contents and preparation guidelines including an examination outline, sample questions, and study reference list.

### **Altruism**

As we stated earlier, altruism is an unselfish regard for or devotion to the welfare of others. Altruism implies that the medical profession provides a significant service to society. What could be more important than providing for the physical and mental well-being of the sick and injured? This concept of professionalism also relates to job satisfaction and material benefits. The implication is that job satisfaction and service to society are more important than material rewards. Your job satisfaction will come in many ways. Your supervisor may praise you for a job well done. An apprehensive patient who just completed dental treatment may thank you for the help you gave. This kind of reward is far more important and will stay with you longer than any material benefits you could receive.

### **Autonomy**

Defined earlier as self-governing and as a military member it is a little difficult to relate autonomy to the job. After all, what control do you have over what you do or where you go? In this case, it is necessary to look a little deeper into the meaning of autonomy. For our purposes, autonomy means controlling how the job is done. Autonomy also implies that, because of the specialization of each profession, only those within the profession know enough about it to control it. Given this definition, autonomy certainly fits our profession.

Your job is different from any other job in the AF. That's why your OJT is conducted by another 4Y0X1, rather than just any NCO. You have more autonomy in the AF than your civilian counterparts. You have restrictions, but most of those restrictions are imposed by others in the 4Y0X1 career field. You are trained and evaluated by 4Y0X1s (both in technical school and on the job) and your job description is written by 4Y0X1s. For a profession to be truly autonomous there must be a standard of competence exclusive to the profession that all members must meet and control measures that can be taken in case a member does not meet the standard. The dental assistant specialty has these standards and control measures.

### **Standard**

The standard that sets the basic or minimum proficiency requirements for our AFSC is the specialty training standard (STS). The STS lists the basic tasks performed by members of the AFSC. Each task in the STS is proficiency coded at the 3-, 5-, and 7-skill levels. When you are upgrading to the next skill level, your supervisor will measure your skill and/or knowledge against the standard set by the STS. If you meet the requirements, you will be certified; if you do not, you will be given additional training.

### **Control measures**

There are a number of regulations in addition to AFIs that govern our existence as AF members. These regulations specify action to be taken against members who fail to attain or maintain the required job proficiency. Your performance and behavior are continuously observed and evaluated by your supervisor. At the 20<sup>th</sup> month in service, and once a year afterwards, these observations are documented in your enlisted performance report (EPR). If your EPR shows marginal or substandard performance, action will be taken against you under the appropriate regulation. The important point here is that you are evaluated by your supervisor, another 4Y0X1, before any action is taken.

Another control measure that governs our behavior is the standard of ethics you develop for yourself. Regulations apply external or imposed behavioral control. That means that someone else is requiring you to behave in a certain way. Ethics, in most cases, are internal controls. Your internal controls will prompt you to behave in an ethical manner. Look at blood pressures for an example of this point. If



you have a stethoscope in your ears and a blood pressure (BP) cuff on a patient's arm, who can tell if you are actually listening to the patient's pulse? If you were unethical, you might simply write down any BP reading that came to your head. Ethics forces you to listen carefully and even call someone else to check your results if you feel that they were inaccurate. Your ethics will guide you in your relationships with your patients, coworkers, and superiors.

### **Interpersonal relationships**

Good relations with your coworkers and patients promote harmony, which makes your job more enjoyable and contributes to a smoother running, more reputable dental service. To have good relations, you need to meet the basic psychological needs of the people you work and deal with. These needs are security, recognition, affection, and achievement. The following paragraphs will give you some guidance in developing relationships with others. We'll just expand the concepts of ethics, patient rights, and professionalism that you studied earlier. You may not be a dentist, but your attitude and behavior are just as important to the patients' well-being.

#### ***Appearance***

Present a clean, neat appearance at all times. Wear a clean, pressed uniform every day. Clean and polish your shoes. Avoid excessive use of jewelry and cosmetics. More often than not, patients will form an impression of you based on how you look. If your hair, clothes, and fingernails are dirty and you smell bad, your impression will be unfavorable. If you look sharp, you will make a good impression.

#### ***Attitude***

Maintain a positive attitude toward your patients and coworkers. Be cheerful, respectful, and professional—it's contagious. Remember, the reason you are there is to care for the patients. Show concern for all patients; make each patient feel that his or her welfare is important to you. You may dislike or feel strongly attracted to a patient. In either case, you must behave in a professional manner. Your patients may be frightened and apprehensive about dental treatment. A friendly smile and a reassuring word will do wonders. Never neglect or ignore your patients. It will only add to their frustrations. A positive attitude will give your patient a positive impression about the treatment they are about to receive.

#### ***Behavior***

As a member of the dental profession, your behavior is very important. Since you work in a professional atmosphere, anything you do to distract from the atmosphere degrades your profession. Patients come to the dental clinic for treatment by professionals—don't let them think you are anything less. Avoid horseplay and idle chatter. Horseplay is an unsafe practice anytime, and can have a negative effect on a patient who is in pain or apprehensive. Idle chatter gives the patients the impression you are not really concerned about them. Abusive or offensive language has the same effect. Always refrain from any unprofessional actions in patient areas. This includes the reception area and waiting room, since this is where the patients form their first impression.

Avoid the use of first names when dealing with retirees and active duty members. It detracts from your professionalism when you are overly familiar in front of the patients. Never do anything to belittle your coworkers in front of the patients. If a coworker is having a problem or performing care improperly, be discreet. Try to correct the situation yourself, but do not hesitate to involve your supervisor if necessary. As we said earlier, the patient's welfare is more important than hurt feelings or the possible loss of a friendship.

#### ***Privacy***

Personal privacy means that you do not reveal anything about the patient or the patient's care to anyone who is not working with that patient. That even includes a fellow dental assistant who works in the dental clinic. Information that seems trivial to you may be very important to the patient. Never

discuss the patient jokingly or casually. If the patient overhears, you will lose the rapport you worked to build. Even if the patient doesn't hear, it is an unprofessional practice, so avoid it.

### **Communication**

It is essential you communicate in a friendly, respectful manner, but do not be too familiar with your patients. Do not address your adult patients by their first names unless they specifically request it. Even then, be respectful. Address military members, both active and retired, by their rank and last name. That is a right they have worked hard to earn. Children usually will be more cooperative if they are addressed and treated as adults; children usually have a nickname they respond to. You can ask the parents about the child's preferences.

You are in a unique position as dental assistant. You will treat patients of all ranks and positions. You must remember the rules of military courtesy if you expect to succeed at your work. Being overly familiar or abusive to a superior will cause you to lose the patients' respect, plus get you into serious trouble. Not only is it important to use proper names and titles when talking with your patients, but it is just as important to use effective communication techniques when providing quality patient care.

Communicating is a difficult task. It is the act of giving or exchanging information. Although this is a simple definition, communication takes place only if the message being sent is received accurately. Communication requires a sender, message, and receiver. The sender puts thoughts into words, and then transmits these ideas in the form of a message to the receiver, who tries to understand the thoughts. The channels of communication are verbal, nonverbal, or written. The goal is to obtain information, inform, explore problems, or release tension. The degree of effectiveness is determined by the setting and attitudes of those involved in the communication process. Our emotional state affects listening. Know what you're going to say and say what you mean.

Speaking correctly and listening are also important. The following are a few effective communication techniques to remember:

- Look people in the eye.
- Be aware of hidden messages.
- Think of the feelings behind the words.
- Do not interrupt people in the middle of a thought.
- Ask questions if you do not understand the message.
- Offering of self. An example of this is, "Let me help you."
- Use silence effectively. This can convey care and compassion.
- Occasionally repeat what is being said. This is known as *reflecting*.
- Be empathetic. Empathy is placing yourself in the patient's position.
- Be conscious of nonverbal signs—a smile, frown, blank look or fidgeting, toe tapping, and so forth.
- Concentrate on what is being said—listen patiently. Don't just "hear" what is being said. This is known as *attending*.

Always remember, a high percentage of a patient's perception of quality healthcare comes from personal contact with members of the healthcare team. Good communication is the key to improving this perception.

You have already learned several ways to establish good interpersonal relationships and communicate with your patients and coworkers. If you think about it, all these rules and ethics are nothing more than common sense and decency. These rules were formalized to create a standard of care upon which the various professions were founded. The standard of care became both a statement of the purpose of the profession and guidelines to control the members of the profession. The standard of care also helps to resolve certain ethical dilemmas.

### ***Ethical dilemmas***

An ethical dilemma is a situation where both courses of action could be right or wrong. One example of an ethical dilemma is the question of performing lifesaving measures on terminally ill patients. Is the sacredness of life more important than relief from an existence of misery and pain? Without some sort of ethical guidelines, we would have to resolve these dilemmas ourselves, and no individual's sanity can hold up to that type of abuse.

We must all support the standard of care upon which our profession was founded. Without this standard, there would be no profession and no real patient care. You may not agree with all the ethics in our standard of care, but do not let that force you to give up on the profession. Each new generation brings new ideas and principles into the profession. With these new ideas and principles comes change. You can be a part of the changes that your generation produces.

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## **Self-Test Questions**

After you complete these questions, you may check your answers at the end of the unit.

### **001. Ethical origins, concepts, and terms**

1. Why is upholding your ethical responsibilities important?
2. Why is the Hippocratic Oath important?
3. How did Florence Nightingale incorporate medical ethics into her care of patients?
4. How does the term *fidelity* relate to a medical professional?
5. Define the term *nonmaleficence*.
6. Why is it difficult to apply the ethical concept of justice to the medical profession?
7. Why is it important to maintain the skill required to perform your duties?

### **002. Dental ethics and jurisprudence**

1. When greeting and conversing with the patient, you are performing what standard of conduct?
2. Two assistants are sharing their patient's medical history, what standard of conduct was violated?

3. Why should you help your coworkers with their work?
4. What organizations have adopted principles of ethics in dentistry?
5. To whom does the code of ethics formulated by the ADAA apply?
6. What contains the legal restrictions and controls on the dentist, dental auxiliaries, and the practice of dentistry?
7. What organization supervises and regulates the practice of dentistry within the state?

### **003. Patient rights and responsibilities**

1. Give an example of patients' rights for medical and dental care.
2. Briefly describe the patient's rights regarding privacy and confidentiality.
3. What does the patient have the right to know with regard to identity?
4. Briefly describe the patient's right to explanation of care.
5. What responsibility does a patient have in providing information?
6. What are the patients' responsibilities regarding compliance with medical care?

### **004. Professional relationships**

1. What professional characteristic is established when you complete your CDC and OJT?
2. Attaining a DANB certification is an example of what professional characteristic?

3. What professional characteristic is established when you become certified on standards set by the STS?
4. Give an example of the proper attitude you should display with patients.
5. What are some examples of behavior you should avoid in the dental clinic?
6. What interpersonal relationship characteristic is performed when addressing your patient?
7. What rules must you remember when you are treating patients of all ranks and positions?
8. Which interpersonal relationship is the key to improving a patient's perception of quality healthcare?

## 1-2. Legal Aspects and Responsibilities

A subject that closely parallels to ethics is the law. In fact, you could say the law is an outgrowth of ethics. Ethics is a code of conduct that allows individuals to live together in harmony, and the law consists of principles and regulations established by a community to control itself. The difference is that ethics is an informal or moral statement of conduct enforced by the entire group, and the law is a formal statement of conduct enforced by the government.

As military members, we are concerned with the law in two ways. First, as citizens of this country we must obey the law as prescribed and enforced by the Federal, state, and local governments. Second, we must obey the regulations prescribed and enforced by the AF. Both apply to patient care. Patient rights, such as privacy and freedom from harm, are equally protected by civil law, regulations, and AFIs. In this section, you'll learn how these laws and regulations affect your job.

### 005. Aspects of legal liability

One of the criteria of a profession, which we just discussed, is *autonomy*. Autonomy includes the concept of being responsible for your actions. This includes a legal responsibility. If you violate a patient's legal rights, you will be held liable. As a dental assistant, you must be aware of your legal responsibilities regarding patient care. There are multitudes of terms that apply to the law and to legal actions. You'll study certain legal terms that apply to patient care and learn your legal responsibilities.

#### Types of legal liability

Liability may occur when a person practicing his or her profession improperly performs the duties of that profession, and someone is injured as a result. There are three types of legal liability that hold personnel working in medical or dental treatment facilities accountable for their actions:

Types of Legal Liability	
Types	Description
Criminal liability	Involves government prosecution of criminal offenses for the punishment of wrongdoers and deterrence of others.
Administrative liability	Is nonpunitive, but involves an employer's right to direct the actions of its employees. While there is no direct financial liability, such as a fine, there can be financial repressions from the loss of rank or discharge.
Tort liability	<p>Involves a civil wrong that injures a person or property of another person. This type of liability involves a personal lawsuit and money damages.</p> <p>A tort is a lesser form of a crime and usually is prosecuted in a civil court by individuals or corporations rather than the government. In extreme cases, a wrong committed against a patient is considered a crime and prosecuted in criminal court. The government may also institute a civil action in cases with significant public interest.</p> <p>There are three theories of tort liability: strict liability, intentional torts, and negligence. Since strict liability is not available against the government, you will only study intentional torts and negligence.</p>

### Types of intentional torts

Intentional torts attach a personal financial liability. There are several types of intentional torts. They include assault, battery, false imprisonment, misrepresentation, wrongful invasion of privacy, defamation of character, and constitutional torts. We'll study each of them.

#### Assault

Assault is a threat of physical harm that creates a fear of imminent bodily injury or an apprehension of unwanted touching. It's an intentional act, not accidental, and no actual touching is required. Technically, tort assault doesn't require intent to harm but criminal assault does. If you threaten to hit, hold or tie down a patient and the patient takes you seriously, you have committed assault. Assault in the patient care environment happens most often when medical personnel are trying to work with an uncooperative patient. Remember that a patient does have the right to refuse treatment. What you should do in these situations is remain calm and inform the physician or dentist, who should discuss the consequences of the refusal with the patient.

#### Battery

Battery is the actual offensive touching of a person without that person's consent. To avoid being accused of assault and or battery, always explain procedures to the patients. This will protect you and the Air Force. Reassure the patient, and improve patient, staff rapport.

#### False imprisonment

False imprisonment is wrongfully restraining or restricting a person against his or her will. If you tie down a patient, you are threatening, you not only have committed assault and battery, but false imprisonment as well. If you have to restrain a patient against his or her will, there must be a sound medical reason, and you must have permission from the physician, dentist, or, in limited cases, a mental health nurse.

#### Misrepresentation

Misrepresentation is a false statement of material fact that caused detrimental reliance to the patient. For example, if you were to guarantee the outcome of a treatment and it was not achieved, this is misrepresentation. Another example is fraud.

#### Wrongful invasion of privacy

Patients have a privacy interest in medical care that can be violated in several ways. The release of the patients' medical records without their consent or proper authority is an invasion of privacy. If you discuss a patient's medical condition or care with people having no need to know, such as your

friends, you are guilty of invasion of privacy. The commercial use of patients' names or photos without consent is also considered an invasion of privacy. Another type of privacy invasion is of a physical nature. This includes exposing undressed patients to passers-by, eavesdropping, performing an autopsy without the next-of-kin's consent or legal authority, and showing filmed operations for training purposes without the patient's consent.

### **Defamation**

Defamation is communication that injures one's reputation. The legal definition of defamation is a false derogatory statement communicated to a third person that injures the victim's reputation by exposing the victim to hatred, contempt, ridicule, aversion, or lower public opinion. These statements may be oral (verbal), which is called *slander*, or written (visual) and also termed *libel*. For example, if you tell a friend that one of your patients has herpes, and it's not true, you are guilty of defamation. You can avoid this problem by not gossiping. If you suspect child or spouse abuse, you are *obligated* to report it. Even if the accused is found not guilty, that person cannot sue you for *defamation of character*.

### **Constitutional torts**

Constitutional torts are a violation of a patient's civil rights by a government employee. An example would be the failure to obtain a warrant before searching a patient's belongings for criminal evidence.

### **Intentional infliction of emotional distress**

An intentional infliction of emotional distress is a type of tort involving outrageous conduct causing severe emotional shock or trauma. If you show respect for your patients and follow the guidelines you learned under ethics, you should have no problem with this or the other intentional torts.

### **Negligence and malpractice**

Negligence and malpractice have essentially the same definition: *performing an act that a reasonable individual with the same training and experience and in similar circumstances would not do, or failing to perform an act that a reasonable individual with the same training and experience, and in similar circumstances, would do*. Malpractice is a term generally used when referring to the negligent actions of professional persons. Although you are a member of a profession, you are not licensed as a dentist or hygienist. For legal purposes you are considered to be a paraprofessional.

The four elements of negligence are summarized in the following information. If all four elements are proven, the defendant is financially liable.

### **Standard of care**

Standard of care is defined as duty to patients. This is the duty to act as a reasonable person, with similar training, would have acted under similar circumstances. Skilled professionals must use the degree of skill normally used by other skilled practitioners in the same field of practice, under the same circumstances. The standards are usually established on national standards versus the standards of the same or similar locality, but state law will differ in each circumstance. Learn the standards where you are assigned.

### **Breach of duty**

Breach of duty is failure to meet standards of care. A bad result alone is not breach of duty. Breach of duty requires a deviation from standard practice or acceptable alternatives. The plaintiff must show the injury was caused under the defendant's exclusive control and that such injuries don't ordinarily occur in the absence of negligence. In this case the patient's negligence can't be a contributing factor to his or her own injury.



### **Causation**

The cause must be both actual and proximate. Actual cause is the direct and substantial cause of the injury. In proximate cause the injury must be a reasonably foreseeable consequence of the breach of duty.

### **Provable damages**

Damages may be either special or general. Special damages incur actual economic losses, such as medical expenses, burial expenses, or lost wages. General damages are non economic losses, such as pain and suffering, or disability.

There are many ways that negligence can occur in a patient care setting. For example, if you diagnose a patient's illness and fail to inform the attending physician or dentist, you have committed a breach of the standard of care. If you diagnose a condition and institute treatment without consulting a physician or dentist, you have also breached the standard of care. Diagnosing disorders and ordering treatment is the responsibility of a dentist, not a dental assistant. The best way to prevent negligent acts from occurring is to be conscientious in your work and act within the limits of your training.

### **Federal Tort Claims Act**

There was a time when suing the government was unheard of. This is no longer the case. In 1946, Congress enacted the Federal Tort Claims Act (FTCA). It is a limited waiver of the US government's sovereign immunity. The general rule is that the federal government is liable for injuries caused by a federal employee. This includes active duty military, where the employee was acting within the scope of employment, and the state laws where the act occurred would render a private person liable for negligence under the same circumstances. The FTCA applies to all injuries caused by federal employees acting in the scope of their employment, not just medical malpractice. There is a two-year statute of limitations, which begins when the claimant knew or should have known of the injury and its cause.

Simply stated, the FTCA gives certain individuals the right to sue the federal government for the negligent acts of its employees. A lawsuit against the Federal Government is justified if a federal employee, acting within the scope of employment, commits an act of negligence while on duty. In other words, if you are performing duties in an AF medical facility and you are negligent, the AF can be sued.

There are some exceptions to the FTCA liability. The first includes injuries that occur in a foreign country. These injuries are covered by the Military Claims Act, which, unlike the FTCA, does not permit lawsuits. Two other exceptions to the FTCA are injuries resulting from intentional acts of misconduct and acts committed outside the scope of employment. The fourth exception is the *Feres* Doctrine—*Feres v. United States* (US Supreme Court, 1950). Under this doctrine, active duty military personnel may not sue for injuries received arising out of or incident to their military service. It also bars derivative claims of the family members of injured or killed active duty personnel. Injuries to active duty military personnel in military treatment facilities are considered incident to the service, therefore, recovery under FTCA is barred by *Feres*.

### **PL 99-660, The Healthcare Quality Improvement Act of 1986**

A memorandum of understanding (MOU) between the Department of Health and Human Services (DHHS) and the DOD provides for the participation of the DOD in the national malpractice reporting system established under Part B of the Healthcare Quality Improvement Act of 1986. Under this agreement, the services will report all payments made as a result of malpractice claims, and when the surgeon general makes a determination that the standard of care was not met. Each report will contain the responsible provider or support person's name, amount of payment, name of the MTF, and a peer assessment to indicate whether the care provided was an acceptable standard of care. No report will be made unless money is paid out and the determination is made that the standard of care was not met.



### **Immunity in common law tort cases**

There are two statutes affording DOD healthcare providers absolute immunity: (1) Gonzales Act and (2) Westfall Act, formerly known as the Federal Employees Liability Reform and Tort Compensation Act. When applicable, these laws provide that the exclusive remedy for the case under consideration is against the United States under the Federal Tort Claims Act.

### **Good-Samaritan laws**

Good-Samaritan laws are designed to protect medical personnel from liability of simple negligence when they render noncompensated medical aid in good faith at the scene of an emergency. Each state has a Good-Samaritan law, but it varies from state to state and in foreign countries. Your best protection is to act within the limits of your training and use common sense. Check for the wording of the Good-Samaritan laws where you are assigned.

### **Informed consent**

Adults of sound mind have the right to decide what shall be done with their bodies. Patients must be mentally competent to give consent. They must be able to understand and appreciate the risks and benefits of treatment. They may not be under the influence of drugs or alcohol. Minors are considered incompetent to give consent except in certain circumstances. Such exceptions included are: minors on active military duty, married minors, emancipated minors, and mature minors. Minors are permitted to consent to treatment for certain categories of care, such as pregnancy, birth control counseling, venereal disease, drug and alcohol abuse, and medical emergencies.

Consent can be given in several ways. Expressed consent is written or oral, implied in fact is given for routine medical and dental care, or implied in law is given for emergency medical and dental care.

To be legal, consent must be informed. Informed consent means that the patient fully understands and agrees to the procedure in question. The physician or dentist must discuss the following aspects with the patient:

- Disease process.
- Alternatives and their risks.
- Nature and purpose of the proposed procedure risks and benefits.

Patients who are considered minors must have a relative or other responsible individual provide consent for situations other than the previously mentioned exceptions. There are certain circumstances, such as surgery or anesthesia, where written consent is required. Consent for most dental procedures could simply be a verbal OK or even a nod of the head. However, in some states it must be written and witnessed. You'll study the requirements for written informed consent in another volume.

### **Third party liability**

Under the Federal Medical Care Recovery Act, the Federal Government can recover the value of free medical care provided to military members and their dependents injured by torts committed by nonmilitary third parties. Examples of torts that could involve injury include automobile accidents and assaults.

### **Legal aspects of medical records**

The most important evidence we have of the quality of medical care rendered are medical records. Dental records are an extension of the medical record. They must be accurate, complete, and legible. Medical records are owned by the agency that created them. For example, medical records created by the AF belong to the AF. However, patients have a privacy interest in the contents of their records. They also have the right to review and copy their records. Medical records or contents in the records are released only to those who have an official need to know. The records or contents of the records

may also be released when the patient authorizes the release or the law authorizes or directs the release.

Even though medical records are considered hearsay, they are admissible in court under the *business records exception* to the Hearsay Rule providing certain requirements are met. The record must be one made in the regular course of business. It must also be made at or near the time of occurrence of the event documented. The records must be made by persons whose duty is to record such information and the normal procedure is to record such information.

The following are some basic rules that must be followed regarding record documentation:

- Must be legible.
- Must be accurate.
- Record just the facts.
- Do not leave blank spaces.
- Avoid put-downs and defamatory statements.
- Draw a single line through errors and annotate with initials, date, and time.

### **006. Legal responsibilities of the dental assistant**

You've studied legal terms and various legal aspects. Now, you'll concentrate on items that could cause lawsuits against the Federal Government and liabilities of the dental assistant.

#### **Lawsuits**

Laws established by the ADA and the State Dental Practice Acts provide for the legal practice of dentistry. Since dentists are licensed and you are not, they are legally responsible for patient treatment. However, this does not relieve you of your responsibility. You must be aware of these legalities to prevent compromise of the existing laws. What could you do that would cause someone to sue the government? Any negligent act by you could result in a lawsuit. We'll review some of the more common examples of negligence by a dental assistant.

#### ***Performing outside the limits of training or unauthorized services***

Each state has a Dental Practice Act that authorizes the allowable duties of civilian dental auxiliaries. These duties vary from state to state. For instance, some states let auxiliaries expose radiographs; others don't. As a military dental assistant, you are not limited by the Dental Practice Act. Your duties are summarized in CFETP 4Y0X1, Part 1. Part 2 is used to identify the tasks that you are trained and certified to perform. Know the limits of your training and legal restrictions. Do not surpass them, regardless of how qualified you feel.

#### ***Prescribing treatment***

There will be many times a patient will ask you what treatment the dentist is going to perform. Although it seems harmless enough to tell them, you must be very careful. For instance, you tell a patient that the dentist is going to restore a tooth; then the dentist examines the radiograph and decides to remove the tooth. Now the patient has two conflicting treatment plans. Which one is right? The patient could feel the dentist is removing a tooth that could be saved and bring forth legal action. Always let the dentist explain the treatment plan, unless the dentist delegates aspects of this task to you.

#### ***Failing to properly monitor a patient during therapy***

Before you ever begin treatment, confirm the identity of each patient. Assuming that the person waiting outside your treatment room is your next scheduled patient can have disastrous results if treatment begins and then you realize you have the wrong patient.

Once treatment begins, dental patients must constantly be observed for adverse reactions to treatment. If you have ever seen patients experience syncope or drug reactions, you fully realize why patients shouldn't be left unattended. Whenever the dentist leaves the treatment room, stay with the patient. Attend to the patient and know what to do in an emergency, and be prepared to act when necessary. Patients who are injured by falls or medication reactions while unattended could file and probably win a lawsuit. During various dental procedures, you'll monitor and record the patient's vital signs. When you must perform this task, make sure you accomplish it accurately.

#### *Failure to properly ensure patient privacy*

In your work you are exposed to a lot of information that is considered privileged communication. The best way to avoid violating privileged communication is to refrain from talking about your patients. Health histories may reveal that Mrs. X had a breast removed or Sergeant Y had a venereal disease. This is nobody's business but yours, the dentist's, and the patient's. Don't spread it around. Don't even discuss a patient's routine treatment with someone who doesn't have a need to know. Keep the business of the treatment room in the treatment room.

#### *Failure to use proper aseptic technique*

Dentists rely on you to properly sterilize the instruments and help avoid patient contamination. The use of unsterile techniques can result in liability. There is no excuse for short cutting sterile techniques. Observe the proper sterilization procedures and frequently check your sterilizers to make sure they are operating properly.

#### *Failure to properly check medications*

Dispense or administer medications only as directed by the dentist. Be very careful when drugs are administered. Giving the wrong drug is negligence. To avoid this, make sure that all drugs are properly labeled and always tell dentists what drug you're handing them.

#### *Failure to inspect equipment for defects prior to use*

If a patient is injured because of faulty equipment, the dentist may be charged with negligence. Since the maintenance of equipment is your responsibility, be sure everything is working properly. Pay particular attention to X-ray units and operating lights that could fall and injure the patient.

### **Liabilities**

Although the government takes the responsibility for your actions, you do have certain liabilities (responsibilities) and you'll be held accountable. These liabilities are outlined in your job description and specified in your job qualification standard (JQS). Become thoroughly familiar with your job and especially with your limitations. The following are some specific liabilities:

- Ensure patient safety at all times.
- Act within the limits of your training.
- Ensure that patient privacy is protected at all times.
- Make sure that personnel fully understand all assigned duties.
- Maintain an accurate and factual record of the patient's treatment.
- Ensure that due care is used when preparing and administering medications.
- Ensure that personnel under your supervision exercise safety standards on the job.
- Ensure that personnel under your supervision are not assigned duties for which they have not been trained.

In summary, your basic legal responsibility is to use sound judgment in the care and management of patients at all times—specifically in the areas of dental procedures, medications, treatments, patient supervision, recording and reporting, and supervision of personnel. Failure to maintain any part of your responsibility is negligence. If negligence results in a lawsuit and the judgment is against the

government, you may have to pay for the judgment. In any case, you'll be held accountable to the AF for any substandard patient care. You may only be administratively reprimanded; however, if you are found guilty of dereliction of duty (negligence standard), you could be charged, convicted, and sentenced under the Article 92, of the *Uniform Code of Military Justice (UCMJ)*.

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### Self-Test Questions

After you complete these questions, you may check your answers at the end of the unit.

#### 005. Aspects of legal liability

1. Give an example of administrative liability.
2. Define *tort liability*.
3. By explaining procedures to the patient, you can avoid which intentional tort?
4. Define *negligence*.
5. What is the definition of *malpractice*?
6. Explain what is meant by the *standard of care*.
7. What element of negligence is performed if you stray from the standards of care?
8. What is the best way to prevent negligent acts from occurring?
9. What is the general rule of the FTCA?
10. What is required under PL 99-660, The HealthCare Improvement Act of 1986?
11. What two statutes afford DOD healthcare providers absolute immunity?

12. What is the intent of Good-Samaritan laws?
13. In what circumstances are minors considered competent to give consent?
14. Who owns medical records?
15. What rights do patients have regarding their medical records?
16. What requirements must be met to be admissible in court under the business records exception to the Hearsay Rule?

**006. Legal responsibilities of the dental assistant**

1. As a military dental assistant, where are your duties summarized and the tasks identified that you are trained and certified to perform?
2. Why is it best to let the dentist explain the treatment plan, unless aspects of this task are delegated to you?
3. Why must a patient be monitored during therapy?
4. What is the best way to avoid violating privileged communication?
5. Why are using proper aseptic techniques important?
6. How can you avoid the administration of the wrong drug?
7. What could the dentist be charged with if a patient is injured because of faulty equipment?
8. List four specific liabilities.

9. What consequences might you suffer for providing substandard patient care?

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## Answers to Self-Test Questions

### 001

1. All medical professionals have ethical responsibility to their patients, and should provide them with quality care by upholding their technical skills required.
2. Medical professionals must be held accountable and practice good moral character and confidentiality of patient information.
3. Any two of the following:
  - (1) Devote themselves to their profession.
  - (2) Never knowingly harm a patient.
  - (3) Keep the patient's care confidential.
  - (4) Do everything to elevate the standards of healthcare professions.
4. It relates to patient confidentiality.
5. Nonmaleficence means to refrain from harming yourself or others.
6. Resources are too limited to provide for the needs of all patients, and some patients and patient groups lack the ability to pay for their medical care.
7. Maintaining the proper skill level to perform your duties is a moral responsibility. You can be held responsible for failing to maintain the skill required to treat patients with the proper medical ethics.

### 002

1. Human dignity.
2. Privacy.
3. Cooperation raises the morale of a unit, and you yourself may need help sometime.
4. American Dental Association (ADA), American Dental Assistants Association (ADAA), and American Dental Hygienists' Association (ADHA).
5. Military and civilian dental assistants.
6. The State Dental Practice Act.
7. The State Board of Dental Examiners.

### 003

1. Quality care and treatment consistent with available resources and generally accepted standards. The patient has the right also to refuse treatment to the extent permitted by law and government regulations, and to be informed of the consequences of his or her refusal.
2. Each patient has the right to privacy and confidentiality concerning their medical care.
3. The identity, professional status, and professional credentials of healthcare personnel, as well as the name of the healthcare provider primarily responsible for their care is available at all times.
4. All patients have the right to an explanation concerning their diagnosis, treatment, procedures, and prognosis of illness in terms the patient can be expected to understand. When it is not medically advisable to give such information to the patient, the information should be provided to appropriate family members or, in their absence, another appropriate person.
5. To the best of their knowledge, to provide accurate and complete information about complaints, past illness, hospitalization, medications, and other matters relating to their health. Also to let their primary healthcare provider know whether they understand the treatment and what is expected of them.
6. They are responsible for complying with the medical and dental treatment plan, including follow-up care, recommended by healthcare providers. This includes keeping appointments on time and notifying the MTF and DTF when appointments cannot be kept.

**004**

1. Competence.
2. Competence.
3. Autonomy.
4. Show concern for all patients; make each patient feel that his or her welfare is important to you, smile and use reassuring words.
5. Horseplay, idle chatter, abusive or offensive language, and the use of first names when dealing with retirees and active duty members.
6. Communication.
7. Rules of military courtesy.
8. Communication.

**005**

1. Loss of rank or discharge.
2. A civil wrong that injures a person or property of another person.
3. Battery.
4. Performing an act that a reasonable individual with the same training and experience and in similar circumstances would not do, or failing to perform an act that a reasonable individual with the same training and experience, and in similar circumstances, would do.
5. Malpractice is a legal term used to refer to the negligence of a professional person.
6. The duty to act as a reasonable person, with similar training, would have acted under similar circumstances. Skilled professionals must use the degree of skill normally used by other skilled practitioners in the same field of practice, under the same circumstances.
7. Breach of duty.
8. Be conscientious in your work and act within the limits of your training.
9. The Federal Government is liable for injuries caused by a federal employee, including active duty military, where: the employee was acting within the scope of employment, and the state laws where the act occurred would render a private person liable for negligence under the same circumstances.
10. The services will report all payments made as a result of malpractice claims and when the surgeon general makes a determination that the standard of care was not met.
11. The Gonzales Act and The Westfall Act, formerly known as the Federal Employees Liability Reform and Tort Compensation Act.
12. They are designed to protect medical personnel from liability of simple negligence when they render noncompensated medical aid in good faith at the scene of an emergency.
13. Such exceptions included: minors on active military duty, married minors, emancipated minors, and mature minors. Minors are permitted to consent to treatment for certain categories of care, such as pregnancy, birth control counseling, venereal disease, drug and alcohol abuse, and in medical emergencies.
14. The agency that created the record.
15. Patients have a privacy interest in the contents of their records and have the right to review and copy their records.
16. The record must be made in the regular course of business. It must also be made at or near the time of occurrence of the event documented. The records must be made by persons whose duty is to record such information and the normal procedure is to record such information.

**006**

1. In CFETP 4Y0X1 Part 1. Part 2 is used to identify the tasks that you are trained and certified to perform.
2. If the patient has two conflicting treatment plans, legal action may be brought forth depending on the nature of the recommended treatment.
3. To ensure the identity of the patient before treatment begins. Once treatment begins, dental patients must constantly be observed for adverse reactions to treatment, possible emergencies, and during various procedures the patient's vital signs must be monitored.

4. Refrain from talking about patients.
5. To avoid patient contamination and liability.
6. By making sure all drugs are properly labeled and always telling dentists what drug you're handing them.
7. Negligence.
8. Any four of the following:
  - (1) Ensure patient safety at all times.
  - (2) Act within the limits of your training.
  - (3) Ensure that personnel under your supervision are not assigned duties for which they have not been trained.
  - (4) Ensure that personnel fully understand all assigned duties.
  - (5) Ensure that personnel under your supervision exercise safety standards on the job.
  - (6) Ensure that patient privacy is protected at all times.
  - (7) Ensure that due care is used when preparing and administering medications.
  - (8) Maintain an accurate and factual record of the patient's treatment.
9. You may only be administratively reprimanded; however, if you are found guilty of dereliction of duty (negligence standard), you may be charged, convicted and sentenced under Article 92 of the UCMJ.

**Do the unit review exercises before going to the next unit.**



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## Unit Review Exercises

**Note to Student:** Consider all choices carefully, select the *best* answer to each question, and *circle* the corresponding letter. When you have completed all unit review exercises, transfer your answers to the Field Scoring Answer Sheet.

**Do not return your answer sheet to AFCDA.**

1. (001) The concept of ethics began
  - a. during primitive times.
  - b. with Florence Nightingale.
  - c. when the Hippocratic oath was introduced.
  - d. after the establishment of the American Dental Association.
2. (001) Which situation *best* illustrates an ethic that was advocated by Florence Nightingale and is still practiced today?
  - a. A1C Jones finished early with his patients so he helped A1C Green with his patients.
  - b. Sgt Smith takes AB Brown into her office to discuss AB Brown's unprofessional behavior.
  - c. SSgt Paul reprimanded A1C Green and AB Brown because they were discussing a patient's diagnosis in the hospital dining room.
  - d. Amn Todd is always careful to address his patients as Sir or Ma'am, or by their last names and Mr., Mrs., Miss, or Ms.
3. (001) Which moral term is an example used to describe a *feeling* or *urge* that compels us to behave in a certain way?
  - a. Responsibility.
  - b. Obligation.
  - c. Character.
  - d. Policy.
4. (001) Why is the concept of "justice" in the dental and medical field difficult to apply?
  - a. High prices.
  - b. Limited resources.
  - c. Widespread illness.
  - d. Untrained personnel.
5. (002) What example of ethics are you violating when you criticize your coworkers in public?
  - a. Accountability.
  - b. Competence.
  - c. Altruism.
  - d. Loyalty.
6. (003) All of the following are considered patient rights *except*
  - a. quality care and treatment consistent with available resources and generally accepted standards.
  - b. the identity, professional status, and professional credentials of health care personnel.
  - c. to refuse treatment to the extent permitted by law and government regulations.
  - d. an attorney when malpractice is suspected.
7. (003) All of the following statements are considered patient responsibilities *except*
  - a. providing information about past illness, hospitalization, and medications.
  - b. assisting in the control of noise, smoking, and number of visitors.
  - c. maintaining medical records documenting care provided by any medical treatment facility (MTF) or dental treatment facility (DTF).
  - d. keeping appointments on time and notify the dental treatment facility (DTF) when appointments cannot be kept.

8. (004) What term is an example of the dental profession providing a significant service to society?
- a. Altruism.
  - b. Autonomy.
  - c. Competence.
  - d. Accountability.
9. (004) The specialty training standard provides all the following information *except*
- a. required tasks.
  - b. ethical standards.
  - c. minimum skill level.
  - d. minimum knowledge level.
10. (004) An example of unprofessional behavior would be
- a. calling retirees or active duty members by their first name.
  - b. addressing an adult patient by their military title.
  - c. referring to a pediatric patient by a nickname.
  - d. referring to your supervisor as sergeant.
11. (004) A communication skill that is defined as “concentrating on what is being said by the patient” is
- a. reflecting.
  - b. attending.
  - c. empathy.
  - d. silence.
12. (005) The following statements are examples of defamation *except* telling
- a. the dentist about suspected child abuse.
  - b. a friend that one of your patients has herpes.
  - c. a friend about a patient’s history of mental illness.
  - d. the dentist that the patient has been married five times.
13. (006) An example of the cause of a lawsuit against the federal government by a dental assistant is
- a. using unsterile procedures.
  - b. telling dentists what drug you are handing them.
  - c. discussing the patient’s health history with the dentist.
  - d. performing expanded duties which you are certified to perform.
14. (006) As a dental assistant, if you are found guilty of dereliction of duty (negligence standard) you could be charged, convicted, and sentenced under what article of the Uniform Code of Military Justice (UCMJ)?
- a. 90.
  - b. 91.
  - c. 92.
  - d. 93.

**Please read the unit menu for unit 2 and continue ➡**

## Unit 2. Records and Reception

<b>2-1. Programs, Records, and Reception.....</b>	<b>2-1</b>
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**T**HE SCHEDULING OF PATIENTS for dental treatment includes receiving and directing patients, and answering inquiries about clinical policies and procedures. You must not only be knowledgeable about administration, but also be able to communicate with dental patients. This requires a basic understanding of patient psychology.

The dental service, like other services in the armed forces, keeps records primarily for its own use. There are several reasons for keeping dental records. A record helps us assess the quantity of our treatment, provides information for budget preparation and legal matters, and supplies the necessary information for reports that higher headquarters use to plan and act. For these reasons, take great care to keep accurate and factual records.

The material presented in this unit will be valuable to you. This unit covers reception of patients, dental treatment records, dental reporting system, and miscellaneous forms.

### 2-1. Programs, Records, and Reception

There are a number of programs of concern to Dental Services. You will learn about these programs to different degrees, depending on how involved you are likely to be with them. The records and reception area is a vital part of the dental treatment facility (DTF). To a very large extent, this section is directly responsible for the image of Dental Services. For example, how base personnel view Dental Services, its personnel, and the overall clinic operation. First impressions are critically important, and it is this area of the clinic that patients most often have initial contact, either in person or by telephone. The basic functions of this area are to receive patients, decide their treatment eligibility, schedule dental appointments, and prepare and keep dental patient records.

#### 007. Programs

The delivery of quality health care programs have always been a driving force in the operational and managed care environment of DTFs. There are programs designed to ensure that Air Force personnel maintain a high level of readiness. Programs to provide services and treatments that help prevent oral disease, and establish and maintain good oral hygiene. Let's cover a couple of these programs.

#### Air Force Dental Readiness Assurance Program

The AF Dental Readiness Assurance Program (AFDRAP) pertains to active duty AF personnel and the assessment of their dental readiness status. It should, at a minimum, consist of a type 2 examination and review of dental health records. A periodic dental examination and a dental health record review are done to ensure the currency of the dental health classification, make early detection of dental-oral pathology, and check the proper custody of the dental health record.

The dental facility AFDRAP monitor coordinates with the squadron health monitors to schedule appointment times for identified personnel.

The DSC appoints an individual from the staff to monitor AFDRAP who is responsible for monitoring compliance of the appointment attendance. When personnel fail to attend their periodic dental examination; the AFDRAP monitor informs the squadrons of the noncompliance. Each squadron establishes the procedures and policies necessary to make sure that each member is scheduled for and receives an examination. It is ultimately the responsibility of each member to comply. If members fail to comply, then the squadron commander enforces the policies.

### **Hypertension screening**

Dental services support the medical objectives of early detection, evaluation, and treatment of hypertension. Medical or dental personnel must accomplish hypertension screening for adult patients seeking dental emergency treatment, active duty personnel during their periodic dental examination, and all other categories of adult patients at their initial and annual examinations.

The patient's blood pressure reading and date are entered on AF Form 696, Dental Patient Medical History. When a patient's blood pressure is abnormal, it is a good idea to keep a suspense file and send the patient to the proper medical clinic, with a Standard Form (SF) 513, Medical Record-Consultation Sheet, or other approved forms, for further evaluation. Record the abnormal pressure in item 10 of the SF 603, Health Record-Dental, or 603A, Health Record-Dental-Continuation, with the statement "patient has been referred for further evaluation." When the consultation is returned, record the findings in item 10 of SF 603 or 603A and in the "Remarks" section of AF Form 696. This will help you make sure they are returned and properly recorded.

### **Sensitive duties program**

The sensitive duties program (SDP) is designed to monitor individuals who function in a sensitive duty position. It includes the Personnel Reliability Program (PRP) and Presidential Support Program. Unless presidential support personnel are assigned, your primary involvement will be with individuals on PRP. PRP is designed to make sure each person who performs duties with nuclear weapons or systems and certain other high-risk functions meet the required standards of individual reliability. If any condition affecting the individual's duties is noted or suspected during treatment, the dental facility sensitive duties monitor is contacted. Dental records are included under requirements outlined in Air Force Instruction (AFI) 31-501, *Personnel Security Program Management*.

The dental squadron commander (DSC) makes sure all dental personnel understand their responsibilities involving the SDP. An AF Form 745, Sensitive Duties Program Record Identifier, when applicable, must be prominent and precede all other documents on the right hand side of the dental health record (fig. 2-1).

If notification is required, the dental facility SDP or PRP monitor is contacted. This individual notifies the unit commander or unit SDP or PRP monitor by telephone. The notification must include the reason for the patient's visit; type of medication prescribed or administered, side effects, and estimated duration of the medical condition or treatment. The monitor providing the notification must document the individual contacted, date, time, and information provided in the notification. The notification is only a recommendation. The patient's unit commander makes the final decision.

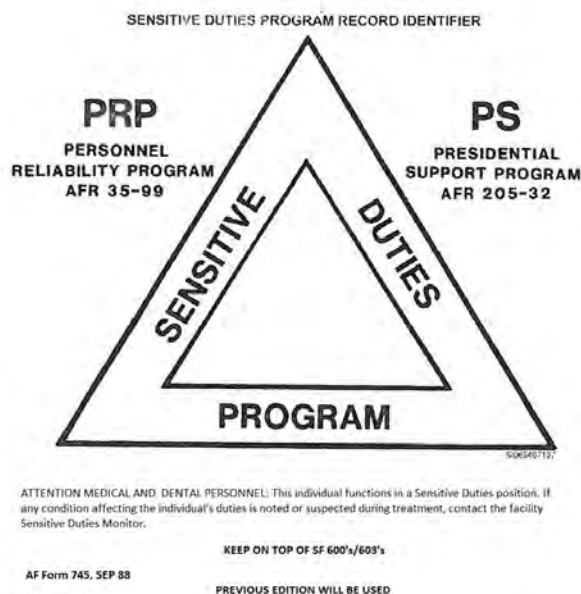


Figure 2-1. Sample, AF Form 745 (red in color).

### Third party liability

The Federal Medical Care Recovery Act (FMCRA) (42 USC 2651-3), enacted in 1962, provides the United States (US) with a statutory right to recover the cost of providing medical care to an individual whose injury or disease was caused by a third party. Air Force Instruction (AFI) 41-210, *Tricare Operations and Patient Administration Functions*, and AFI 41-120, *Medical Resource Operations* provide instructions for notification of suspected cases. Claims for care rendered are affirmed by the base staff judge advocate (claims office) after review of the facts for potential third party liability. The value of the claim is determined according to flat rates per inpatient day and outpatient visit as established by the Office of Management and Budget and as published in the Federal Register.

The medical treatment facility (MTF) commander and base staff judge advocate develop a written memorandum of understanding (MOU) covering the notification procedure, and preparation and follow-up of AF Form 438, Medical Care-Third Party Liability Notification. It is imperative that the claims office is notified promptly of any treatment rendered as a result of an automobile accident, assault, or any other potential recovery situation. Notification is accomplished with AF Form 1488, Daily Log of Patients Treated for Injuries. Patient Affairs or MTF registrar office reviews and signs the AF Form 1488 and forwards it to the claims office. A copy is retained for the Injury Log Folder.

If the case has recovery potential, the claims officer will investigate it in detail and request an AF Form 438 from the medical facility to determine total charges. A claim will then be filed against the third party (responsible for damage). If the injured party is represented by an attorney, the attorney will be requested to assert the claim on behalf of the United States. In exchange for the attorney's assistance, full cooperation, including free copies of pertinent medical or dental records, as well as assistance in locating and speaking with witnesses, is promised.

A claim, once asserted, can be compromised or entirely waived if recovery by the United States would cause undue hardship to the injured party. The government's claim will ordinarily be compromised for an amount that bears the same percentage relationship to the amount claimed as the settlement does to the jury verdict expectancy. Once a case has been determined to have potential third party liability, the pertinent medical or dental records must be flagged and, if possible, secured to make sure they remain available for investigation and litigation.

The DSC establishes procedures to be followed in cases involving a suspected third liability when treatment is received in the dental facility. This is in the form of a dental operating instruction (DOI).

This DOI is tailored to local needs and fully coordinated with other offices of responsibility (e.g. medical treatment facility registrar, medical administrator, etc.). These established procedures should include the following:

- Notification to MTF registrar and/or patient affairs offices when treatment is completed.
- Monitoring the course of treatment, and specific entries on the SF 603 or 603A since this record may be called as evidence in litigation.
- Reporting suspected cases to the medical treatment facility registrar and/or patient affairs offices as required by AFI 41-120.
- Make sure all staff members have a working knowledge of procedures, especially as regards accident and trauma patients seen after duty hours by the dental officer of the day (DOD) and dental charge of quarters (DCQ).
- Flagging the outpatient dental health record. One common method is to affix a 3 x 5 card to the front of the record. In-patient record identification procedures can be found in AFI 41-120.
- Especially make sure that clinic administration personnel are fully aware of their responsibilities as regard special considerations relative to the dental health record.

### **Family Member Dental Plan**

The Family Member Dental Plan (FMDP) is a congressionally mandated program that provides dental insurance for eligible family members of active duty personnel of the uniformed services. It's a voluntary, prepaid dental insurance program that requires monthly payroll deductions for insurance premium payment. The AF deducts premiums in the month before the month coverage begins. The amount of the premium is based on the number of eligible family members and the elected coverage for split families under certain conditions. For information on eligibility, contact the health benefits advisor assigned to your MTF.

### **Defense Eligibility Enrollment Reporting System**

The Defense Eligibility Enrollment Reporting System (DEERS) is designed to reflect eligible beneficiaries and related privileges. Emergency care is not denied regardless of DEERS eligibility status. Patients who are active duty members are exempt from the *verification checking* requirement. A verification check is required for patients who are retired members. The verification check is made on their initial visit to the dental facility and on an annual basis thereafter. Patients who are dependent family members are required to have a verification check performed at the time of their treatment unless verification was made within the last 30 days.

### **Family advocacy**

The DSC makes sure all dental personnel receive training on the recognition of child and spouse abuse or neglect. The DSC establishes procedures for immediately notifying the family advocacy staff when suspecting family maltreatment.

### **Cancer program**

The cancer program is a multidisciplinary approach to diagnose, treat, and manage tumors of patients for which dental services has a shared responsibility. Place an AF Form 966, Registry Record, in the dental records of patients entered in this program (fig. 2-2). Procedures for this program are in AFI 44-110, *The Cancer Program*.

### Performance Improvement/Risk Management Program

The USAF Surgeon General (USAF/SG) establishes policy and delegates broad oversight responsibility for the performance improvement/risk management (PI/RM) programs in the AF Medical Services (AFMS) to AF Medical Operations Agency, Clinical Quality Management Division (AFMOA). Each major command surgeon general (MAJCOM/SG) is responsible for the oversight of clinical quality management, performance improvement, and risk management activities within their command. Every group commander makes sure organizational compliance with all requirements written in AFI 44-119, *Medical Quality Operations*. AFI 44-119, provides information on accreditation; medical incident investigation; licensure, certification, or registration of health care personnel; credentials and privileges process; risk management; patient relations; medical malpractice claims; and reports to national and professional regulatory agencies and other health care organizations.



Figure 2-2. Sample, AF Form 966.

Every MTF has the responsibility to establish a Risk Management Program. The MTF determines circumstances or types of events requiring standardized internal reporting and develops tools to record data. The AF Form 765, Medical Treatment Facility Incident Statement, is used for this purpose. The MTF risk manager works closely with the quality services manager and credentials monitor to trend organizational risks and resolve them.

### Clinical Performance Assessment and Improvement Program

In October 1995, the AF Dental Service implemented the Clinical Performance Assessment and Improvement Program (CPA&I) to replace the former USAF Dental Service Quality Assurance Guidelines. The CPA&I provides guidelines to outline a performance measurement, assessment, and improvement program in the USAF Dental Service. The CPA&I is applicable to all dental services in the USAF.

Based largely on philosophies employed by the AF and the Accreditation Association for Ambulatory Health Care (AAAHC), the CPA&I program combines indicators for evaluation and a process for improving dental clinical performance. Indicators can be any tool used to measure and evaluate, over time, an organization's performance of functions, processes, and outcomes. Some indicators can be used to measure quality of important policy, management, clinical and support functions. The goal of the CPA&I program is to facilitate evaluation of clinical performance and the improvement thereof.

### Air Force Historical Program

The main objective of the AF Historical Program is to publish objective, comprehensive, and accurate accounts of AF activities. Specifically activities that

- contribute to the understanding of the role of air power;
- preserve and disseminate the history of the AF and its predecessor organizations; and
- provide historical data as a guide for AF planning, operations, training, and educational purposes.

Under the policy guidance and direction of the Office of the Surgeon General, MAJCOMs assign qualified medical service personnel to prepare annual historical reports for medical units. These histories of medical administrative and professional activities should give primary emphasis to significant developments in military medicine and their contributions to operational effectiveness.

All units having a regularly established medical service must submit an annual narrative report in accordance with appropriate directives. Each MAJCOM surgeon prescribes the procedures for obtaining and forwarding these histories to the Office of the Surgeon General, USAF. These narrative



reports should cover planning, operations, support, and administrative activities, and note particularly the degree of success in these areas and the problems and difficulties encountered. The history should provide specific information concerning organization and deployment. It should include changes in personnel strength, facilities and equipment, and budgetary and fiscal matters. The dental service history is incorporated with that of the medical unit. The combined unit history is then forwarded to the appropriate headquarters.

### **008. Patient reception, telephone courtesy, and human relations**

Patients often judge the quality of their care by the reception they receive. The first perception of a dental clinic will remain with that patient throughout further appointments. During that first meeting you have the opportunity to build patient confidence and a pleasing atmosphere. Both are necessary for proper patient and clinic rapport. Every aspect of the patient's reception should be conducted with the understanding that the patient is "number one."

#### **Patient reception**

The reception area of the dental clinic provides patients with a first impression of the type of treatment they will receive. This first impression is an important one. The finest professional care in the world usually will not erase the false impressions of your service that a lackadaisical (unconcerned) receptionist could create. The dental receptionist should be a calm, well-groomed, articulate individual who strives to present a good first impression of the dental service to each patient.

The very heart of the term *dental service team* is the word *service*. When performing your services as a dental receptionist, keep in mind that the patient is unaware of the procedures required for treatment. Listen to each patient's problems and decide how and where to route him or her for professional care. Explain this routing so that the patient knows what to expect. Listening to the patient as well as explaining the procedures will eliminate many future misunderstandings and problems.

When misunderstandings occur, take positive action to resolve them with as little disruption as possible. Use tact and diplomacy when dealing with an upset patient. Normally, this type of patient is acting under abnormal stress, and it will be difficult to reason with such a person, in handling the upset patient, guard against losing your temper. If you find that you cannot satisfy the patient, excuse yourself and have a senior NCO or an officer speak with the patient. Usually, the patient will be more receptive to someone in a position of greater authority. Above all, do not get involved in an argument with the patient. As we stated earlier, the manner in which you receive dental patients can have a more profound impact upon them than the actual treatment provided. Nothing is more frustrating to the DSC, or other members of the staff providing direct patient care, than to have the quality of service demeaned in just a few moments by inappropriate reception of the patient. For example, if clinic personnel are inattentive, indifferent, discourteous, or abrupt, patients may be resentful and dissatisfied, regardless of the actual quality of professional care. Similarly, sloppy and untidy personnel or an inefficient, disorganized records and reception area can project a negative first impression of the base dental service. So you can see how unfavorable images are formed that can prove impossible to overcome, no matter how high the quality of dentistry provided. If patients are to feel at ease and satisfied with the quality of care, it is essential you have a pleasant disposition coupled with calm, courteous mannerisms when receiving patients. Although the actual procedures used to process patients through dental facilities may vary with local requirements, the principles of patient psychology remain the same.

#### **Telephone courtesy**

Other than face-to-face conversation, the telephone is the most frequent means of personal communication. It is one of the most important pieces of equipment in the clinic. All of the elements of desired human relations already covered also apply to telephone conversations. However, since the



person on the telephone cannot see you it can lead to certain difficulties. Here are some general principles to remember that will be helpful in overcoming or preventing these difficulties:

Telephone Courtesy	
Steps	Explanation
Remember, you represent the dental treatment facility	The opinion the patient has of the entire medical facility may often depend on this first telephone contact.
Use a sincere, pleasant, easy-to-understand voice	Since the person on the other end cannot see you smile, put the smile in your voice. Develop this habit to the point that you do it unconsciously.
Answer promptly	A good rule is to try to answer by the third ring.
Be clear, concise, and accurate	Double-check all specific information given or taken on the telephone. If you make the call, plan what you will say ahead of time. The other person's time is also valuable.
State your name, rank, and duty section	For example: "Dental treatment facility, Sergeant Doe. May I help you?"
Know the local policies.	Most clinics have certain limitations as to the information that can be given over the telephone. Be sure you know the policies and have all the necessary information at your fingertips, especially information about appointments.
Never diagnose on the telephone	Diagnosis is not your function. The patient does not know your qualifications. So, if the information required by the caller is out of your area of responsibility, contact the proper authority or set up an appropriate appointment in accordance with local policies.
Never prescribe on the telephone	Obtain accurate information if the dentist is busy, and decide whether the nature of the call is administrative or professional.
Record calls	If the telephone message is for someone who is not available at the time, or if it requires information that needs further investigation, be certain that the information is accurate and recorded. A convenient form (OF 363, Memorandum of Call) is available for this purpose. These forms come in pads, and if you need to keep a record of calls, slip in a piece of carbon paper between forms.

### Human relations

Human relations are how you relate to others. In many areas, human relations are mainly restricted to getting along with coworkers. You are involved with treating people, and treating people consists of much more than curing their physical ailments. A good dental assistant is always aware that patients are human beings, and as such, they have physical and psychological needs.

### Physical needs

The major physical needs of a person are food, water, shelter, rest, exercise, sex, and physical well-being. Since the AF satisfies most of its member's physical needs, your studies will concentrate on how you can deal with the psychological needs of the dental patient.

### Psychological needs

The psychological needs—sometimes referred to as social or personality needs—include security, recognition, affection, and achievement.

### Security

People want regularity and stability in their lives. Too much uncertainty as to how they stand can be very unsettling. If an appointment must be delayed past its scheduled time, let the patient know. Failure to do so could cause the patient undue anxiety. The patient may wonder if your appointment schedule is in error, or if someone failed to tell the dentist of the appointment. These and other

questions could enter the patient's mind. Keeping the patient informed helps satisfy the patient's desire for security.

### *Recognition*

Every person wants recognition and attention. We all want to be looked upon favorably by others—to feel important. We crave the esteem of the people with whom we come in contact. Your patients do not want to be just another patient; they desire your recognition. How can you satisfy this psychological need? Well, a good start is to address your patients by their name and rank. Generally, just calling someone by his or her last name has a tendency to turn the person off. It makes a patient feel that he or she is just another “face in the crowd” and fails to provide the recognition needed.

### *Affection*

Everyone wants warm, reciprocal relationships. If you want to be a good dental assistant, work at developing a genuine interest in your patients and show it.

### *Achievement*

Everyone wants to do something worthwhile. This desire is closely related to the need for recognition. Normal individuals are happiest when they are contributing. By informing your patient of progress toward improved oral health, you help satisfy a psychological need for achievement. This assurance normally results in the patient displaying an even greater interest and progress than before.

The code of ethics of the American Dental Assistants' Association (ADAA) is based on the principle of the Golden Rule, “do unto others as you would have them do unto you.” Place yourself in the patient's position. Imagine the person's possible anxiety and fear toward dental treatment. Have empathy for the person. Seldom does an individual have too much security, recognition, achievement, or affection.

## **009. Treatment eligibility**

Who is authorized dental care? If a person in civilian clothes comes to your clinic requesting treatment, what do you do? How would you decide the patient's eligibility for treatment? The easiest way is to look at the person's identification card. It will tell you whether the person is active duty, guard, reserve, family member, retired, or civilian, and if the card has expired. All of these categories of patients are authorized some type of treatment. To decide a patient's treatment eligibility, you must know the types of dental care available and priority care authorized.

### **Types of dental care**

There are several types of dental care including routine, emergency, and elective. The types of attendance, as just mentioned, indicate the scope of treatments provided.

### *Routine dental care*

Routine dental care treatment includes all the medical, surgical, and restorative treatment of oral diseases, injuries, and deficiencies that come within the field of dentistry as commonly practiced by the dental profession. This service is preventive and corrective. It includes the following:

- Surgical procedures.
- Restoration of lost tooth structure.
- Treatment of periodontal conditions.
- Dental examinations and advice on dental health.
- Replacement of missing teeth essential to personal appearance, the performance of military duty, or the proper mastication of food.

### ***Emergency dental care***

Emergency dental care is treatment necessary to relieve pain, control bleeding, and manage acute septic conditions or injuries to the oral-facial structures. Emergency dental care is authorized worldwide for personnel of all categories.

Dental officers must be available at all times to provide emergency care. The dental officer of the day evaluates all patients requesting care after normal duty hours. These evaluations may be done by telephone; however, the DOD must provide care for all true dental emergencies. The DSC establishes local policies to make sure of prompt, appropriate care for patients after normal duty hours. Procedures should preclude prolonged waiting in the emergency room for evaluation by the medical officer of the day prior to the DOD being contacted. The attending staff should be alert to the existence of third party liability. A record of emergency treatment during other than normal duty hours must be maintained. Unusual circumstances encountered during treatment should be documented. The DSC or a designated dental officer must review the record the following duty day. All treatment, prescribed drugs, and patient disposition must be recorded on the patient's SF 603/603A.

### ***Elective dental care***

Elective dental care is care a dentist is authorized to approve or defer. Each case should be evaluated on individual merit. The criteria for elective care in one instance may not necessarily be valid in another case, even though the required professional procedures are similar. The patient's appearance, duty requirements, attitude, physical condition, and susceptibility to psychosomatic problems are factors to consider. Dental procedures that maintain the skills and capabilities of the staff and enhance the oral health of the patient, even though the condition existed prior to entry into the service (such as malocclusion) is considered *authorized elective dental care*. The *primary differentiating factor* in all treatment is if the care is essential to health, function, and appearance.

### ***Priority of care***

AFI 41-210 specifies who is eligible for medical and dental care in AF facilities and prescribes the extent of authorized care. Dental care is authorized for various categories of individuals at AF dental facilities. The DSC establishes local procedures to make sure that active duty personnel maintain optimal dental health. All nonactive duty beneficiaries are eligible for routine and elective treatment on a space-available basis. You will study each of the patient groups that are chief beneficiaries of dental care at AF facilities. The amount and type of treatment varies with status and availability of resources. Active duty military members always receive first priority for routine treatment. Family members of active duty personnel not enrolled in the dependent dental plan and family members of personnel who died on active duty have the next priority, any other space available transfers to retired members and their eligible family members. The DSC makes final decisions regarding the availability of treatment based on staffing, facilities, and mission requirements.

### ***Active duty military personnel***

All active duty uniformed service members are authorized care in AF dental facilities. Personnel of one service, but assigned to duty with another service, are given treatment on the same basis as personnel of the service that renders the treatment. Active duty personnel in dental readiness class 3 or 4 have priority over all others. Uniformed service personnel should use the facilities of their parent organization or service if they are available and able to deliver the needed treatment.

### ***Personnel on flying status***

Special attention should be given to make sure optimal dental care is given for personnel on flying status. Missile crew members (missileers), air traffic controllers, space operations personnel, personnel on mobility status, and personnel identified for remote or isolated duty will be treated the same as personnel on flying status. Treatment of these patients should be correlated with their duty assignments. Patients in this category have priority immediately after personnel in dental readiness class 3 or 4.

The chief of aeromedical services or aerospace medicine is responsible for the health of personnel on flying status. The DSC must make sure that all staff members are aware of the relationship of dentistry to aerospace medicine. Dental personnel must understand their responsibilities for treating personnel on flying status, including special operations (missileers, air traffic controllers, space operations personnel). This information must be discussed and documented periodically to update the staff and inform newly assigned personnel. Aerospace Medicine will brief the staff annually on the dental implications of flight medicine.

The member's commander restricts a member's flying or special operational duties after dental personnel dispense a local anesthetic or medications, or prescribe medication. Aerospace medicine must be notified when this occurs. Accomplish this notification using AF IMT 1418, Recommendation for Flying or Special Operational Duty-Dental. The DSC determines which copies of the form to use. The dentist recommends duty not involving flying (DNIF) status for a specified length of time dependent upon the type of procedure done and/or medications given.

### *Reserve forces*

US Air Reserve and Air National Guard personnel on active duty are authorized dental care. Members are not authorized to schedule dental appointments prior to their first active duty day of their current orders. Members on inactive duty training are authorized care when injured in the line of duty. They are entitled to care until the injury cannot be materially improved.

### *Foreign nationals*

For patients in this category, it is best to consult with patient administration for eligibility, extent of authorized care, and guidance for charges for services. Some foreign nationals are authorized the same dental care as active duty, others are not.

### *Family members*

Family members of active duty who are not enrolled in the FMDP are authorized, on a space available basis, the same treatment as active duty members. The first priority of care after the dental needs of active duty members are met goes to the family members of active duty members and then to family members of members who died while serving on active duty. Any remaining capability goes to retired members and their family members, and family members of members who died while in a retired status. The DSC determines the availability of staff, facilities, and space to give such treatment.

Family members enrolled in the FMDP cannot receive treatment in military DTFs for the type of dental care provided in the FMDP. They may receive treatment in the following cases:

- Emergencies.
- Obtain treatment not provided in the FMDP.
- Serve the unique needs of the AF's residency training programs and fellowships.

### *Patient treatment to meet training objectives*

Family members or retired members receiving treatment at AF dental facilities from dental residents must sign an MOU. The attending dentist verbally apprises patients that they are receiving a specific treatment to support a requirement for the dental service teaching program and that other nonrelated care may not be completed.

### *Retired members of the uniformed services*

As mentioned earlier, retired members of the uniformed services are authorized space available care. This care is subject to mission requirements, availability of space and facilities, and capabilities of the dental staff. The DSC decides how much treatment to provide retired military personnel.

### *Civilian personnel*

Dental care provided to eligible civilian beneficiaries is generally limited to emergency treatment. Reimbursement is obtained for dental treatment on a per-visit basis.

### **Reimbursement**

Patient administration in the MTF provides assistance to determine which beneficiaries must reimburse the US government for dental care.

### **010. Scheduling patients**

Once you know a patient's eligibility and the type of dental care to provide, you can schedule an appointment. As you learned earlier, dental procedures vary from clinic to clinic, but there are similarities in handling appointments. Dental personnel schedule patients for treatment with the Corporate Dental Application (CDA), an automated appointment system sanctioned by the USAF Medical Service, or other suitable form.

In most cases, appointment systems are based on fixed, nonvariable appointments, such as 45-, 60-, or 90-minutes, or as an incremental time method using 10-, 15-, or 20-minute units of time. The increment method is often the best utilization of treatment time because the patient is appointed only for the time needed to complete the procedure. Appointment schedules may be arranged to provide treatment of military and family members at different hours during the day, or even on different days of the week. For example, appointments for flying personnel may be best in the afternoon after their flying mission is accomplished and appointments for children before or after school. Sometimes, it's necessary to arrange appointments by priority. The DSC determines available treatment based on staffing, facilities, and mission requirements. You want to keep a person's waiting time for an appointment to a reasonable length of time to minimize the number of broken appointments. This also leaves your clinic with enough time to handle any emergency cases.

### **Corporate Dental Application**

The CDA is an enterprise solution that provides access to workload, readiness and appointment data through the Army Dental Command (DENCOM). CDA is comprised of two separate components: the scheduler application, and the CDA Web site. While each provides unique functionality, both components are designed to work together to allow users to perform their required tasks. The CDA scheduler application is installed on each computer in the clinic from which appointment scheduling and workload entry tasks are performed.

### *Corporate Dental Application scheduler*

After logging into the CDA, the first screen that is displayed is the CDA clinic view. To access the different functions available in CDA, click on one of the buttons at the top of the user interface. These buttons are displayed as follows:

File	Clinic view	CHCS	CDA Web
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### *File menu*

Use the file menu to perform the following functions:

- Log Off—log out of the scheduler.
- Exit—exit the scheduler.
- Change clinic—change your clinic location.

### *Clinic view*

From the clinic view, you can create patient and special-time appointments. You can also view appointments by a specific date-time range. Providers can create templates that when selected display

- view appointments,
- change clinic location,
- view treatment needs of patients,
- perform bulk entry of provider workload,
- create templates for scheduling appointments, and
- generate reports for dental readiness and provider workload.

- printing record out cards,
- printing appointment reminders,
- searching for existing patient appointments,
- changing the status of a patient appointments,
- searching for open times for patient appointments, and
- deleting, copying, scheduling, modifying, and cancelling patient appointments.

[illegible]



### Corporate Dental Application scheduling

To schedule an appointment, first open the scheduler, the CDA application opens with the clinic view displayed by default (fig. 2-3). Next, use the provider's drop-down list to select the provider for whom you want to schedule the appointment. Then use the provided calendar to select the date you want to schedule the appointment.

**NOTE:** You cannot make appointments for dates that are further out than eleven months from the date you enter the CDA scheduler.

Then *right-click* on the schedule grid, and select *Create Appointment*, the create appointment dialog will open (fig. 2-4).

**NOTE:** Left-clicking on information outside the Create Appt dialog will automatically update the fields in the dialog. For example, if you left-click on a time in the scheduler grid, it will update the Start Time field. If you left-click on another time, the End Time field is updated. You can also left-click on a provider name or a date in the Calendar tool to update this information.

Figure 2-4. Create appointment dialog.

In the create appointment dialog, enter the appropriate values in the following fields:

Create Appointment Dialog Box	
Field	Description
Type	Select whether the patient is active duty, a reservist, retired, or a dependent family member.
SSN	Type the sponsor's SSN; then click <i>VERIFY SSN</i> . If the SSN will not verify, click <i>DEERS</i> . If the SSN will still not verify, select <i>Other</i> in the type field. <b>NOTE:</b> CDA does not verify the patient's eligibility for care. The <i>VERIFY SSN</i> function only verifies that the sponsor is listed in the <i>DEERS</i> database.
Name	If the patient is an active duty, reserve, or retired service member, the name field is automatically filled. If the patient is a family member, select the dependent's name from the provided drop-down list.
Rank	This information indicates the rank of an active duty or reserve patient.

Create Appointment Dialog Box	
Field	Description
Class	This information indicates the patient's current dental readiness classification.
Phone	Type the patient's contact phone number in the field. <b>NOTE:</b> If a phone number was previously entered for this patient, it is automatically displayed. However, you should always verify the patient's contact information before saving an appointment.
E-mail	Type in the e-mail address, which is where the patient's appointment reminders will be sent.
Unit	If applicable, select the unit in the Readiness Roster to which the patient belongs.
Record	Verify that the correct location for the patient's record is displayed. If this field is empty or contains incorrect information, click on the drop-down list and select the current location for the patient's record. <b>NOTE:</b> The record location automatically defaults to the clinic to which you are currently assigned.
Refusal	If the patient does not want to schedule the appointment for or at this date and time, select the reason from the drop-down list.
Provider	Select the name of the provider for whom you want to schedule the appointment. <b>NOTE:</b> If a provider is missing from the list, ask the front desk NCOIC to add the provider to the provider roster.
Appt. Type	Select the treatment type from the drop-down list. <b>NOTE:</b> The treatment type automatically defaults to the provider's area of concern (AOC) or AFSC.
Start Time	Select the start time from the drop-down list.
End Time	Select the end time from the drop-down list.
Appt. Date	N/A, for this application
Room	Select the room in which the appointment will take place.
Auto E-mail	To disable automatic e-mail notification for the appointment, deselect the Auto e-mail checkbox. Otherwise the patient will receive e-mail notifications by default.
Notes	Use this field to include additional information or special instructions about the patient. <b>NOTE:</b> Do not enter any special characters (apostrophes, parentheses, etc.) in this field.

**NOTE:** If you need to update the patient information in this dialog box, you can either click the icon button next to the field for which the information was updated, or you can click the Save or Save/Print buttons to save all of the updated information.

Now you'll verify that the appointment information is correct, and then finish by creating the appointment reminder. With the CDA scheduler there are two options, you can save the appointment without printing an appointment reminder by clicking *SAVE*, or save the appointment and print an appointment reminder by clicking *SAVE/PRINT*. This will all depend on the type of appointment reminder your clinic uses. We'll discuss these later in this section.

### *Modifying a patient appointment*

OK! You have entered the patient's information and scheduled them an appointment. But wait! Oh No! The patient remembers that they have another appointment at that same time. Don't worry; using the following procedure you can modify an existing appointment.



**NOTE:** You can change all fields for the appointment with the exception of the sponsor SSN (Social Security number) and the patient name.

First *right-click* on the appointment you want to modify, and then select *Appointment => Edit via Form*. The Create Appointment dialog opens and you can make the required changes in the dialog, and then click *Save* (fig. 2-4).

If you need to update the patient information in this dialog, you can either click the icon button next to the field for which the information was updated, or you can click the *Save* or *Save/Print* buttons to save all of the updated information.

### *Deleting a patient appointment*

If you need to completely remove the appointment, use the following procedure to delete it:

1. Find the appointment in the Clinic views.
2. *Right-click* on the appointment, and select *Appointment => Delete*.
3. When prompted if you want to delete the appointment, click OK.

**NOTE:** You *cannot* delete an appointment if you have already submitted workload for that appointment.

### *Cancelling a patient appointment*

Should a patient need to cancel an appointment, be aware of your clinic's policies on cancellations, be courteous, and use the following procedure:

1. Find the appointment for which you want to change the status and *right-click* on the appointment and select *Change Status*.
2. Depending on the reason for cancelling the appointment, choose from the following actions:
  - If the appointment was canceled by the patient, select *Change Status => Patient Cancel*.
  - If the appointment was canceled by the clinic, select *Change Status => Clinic Cancel*.
3. The Reason for Cancellation dialog will open. Type the reason why the appointment was canceled, and click *Submit*. An e-mail will be sent to the patient's e-mail address notifying them that the appointment was cancelled.

**NOTE:** You *must not include* any protected health information (PHI) in the Reason for Cancellation dialog. A Health Insurance Portability and Accountability Act (HIPAA) violation could result by including this type information.

### *Copying a patient appointment*

At other times you might find it easier to use the following procedure to copy and paste an existing patient appointment:

1. From the Scheduler, select *Scheduler => Clinic View*.
2. At the Clinic View, *right-click* on an existing appointment and select *Appointment => Copy*.
3. Find the time and provider on the Schedule grid for which you want to create the appointment using the copied information, and *right-click* on the grid and select *Paste Appointment*.
4. To modify this appointment, follow the steps in Modifying a Patient Appointment (seen earlier).

### *Changing the status of a patient appointment*

Throughout the day you'll need to change the status of a patient's appointment. This is so other providers or technicians can look at a glance on their patient's status from another computer. This saves time. You can use the following procedure to change the status of an appointment:

1. Find the appointment for which you want to change the status and then *right-click* on the appointment and select *Change Status*.
2. Change the appointment status using the following table to determine the correct status. This table also provides the color coding scheme that is used to determine the current status of the appointment.

Determining Patient Status		
If the	Click	Displayed Color
Appointment is scheduled	Change Status => Scheduled	Maroon
Appointment has been confirmed	Change Status => Confirmed	Gray
Patient has arrived	Change Status => Arrived	Blue
Patient has been seated	Change Status => Seated	Pink
appointment is completed	Change Status => Completed	Green
Patient failed to keep the appointment	Change Status => Failed	Red
Patient canceled the appointment late	Change Status => Patient Cancel	Yellow
Clinic canceled the appointment	Change Status => Clinic Cancel	Black

**NOTE:** If you change the status of the appointment to Patient Cancel or Clinic Cancel, you will be prompted to enter the reason for the cancellation.

#### *Searching for open times for patient appointments*

Use the following procedure to find open appointments when you're searching for the next available time:

1. *Right-click* on the Scheduler grid and select *Search Appointments*.  
(The Search Existing Appointments dialog will open.)
2. Click on the *Open Time* tab at the top of the dialog (fig. 2-5).
3. Select the Next-10 box to display only the next ten available appointments for the selected Providers.

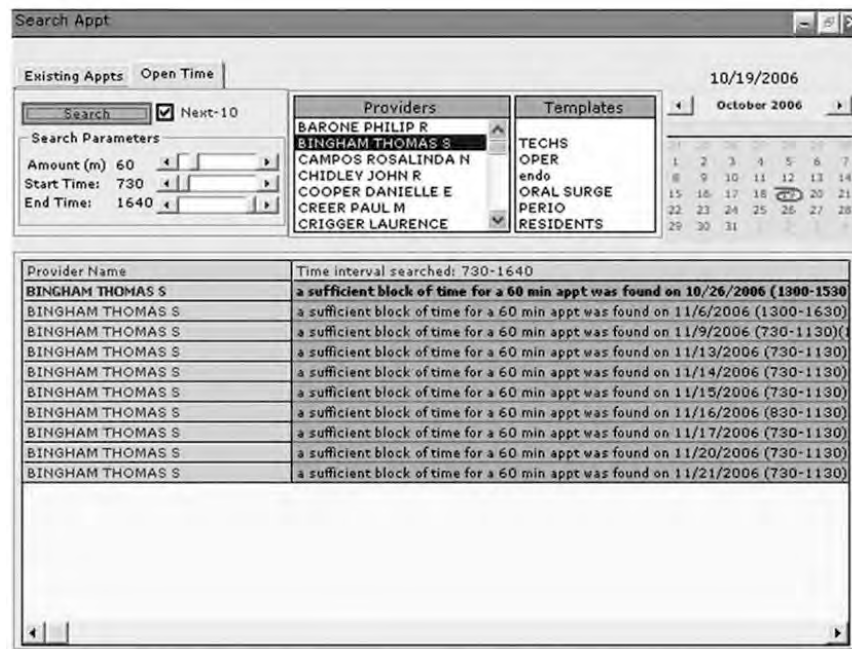


Figure 2-5. Search appointment window.

4. Set the following ranges for your search by using the slider controls:
  - Amount—This parameter specifies how large of a block of time will be needed for the appointment.
  - Start Time—This parameter specifies the beginning time for the appointment.
  - End Time—This parameter specifies the ending time for the appointment.
5. To select the providers for whom the appointments were created, choose from one of the following methods:
  - Select the providers from the Providers drop-down list.  
**NOTE:** Hold down the *Ctrl* key, and then click on each provider's name to select more than one provider at the same time.
  - Select a template from the Templates drop-down list. All providers included in this template will be selected in the Providers drop-down list.
6. Use the calendar tool to select the starting date from which you want to search for the existing appointments.
7. Click Search.

### Searching for existing patient appointments

First, *right-click* in the Scheduler grid and select *Search Appointments*. The Search Appointments dialog will open (fig. 2–6).



Next, search for the patient by using one of the following methods:

- Enter the sponsor's SSN in the Sponsor SSN field.  
Enter the last four of the sponsor's SSN in the Sponsor SSN field. To better resolve the search results, also include the sponsor's last name in the Patient Name field.
- Enter the last initial of the sponsor's last name and the last four of their SSN in the Sponsor SSN field. For example, if the sponsor's last name is Jones and the last four of their SSN is 1111, you would enter *j1111*.

To search for appointments that are older than two months from the previous date, check the *Srch Archive?* box.

**NOTE:** You can only search for appointments that were created within the current and previous fiscal years.

To search appointments made at any DTF where CDA is used, check the box for *All Clinics?*

Next you use the calendar tool to select the starting date from which you want to search for the existing appointments. Then click the *Search* button. The current and future appointments for this patient are then displayed in the dialog box (fig. 2-7).

Sponsor SSN	Patient Name	Date	Time	Provider	Clinic Name	Status
9757	ELDRIDGE CODY A	20061003	1430-1550	COOPER DANIEL	82 DENTAL SQ/C-	
9757	ELDRIDGE CODY A	20061011	1440-1600	COOPER DANIELLE	82 DENTAL SQ/CC-	

Figure 2-7. Search appointment (all clinics).

**NOTE:** Left-click on an appointment in the list to close the Search Appointments dialog and display the selected appointment in the Scheduler grid. You can then right-click on any part of the appointment, other than the appointment status, to print an appointment reminder for this appointment. Right-click on the appointment status to change the status from this dialog box.

### *Printing appointment reminders*

You can use the following procedure to print an appointment reminder using the CDA scheduler. You must have a DYMO label printer installed to use this functionality. Otherwise, you will receive an application error.

First, find the patient's appointment for which you want to print the appointment reminder, and right-click on it. Next, *Select Print => Print Reminder*. The DYMO label printer prints an appointment reminder (fig. 2-8).

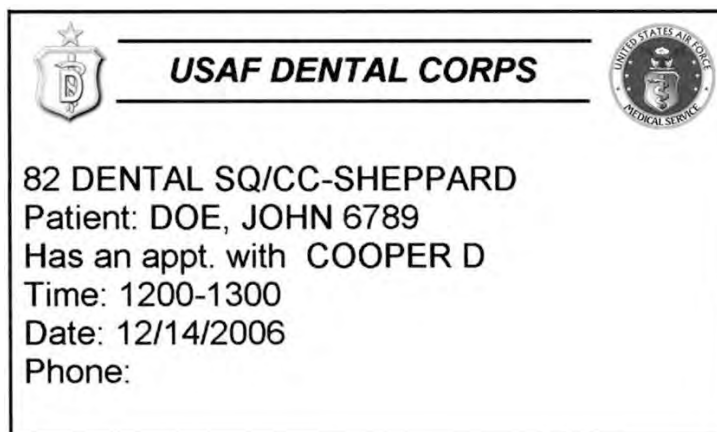


Figure 2-8. DYMO appointment label.

**NOTE:** If you need to print multiple reminders, select *Print => Print Multiple Reminders* from the Scheduler grid. When the dialog box opens, enter the number of reminder slips you want to print.

#### *Printing record out cards*

Some clinics will use the CDA's DYMO label printer to print record charge out labels for an appointment. Should your clinic use this method, use the following procedure to print a Record Out card for an appointment. You must have a DYMO label printer installed to use this functionality. Otherwise, you will receive an application error.

**NOTE:** This procedure will only print out a *record out card*. It will not change the location of the record in CDA.

First, find the patient's appointment for which you want to print the appointment reminder, and right-click on it. Next, select *Print => Print Record Out Card*. A new dialog box will open and prompt you to enter the clinic location that will be holding the patient's record. Type the name of the clinic, and press *OK*. The DYMO label printer will then print a record out card (fig 2-9).

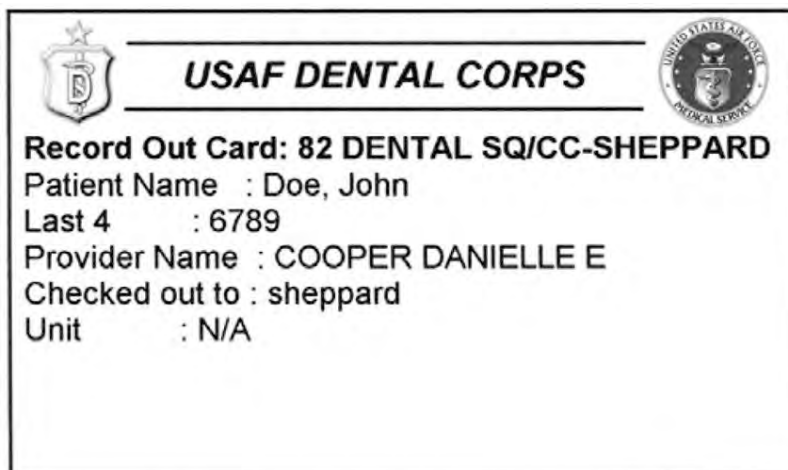


Figure 2-9. DYMO record out card.

When scheduling patients, a policy can be adopted of reappointing patients to the same operator for all subsequent treatment of the same character. This policy is particularly applicable to restorative

dentistry patients. On the other hand, a policy of reappointing patients to the next available open time may be preferable. Another alternate is to keep a few appointments open, thus permitting some flexibility in the dentists' schedules, allowing them to take care of unforeseen situations that may arise from time to time.

### **Broken appointments**

Broken appointments result in a loss of man-hours for providers and should be kept to a minimum. There is no single best way to handle broken appointments AF wide. Numerous factors must be considered by the superintendent or NCOIC in developing a management approach to broken appointments at their particular base. These factors include the following:

- Weather.
- Size of the base.
- Size of the facility.
- Number of providers.
- Support of key commanders.
- First sergeants and supervisors.
- Beneficiary population in the area.
- Parameters set down by higher headquarters.
- Mission of the base and tenant units assigned.
- Geographical location of the dental facility relative to other base organizations.

The dental superintendent or NCOIC, in close coordination with the DSC, should, after consideration of all impacting factors and appropriate coordination, use the method that produces the best results at their base. Certainly, the key ingredient to successful management of active duty broken dental appointments is support of the program by key commanders and supervisory personnel on the base. Every effort should be made to enlist this support.

The broken dental appointment percentage rate, though important in identification of trends is not the only significant figure of concern. Of perhaps greater significance is the number of unfilled appointments—those that are totally nonproductive in terms of dental health care provider time. The dental superintendent or NCOIC and DSC should consider procedures and methods to keep lost time to a minimum. An active liaison between the base dental service and the organizational units will also help minimize the problem.

You can help eliminate broken appointments by impressing upon patients the importance of keeping appointments. If time permits, contact patients by telephone prior to their appointments to remind them of their appointments. If you have a broken appointment or cancellation, notify the reception area. It may be possible to fill the appointment time with a sick call patient or patient waiting for treatment.

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## **Self-Test Questions**

**After you complete these questions, you may check your answers at the end of the unit.**

### **007. Programs**

1. At a minimum, what should the AFDRAP include?
  
2. What are the purposes of the AFDRAP?

3. Who coordinates with the squadron health monitors when scheduling an active duty member for an annual Type 2 exam?
4. Who is responsible for monitoring compliance of AFDRAP appointment attendance?
5. Who establishes and enforces the procedures and policies necessary to make sure that each member is scheduled for and receives an examination?
6. Which patients must receive hypertension screening?
7. List the procedures required for patients with abnormal blood pressure.
8. What is the purpose of the SDP?
9. What is the purpose of the PRP?
10. What form is used to identify personnel on the SDP and where is this form maintained?
11. If SDP notification is required, what actions are taken?
12. What provides the US with a statutory right to recover the cost of providing medical care to an individual whose injury or disease was caused by a third party?
13. What individuals develop a written memorandum of understanding covering the notification procedure and preparation and follow-up of AF Form 438, Medical Care-Third Party Notification?
14. How is the claims office notified of any treatment rendered as a result of an automobile accident, assault, or any other potential recovery situation?

15. What action is taken by the claims officer if the case has recovery potential?
16. What actions are taken with medical and/or dental records once a case has been determined to potential third party liability?
17. List actions required when providing dental treatment to suspected or known third party liability cases.
18. What is the purpose of the FMDP?
19. What is the purpose of DEERS?
20. What agency is notified when child or spouse abuse or neglect is suspected?
21. What form is placed in the dental records of patients entered in the Cancer Program?
22. Who is responsible for the oversight of Clinical Quality Management PI/RM activities with the command?
23. What is the purpose of the CPA&I program?
24. What is the main objective of the Air Force Historical Program?
25. Who provides the policy guidance and direction to the MAJCOMs concerning historical reports for medical units?
26. When preparing historical reports, what should a medical unit is historian emphasize?
27. What is done with the Dental Services' history before it is submitted to higher headquarters?



**008. Patient reception and telephone courtesy**

1. What area of the dental service provides patients with a first impression of the type of treatment they will receive?
2. When working in the reception area, why is listening and explaining to the patient various aspects of the dental clinic important?
3. Briefly explain how to deal with an upset patient.
4. What are some inappropriate things that could cause patients to be resentful or dissatisfied, or project a negative first impression of the base dental service?
5. Why does the manner in which you receive dental patients have a more profound impact on them than the actual treatment provided?
6. What qualities should you portray when receiving patients?
7. When you speak on the telephone to a patient, who are you representing?
8. What is considered the proper time limit to answer the telephone?
9. What should you do ahead of time if you are going to make a telephone call to a patient?
10. What should you state when answering the telephone?
11. What should you do if the information required by the caller is out of your area of responsibility?
12. If you are taking a telephone message for someone who is not available, what precautions must you take?

13. Name the major physical needs of human beings.
14. Name the psychological needs of human beings.
15. What psychological need is met when you let a patient know that an appointment must be delayed past its scheduled time?
16. What psychological need is met by addressing your patients by their name and rank?
17. What need is met when you develop a genuine interest in your patients?
18. What need is met when you inform your patient of progress toward improved oral health?

**009. Treatment eligibility**

1. What does the preventive and corrective service of routine dental care include?
2. What is considered emergency dental care?
3. Who is authorized emergency dental care?
4. Who establishes local policies to make sure of prompt, appropriate care for patients after normal duty hours?
5. Define elective dental care.
6. List the priority of dental care patients in sequence.

7. Active duty personnel in what dental readiness class have priority over all others?
8. Who is treated professionally and administratively the same as personnel on flying?
9. Who is notified when commanders should restrict a member's flying or special operational duties after dental personnel dispense a local anesthetic or medications, or prescribe medication?
10. How is notification accomplished?
11. When are US Air Reserve and Air National Guard personnel authorized dental care?
12. In what situations may family members enrolled in the FMDP receive treatment in military dental facilities?
13. Where in the MTF is assistance provided to determine which beneficiaries must reimburse the US government for dental care?

**010. Scheduling patients**

1. Briefly explain different methods by which appointment times are based.
2. On what does the DSC base availability of treatment?
3. What can you create when in the CDA Clinic view?

4. What is the procedure for scheduling an appointment in CDA?
5. List four factors that must be considered in developing an approach to broken appointments.
6. How can you help eliminate broken appointments?
7. What should you do if you have a broken appointment or cancellation, and why?

## 2-2. Maintaining Dental Health Records

Everyone in the USAF has a dental record. A dental record is a chronological record of examinations, evaluations, and treatment received during a member's military career. This record can serve as a means of treatment planning, for casualty identification, or as a basis for Veterans' Administration (VA) benefit claims after a member leaves the military service. In this section, you'll learn the responsibility for dental records, contents of the records, and filing procedures. AFI 47-101, *Managing Air Force Dental Services*, lists the requirements in recording patients' diagnoses, authorized abbreviations, and teeth designations.

### 011. Responsibility for dental records

While anyone who handles a patient's dental record is responsible for that record, there are some specific areas of responsibility within the dental treatment facility. We'll take a look at the primary custodial responsibility and general responsibilities of dental records.

#### Primary custodial responsibility

The DSC is the primary custodian of the dental treatment records. The DSC makes sure that personnel properly manage and control dental health records. At bases or localities where it is not administratively feasible to maintain custody of the dental treatment records within the dental treatment facility, the DSC may recommend that they remain with the custodian of the unit personnel records group.

#### General responsibilities

In some cases, your DTF will handle the dental health records of Navy, Marine Corps, and Army active duty personnel. You will manage locally initiated records of other uniformed service members treated in AF facilities in the same way as AF records.

Dentists must make sure all services rendered are recorded on the proper health records in a clear, concise, and accurate manner. To do this; they must be familiar with the directives that pertain to these duties and to the entry of data that is adequate for all medical, legal, and administrative purposes. Because various people and agencies for professional and administrative purposes use these records, uniform documentation methods are essential. Only authorized designations and abbreviations must be used to record treatment data on SFs 603 and 603A. Other personnel, including

the receptionist, appointment clerk, records clerk, and dental assistants, may be delegated with the responsibility of recording the entries and filing the records.

## 012. Initiating records

Dental personnel must maintain dental health records for all patients in the proper AF Forms 2100B through 2190B, Health Record-Dental, as specified in AFI 41-210, *Tricare Operations and Patient Administration Functions* and AFI 47-101. Personnel involved in record maintenance must become familiar with the use of the terminal digit, color-coded record system.

### Preparing Air Force Form 2100B series

Treatment records are kept in a special series of folders that are color coded and numerically designed for terminal digit filing, according to SSN (fig. 2-10). Since the folders are identified by SSN, make sure you use the correct number and transcribe it correctly. If the patient is a family member, use the sponsor's SSN. Civilian employees and active or retired military members use their own SSNs. For individuals without an SSN, such as foreign nationals, allied or neutral military members, a pseudo-SSN is created for them when they are entered in the DEERS.

The image shows a sample of an AF Form 2100B series, Health Record-Dental form. The form is designed for terminal digit filing based on the patient's Social Security Number (SSN). The SSN is entered in the top right corner as 0123456789RS, with the last two digits (31) circled. The patient's name, Michael E. Smith, is written in the Patient Identification section. The form also includes a section for specifying service and grade for military and retired military members, with 'MILITARY' selected and 'USAF/AIC' entered. A section for the Personnel Reliability Program (PRP) is also present, with 'FOOD HANDLER' and 'DD FORM 2005 4 Dec 00' entered. The form is color-coded by the last two digits of the SSN, with a vertical column of numbers 0 through 9 and the letter R on the right side. The form is labeled 'FORM AF FEB 85 2130B' and 'S1065407118'.

Figure 2-10. Sample, AF Form 2100B series.

The AF Form 2100B series folders are color coded on the following basis:

Dental Records Color Coding		
If the last two digits of SSN are	Use AF Form	Color of the Folder
00-09	2100B	Orange
10-19	2110B	Green
20-29	2120B	Yellow
30-39	2130B	Gray

Dental Records Color Coding		
If the last two digits of SSN are	Use AF Form	Color of the Folder
40–49	2140B	Tan
50–59	2150B	Blue
60–69	2160B	White
70–79	2170B	Brown
80–89	2180B	Pink
90–99	2190B	Red

### *Patient's name, status, and social security number*

After selecting the correct folder, use a pen, felt-tip marker, or computer generated label to print the patient's first name, middle initial, and last name in the patient identification block on the upper right corner of the 2100B series folder.

Enter the last (ninth) digit of the appropriate SSN to the right of the preprinted (eighth) digit in the upper-right-hand side of the folder. After this, enter the remaining seven numbers of the SSN to the left of the preprinted digit. These nine numbers make up the complete SSN of the patient or patient's sponsor.

### *Family member prefix*

In the two circles to the left of the SSN, enter the two-digit family member prefix code. It tells whose SSN is being used. Family member records are filed according to the local clinic procedure. Use one of the codes shown here:

Family Member Prefix Code	
Code	Meaning
01–19	Sponsor's children
	<b>NOTE:</b> Numbers are assigned in birth date order with the oldest child being assigned 01, the next oldest 02, and so forth.
20	Sponsor
30	Sponsor's spouse
40	Sponsor's mother
45	Sponsor's father
50	Sponsor's mother-in-law
55	Sponsor's father-in-law
60–69	Sponsor's other eligible family members
98	Civilian emergency
99	Elsewhere classified

### *Last digit of social security number*

Use a black ink pen or felt-tip marker and block out the 1/2-inch square block along the right edge of the folder (front and back) that corresponds to the last digit of the of the SSN. For patients in the SDP, the color red is used to block out this corresponding number. Patients on mobility status are identified by blotting out the appropriate number on the folder in green.

### *R block*

This block, on the side of the folder, is left blank.

***S block***

For active duty patients, blacken out the S block (front and back) on the right edge of the folder.

***Current year***

For nonmilitary and retired military personnel, mark through the current year located on the right edge of the folder. This mark designates the latest year of treatment and determines the retirement date of the record. It is optional to mark this record for active duty personnel. Check the local policy at your facility.

***Service and grade***

In the service and grade area of the folder, mark the appropriate box for military, retired military, or nonmilitary. For military and retired military members, specify the service and grade in pencil on the appropriate line.

***Miscellaneous block***

Located in the lower left corner is an area to enter miscellaneous information. It is optional to identify PRP patients. In pencil, enter the date the patient was placed in the program. Erase the date when the patient is removed from the program. Identify patients who are food handlers by entering the date of their last examination in pencil. In the appropriate box, enter the date the DD Form 2005, Privacy Act Statement – Health Care Records was completed, in pencil.

***Flying personnel***

Mark the records of personnel in flight status with a black felt-tip marker or a strip of black tape on the right edge of the folder, extending from immediately below block 9 to the bottom of the folder (front and back). Also, place the word FLY in 2-inch block letters in the front upper-left-hand corner of the folder.

**Contents of the dental health record**

The documents in the dental treatment clinic must be filed in a standardized format. Attach the *tops* of these forms and documents to the fastener on the *right side* of the folder in the following descending order according of importance to this list:

1. AF Form 745, Sensitive Duties Program Record Identifier, where applicable.
2. AF Form 966, Registry Record, where applicable.
3. AF Form 696, Dental Patient Medical History.
4. Active treatment plans.
5. Envelope for radiographs. Secure the envelope so it opens on the left to prevent loss of contents. Place panoramic radiographs, if flat, on top of the envelope.

Attach the *bottoms* of these forms and documents to the fastener on the *left side* of the folder in the following descending order of importance according to this list:

1. AF Form 490, Medical/Dental Appointment or DYMO appointment label.
2. AF IMT 1418, Recommendation for Flying or Special Operational Duty–Dental.
3. SF 513, Medical Record-Consultation, and other consult forms requiring responses.
4. AF Form 570, Notification of Patient's Medical Status.
5. SF 603/603A, Health Records-Dental. Place this form in descending chronological order.
6. Other permanent documentation, such as tissue examination reports, conscious sedation records, medical consultations, medical laboratory or radiology reports.
7. DD Form 2005, Privacy Act Statement-Health Care Records.

### **Filing radiographs in the dental health record**

Since radiographs are major diagnostic aids in patient treatment, it is important that they be included in the patient's dental record. Lost or misplaced radiographs cause particular problems since treatment could be delayed until they are located, or it might be necessary to take additional radiographs. Additional radiographs would expose the patient to unnecessary doses of radiation.

The radiographs common to dentistry are the periapical, bitewing, occlusal, and extraoral films. Use the cardboard mounts available for bitewing and full-mouth series radiographs. These mounts hold the radiographs for easy viewing and provide for identification of the radiographs when the required patient data are entered on the mount. For occlusal films and periapical films not part of a full-mouth series, use the small envelopes available. These envelopes also provide space for entering identifying patient data. Be sure the patient identification data is complete, since they can serve to identify the radiographs if they become separated from the dental treatment folder.

Store radiographs in a patient's dental treatment record in such a way that film loss is held to a minimum. A common method of storing film is by attaching a 5 x 7-inch envelope to the inside of the folder so it opens on the left. To remove the contents, the folder must be opened. Since radiographs stored in this way cannot fall out of the folder during transportation or filing, the loss of radiographs is greatly reduced. If panoramic radiographs are flat, place them on top of the envelope.

### **Filing the dental health record**

Dental records are filed according to a special system called the *terminal digit filing system*. This method is based on the sponsor's SSN. The SSN on the folder is your primary reference when searching the file for a record. You will find the records filed according to the groups of digits, working from right to left through the SSN and prefix. The number 00-500-40-5199 would be filed first under 99 and, within that group, under 51. If there are other SSNs ending in 5199, proceed to the next group, 40. Continue working to the left through the groups until there are no duplications.

The central file is divided into approximately 100 equal sections, bearing the 100 primary numbers 00 through 99 consecutively. After you file 100 to 200 charts, a pattern formed by color and blocking of folders emerges. In a properly developed and maintained terminal, digit-color-coded, and blocked filing system, it is impossible to misfile a record in an area greater than  $\frac{1}{100}$  of the total file area without the misfiled record being immediately visible. A folder misfiled with respect to the left digit of its primary number (e.g., a 45 that has been inserted among the 55s) attracts attention because of its different color. If, within a color group, the diagonal pattern formed by the blocking is interrupted, it is because the folder, whose blocking causes the break, was misfiled with respect to the right digit of its primary number. For example, a 45 inserted among the 42 shows a break in the diagonal pattern.

### **Filing family member prefixes**

When filing a family's dental records, in which order do you think they should be filed? For instance, CMSgt Brown has just dropped off her records, as well as her families' records to you at the reception window. She brought her own record, which carries the family prefix of "20", her husband's record which carries the family prefix "30" and their three children's records whose family prefixes are "01, 02 and 03." In what order would you file the Brown family's records? The answer to this question is a little tricky. There are no directives in our dental AFIs stipulating the order of filing records by family prefixes. Therefore, it is imperative that you learn the local procedures when you are first assigned the task of working in the front desk section.

Generally, there are three methods used by most clinics. The first is called the *sandwich* method. Using this approach, the sponsor's record would be filed first and the spouse's record would be last. Then, the children's records would be "sandwiched" in-between the two parents in numerical sequence-20, 01, 02, 03, 30. The second *numeric* method calls for the children's records to be filed first, then the sponsor's record, followed by the spouse's record in numerical order- 01, 02, 03, 20, 30. The third method calls for the sponsors record to be filed first followed by the spouse's record—



the children's records would follow in numeric sequence- 20, 30, 01, 02, 03. There is no fancy catch phrase for this method but it is a *practical* way to consistently file records within your system.

There are numerous other beneficiaries such as a sponsor's parents or parents-in-law that will require investigation to reveal the proper order for filing. The important word here is *consistency*! It is imperative that all technicians be aware of the procedures for filing records within your clinic. It may be a good idea to post the order for filing family prefixes at the front desk to guard against misfiles and maintain consistency!

### **Removing dental health records for patient care**

When you remove a record from the file, use AF Forms 885, 886, or 887, Medical Record Charge Out Guides, with a record out card from CDA. Place the printed record out card into a charge-out guide and insert it into the file where you remove the record so it is clearly visible. When you return records to the file, remove the medical record charge out guide.

## **013. Management of dental health records**

You need to know when and how dental health records are maintained. Records are also inventoried, transferred or moved, and retired or destroyed. Let's begin with how records are maintained.

### **Maintaining records**

Dental health records are maintained according to the following guidelines:

- Enter clinical evidence of unrecorded dental treatment received by military personnel.
- Use only authorized designations and abbreviations to document treatment information.
- Enter all findings and abnormalities found by clinical, microscopic, and radiographic examinations.
- Enter authenticated information received from another department of the federal government or a civilian agency.
- Military personnel are examined when they enter the service, and all dental records are included in the dental folder. These records are a permanent part of each individual's dental health record and are not removed.
- Subsequent examinations are recorded according to AFI 47-101. For medical physical examinations, AFI 48-123, *Medical Examinations and Standards* prescribes the purpose, standards, and when dental entries are made on SF 88, Medical Record—Report of Medical Examination.

### **Dental health records on hospitalized patients**

Dentists must follow local policies and procedures established for managing inpatient records of all dental inpatients. All pertinent information and statistical data must be transcribed from the medical inpatient record to the SF 603 or 603A. Examples are provisional and final diagnoses, surgical procedures, treatment, anesthetics, medicines and drugs, reactions, and so forth. Dental personnel are responsible for patients administer orders, including diet, progress notes, and so on. AFI 41-210 details the procedures for correcting medical and dental records.

### **Inventory of dental health records**

Dental personnel must conduct an annual inventory of dental records for the following purposes:

- Determine status of non-active duty records.
- Identify and forward retained records of departed personnel.
- Verify dental readiness classification and date of last update information of assigned AF members.

A SSN, alpha, or terminal digit roster of all assigned personnel is used to perform the inventory. Local dental operating instructions should be developed to provide guidance. This inventory may be accomplished in monthly increments throughout the year or all at one time.

### **Movement of dental health records**

There are many reasons and methods on how dental records can leave the dental clinic. Each one has a specific method that needs to be followed. The following procedures are designed to protect against loss or misfiling of the dental record, during transfer between treatment facilities, without jeopardizing the interest of the patient or federal government.

#### ***Permanent change of station moves***

Military personnel out-processing for permanent change of station (PCS) need to provide the medical and dental records section they are assigned, a copy of their PCS orders. The medical and dental clinics then forward the members records and those of their dependents to the members gaining medical and dental clinics.

If the military members does not drop off their PCS orders, and you notice during your annual records review that the member is no longer assigned to your base, locate the member on the worldwide locator available at the MPF or the outpatient section of the MTF. The record(s) are then forwarded to their gaining duty station. If you have records of AF members you are unable to locate, send the record to AFMPC, Randolph AFB TX 78150-6001. This office will take care of final disposition.

When records arrive at the gaining duty station, they must be in processed correctly. Ensure the name of the base at which dental services will be provided is annotated on the SF 603 or SF 603A in item 10.

#### ***Personnel on temporary duty***

Dental records do not accompany personnel on temporary duty (TDY) or deployment. If the patient is to have treatment during their TDY or deployment, a copy of the patient's SF 603/603A and copies of the most current bitewing/panorex radiographs can be given to the patient. Personnel deploying do not hand carry their dental records unless deployment will last longer than 6 months, and either the treatment facility or higher headquarters determines that the member needs the records to receive dental treatment. The gaining treatment facility determines if the member has to hand-carry the dental health record. The facility in the deployed area is responsible for the return of the dental health record to the patient's home station.

#### ***Air evacuation patients***

Dental records *do not usually accompany patients* who are air evacuated for *medical* treatment, but occasionally they are required. The original dental record should not be sent with these patients. A copy of the SF 603/603A, AF Form 696, appropriate radiographs, and other applicable documentation should accompany the patient. The original dental record and radiographs should be retained at the referring treatment facility.

The original dental record *should accompany patients* who are air evacuated for *dental* treatment. A copy of the dental record and radiographs sufficient for forensic purposes should be retained at the referring treatment facility until the patient returns. The member is responsible for returning the record to the dental facility.

#### ***Locally referred patients***

Locally referred patients are patients referred from one dental treatment facility to another within the local vicinity. Patients traveling from a geographically separated unit to their host MTF also fall within this category. Transportation to the appointment routinely would be their privately-owned vehicle. The decision for determining the means of transporting an individual's dental record will rest with the DSC of the referral facility.

Dental health records are US government property and protected by the Privacy Act of 1974. Information contained in them may not be released to any person or agency without a proper request as outlined in the Privacy Act Statements. Original dental records may not be released to any individual for treatment at other than a government facility. If a patient requests his or her records, he or she can be furnished with copies of the pertinent pages of the record. Current, pertinent films and duplicates of existing radiographs will only be released upon the written request of a licensed dentist. All requests for current films must be maintained in the patient's dental health record.

### **Disposing of dental health records**

You will find detailed instructions on how to dispose or retire dental health records and radiographs in AFI 33-364, *Records Disposition—Procedures and Responsibilities* and at <https://afirms.amc.af.mil/>.

### **Active duty personnel separating or retiring**

Dental health records on all personnel separating or retiring from active duty must be screened prior to forwarding to the MPF. Determine if a dentist provided the member a complete dental examination and placed the patient in class 1 within 90 days of separation or release. A type 2 examination is required as a minimum. If the member was placed in class 1, enter, "Separation: Examination and treatment completed within 90 days of separation or release," as the last entry on SF 603/603A. Date and sign the entry. After the record is screened, it is ready to forward to the records repository in St. Louis, Missouri.

### **Retirees and family members**

The dental health records of retirees are retired three years after the year of the last recorded treatment. The dental health records of family members of active duty, retirees, retiree's family members and non-NATO foreign nationals are destroyed three years after the year of the last recorded treatment. If any family member of active duty or retired personnel receives treatment, annotate all family member records with that year of last treatment and retain all the records in the file.

## **014. Exchange of data and the Privacy Act**

Data contained in dental health records can be exchanged on proper request. You need to know when and how this is done because information contained in dental health records is covered under the Privacy Act.

### **Exchange of data**

The DSCs may furnish dental information concerning other uniformed service members directly to the responsible agencies upon proper request. And in-turn, we can also request similar data for AF personnel directly from other uniformed services. This action does not require prior approval.

A DSC may prepare duplicate copies of any records on request from an outside agency, or when it's necessary for the record to be with the patient. Procedures for releasing information are in AFIs 33-364, 33-332, *Air Force Privacy Program*, and 41-210. Care must be taken to comply with the Privacy Act of 1974 and Title 21, U.S.C., Sections 401 and 1175.

Exchange of data between AF facilities may be required when a person receives treatment away from their record location, including a different facility on the same base. This information must be inserted in the patient's permanent record. Dental treatment provided by civilian dentists must be documented on SF 603/603A, item 10.

### **Department of Defense Form 2005**

The Privacy Act of 1974 requires that individuals from whom information is collected for inclusion in their medical records be told how the information will be used and their rights, benefits, or obligations with respect to supplying the information. The DD Form 2005 must be filed in each medical and dental record located in an AF medical facility.

The DD Form 2005 is not a consent form it merely shows that the individual was informed of the purpose and use of the information collected and advised of his or her rights and obligations with respect to supplying the data. If an individual refuses to sign the form, indicate the refusal on the DD Form 2005, then sign and date the form before filing it. File the DD Form 2005 as the bottom document on the left side of the treatment record or as the last document in other records. The date the DD Form 2005 was signed must also be recorded in pencil on the front of AF Forms 2100B–2190B, Health Record-Dental.

### **Health Insurance Portability and Accountability Act**

The HIPAA of 1996 enacted by US Congress (Public Law 104–191), was created with several objectives in mind. The first objective was to reform health insurance to protect insurance coverage for workers and their families, when they change or lose their jobs. The second objective was to simplify administrative processes by adopting standards to improve the efficiency and effectiveness of the nation’s healthcare system. The last objective was to make sure appropriate security safeguards are in place to protect the privacy of patients’ information. At this time, the AF Medical Service is primarily concerned with the last objective.

Though HIPAA has many goals, it was originally meant to protect the confidentiality of patients’ insurance and medical records, especially computerized files. This is a wise move given the threat from hackers and others who may misuse the sensitive medical information. Effective 14 April 2003, healthcare providers are required to comply with the privacy rule provision under HIPAA “Standards for Privacy of Individually Identifiable Health Information.” Healthcare providers, including federal entities, must show that they have created “reasonable safeguards” to protect the confidentiality of patients’ information. This information covers conversations between patient and provider in a clinical setting, and access to *any* medical information pertaining to the patient. The privacy rule specifically states, “A covered entity must have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information.” Failure to comply with this rule can mean substantial fines to the nonconforming provider.

The privacy officer located at your MTF should have a copy of the local operating instruction that guides release of protected health information and the process by which this can be accomplished. Be advised, there is no AFI on HIPAA implementation.

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## **Self-Test Questions**

**After you complete these questions, you may check your answers at the end of the unit.**

### **011. Responsibility for dental records**

1. Who is the custodian of dental treatment records and what does this individual ensure?
2. How are locally initiated records of other uniformed service members treated in AF facilities?
3. Who must make sure all services rendered are recorded on the proper health records in a clear, concise, and accurate manner?
4. Why is it essential to use uniform documentation methods in dental health records?

5. What system is used to record treatment data of SFs 603 and 603A?
6. What other personnel may be delegated with the responsibility of recording entries and filing records?

### 012. Initiating records

1. What forms are used to maintain dental health records for all patients? Briefly describe them.
2. Complete the following table to identify the proper AF Form 2100B-series folders:

If the color of the folder is:	Then the last two digits of the SSN are:	and the AF Form is the :
a. Blue		
b. Brown		
c. Gray		
d. Green		
e. Orange		
f. Pink		
g. Red		
h. Tan		
i. White		
j. Yellow		

3. Where and in what order is the patient's name entered on the 2100B-series folder?
4. Match the family member in column A with the appropriate family member prefix in column B. Items in column B are used only once.

Column A	Column B
____ (1) Civilian emergency.	a. 01-19.
____ (2) Sponsor	b. 20.
____ (3) Sponsor's other eligible family members.	c. 30.
____ (4) Sponsor's spouse.	d. 40.
____ (5) Sponsor's father.	e. 45.
____ (6) Sponsor's mother-in-law.	f. 50.
____ (7) Sponsor's children.	g. 55.
____ (8) Sponsor's father-in-law.	h. 60-69.
____ (9) Elsewhere classified.	i. 98
____ (10) Sponsor's mother.	j. 99.

5. Briefly explain what is done to mark the record along the right edge of the folder that corresponds to the last digit of the SSN that indicates the patient's status.
6. How are the R and S blocks used on the AF Form 2100B series records?
7. What is the purpose of marking through the current year located on the right edge of the folder?
8. What information is entered in the area of the folder designated as Service and Grade?
9. What information is entered in the miscellaneous block located in the lower left corner of the folder?
10. How are records of flying personnel indicated?
11. List the forms and documents attached to the right side of the folder in descending order of importance.
12. List the forms and documents attached to the left side of the folder in descending order of importance.
13. Briefly explain how to file and store radiographs in the dental health record.
14. Briefly explain how dental records are filed.
15. Briefly explain how many sections the central file contains under the terminal digit filing system.
16. How can you tell if a record is misfiled by the eight digit of its SSN?
17. How can a misfiled record within a color group be identified?

18. Name the three methods for filing family member prefixes.
19. What important word is used with filing dental records?
20. When filing dental records, what is imperative for all technicians to know?
21. What forms are inserted into the file when records are removed?

### **013. Management of dental health records**

1. What information is entered in dental health records to maintain them?
2. What forms must all pertinent information and statistical data from the medical inpatient record be transcribed to?
3. What are the purposes of conducting an annual inventory of dental records?
4. Briefly explain how and when the dental record inventory is accomplished.
5. Explain what to do when active duty personnel do not drop off their PCS orders to the records section.
6. What information is entered into the health record when you in process the record?
7. When do dental records accompany personnel on temporary duty?
8. When do dental records accompany patients who are air evacuated?
9. Who determines the means of transporting individuals' dental health records when patients are referred locally?

10. What actions are required with the dental health records of personnel separating or retiring?

11. When do you retire dental health records of retirees?

12. When are records of family members retired?

**014. Exchange of data and the Privacy Act**

1. Who may furnish dental information concerning personnel of other uniformed services directly to the responsible agencies of these services upon proper request?

2. Who may prepare duplicate copies of any records on request from an outside agency, or when it is necessary for the record to be with the patient?

3. What form is used to document treatment performed by a civilian dentist?

4. What must patients be informed of when information is collected for inclusion in their medical records?

5. What action is required if an individual refuses to sign the DD Form 2005?

6. Where is the DD Form 2005 filed?

7. What was HIPAA originally meant to protect?

8. What kind of safeguards must healthcare providers have in place?



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## Answers to Self-Test Questions

**007**

1. A type 2 examination and a review of dental health records.
2. Assess the readiness status of active duty Air Force personnel; make sure the currency of the dental health classification, make early detection of dental-oral pathology, and check the proper custody of the dental health record.
3. The AFDRAP monitor.
4. The AFDRAP monitor.
5. Each squadron and squadron commander.
6. Adult patients seeking dental emergency treatment, active duty personnel during their periodic dental examination, and all other categories of adult patients at their initial and annual examinations.
7. (1) Send the patient to the proper medical clinic with an SF 513, Medical Record - Consultation Sheet, or other approved forms for further evaluation.  
(2) Record the abnormal pressure in item 10 of the SF 603 or 603A with the statement "*patient has been referred for further evaluation.*"  
(3) When the consultation is returned, record the findings in Item 10 of SF 603 or 603A and in the "Remarks" section of AF Form 696.
8. To monitor individuals who function in a sensitive duties position, including the PRP and Presidential Support Program.
9. To make sure each person who performs duties with nuclear weapons or systems and certain other high-risk functions meet the required standards of individual reliability.
10. AF Form 745, Sensitive Duties Program Record. It must be prominent and precede all other documents on the right hand side of the dental health record.
11. The dental facility SDP or PRP monitor is contacted and notifies the unit commander or unit SDP or PRP monitor by telephone. The notification must include the reason for the patient's visit; type of medication prescribed or administered, side effects, and the estimated duration of the medical condition or treatment. The monitor providing the notification must document the individual contacted, date, time, and information provided in the notification.
12. The FMCRA.
13. The MTF commander or director of Base Medical Services and base staff judge advocate.
14. Patient Affairs or Medical Treatment Facility Registrar offices reviews and signs AF Form 1488, Daily Log of Patients Treated for Injuries, and forwards to the claims office.
15. Detailed investigation, request of an AF Form 438, Medical Care-Third Party Liability Notification, from the medical treatment facility to determine total charges, and a claim filed against the third party.
16. Records must be flagged and, if possible, secured to make sure they remain available for investigation and litigation.
17. (1) Report suspected cases to the MTF registrar and/or patient affairs offices.  
(2) Flag the outpatient dental health record.  
(3) Monitor the course of treatment, and specific entries on the SF 603 or 603A.  
(4) Notify MTF registrar and/or patient affairs offices when treatment is completed.  
(5) Make sure all staff members have a working knowledge of procedures; especially as regards accident and trauma patients seen after duty hours by the DOD and DCQ.  
(6) Make sure that clinic administration personnel are fully aware of their responsibilities as regard special considerations relative to the dental health record.
18. It is a congressionally mandated program that provides dental insurance for eligible family members of active duty personnel of the uniformed services.
19. To reflect eligible beneficiaries and related privileges.
20. Family Advocacy.

21. AF Form 966, Registry Record.
22. Each MAJCOM/SG.
23. Provide guidelines to outline a performance measurement, assessment, and improvement program in the USAF Dental Service.
24. To publish objective, comprehensive, and accurate accounts of Air Force activities.
25. The Office of the Surgeon General.
26. Significant developments in military medicine and their contributions to operational effectiveness.
27. It is incorporated with the history of the medical unit.

**008**

1. Reception.
2. Listening to the patient as well as explaining the procedures will eliminate many future misunderstandings and problems.
3. Use tact and diplomacy, guard against losing your temper. If you find that you cannot satisfy the patient, excuse yourself and have a senior NCO or an officer speak with the patient. Above all, do not get involved in an argument with the patient.
4. Inattentiveness, indifference, discourteous, or abruptness, and sloppy or untidy appearance of personnel, or the appearance of an inefficient, disorganized records and reception area.
5. Unfavorable images are formed that can prove impossible to overcome, no matter how high the quality of dentistry provided.
6. A pleasant disposition coupled with calm, courteous mannerisms.
7. The dental treatment facility.
8. Answer by the third ring.
9. Plan what you will say.
10. Your name, rank, and duty section.
11. Contact the proper authority or set up an appropriate appointment in accordance with local policies.
12. That the information is accurately and completely recorded.
13. Food, water, shelter, rest, exercise, sex, and physical well-being.
14. Security, recognition, affection, and achievement.
15. Security.
16. Recognition.
17. Affection.
18. Achievement.

**009**

1. Dental examinations and advice on dental health, restoration of lost tooth structure, treatment of periodontal conditions, surgical procedures, and replacement of missing teeth essential to personal appearance, the performance of military duty, or the proper mastication of food.
2. Treatment necessary to relieve pain, control bleeding, and manage acute septic conditions or injuries to the oral-facial structures.
3. Personnel of all categories worldwide.
4. The DSC.
5. Care a dentist is authorized to approve or defer.
6.
  - (1) Active duty military members.
  - (2) Family members of active duty personnel not enrolled in the Dependent Dental Plan.
  - (3) Family members of personnel who died on active duty have the next priority.
  - (4) Any other capability transfers to retired members and their eligible family members.
7. Class 3 or 4.

8. Missile crew members (missileers), air traffic controllers, space operations personnel, personnel on mobility status, and those identified for remote or isolated duty.
9. Aerospace Medicine.
10. Using AF IMT 1418, Recommendation for Flying or Special Operational Duty-Dental.
11. When on active duty or when injured in the line duty.
12. Emergencies, to obtain treatment not provided in the FMDP, and to serve the unique needs of the AF's residency training programs and fellowships.
13. Patient Administration.

### 010

1. Nonvariable appointment lengths, such as 45-, 60-, or 90-minute lengths, or as an incremental time method using 10-, 15-, or 20-minute units of time.
2. Staffing, facilities, and mission requirements.
3. You can create patient and special-time appointments, view appointments by a specific date-time range and providers, create templates, search existing appointments, view patient records (SF603), and view patient x-rays.
4. (1) The copy given to the patient serves as a reminder to the patient of the appointment date, time, and place. (2) A copy placed in the patient's dental record to serve as documentation of the scheduled appointment.
5. Any four of the following:
  - (1) Size of the facility.
  - (2) Beneficiary population in the area.
  - (3) Number of providers.
  - (4) Parameters set down by higher headquarters.
  - (5) Size of the base.
  - (6) Geographical location of the dental facility relative to other base organizations.
  - (7) Mission of the base and tenant units assigned.
  - (8) Support of key commanders, first sergeants, and supervisors.
  - (9) Weather.
6. Impress upon patients the importance of keeping appointments. If time permits, contact patients by telephone to remind them of their appointments.
7. Notify the reception area. It may be possible to fill the appointment time with a sick call patient or patient waiting for treatment.

### 011

1. The DSC; makes sure personnel properly manage and control dental health records.
2. The same as AF records.
3. Dentists.
4. Because these records are used by various persons and agencies for professional and administrative purposes.
5. Authorized designations and abbreviations.
6. Receptionist, appointment clerk, records clerk, and dental assistants.

### 012

1. AF Forms 2100B-2190B Health Record-Dental. They are a special series of folders that are color coded and numerically designed for terminal digit filing, according to the SSN.
2.
  - a. 50-59/2150B.
  - b. 70-79/2170B.
  - c. 30-39/2130B.
  - d. 10-19/2110B.

- e. 00-09/2100B.
  - f. 80-89/2180B.
  - g. 90-99/2190B.
  - h. 40-49/2140B.
  - i. 60-69/2160B.
  - j. 20-29/2120B.
3. Enter the patient's first name, middle initial, and last name in the patient identification block on the upper right corner.
  4. (1) i; (2) b ; (3) h; (4) c ; (5) e; (6) f; (7) a; (8) g; (9) j and (10) d.
  5. Use a black ink pen or felt-tip marker and block the number out (front and back). For SDP patients use the color red and for patients on mobility status; the color green to block out the number.
  6. The R block is left blank. The S block is blackened out for active duty patients.
  7. For nonmilitary and retired military personnel the mark designates the latest year of treatment and determines the retirement date of the record. Use is optional for active duty personnel.
  8. Mark the appropriate box for military, retired military, or nonmilitary. On the appropriate line enter the service and grade, in pencil, for military and retired.
  9. It is optional to identify patients in PRP by entering, in pencil, the date the patient entered the program. For patients who are food handlers enter in pencil, the date of their last examination. Enter the date the DD Form 2005 was completed.
  10. Mark their records with a black felt tip marker or a strip of black tape on the right edge of the folder, extending from immediately below block "9" to the bottom of the folder (front and back). Also, place the word FLY in 2-inch block letters in the upper left-hand corner of the front of the folder.
  11. (1) AF Form 745, Sensitive Duties Program Record Identifier, where applicable.  
(2) AF Form 966, Registry Record, where applicable.  
(3) AF Form 696, Dental Patient Medical History.  
(4) Active Treatment Plans.  
(5) Envelope for Radiographs.
  12. (1) AF Form 490, Medical/Dental Appointment.  
(2) AF IMT 1418, Recommendation for Flying or Special Operational Duty - Dental.  
(3) SF 513, Medical Record-Consultation, and other consult forms requiring responses.  
(4) AF Form 570, Notification of Patient's Medical Status.  
(5) SF 603/603A, Health Record-Dental; in descending chronological order.  
(6) Other permanent documentation such as, tissue examination reports, conscious sedation records, medical consultations, medical laboratory or radiology reports.  
(7) DD Form 2005, Privacy Act Statement-Health Care Records.
  13. Use cardboard mounts for bitewing and full-mouth series radiographs. Use small envelopes for occlusal and periapical films. Enter identifying patient data on mounts and envelopes. To store radiographs in the record, place a 5 x 7 envelope inside the folder so the envelope opens on the left to prevent loss of radiographs. If panoramic radiographs are flat, place them on top of the envelope.
  14. File records of each individual within a filing category by the terminal digit filing system based on the sponsor's SSN. Records are filed according to the groups of digits, working from right to left through the SSN and the prefix. The number 00-500-40-5199 would be filed first under 99 and, within that group, under 51. If there are other SSNs ending in 5199, proceed to the next group, 40. Continue working to the left through the groups until there are no duplications.
  15. One hundred, based on primary numbers 00 consecutively through 99.
  16. A folder misfiled with respect to the left digit of its primary number (e.g., a 45 that has been inserted among the 55s) attracts attention because of its different color.
  17. A misfiled record within a color group can be identified when the diagonal pattern formed by the blocking is interrupted because the folder, who's blocking causes the break, was misfiled with respect to the right digit of its primary number. For example, a 45 inserted among the 42 shows a break in the diagonal pattern.

18. (1) Sandwich – “20, 01, 02, 03, 30”; (2) Numeric – “01, 02, 03, 20, 30”; (3) Practical – “20, 30, 01, 02, 03.”
19. Consistency!
20. Be aware of the procedures within your clinic!
21. AF Forms 885, 886, or 887, Medical Record Charge Out Guides, with a record out card printed from CDA.

### 013

1. All findings and abnormalities found by clinical, microscopic, and radiographic examinations, authenticated information received from another department of the Federal Government or a civilian agency, and clinical evidence of unrecorded dental treatment received by military personnel.
2. SFs 603 and 603A.
3. To identify and forward retained records of departed personnel, to verify dental readiness classification and date of last update information of assigned AF members, and to determine status of nonactive duty records.
4. A SSN, alpha, or terminal digit roster of all assigned personnel is used to perform the inventory. The inventory may be accomplished in monthly increments throughout the year or all at one time.
5. Send the records to the gaining organization if known. If the gaining organization is unknown, locate the members of the worldwide locator, and then forward the records. If you are unable to locate the AF member, send the record to AFMPC/RMIQL, Randolph AFB TX 78150-6001.
6. The name of the base at which dental services will be provided on the SFs 603 or 603A in item 10.
7. Personnel deploying do not hand carry their dental records unless deployment will last longer than 6 months and either the treatment facility or higher headquarters determines that the member needs the records to receive dental treatment.
8. If necessary for medical treatment, a copy of the SF 603/603A, AF Form 696, appropriate radiographs, and other applicable documentation will accompany the patient. The original dental record should accompany patients who are air evacuated for dental treatment. A copy of the dental record and radiographs sufficient for forensic purposes are retained at the referring treatment facility until the patient returns.
9. The DSC of the referral facility.
10. These records are forwarded to the MPF upon request. These records must be screened prior to forwarding to determine if a dentist provided the member a complete dental examination and placed the patient in class 1 with 90 days of separation or release. Signed and dated statement must be entered into the record to document such services.
11. Three years after the year of last recorded treatment.
12. They are destroyed 3 years after the year of the last recorded treatment. If any family member of active duty or retired personnel receives treatment, you annotate all family member records with that year of last treatment and retain all the records in the file.

### 014

1. The DSC.
2. The DSC.
3. SF 603/603A.
4. How the information will be used and their rights, benefits, or obligations with respect to supplying the information.
5. Indicate the refusal on DD Form 2005. Sign and date the form before filing it.
6. File DD Form 2005 as the bottom document on the left side of the treatment record or as the last document in other records. In pencil, record the date the DD Form 2005 was signed on the front of AF Forms 2100B-2190B, Health Record-Dental.
7. The confidentiality of patient's insurance and medical records, especially computerized files.
8. Administrative, technical, and physical.

**Do the unit review exercises before going to the next unit.**

## Unit Review Exercises

**Note to Student:** Consider all choices carefully, select the *best* answer to each question, and *circle* the corresponding letter.

15. (007) All statements are procedures to be followed in cases involving a suspected third liability when treatment is received in the dental facility *except*
  - a. flagging the outpatient dental health record.
  - b. reporting suspected cases directly to the base claims office.
  - c. monitoring the course of treatment, and specific entries on the SF 603 or 603A.
  - d. notifying the medical treatment facility registrar and/or patient affairs when the treatment is completed.
16. (007) Which is *not* an objective of the AF historical program?
  - a. Provides budgetary information on deployments only.
  - b. Contributes to understanding the role of air power.
  - c. Disseminates history of the AF and its organizations.
  - d. Provides data for planning, training and operational purposes.
17. (008) Which general principle *best* identifies desirable telephone manners for dental personnel?
  - a. Avoid letting your voice show a smile.
  - b. Be extremely firm and business like in all situations.
  - c. Speak as a representative of the dental treatment facility.
  - d. Provide a diagnosis and treatment over the phone when requested by the patient.
18. (008) By what ring should you try to answer the dental office phone?
  - a. Second.
  - b. Third.
  - c. Forth.
  - d. Fifth.
19. (008) Why is informing patients of a delay in their scheduled appointment time important?
  - a. To prevent undue anxiety.
  - b. For patients to feel they are important.
  - c. To show genuine interest in your patient.
  - d. "Do unto others as you would have them do unto you."
20. (009) Who makes the final decision regarding the availability of treatment based on staffing, facilities, and mission?
  - a. Dental superintendent.
  - b. Command dental surgeon.
  - c. Dental squadron commander.
  - d. Director of base medical services or medical facility commander.

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21. (009) The *correct* priority of dental care is
- a. active duty, family members of active duty, family members of members who died while on serving on active duty, retired members, family members of retirees, and family members of deceased retirees.
  - b. active duty, retired members, family members of active duty, family members of members who died while serving on active duty, family members of retirees, and family members of deceased retirees.
  - c. active duty, retired members, family members of members who died while serving on active duty, family members of active duty, family members of retirees, and family members of deceased retirees.
  - d. active duty, retired members, family members of active duty and members who died while serving on active duty, family members of retirees and deceased retirees.
22. (010) When canceling a patient's appointment, what *must* you *not* include in the "Reason for Cancellation" dialog?
- a. Protected Health Information (PHI).
  - b. Patient's name and organizational information.
  - c. Occupational Safety and Health (OSHA) Information.
  - d. Air Force Dental Readiness Assurance Program (AFDRAP) Information.
23. (010) When changing the category of a patient's appointment, you would find the appointment you want to change then
- a. click on appointment.
  - b. click on appointment and enter the reason.
  - c. right click on appointment.
  - d. right click on appointment and select change status.
24. (010) What is the second step when searching for an open time to schedule a patient?
- a. Right click on scheduler grid.
  - b. Click open time tab.
  - c. Select next-10 box.
  - d. Click clinic view.
25. (011) The primary custodian of dental records is the
- a. NCOIC of the clinic.
  - b. dental superintendent.
  - c. dental squadron commander (DSC).
  - d. NCOIC of the records and reception area.
26. (011) How are the dental records of Navy, Marine Corps, and Army active duty personnel handled?
- a. Same as Air Force records.
  - b. Same as field group records.
  - c. According to the standards of each service.
  - d. According to Department of Defense standards.
27. (012) Why are dental treatment records color coded?
- a. To match the base medical filing system.
  - b. Helps keep the dental records in their social security number (SSN) series.
  - c. Indicates the month the patient entered the Defense Eligibility Enrollment Reporting System (DEERS).
  - d. To separate foreign national, allied, retiree, family member, and active duty dental records.

28. (012) Dental treatment folders of flying personnel are identified by placing the word “FLY” in the front upper-left-hand corner of the folder and
- marking the “R” block with green tape.
  - blocking out the “S” block on the right edge of the folder.
  - placing the word “Aircrew” in the miscellaneous block of the folder.
  - placing a strip of black tape on the right edge of the folder extending from immediately below block “9” to the bottom of the folder.
29. (012) The correct *descending* order of forms and documents on the *right* side of the dental treatment folder is
- an envelope for radiographs opening to the left, active treatment plans, AF Forms 966, 745, and FORM 696.
  - DD Form 2005, conscious sedation records, tissue examination reports, SF 603/603A, SF 513, AF IMT 1418 and AF Form 490.
  - AF Form 745, AF Form 966, AF Form 696, active treatment plans, and envelope for radiographs opening to the left.
  - AF Form 490, AF IMT 1418, SF 513, AF Form 570, SF 603/603A, tissue examination reports, conscious sedation records, and DD Form 2005.
30. (012) The correct *descending* order of forms and documents on the *left* side of the dental treatment folder is
- an envelope for radiographs opening to the left, active treatment plans, AF Form 966, AF Form 696, and AF Form 745.
  - AF Form 745, AF Form 696, AF Form 966, active treatment plans, and envelope for radiographs opening to the left.
  - DD Form 2005, conscious sedation records, tissue examination reports, SF 603/603A, SF 513, AF IMT 1418, and AF Form 490.
  - AF Form 490, AF IMT 1418, SF 513, AF Form 570, SF 603/603A, tissue examination reports, conscious sedation records, and DD Form 2005.
31. (012) Dental records are filed according to a special system called the
- tertiary number, color-coded, and blocked filing.
  - terminal digit, color-coded, and blocked filing.
  - tertiary number filing.
  - terminal digit filing.
32. (012) What is used as a first reference to locate a filed dental health record?
- Patient’s last name.
  - Patient’s organization.
  - Color of the patient’s folder.
  - Sponsor’s social security number.
33. (012) A properly developed and maintained terminal, digit-color-coded, and blocked filing system for dental records makes it easier to
- group records according to primary borrower.
  - file the forms in an outpatient record.
  - identify a misfiled record.
  - distribute the workload.



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- 
34. (013) What guideline is *not* used for maintaining dental health records?
- a. Enter clinical evidence of unrecorded dental treatment received by military personnel.
  - b. Use of locally approved designations and abbreviations are authorized to document treatment.
  - c. Enter all findings and abnormalities found by clinical, microscopic, and radiographic examinations.
  - d. Enter authenticated information received from another department of the federal government or a civilian agency.
35. (013) Which is *not a reason* to perform an annual inventory of dental health records?
- a. Verify dental classification and date of last update information of assigned AF members.
  - b. Identify and forward retained records of departed personnel.
  - c. Determine the status of non-active duty records.
  - d. Locate misfiled records.
36. (013) When are the dental health records of retired members retired?
- a. 3 years after the year of last recorded treatment.
  - b. 2 years after the year of last recorded treatment.
  - c. 4 years after the member's retirement date.
  - d. 5 years after the member's retirement date.
37. (014) Upon proper request, who is authorized to furnish dental information concerning personnel of other uniformed services directly to the responsible agencies of other services?
- a. Military personnel flight (MPF).
  - b. Dental squadron commander (DSC).
  - c. Medical treatment facility (MTF) registrar.
  - d. Director of base medical services (DBMS) or MFC.
38. (014) What is the *best* action to take if an individual refuses to sign DD Form 2005?
- a. Notify the attending dentist.
  - b. Notify the dental superintendent.
  - c. Indicate the refusal in the dental health record.
  - d. Indicate the refusal on the form, sign, and date it.
39. (014) Where is the DD Form 2005, Privacy Act Statement-Health Care Records, placed in the dental treatment folder?
- a. Bottom document on the right side.
  - b. Bottom document on the left side.
  - c. Top document on the right side.
  - d. Top document on the left side.

**Please read the unit menu for unit 3 and continue ➔**

## Student Notes

## Unit 3. Examinations, Classifications & Treatment Forms

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**T**HERE ARE SEVERAL TYPES of dental examinations and classifications that define a patient's oral health. As a dental assistant you need to understand each of these in order to properly treat your patients. When documenting treatment rendered you must know the correct charting symbols and which forms to use.

The material presented in this unit will be valuable to you. This unit covers the types of examinations and classifications used in dentistry and the forms used to document treatment.

### 3-1. Examination and Classification Standards

The dental examination is one of the basic professional services provided by AF dental services. Soon after you entered the military service, you received your first dental oral examination to determine your dental health. Throughout your service with the AF, you'll receive periodic dental examinations. The results of these examinations are recorded on your individual dental health record. This record serves as a reference when you visit dental services.

#### 015. Dental examinations

To make sure uniformity in nomenclature and definitions, dental examinations are classified by type. A dentist may perform any type of the five types of dental examinations. Types 1, 2, 3, and 5 are recorded on the appropriate dental records. The type 4 examination is a screening survey used to classify and not to record individual defects and abnormalities. Type 5 is a screening examination for entry into the service. A qualified dental assistant or dental hygienist can perform types 4 and 5 examinations. Dental examinations can also be completed for specific purposes. Let's take a look at each of the five types of exams.

#### Type 1—Comprehensive examination

The Type 1 is the most comprehensive dental examination. The dentist performs this lengthy clinical evaluation to establish diagnoses and formulate a total written treatment plan. A type 1 examination is performed as an extensive examination of all hard and soft tissues, periodontal probing of all existing teeth, review of new or existing full-mouth intraoral periapical or panoramic radiographs with posterior bitewing radiographs, and formulation of a comprehensive treatment plan. The professional discretion of the examining dentist and the availability of equipment dictate if new radiographs are required. This examination may include history taking procedures necessary to determine the etiology or differential diagnosis of a complex chief complaint such as temporomandibular joint pain or oral-facial pain. The examination and history taking procedures may also be necessary to complete the DOD Medical Examination Review Board form. Another example of a type 1 examination would be the diagnostic evaluation, patient education, and treatment planning for complex multi-disciplinary modalities, such as dental implants. AF periodontal screening and recording (PSR), specialty consultations, other radiographs, diagnostic casts, transillumination, percussion, electrical or thermal

tests, and other diagnostic procedures should be included when appropriate. Because this examination is so comprehensive, it is not always practical to do it for all patients.

### **Type 2—Periodic oral examination**

Type 2 is an examination of all oral hard and soft tissues using a periodontal probe, mouth-mirror, and explorer. It utilizes bite-wing, panoramic, or other radiographs as professionally indicated. This examination includes the recording of an initial treatment plan and AF PSR index.

### **Type 3—Other examination**

Type 3 examination consists of an oral consultation between staff or staff and residents, or observations where no formal consultation is provided. It may include a generalized examination of all hard and soft tissues. The exam may also be performed as an emergency oral examination for evaluation of pain, trauma, or defective restorations, and DOD directed preventive dentistry program for children, and food handlers, if requested. Selected area radiographs may be used.

### **Type 4—Screening survey examination**

Type 4 examinations consist of a mouth-mirror and explorer, or tongue depressor examination with whatever illumination is available. It is most frequently used as a dental survey to determine the need for oral hygiene instructions for individuals. The purpose of the screening, such as oral cancer screening and so forth is entered in the dental treatment record (Standard Form (SF) 603, Health Record–Dental).

### **Type 5—Entry into service screening examination**

Type 5 examinations are performed solely to initiate a member's dental record. When this type of examination is used by the military processing center, it must be followed by a type 2 or 3 examination at the time the patient first receives either definitive treatment or a periodic dental examination.

### **Specific purpose examination and screening**

Specific purpose and screening examinations constitute one of the basic services provided by AF dental services. All findings are recorded, regardless of local capability to provide treatment.

#### ***Initial record***

A type 5 screening examination establishes the first dental record on personnel entering the AF. The SF 603 should be completed as follows:

In Section I, Item 4, "Remarks," enter the statement: "Dental in-processing, panoramic radiograph, the date, and base." Items 4 and 5 require no further entries at this time. Complete the information in the "Patient's Identification" block. When the individual first reports for dental treatment, items 4 and 5 of section 1 are charted and completed. The first dentist to examine the patient prior to the first episode of treatment completes this section.

#### ***Periodic dental examination***

The purpose of this examination is to assess the dental readiness status of active duty AF personnel. The examination should, at a minimum, consist of a type 2 examination and a review of dental health records. The AF Medical Operations Agency/Surgeon General of Dentistry (AFMOA/SGD) strongly encourages using combined examination and oral prophylaxis appointments. The dental squadron commander (DSC) must notify the command dental surgeon when this cannot be provided at a minimum to aircrew members and personnel stationed at geographically separated units. If local conditions permit, the periodic dental examination is performed at the time of any periodic physical examination required by Air Force Instruction (AFI) 48-123, *Medical Examination and Standards*. Procedures for completing the SF 88, Report of Medical Examination, should be coordinated with the physical examination section.

DSCs must have an active liaison with the units they serve to make sure the AF Dental Readiness Assurance Program (AFDRAP) participation meets program objectives.

AFDRAP updates are made:

- to correct an error,
- after completing a periodic dental examination,
- when the dentist changes the patient's dental readiness classification, or
- when the last entry in the SF 603 or 603A, Health Record–Dental–Continuation, indicates a class change.

A technician can make a class change to a patient's record. When patients require only an oral prophylaxis to update the AFDRAP, enter this statement on SF 603/603A at the time of the examination: "Class 1 after pro." This will be the last item for that visit to be typed in Item 10. When the oral prophylaxis is completed, the provider completes the SF 603/603A using the date of the oral prophylaxis as the date of class change and changes the class to 1.

### *Remote or isolated duty examinations*

Military personnel scheduled for remote or isolated duty assignments are required to receive a dental clearance. This clearance consists of a type 1 or 2 examination or an evaluation of the examinee's dental health record by a dentist. If the member had a type 1 or 2 examination in the last 3 months, clearance can be accomplished by evaluating the dental health record or examination.

This examination or evaluation, and a description of the examinee's dental qualification or disqualification for remote duty is entered on the SF 603 or 603A, item 10. Elective or deferrable treatment requirements are not cause for disqualification; however, defects that place the patient in dental readiness classification 3 are disqualifying. The DSC must make sure that priority appointments are given to these patients to correct disqualifying defects. The military personnel flight (MPF) assignments section must be advised of the estimated date the individual will be dentally qualified for the projected assignment. Every effort should be made to place the patient in class 1.

If the disqualifying defects cannot be corrected prior to the patient's expected departure, the examining dentist forwards an AF Form 422, Notification of AF Members Qualifications Status, noting restrictions and instructions to the physical examination section.

### *Physical standards*

Dental physical standards and requirements are in AFI 48–123. This AFI establishes procedures, requirements, recording, and medical standards for medical and dental examinations given by the AF. It prescribes procedures and references the authority for retiring, discharging, or retaining members.

### *Separations*

Public Law 97–35, the Omnibus Budget Reconciliation Act of 1981, limits the eligibility for outpatient dental treatment by the Veterans Administration (VA). If active duty members are provided a complete dental examination (type 2), and all appropriate dental services and treatment are completed within 90 days prior to discharge or release, they will not be eligible for VA treatment.

The personal affairs section of MPF notifies the individual, in writing, of VA dental care eligibility requirements. It is the individual's personal responsibility to seek examination and treatment.

The separations branch of the MPF requires the cooperation of the dental service so they can properly annotate the DD Form 214, Certificate of Release or Discharge from Active Duty, just prior to the individual's release. They will check the SF 603/603A to verify the entitlements. Local procedures should be established to screen dental records to be sent to the MPF for separations out processing. If the patient had a complete dental examination (at least a type 2) within 90 days of the date of separation and all appropriate dental treatment was completed, the last entry on the record (SF 603 or 603A) must state: "Separation, Examination and Treatment completed within 90 days of separation or release." A stamp may be used for this entry. The entry on the SF 603 or 603A must be dated and signed.

### *Forensic examinations*

Each facility should have the capability to perform postmortem identifications—AF IMTs 1801, Postmortem Dental Record, 1802, Antemortem Dental Record, and 1803, Dental Identification Summary Report, are used for forensic examinations. If these forms are unavailable, SF 603/603A may be used. Examinations of bite marks are conducted on victims and/or suspects upon request. A postmortem examination is generally accomplished by a dentist at the request of the director of Base Medical Services (DBMS), aircraft mishap board medical officer, AF mortuary service or base mortuary officer, or Armed Forces Institute of Pathology Aviation Pathology team. A full-mouth postmortem dental radiographic series is routinely a part of this examination.

If the expertise to perform a postmortem examination is not locally available, then request assistance from another facility.

### **016. Dental readiness classifications**

The AF dental services has a uniform system for recording the results of a dental examination. It is a classification system that lets the provider determine the dental readiness status of each individual and establish priorities of treatment. It keeps the DSC informed of the dental health status of the active duty personnel on base. Numbers are used to record the classification. Each classification is carefully determined in accordance with the prescribed criteria and is accurately recorded. The following is a description of each classification.

#### **Class 1**

Class 1 classification is for patients who do not require dental treatment or reevaluation within 12 months. Class 1 patients must meet the following conditions:

- No dental caries or defective restorations.
- Replacement of missing teeth not indicated.
- Arrested caries for which treatment is not indicated.
- Absence of temporomandibular disorders; stable occlusion.
- Healthy periodontium, no bleeding on probing; oral prophylaxis not indicated.
- Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis and are not recommended for prophylactic removal.

#### **Class 2**

Class 2 classification is for patients who have oral conditions that the examining dentist does not expect to result in dental emergencies within 12 months, if not treated. Patients are designated as class 2 when the examination reveals the following:

- Treatment or follow-up indicated dental caries with minimal extension into dentin or minor defective restorations easily maintained by the patient, where the condition does not cause definitive symptoms.
- Interim restorations or prostheses that can be maintained by the patient for a 12-month period. This includes teeth that have been restored with permanent restorative materials, but for which protective coverage is indicated. (This gives the provider the option of placing the patient in class 2 or 3, depending on the anticipated serviceability of the permanent restoration.)
- Edentulous areas requiring prostheses, but not immediately.
- Periodontal disease or periodontium exhibiting the following:
  - Requirement for oral prophylaxis.
  - Requirement for maintenance therapy, including stable or nonprogressive mucogingival conditions that require periodic evaluation.

- Nonspecific gingivitis.
- Early or mild adult periodontitis.
- Supragingival or slight subgingival calculus.
- Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.
- Active orthodontic treatment.
- Temporomandibular disorder or myofascial pain dysfunction patients in maintenance therapy.

### **Class 3**

Class 3 classification is for patients who have oral conditions that the examining dentist expects to result in dental emergencies within 12 months, if not treated. (When the findings of the examination leave questions about whether the patient should be placed in class 2 or 3, designate the patient as a class 3). Patients are designated as class 3 when the examination reveals the following:

- Dental caries, tooth fractures, or defective restorations where the condition extends beyond the dentin enamel junction and causes definitive symptoms; dental caries with moderate or advanced extension into dentin; and defective restorations not maintained by the patient.
- Interim restorations or prostheses that cannot be maintained for a 12-month period. This includes teeth that have been restored with permanent restorative materials but for which protective coverage is indicated.
- Periodontal diseases or periodontium exhibiting the following:
  - Acute gingivitis or pericoronitis.
  - Active moderate to advanced periodontitis.
  - Periodontal abscess.
  - Progressive mucogingival condition.
  - Periodontal manifestations of systemic disease or hormonal disturbances.
  - Moderate to heavy subgingival calculus.
- Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.
- Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.
- Chronic oral infections or other pathologic lesions including:
  - Pulpal or periapical pathology requiring treatment.
  - Lesions requiring biopsy or awaiting biopsy report.
  - Emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections, or provide timely follow up can (e.g., drain or suture removal) until resolved.
  - Temporomandibular disorders/myofascial pain dysfunction requiring active treatment.

### **Class 4**

Class 4 classification is for patients who require a periodic dental examination. This includes patients whose dental readiness classifications are unknown.

## **017. Air Force population health metrics and indices**

By now you have seen notations in dental records that record PSR scores, caries risk assessments, and tobacco use information. They are individual measures of disease-related factors that indicate the current risk of active dental diseases that could be present in a patient. Pooling measurements from large groups of people, such as the patients at your base or the entire AF, can be used as population measures, or metrics, to track the trends of dental diseases over time. These measures can also be

used to determine the need for more thorough evaluations and levels of preventive interventions. This helps to target patients or entire portions of populations that need increased preventive care. Dentists, dental hygienists, and trained therapists may score these assessments. The details are described in the following paragraphs.

The AF PSR index is designed to identify and provide a chronological record of the patient's periodontal and oral hygiene status. These recordings are simple, rapid, and provide meaningful soft tissue and oral hygiene profiles for each patient. The indices also facilitate the routing of patients to providers of the appropriate skill level. Appropriate PSR scores and indices are entered in Item 10 of the SF 603/603A.

### Periodontal screening and recording

Periodontal screening and recording is a rapid and effective way to screen patients for periodontal diseases that summarizes necessary information with minimum documentation. PSR is performed on all patients at their periodic dental examinations in order to determine the need for further, more comprehensive evaluation and periodontal care. PSR scoring is done using a specially designed periodontal probe that has a specifically measured distance from the tip of the probe to the top and bottom of a black band on the probe. A score is determined for each sextant of teeth and recorded in the dental record (SF Form 603/603A). The table below explains how the scoring is done.

PSR Scoring		
Score	Explanation	Treatment
0	Shaded/colored area of probe remains completely visible in the deepest crevice in the sextant. No plaque/calculus or defective margins are detected. Gingival tissues are healthy with no bleeding after gentle probing.	Patient needs appropriate oral hygiene instructions (OHI) and preventive care (prophylaxis).
1	Shaded/colored area of probe remains completely visible in the deepest probing depth in the sextant. No calculus/defective margins are detected. There is bleeding after gentle probing.	Patient needs OHI and appropriate therapy, including subgingival plaque removal.
2	Shaded/colored area of probe remains completely visible in the deepest probing depth in the sextant. Supra or subgingival calculus and/or defective margins are detected.	Patient needs OHI and appropriate therapy, including subgingival plaque removal, removal of calculus and correction of plaque-retentive margins of restorations as needed.
3	Shaded/colored area of probe remains partly visible (3.5 to 5.5mm) in the deepest probing depth in the sextant.	Patient needs OHI and appropriate therapy, including subgingival plaque removal, removal of calculus and correction of plaque-retentive margins of restorations as needed.  If two or more sextants score code 3, a comprehensive periodontal examination and charting of the affected sextant is necessary to determine an appropriate treatment plan.
4	Shaded/colored area of probe completely disappears, indicating probing depth of greater than 5.5mm.	A comprehensive full mouth periodontal examination and charting by a dental officer, is necessary to determine an appropriate treatment plan.

### Caries risk assessment

Caries risk assessment is based on many factors, but the main factor is the history of carious lesions present or recorded over the past 3-year period. The assessment is scored on a scale of 1 to 3 for low, moderate, and high caries risk and is recorded in the Corporate Dental Application (CDA) under the high care risk (HCR) tab. This assessment is vital in making judgments on the needed preventive



care, such as recall intervals and fluoride protocols. The following table gives descriptions of the codes and risk levels.

<b>Caries Risk Assessment Codes and Descriptions</b>		
<b>Code</b>	<b>Caries Risk</b>	<b>Description</b>
1	Low	<ul style="list-style-type: none"> <li>• No carious lesions in the last 3 years.</li> <li>• Adequately restored surfaces.</li> <li>• Regular dental visits.</li> <li>• Good oral hygiene.</li> </ul>
2	Moderate	<ul style="list-style-type: none"> <li>• Exposed roots.</li> <li>• Fair oral hygiene. Irregular dental visits.</li> <li>• Orthodontic treatment.</li> <li>• One carious lesion in the last 3 years.</li> <li>• White spots and/or incipient interproximal radiolucencies.</li> </ul>
3	High	<ul style="list-style-type: none"> <li>• Poor oral hygiene.</li> <li>• Irregular dental visits.</li> <li>• Frequent sugar intake.</li> <li>• Inadequate saliva flow.</li> <li>• Deep pits and fissures.</li> <li>• Inadequate use of topical fluoride.</li> <li>• Elevated mutans streptococci count.</li> <li>• Past root caries/ large number of exposed roots.</li> <li>• History of two or more carious lesions in the past 3 years.</li> </ul>

### **Tobacco use**

The most important step we can take in the AF dental service in addressing tobacco use and dependence is screening members for use. Patients are screened and the following information is documented in CDA when completing the workload. Patients are coded to the type of tobacco product used. The following table gives the code for the type of tobacco use.

<b>Tobacco Use Codes</b>	
<b>Code</b>	<b>Tobacco Use</b>
0	No tobacco use.
1	Smokes tobacco products only.
2	Uses smokeless tobacco products only.
3	Uses both smoking and smokeless tobacco.

## Self-Test Questions

After you complete these questions, you may check your answers at the end of the unit.

### 015. Dental examinations

1. What types of dental examinations may be performed by a qualified dental assistant or dental hygienist?
2. What type of examination may be performed as an extensive examination of all hard and soft tissues, periodontal probing of all existing teeth, review of new or existing full-mouth intraoral periapical, or panoramic radiographs with posterior bitewing radiographs, and formulation of a comprehensive treatment plan?
3. Briefly explain what a type 2 examination includes.
4. What type of examination may include a generalized examination of all hard and soft tissues?
5. For what purpose is a type 4 examination most frequently used and what does this examination include?
6. When is a type 5 examination performed?
7. When performing a type 5 screening examination to initiate a record, what entries are made in section I, items 4 and 5?
8. What is the purpose of a periodic dental examination and what should it include?

9. When are AFDRAP updates made?
10. When patients require only an oral prophylaxis to update the AFDRAP, what statement is entered on the SF 603/603A? Explain why.
11. Briefly explain what is required for military personnel scheduled for remote or isolated duty assignments to receive a dental clearance.
12. What dental readiness classification disqualifies a patient from a remote clearance?
13. What action is taken if the disqualifying defects cannot be corrected prior to the patient's expected departure?
14. Under what conditions are active duty members who are separating from the military not eligible for VA dental treatment? What action and documentation is required?
15. At whose request does a dentist accomplish a postmortem examination? What type of radiographs are *normally* part of this examination?

**016. Dental readiness classifications**

1. What are the purposes of using a dental readiness classification system?

2. Match the oral conditions in column A with the appropriate dental readiness class in column B. Column B items are used more than once.

<i>Column A</i>	<i>Column B</i>
____ (1) Active moderate to advanced periodontitis.	a. Class 1.
____ (2) Active orthodontic treatment.	b. Class 2.
____ (3) Acute gingivitis or pericoronitis.	c. Class 3.
____ (4) Arrested caries for which treatment is not indicated.	d. Class 4.
____ (5) Dental readiness classification unknown.	
____ (6) Dental examination required.	
____ (7) Early or mild adult periodontitis.	
____ (8) Edentulous areas or teeth requiring immediate prosthodontic treatment.	
____ (9) Edentulous areas requiring prostheses but not immediately.	
____ (10) Healthy periodontium, no bleeding on probing.	
____ (11) Lesions requiring biopsy or awaiting biopsy report.	
____ (12) Moderate to heavy subgingival calculus.	
____ (13) No dental caries or defective restorations.	
____ (14) Nonspecific gingivitis.	
____ (15) Oral conditions expected to result in dental emergencies within 12 months if not treated.	
____ (16) Oral conditions no expected to result in dental emergencies within 12 months if not treated.	
____ (17) Oral prophylaxis not indicated.	
____ (18) Periodontal abscess.	
____ (19) Pulpal or periapical pathology requiring treatment.	
____ (20) Replacement of missing teeth not indicated.	
____ (21) Requirement for maintenance therapy.	
____ (22) Requirement for oral prophylaxis.	
____ (23) Requires no dental treatment or reevaluation within 12 months.	
____ (24) Supragingival or slight subgingival calculus.	

### **017. Air Force population health metrics and indices**

1. What is the purpose of the AF PSR index?
2. Where are PSR scores and/or indices documented?
3. What PSR code would be documented when the colored area of the probe remains completely visible in the deepest probing depth in the sextant and subgingival calculus and/or defected margins are detected?

4. What treatment is needed for a PSR code 4?
5. What caries code would be documented for a patient with a history of one carious lesion in the past 3 years, and at what risk level would this patient be?
6. List the codes and the associated tobacco type for documenting tobacco use.

## 3-2. Completing Dental Treatment Forms

The purpose of dental treatment records is to make available the important information about a patient's dental care. The record is designed to keep the repetition of diagnostic procedures to a minimum. Since these records are supposed to contain all relevant dental care information, you must be prompt and accurate in filling out the various record forms. You will find that there are a number of these forms. Complete these forms using authorized abbreviations and charting symbols.

### 018. Authorized abbreviations and designations

To record information, use diagnostic nomenclature which is specific terminology or vocabulary. It includes professional designations or conditions found in the patient's mouth and the use of authorized abbreviations. Use authorized abbreviations, whenever possible, to save space on dental treatment forms and to ensure uniformity. However, if there is room for misinterpreting an abbreviation, write out a complete description of the dental treatment. Also, use numbers to identify the permanent teeth, letters for primary or deciduous teeth, and letters to abbreviate the tooth surfaces. Record information in a specific sequence format—diagnosis, location, and treatment. An example is: Car #20-O (Dycal), Am (Dispersalloy), Anes (xylocaine 2 percent epi 1:100,000 1.8 ml). In this lesson, you will study the various aspects of recording authorized diagnostic nomenclature, starting with the designations for teeth.

### Permanent teeth

We use a numbering system to identify permanent teeth. By using the numbers 1 through 32, you can locate the particular permanent tooth or area concerned. When referring to the mouth or chart, always remember that the teeth are presented from the perspective of looking into the patient's mouth, from the front. So, when the provider says right or left, he or she means the patient's right or left, not yours. When you number the permanent teeth, always start with the maxillary right third molar, which is designated as #1. Then, number the permanent teeth consecutively around the maxillary arch to the maxillary left third molar, which is designated as #16. Now, drop down to the mandibular left third molar, which is designated as #17. Then, number the lower arch to the mandibular right third molar, which is designated as #32. The designation of the teeth and their numbers are as shown in this permanent definition table.

Designation of Teeth and their Numbers		
Maxillary, Right Side	Tooth Name	Maxillary, Left side
#1	Third molars	#16
#2	Second molars	#15
#3	First molars	#14
#4	Second bicuspid	#13

Designation of Teeth and their Numbers		
Maxillary, Right Side	Tooth Name	Maxillary, Left side
#5	First bicuspid	#12
#6	Cuspid	#11
#7	Lateral incisors	#10
#8	Central incisors	#9

Designation of Teeth and their Numbers		
Mandibular, Right Side	Tooth Name	Mandibular, Left Side
#32	Third molars	#17
#31	Second molars	#18
#30	First molars	#19
#29	Second bicuspid	#20
#28	First bicuspid	#21
#27	Cuspid	#22
#26	Lateral incisors	#23
#25	Central incisors	#24

### Primary or deciduous teeth

To identify 20 primary or deciduous teeth, use an alphabetical system. By using the upper case letters A through T, you can locate the particular primary tooth or area concerned. Remember, there are no bicuspid and third molars in the primary dentition. Letter the primary teeth starting with the maxillary right second molar, which is designated as A. Then, in a clockwise direction, letter the primary teeth consecutively around the maxillary arch to the maxillary left second molar, which is designated as J. Now, drop down to the mandibular left second molar, which is designated as L. Then, letter the lower arch to the mandibular right second molar, which is designated as T. The designation of the teeth and their letters are represented in the following primary dentition table.

Primary Tooth Surfaces and Abbreviations		
Maxillary Right Side	Tooth Name	Maxillary Left Side
A	Second molars	J
B	First molars	I
C	Cuspid	H
D	Lateral incisors	G
E	Central incisors	F

Primary Tooth Surfaces and Abbreviations		
Mandibular Right Side	Tooth Name	Mandibular Left Side
T	Second molars	K
S	First molars	L
R	Cuspid	M
Q	Lateral incisors	N
P	Central incisors	O

### Tooth surfaces

In addition to using numbers to identify teeth, you can find the surface of a tooth treated by using the first letter of the surface. The tooth surfaces and their abbreviations are shown in the following table.

When more than one tooth surface is involved, use a combination of the abbreviating capital letters. An example of this would be #9-MID, which indicates a maxillary left central incisor, mesio-inciso-distal surfaces. Always place a dash between the tooth number and the surface.

Tooth Surface Abbreviations	
Abreviation	Tooth Surface
M	Mesial
I	Incisal
O	Occlusal
D	Distal
F	Facial (buccal and labial)
L	Lingual

### Authorized abbreviations

You don't have to use abbreviations, but it is desirable. This is for the purpose of saving clerical time and record space. The abbreviations given are the more commonly used diagnoses, procedures, restorations, and prostheses. Use these abbreviations without periods and either upper or lower case letters. Providers may also use recognized AF office symbols, abbreviations for organizational designations, and standard pharmacy abbreviations. For example, you can use simple chemical formulas for commonly used medications, such as  $\text{Ca}(\text{OH})_2$  for calcium hydroxide. Refer to the following table of authorized abbreviations when completing the the ST 603/603A.

Authorized Abbreviations			
Description	Abbreviation	Description	Abbreviation
Abrasion	abr	centric occlusion	CO
Abscess	abs	centric relation	CR
Abutment	abut(s)	centric relation occlusion	CRO
Acrylic resin	acr	Cephalometric	ceph
Adjust(ed)(ment)	adj	chief complaint	CC
Alveolar	alv	Chronic	chr
Alveolectomy	Alvy	Class	CI
Amalgam	Am	Complete	com
Anesthesia(thetic)	Anes	composite resin	Compst
Anterior	Ant	Computerized tomography	CT
Apicoectomy	Apico	consult(ation)	cons
Appliance	Appl	Crown	Crn
Appoint(ment)	Appt	Cystectomy	Cystmy
Arch wire	AW	Defective	def
Base	B	Demonstration	demo
Bitewing(s)	BW	Denture	Dtr
Bleeding index	BI	Diagnosis	Dx
Blood pressure	BP	Discontinue	Dc
Bracket	Bk	Drain	Dr

Authorized Abbreviations			
Description	Abbreviation	Description	Abbreviation
Broken appointment	BA	Dressing	Drs
Calcium hydroxide	CaOH	duty not involving flying, alert, or special operational duty	DNIF
Calculus	Cal	Each	ea
Cancel(ation)	Canc	Elastics	EI
Caries	Car	electric pulp test	EPT
Caries prevention treatment Acidulated phosphate fluoride	CPTAPF	emergency room	ER
Caries prevention treatment Sodium fluoride	CPTNaF	endodontic(s)	endo
Caries prevention treatment Stannous fluoride	CPTSnF	Epinephrine	epi
Cement	Cem	equilibrate(ation)	equil
Centimeter	Cm	Eugenol	Eug
Evaluate(ation)	Eval	lateral cephalograph	lat ceph
Examination	Exam	Left	Lt
Exposure	Exp	Lidocaine	lido
extract(ion)	Ext	ligate(ure)	Lig
fixed partial denture	FPD	Local	Loc
flap curettage	FC	lower left	LL
Fracture	Fx	lower right	LR
free gingival graft (free soft tissue autograft)	FGG	maintenance (maintain)	Maint
full mouth	FM	mandible(ular)	Man
general(ized)	Gen	maxilla(ry)	Max
gingival(itis)	ging	medical evaluation board	MEB
Gingivectomy	Gtmy	medication(s)	med(s)
glass ionomer cement	GIC	Mepivacaine	mepiv
gutta percha	GP	Millimeter	mm
health care instructions	HCI	Moderate	Mdr
Heavy	Hvy	month(s)	mo(s)
high blood pressure	HBP	Mucosal	muc
History	Hx	necrotizing	NUG



Authorized Abbreviations			
Description	Abbreviation	Description	Abbreviation
		ulcerative gingivitis	
history of present illness	HPI	Negative	neg
Hospital	hosp	Occlusion	occ
Immediate	immed	operating room	OR
Impacted(ion)	imp	Operative	oper
Impression	impr	oral hygiene	OH
incision and drainage	I&D	oral surgery	OS
Incomplete	incom	oral/maxillofacial surgery	OMFS
indirect pulp cap	IPC	Orthodontics	ortho
insert(ion) (ed)	ins	panoramic radiograph	pano
Intermaxillary fixation	IMF	Partial	Pr
Intermediate Restorative Material	IRM	past medical history	PMH
Intravenous	IV	Pathology	path
Laboratory	lab	Patient	Pt
Pediatric dentistry	ped dent	Quarters	Qtrs
Percussion	perc	range of motion	ROM
Periapical	per	reappoint(ment)	reappt
Pericoronitis	Percor	recement(ed)	recem
Periodic dental exam	PDE	red cross volunteer	RCV
Periodontics	perio	Reference	RE
Periodontitis	Pedoni	refer(red)	ref
Personnel Reliability Program	PRP	Rehabilitation	rehab
pit and fissure sealant	PFS	reinforced acrylic resin pontic	RAP
Plaque	Plq	removable partial denture	RPD
Polish	pol	remove(al)	rem
Polycarboxylic acid	PCA	repair(ed)	rep
Porcelain	porc	Respiration	resp
Porcelain fused to metal	PFM	Restoration	res
Post and core	P&C	return to clinic	RTC
Post-operative treatment	POT	Right	rt
Posterior	post	root canal treatment	RCT

Authorized Abbreviations			
Description	Abbreviation	Description	Abbreviation
Positive	pos	root plane(ing)	Rp
Pound(s)	lb	rubber dam	Rd
Preliminary	prelim	Scaling	Sc
Premedicate	premed	sedation(ed)	Sed
Prepared(ation)	prep	Sensitive Duty Program	SDP
Prescription	Rx	Slight	Slt
Presidential Support Program	PSP	space available	space A
Primary	prim	stainless steel crown	SSC
Prophylaxis	pro	subjective, objective, assessment plan	SOAP
Prosthodontics	pros	Supernumerary	Supernum
Pulpectomy	Pctmy	Surgery	Surg
Pulpitis	Pitis	Suture	Su
Pulpotomy	Potmy	Symptoms	Sx
Quadrant	Q		
Temperature	temp	upper right	UR
Temporary	tem	Varnish	Var
Temporomandibular disorders	TMD	vital signs	Vs
Temporomandibular joint	TMJ	within normal limits	Wnl
Transitional	trans	x-ray radiograph	Xr
Treatment	Tx	Xylocaine	Xylo
Type	T	zinc oxide	ZnO
Unerrupted	uner	zinc oxide and eugenol	ZOE
upper left	UL	zinc phosphate	ZnPhos

### Requirements for recording diagnosis

When recording procedures, first record the diagnosis (if applicable), location, and the treatment performed. Record the pathological lesions rather than their symptoms. If the name of the condition fails to indicate the organ or part affected, specify it. Record inflammations as acute or chronic, and as mild, moderate, or severe.

In the case of traumatic injuries, the data recorded should answer the questions: who, what, where, how, and when. Designate fractures as simple or compound, complete or incomplete, comminuted, impacted, multiple, and complicated. State the character of the complication.

Record the diagnosis of any specific dental condition only once during any series of treatment of that condition. Treatment may be continued until the condition is cured or no further improvement can be noted. During frequent sittings or during transfer of the patient to another facility, the original diagnosis is referred to by using the term *Re* in entries in the health record (e.g., *Re: Pedoni*). If treatment should be necessary at a later date for the same condition, the diagnosis is recorded again and the notation *recurrent* is entered in the record.

The following diagnostic terms are used in the case of prosthodontic restorations that are unserviceable and require repair, reconstruction, or reline:

- Complete denture (com dtr).
- Removable partial denture (RPD).
- Artificial crown (artificial crn).
- Defective fixed partial denture (defective FPD).

When no part of the old restoration can be used or a restoration is lost, a new diagnosis must be made.

The initial diagnosis and complications following the initial condition must be recorded. For example, *pulpitis chronic # 14* may be the initial condition treated; this may be followed by the complicating condition *abscess periapical acute # 14*; and a further complicating condition *cellulitis, acute, oral structures, left side* developed. Each of these diagnoses and the treatment provided must be recorded. An initial diagnosis of *pulpitis acute # 14* may be followed by the subsequent diagnosis *caries # 14-MO* when the cavity preparation is completed and a permanent restoration is inserted.

When recording the treatment information, include all brand names in parenthesis. Local anesthetic is recorded with the brand, percentage of solution, type and ratio of vasoconstrictor, and amount of anesthetic injected by cc or ml.

### 019. Charting symbols

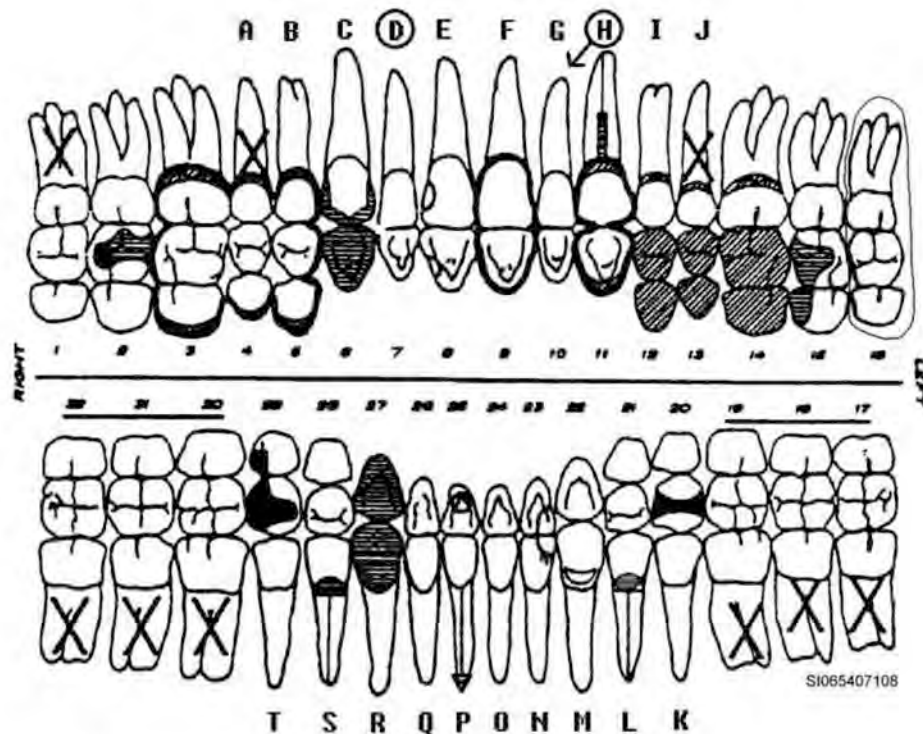
Although you are probably familiar with the frequently used charting symbols, a comprehensive review is always useful. Figure 3-1 shows charting symbols used to depict missing teeth and existing restorations, while figure 3-2 shows charting symbols that illustrate diseases and abnormalities.

If you compare the entries in figures 3-1 and 3-2, you will find that some of these symbols can be used to indicate either a defect or a restoration. Double use of a single symbol will not result in confusion on SF 603, since separate charts are provided for defects and restorations. Any attempt to use the symbols to chart dental records that have only a single chart will make it impossible to determine whether the symbol is intended to show a defect or a restoration.

#### Charting missing teeth and existing restorations

The instructions for charting missing teeth and existing restorations are used when charting items 4 and 8 on the SF 603 or 603A.

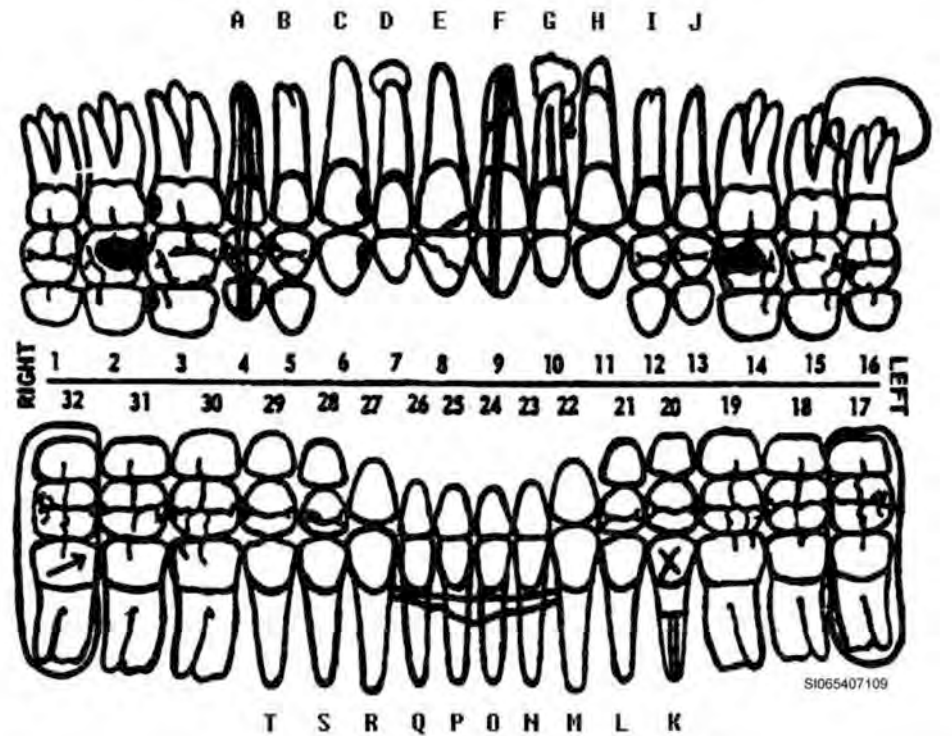
When charting existing restorations, draw the restoration and show the approximate size, location, and shape in the diagram of the tooth (fig. 3-1).



- #1 Missing tooth
- #2 Combination restoration, Am/Gold
- #3-5 Ceramco-metal fixed partial denture, complete ceramic coverage
- #6 3/4 Gold Crown
- #7 Primary tooth D present. If permanent 7 is impacted, circle as shown for #16
- #8 Distal non-metallic restoration
- #9 Non-metallic Jacket Crown
- Retained primary cuspid H between 10 and 11
- #11 Root Canal, Ceramo-metal crown complete ceramic Coverage, Cast Gold Post and Core
- #12-14 Ceramco-metal Fixed Partial Denture, Ceramco facings only
- #15 Mesio-Occlusal-Lingual Gold Inlay

- #16 Missing tooth
- #17-19, 30-32 Extracted replaced by removable partial denture
- #20 Mesio-Occlusal-Distal amalgam (MOD)
- #21 Root Canal and Overdenture with Gold Coping
- #22 Facial non-metallic restoration
- #23 Disto-Incisor non-metallic restoration with pins
- #25 Root Canal and apicectomy with lingual non-metallic restoration
- #27 Complete Gold Crown
- #28 Root Canal and Overdenture Abutment with gold coping
- #29 Distal-Occlusal-Lingual amalgam restoration with pins

Figure 3-1. Charting symbols for missing teeth and existing restorations.



- |   |   |
|---|---|
| #2 Mesio-occlusal caries                                | #14 Defective restoration-outline area of restoration to be replaced and defective area   |
| #3 Distal caries  | #16 Cyst involving 15 and 16  |
| #4 Extraction indicated                                 | #17 Unerupted tooth. (If not visible in oral cavity, an "X" would appear on corresponding tooth on chart "Missing Teeth and Existing Restorations") |
| #6 Mesial caries  | #20 Residual root requiring removal   |
| #7 Periapical Abscess                                   | #23-26 inclusive. Gingival crest-continuous line.   |
| #8 Fractured crown                                      | Alveolar crest-continuous line.   |
| #9 Fractured root-extraction indicated                  | #32 Impacted tooth with mesial inclination  |
| #10 Abscess and fistula, underfilled root canal filling |   |
| #11 Resorbed root                                       |   |

Figure 3-2. Charting symbols for diseases and abnormalities.

Use the procedures described in the following paragraphs to identify missing teeth and restorative materials.

### *Edentulous arch or mouth*

Inscribe two crossing lines, each running from the uppermost aspect of one third molar to the lowermost aspect of the third molar on the opposite side.

### *Individual missing teeth*

Draw an X on the root or roots of each natural tooth that does not appear in the mouth at the time of examination. This applies to unerupted, extracted, or congenitally absent teeth, regardless of whether they have been replaced by fixed or removable partial dentures.

### *Amalgam restoration*

Outline and block in solidly. Chart proximal restorations in posterior teeth on facial and lingual surfaces only when the restoration extends onto these surfaces. Some amalgams have unusual shapes. A provider might have you look at it, so you can chart it as close as possible to that shape, or chart it themselves. This can be important for identification of a deceased patient.

### *Single gold restorations*

Outline and inscribe horizontal parallel lines within the outline of the restoration. For example, to chart a full gold crown, outline all aspects of the crown of the tooth and draw horizontal parallel lines within the outline.

### *Nonmetallic (porcelain, resin, glass ionomer restorations, artificial crowns, and facings)*

Draw only outline of size, location, and shape of restoration, and each aspect of the crown or facing. An example is a nonmetallic jacket crown charted by outlining the entire crown.

### *Combination restoration*

Outline the area showing the approximate overall size, location, and shape; partition at the junction of materials used. Indicate each type of material used. For example, to chart a porcelain fused to metal (PFM), outline all surfaces and then draw horizontal parallel lines on all surfaces except the facial to indicate gold. To show the partition at the junction of the materials, inscribe diagonal parallel lines on the facial margin.

### *Post crown*

Chart the type of crown. Outline each nonmetallic material and show restorative metallic materials. Outline approximate size and position of the post or posts.

### *Root canal filling*

You record endodontic treatments by drawing a vertical line through the root canals. Outline each canal filled and block in solidly.

### *Apicoectomy*

Draw a small triangle with the apex away from the crown and place a line at the approximate line of the root amputation. Chart a root canal symbol in conjunction with the triangle.

### *Overdenture abutment*

Draw a horizontal line at the approximate root length. Block in solidly to show root canal filling. If amalgam restores the abutment, show size and location by blocking solidly. Sketch the restoration and fill with horizontal lines to show precious metal coping.

### *Removable partial and complete dentures*

Mark the missing teeth as previously described. Place a horizontal line between the outline of the teeth and the numerals designating the teeth replaced by complete or removable partial dentures. In the "Remarks" section, describe complete and removable partial dentures, indicating whether they are maxillary or mandibular and the type of restoration. State whether the restoration is serviceable or unserviceable (e.g., Man RPD, Acrylic, Gold, or Chrome-Cobalt, serviceable; or Max Acr Com Dtr, unserviceable).

### *Fixed partial dentures*

Outline each aspect, including abutments and pontics. Show partition at the junction of materials. Indicate each type of material. Draw diagonal parallel lines to indicate gold. Note defective fixed partial dentures under "Remarks," (e.g., Defective pontic #10 or Crown #11).

### *Deciduous teeth*

If there is a residual deciduous (primary) tooth noted, circle the appropriate alphabetical designation and chart the same as a permanent tooth.

### *Remarks*

In the "Remarks" section you can add any other pertinent information relating to missing teeth, implants, and existing restorations.

### Charting disease and abnormalities

Use the instructions provided in the following table for charting diseases and abnormalities. These charting symbols are used in Items 5 and 9 on SF 603 or 603A. Do not enter these symbols in record areas designated for missing teeth and restorations. Entering these symbols in the wrong area could prevent differentiation between the caries and the restorations (fig. 3-2).

Diseases, Abnormalities, and Actions To Be Taken	
Disease, Abnormality	Action
Caries	On the diagram of the tooth affected, draw an outline of the carious portion showing approximate size, location, and shape; block in solidly.
Defective restoration	Outline the defective restoration, including the carious or otherwise defective area, and block in solidly.
Unerupted tooth	Outline all aspects of the tooth with a single oval. This includes all impacted teeth.
Inclination of impacted teeth	Draw an arrow on the facial aspect of the crown portion of the diagram that indicates the direction of the long axis of the tooth.
Extraction (removal) indicated	Draw two parallel vertical lines through all aspects of the tooth and roots involved. This applies also to unerupted teeth when removal is necessary.
Retained root	Draw a horizontal line on the root showing the level of retention. Place an X on the missing area. Draw two parallel lines in the direction of the long axis of the root through the part that is retained if extraction is indicated.
Fractured tooth	Trace a jagged fracture line in the relative position on the crowns or roots.
Periapical radiolucency	Outline approximate size, form, and location of periapical radiolucencies, such as an abscess or cyst.
Fistula	Draw a straight line from the involved area, ending in a small circle in a position on the chart corresponding to the location of the tract orifice (opening) in the mouth.
Under filled root canal	Draw a vertical line from the crown towards the apex showing the extent of the filling.
Resorption of root	Draw an even line on the root showing extent of resorption of root.
Periodontitis and alveolar resorption	Indicate the extent of gingival recession by drawing a continuous line drawn across the roots to approximate the extent of involvement. Draw another continuous line at the proper level across the roots of the teeth to indicate the extent of alveolar resorption. Base this finding on clinical and radiographic findings.
Remarks	Include here any remarks about the patient's diseases and abnormalities, such as a history of therapeutic radiation to the oral or perioral structures. Also include any special entries for identification. Examples are: erosion, abrasion, mottled enamel, hypoplasia, Hutchinson's teeth, supernumerary teeth, abnormal interdental spaces, mucosal pigmentation, leukoplakia, diastema, torus palatinus or mandibularis, embedded foreign bodies, implants, and unusual restorations or appliances. These entries are important for diagnostic and identification purposes.

### 020. Standard Forms 603 and 603A, Health Records-Dental

The SF 603 is the basic permanent record of a patient's dental health and the treatment provided. It serves as a chronological record of the patient's oral health. It shows the patient's initial dental condition, treatment received, and current oral health status. It can also be used for identification of deceased individuals. The SF 603A is a continuation sheet. You'll use it when there's no more space in item 10 of the SF 603.

#### Initiating dental health records

The reason for initiating the dental health record corresponds to the purpose of the examination when completing the SF 603. The following paragraphs describe situations where dental health records must be initiated.



### ***Initial record***

An initial type 5 screening examination is performed and recorded on SF 603 when a member enters a tour of extended active duty for more than 90 days. (Type 1 or 2 are performed when appropriate.) It provides a record of the member's dental-oral condition upon entry to military service.

### ***Separations***

A new SF 603 is not initiated solely for the separation examination. The member's current SF 603 or 603A is updated with an entry recorded in item 10. The only dental entries required on the member's SF 88, Report of Medical Examination, at the time of separation, are the type of dental examinations, the dental health classification, and the notation: "See Dental Health Record." Make sure any separation examination is accurate. Patients may need VA treatment for conditions existing at the time of their separation from active duty.

### ***No record available***

Initiate a dental health record when it is determined that a record was never initiated, or that the record was lost. A type 1, 2, or 5 examination should be performed.

### ***Short tour (active duty or training)***

A dental health record is initiated when examination or treatment is required for military personnel on short tours of active duty or training periods at an AF installation.

### ***Temporary record***

A temporary SF 603 may be initiated when necessary or desirable to do so. All information must be transcribed into the permanent records as soon as possible, and the temporary record is disposed of as prescribed by AFI 33-338, *Records Disposition—Procedures and Responsibilities*. When the SF 603 is used as a temporary record, mark it plainly.

### ***Dental identification***

When an examination is performed specifically for dental identification purposes, use AF IMTs 1801, 1802, and 1803. If these forms are not available, use the SF 603. Include a summary of the postmortem dental findings and conclusions on the member's SF 603/603A.

## **Completing the Standard Form 603**

The SF 603 is divided into two sections: I, Presenting Dental Status and II, Restorations and Treatments. Let's take a closer look at each section by discussing the items contained within each one.

### ***Section I. Presenting Dental Status***

The charts and written entries of Section I are intended to reflect the dental-oral condition of the individual upon entry into military service. Sequential page numbering is optional. When definitive care is provided to any patient (except the Children's Preventive Dentistry Program), complete Section I of the SF 603. Items 4 and 5 must be completed for all AF military personnel upon initiation of treatment following a type 5 examination, or whenever the SF 603 is serving as the permanent record. Be accurate when filling out the form (fig. 3-3).



GENERAL SERVICES ADMINISTRATION  
INTERAGENCY COMMITTEE ON MEDICAL RECORDS  
FIRM (41 CFR) 201-45.505

HEALTH RECORD		DENTAL	
SECTION I. PRESENTING DENTAL STATUS		PAGE: 1	
1. PURPOSE OF EXAMINATION		2. TYPE OF EXAM.	
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> SEPARATION <input type="checkbox"/> OTHER (Specify)		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8	
3. DENTAL CLASSIFICATION			
4. MISSING TEETH, EXISTING RESTORATIONS, AND PROSTHETIC APPLIANCES			
		REMARKS: Max RPD, Chrome <sup>g</sup> Acc. Unserviceable Defective Crown # 20	
5. DISEASES AND ABNORMALITIES		REMARKS:	
		REMARKS:	
6. INDICATE X-RAYS USED IN THIS EXAMINATION		7. EXAMINING DENTIST AND FACILITY	
<input type="checkbox"/> PANORAMIC RADIOGRAPHS <input type="checkbox"/> FULL MOUTH PERIAPICAL <input type="checkbox"/> POSTERIOR BITE-WINGS <input checked="" type="checkbox"/> OTHER (Specify) <b>VERT BWS</b> <input type="checkbox"/> NONE TAKEN		PLACE OF EXAMINATION: <b>Tinker AFB OK</b> DATE: <b>2 Feb 99</b>	
PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)		SIGNATURE OF DENTIST: <i>Michael E. Smith</i>	
PATIENT'S NAME (Last, First, Middle Initial): <b>Smith Michael E</b>		SEX: <b>M</b>	
DATE OF BIRTH: <b>2 Jan 78</b>		RELATIONSHIP TO SPONSOR:	
SPONSOR'S NAME:		COMPONENT STATUS: <b>Reg</b>	
SSN OR IDENTIFICATION NO: <b>1796</b>		ORGANIZATION: <b>72 MDSS</b>	
DD FORM 603, 1-91		DENTAL Standard Form 603 (Rev. 10-79)	

Figure 3-3. Sample, SF 603 (front).

The following table includes entries made in Section I: Presenting Dental Status. Refer to figure 3-3 as you study the guidance on completing each of the items.

Section I. Presenting Dental Status		
Item No.	Category	Action Taken
1	Purpose of Examination	If you recall, the various reasons for initiating dental health records corresponds to the purpose of the examination. Place an X in the proper box. If the "Other" block is used, specify the purpose, such as no record available, short tour, temporary record, or dental identification.
2	Type of Exam	Place an X in the proper box.
3	Dental Classification	Place an X in the proper box.
4	Missing Teeth, Existing Restorations, and Prosthetic Appliances	Charting the dental record begins in Item 4 with data from at least a type 2 dental examination. This is the portion of the record that indicates all missing teeth and restorations at the time of the original examination. If the treatment is to be on an emergency basis only, completion of this item is optional. Entries must accurately describe missing teeth and existing restorations. If not charted, enter a statement in Item 10 indicating this section will be charted at a subsequent visit. The chart in this item is completed using the symbols shown in figure 3-3. When referring to the primary dentition, circle the correct alphabetical designation. Record any appropriate comments to clarify the charted entries in the "Remarks" section. For example, if a charted prosthesis does not replace the exact number of teeth indicated, as when migration occurs, record in the "Remarks" section, the number of teeth actually in the prosthesis (i.e., Man RPD Gold Acr #19, 20, 30 serviceable). Enter the place and date of the examination and have the examining dentist sign in this block only when the examining dentist is different from block 7.
5	Diseases and Abnormalities	In Item 5, indicate any oral diseases or abnormalities detected during the initial examination. Complete the chart in this item with data from at least a type 2 dental examination. If the treatment is to be on an emergency basis only, completion of this item is optional. Entries must accurately describe diseases and abnormalities. If not charted, enter a statement in item 10 indicating this section will be charted at a subsequent visit. Entries on this chart are made as shown in figure 3-3. When referring to the primary dentition, circle the correct alphabetical.
6	Indicate X rays Used in this Examination	Place an X in the appropriate boxes. If the other box is used, you must specify the type of radiographs taken.
7	Examining Dentist and Facility	Enter the place and date of the examination and have the examining dentist sign in this block.
Patient's Identification		When an imprint card is available, use the space provided on the left side of the form. When imprint card is not available, complete as follows: Three entries are made in pencil; all others should be typed or made in ink. The entries made in pencil are component/status, rank/grade, and organization. All three of these may change from time to time; thus, penciled entries will make it easier to change the entries as appropriate. Always check the information in this section with the patient for accuracy. Enter the patient's last, first, and middle initial.
Sex		Enter F for female, M for male.
Date of Birth		Enter the day, month, and year of birth.
Relationship to Sponsor		Enter the family member prefix.
Component/Status		Enter in pencil, Reg for Regular, Res for Reserve or ANG for Air National Guard.
Depart/Service		Enter AF, Army, Navy, Marine Corps, AF (Ret), and so forth. For family members' records, enter the service, department or agency of the sponsor. For civilian personnel, enter Civ.
Sponsors Name		Complete this block when the patient is not an active duty or retired personnel. Enter sponsor's first name, middle initial, and last name in.
Rank/Grade		Complete this block in pencil. For active duty and retired military members, enter individual's rank. For family members, enter sponsor's rank. For civilians, enter their pay grade.

Section I. Presenting Dental Status		
Item No.	Category	Action Taken
	SSN or Identification No.	Enter individual's social security number. For family members, enter the sponsor's SSN.
	Organization	Complete this block in pencil, using approved abbreviations of the organization of active duty personnel. When the patient is a family member of an active duty person, enter the sponsor's organization.

## *Section II. Chronological Record of Dental Care*

Section II is divided into three items:

1. Restorations and Treatments (item number 8).
2. Subsequent Diseases and Abnormalities (item number 9).
3. Services Provided (item number 10).

The following paragraphs describe the actions taken to complete section II of SF 603.

### *Restorations and treatments*

Chart all restorations that were completed during the person's military service. Use the symbols provided for the charting of missing teeth and existing restorations. Refer to figure 3-2 for these symbols. Use black or blue black ink to chart the restorations as they are completed. For primary teeth, circle the appropriate alphabetical designation. Identify implant and periodontal maintenance patients in the "Remarks" area of this item. Bring this identification forward on all subsequent SFs 603A. Print or stamp entries for implant and periodontal maintenance patients using approximately 1/8-inch red letters.

### *Subsequent diseases and abnormalities*

Chart the diseases and abnormalities found after the date of the original examination. For primary teeth, circle appropriate alphabetical designation when indicated. When you make entries in item 9, use a pencil to permit erasures of symbols as dental treatment is completed. Use the same symbols used to chart diseases and abnormalities, shown in figure 3-3.

### *Services provided*

Make all entries neat and legible. Enter chronologically the date of the visit (day, month, year), all diagnosis made, all treatment provided, and the class of all active duty patients.

Record all medications provided and disposition of patient. Enter the results of appropriate medical consults and laboratory reports. Also, record the placement of sealants by tooth number. Begin all entries for treatment rendered to emergency patients seen during nonduty hours with a statement, such as "nonduty hours."

Record the shade and mold of teeth used on prostheses. Record the type of metal used in fixed restorations. For ceramo-metal fixed partial dentures, record whether any solder joints are pre-porcelain or post-porcelain application joints. Indicate any precious metal restorations removed from the mouth and given to the patient.

Identify local anesthetic by brand name, strength and whether it contains vasoconstrictor. Also, indicate amount administered, either by ml or cc. Include brand names of restorative and prosthodontic materials (e.g., amalgams, resins, casting alloys).

Record all prescribed drugs issued, dosage, amount dispensed, instructions for use and number of refills. Include a statement that the patient has been advised of potential risks or side effects, if applicable.

Record any treatment that the patient received at a location other than the base of assignment or record location in items 8 and 10 when notified. Include the name of the military or civilian agencies where the patient received unrecorded services.

Enter the first and middle initials, surname, and rank (pay grade for civilians) of the health care providers, including dentists, assistants, and technicians. The health care provider or technician who performed the service verifies and signs each entry. Record the treatment each time the patient changes facilities. Enter the patient's name and SSN in the appropriate blocks at the bottom of the page.

### Refusal of dental treatment

The DSC must explain the value and necessity of proper oral health care to any active duty patient who refuses treatment. If a member still refuses dental care, the DSC must report the refusal of care in writing to the person's commander. This includes a statement of the possible effects the dental condition could have on the individual's performance of duty and readiness capability. Record the actions taken in the patient's dental health record on SF 603/603A. For patients in dental readiness class 3 or 4, an AF Form 422 is sent to the physical examination section.

### Standard Form 603A, Health Record-Dental—Continuation

When there is no space available for entering the treatment provided in item 10, a SF 603A, Health Record—Dental—Continuation, is initiated (fig. 3-4). On the SF 603A, enter only the patient's name and SSN. There is no need to enter the existing individual restorations. Transfer only charting symbols of the current treatment requirements in Item 9. Chart symbols in item 8 only for treatment recorded in item 10 of the continuation sheet.

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE										PAGE:
8. RESTORATIONS AND TREATMENTS (Completed during service)										9. SUBSEQUENT DISEASES AND ABNORMALITIES
A B C D E F G H I J										A B C D E F G H I J
REMARKS										REMARKS
10. SERVICES PROVIDED										
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)									CLASS
2 Mar 99	Exam type 3. Caries #14-MUDF Am, Tytin, RD, topical, Anes Reg 2% Lido w/1:100k Epi x1.8cc, OHI-Instruction - flossing P. R. SANDEFUR, LT COL T. S. CHIBA, CIV									3
26 Apr 99	Exam T-3. Re: Tx Plan Entry. Ins max RPD replacing teeth #'s 3-5 with Dentsply Class Plastic teeth shade 62C and mold 31M. Adj using PIP. HCl given. Disp: Appt Pros for 24 hr follow-up eval. S. R. SAWYER, MAJ D. K. CARTER, AMN									3
3 May 99	Exam T-3. Re: Tx Plan Entry. Anes Reg 1.8cc 2% Xylocaine w/epinephrine 1:100,000 Prep #'s 28 and 30, retraction cord w/hemodent, master impr made w/Extrude. Jaw Relation Records (facebow, CR Records), fabricate provisional FPD #'s 28-30, cem w/Temp Bond. HCl given. Shade Vita A2. Disp: Appt for Pros ins of FPD #'s 28-30 S. R. SAWYER, MAJ D. K. CARTER, AMN									5
PATIENT'S NAME: Smith, Michael E										SSN: 1796
SF 603A (SIDE 2)										CPD : 1993 D - 351-389

Figure 3-4. Sample, SF 603A.

## 021. Additional dental treatment forms

There are several other forms used to record dental treatment. These include forms to record communicable diseases, postmortem identification, informed consent, and sedation. Some of the forms you come in contact with are standard forms that also may be used by the medical treatment facility (MTF).

### Reporting communicable diseases

AF Form 570, Notification of Patient's Medical Status, is used to notify the dental service of patients diagnosed with communicable diseases that place dental personnel at high risk. The DSC or designated representative develops procedures with Public Health (PH) to inform the dental service of all patients with diagnosed communicable diseases in the contagious stage. These diseases include those that can be transmitted via blood, saliva, direct contact, or airborne. Diseases known to be transmitted by blood or saliva do not need to be reported. While patient confidentiality is important, the dental service is an integral part of the medical facility that provides direct patient care in a manner that places dental personnel at high risk.

The following are recommended reporting procedures that may vary at your facility. While interviewing the patient that's been determined to have a communicable disease, PH inquires whether the individual had a recent dental appointment or will have a dental appointment in the next two weeks. In either case, the patient is advised that PH will notify the DSC to protect dental personnel. In addition, PH directs the patient to contact the dental treatment facility and cancel routine appointments until the contagious stage passes.

Whenever a communicable disease is diagnosed, PH notifies the dental service of all patients with a communicable disease using AF Form 570. The statement: "This patient has been identified as having a communicable disease" is printed on the form. The completed form is placed in the patient's dental record until the PH advises otherwise. The name of the disease will be placed on the AF Form 696 by the dental service.

If the PH determines a patient had an appointment with the dental service during the contagious stage but prior to diagnosis, the PH will indicate this on the AF Form 570 so appropriate preventive treatment can be initiated for dental personnel. If the PH projects a specific time frame for the contagious stage, the dental service removes the AF Form 570 from the patient's record on that date. Otherwise, when follow-up test results indicate the patient is no longer contagious, the PH notifies the dental service and the form is destroyed at that time.

The PH often receives notification of a communicable disease after the contagious stage has passed. If the PH establishes that the patient had no contact with dental personnel during the infectious period, there is no need to report the case to the DSC.

### Standard Form 513, Medical Record-Consultation Sheet

To provide patients with the best dental care possible, dentists need to complete a thorough evaluation of the patient's general and oral health. The SF 513 is frequently used for medical consultation or treatment planning. Let's take a look at each of its uses.

#### *Treatment planning*

If consultation within the dental service is required SF 513 or a specially devised form may be used. The DSC establishes a mechanism to provide a treatment planning system. Prepared operating instructions in the dental facility should provide an organized system of completing a treatment plan, indicating the order of treatment by number. The plan must follow the correct order of treatment and be applicable to all patients. Recommendations of the various specialties must be incorporated into a final plan before instituting a definitive treatment. This approach could prevent future changes to the treatment plan.

An orderly sequence in treatment planning is identified in the following table.

Treatment Planning Sequence	
Phase	Explanation
Systemic	Indicate the patient's systemic conditions that require special management.
Clinical	List the specific dental procedures to be completed. During the course of treatment, it is necessary to monitor the treatment plan, establish effective control over the patient's progress, and ensure the quality of continuing care.
Maintenance	Indicate instructions for preventive dentistry counseling, periodic appointments for special evaluation of the patient, and procedures for follow-up treatment, as required.

Treatment plans are accomplished on SF 513s and are filed in the dental treatment record folder. They may be removed when the proposed treatment has been completed, or modified to reflect current treatment needs.

### **Consultations**

The DSC develops local procedures for appropriate referral and follow-up of patients requiring medical consultation. The attending dentist determines what consultations, clinical, laboratory, and similar services a patient requires. The dentist then initiates the SF 513 in duplicate, documenting all pertinent information, including any laboratory or X-ray findings. A suspense file or log book should be maintained. The SF 513, which is returned by the consulted physician, becomes a permanent part of the patient's dental health record. Findings and recommendations are recorded on the SF 603/603A, item 10.

A medical officer may initiate a request for dental consultation on the SF 513. The dental consultant must complete the examination as expeditiously as possible. Dental treatment should not be provided unless it is authorized by the medical officer who requested the consultation. Before providing care, a mutually acceptable determination of special precautions must be developed. If the requesting officer is not provided enough information, they should contact the consulted physician. In answering questions from conferred medical officers, you need to remember they are only interested in general information. Do not name specific teeth or surfaces of teeth unless it is pertinent to the case. Avoid the use of dental abbreviations that may be unfamiliar to medical officers.

### **Standard Form 515, Medical Record-Tissue Examination**

When submitting oral specimens to the oral histopathology center, dentists must also submit four legible copies of the SF 515. The following information must be included on the SF 515:

- Patient's age, race, and sex.
- Brief clinical history and tentative diagnosis.
- Patient's name, social security number, family member prefix code, and dental beneficiary code.

The following information must be documented in the dental biopsy log:

- Name of the attending dentist.
- Date and method of notifying the patient.
- Anatomic site and pathologic diagnosis rendered.
- Patient's name, SSN, and duty or home telephone number.
- Name of the oral histopathology center providing the histopathologic service.
- Date the dental service receives the SF 515 from the oral histopathology center.
- Date the dental service sent the biopsy and SF 515s to the oral histopathology center.



When the SF 515 is returned the patient must be notified of the histopathologic diagnosis by a dentist. All dental patients with a malignant diagnosis are enrolled in the USAF Tumor Registry. One copy of the SF 515 must be placed in the dental health record and the following information must be recorded on the SF 603 or 603A, item 10:

- Date of follow-up, if applicable.
- Date and method of notifying the patient.
- Name of the oral histopathology center providing the report.
- Oral histopathology center accession number, anatomic site, and diagnosis.
- Date the dental service receives the SF 515 from the oral histopathology center.

### **Medical laboratory requests**

Laboratory tests and examinations are requested by a computerized system or on standard forms designed for laboratory requests. Follow local medical treatment facility instructions on collecting, handling, and labeling specimens. Make sure you send specimens to the laboratory with the appropriate forms. Significant findings are entered on SFs 603 or 603A, in item 10.

### **Radiographic requests**

Radiographic examinations performed outside of the dental facility are requested on SF 519Bs, Radiologic Consultation Request/Report, or by a computerized system if available. Include all needed information so the radiology section can provide the desired services. Local instructions on appointments and time schedules must be observed. Significant findings are recorded on the SF 603 or 603A, in item 10.

---

## **Self-Test Questions**

**After you complete these questions, you may check your answers at the end of the unit.**

### **018. Authorized abbreviations and designations**

1. What is the purpose of using abbreviations?
2. What is used to identify specific teeth and tooth surfaces?
3. In what sequence is information recorded?
4. When numbering permanent teeth, which tooth is #1?

5. List the tooth number for the permanent tooth described.

- |  |   |
|--|---|
| ____ (1) Maxillary right second molar.     | ____ (9) Maxillary right cuspid.            |
| ____ (2) Maxillary left second molar.      | ____ (10) Maxillary left cuspid.            |
| ____ (3) Mandibular left second molar.     | ____ (11) Mandibular left cuspid.           |
| ____ (4) Mandibular right second molar.    | ____ (12) Mandibular right cuspid.          |
| ____ (5) Maxillary right second bicuspid.  | ____ (13) Maxillary right central incisor.  |
| ____ (6) Maxillary left second bicuspid.   | ____ (14) Maxillary left central incisor.   |
| ____ (7) Mandibular left second bicuspid.  | ____ (15) Mandibular left central incisor.  |
| ____ (8) Mandibular right second bicuspid. | ____ (16) Mandibular right central incisor. |

6. What teeth are absent in primary dentition?

7. List the letter for the primary tooth described.

- |   |   |
|---|---|
| ____ (1) Maxillary right second molar.  | ____ (8) Mandibular right cuspid.           |
| ____ (2) Maxillary left second molar.   | ____ (9) Maxillary right central incisor.   |
| ____ (3) Mandibular left second molar.  | ____ (10) Maxillary left central incisor.   |
| ____ (4) Mandibular right second molar. | ____ (11) Mandibular left central incisor.  |
| ____ (5) Maxillary right cuspid.        | ____ (12) Mandibular right central incisor. |
| ____ (6) Maxillary left cuspid.         |   |
| ____ (7) Mandibular left cuspid.        |   |

8. Use the abbreviations to record the following tooth surfaces:

a. Mesio-occlusal.

b. Disto-incisal.

c. Mesio-occlusal-distal.

d. Disto-facial.

e. Mesio-occlusal-disto-lingual.



f. Disto-lingual.

g. Mesio-occusal-disto-facial-lingual.

9. In addition to the list of authorized abbreviations, what other abbreviations may be used?

10. Give the authorized abbreviations for the following nomenclatures:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| ____ (1) Alveolectomy.             | ____ (17) Partial.                |
| ____ (2) Bracket.                  | ____ (18) Patient.                |
| ____ (3) Calcium hydroxide.        | ____ (19) Pericoronitis           |
| ____ (4) Composite resin.          | ____ (20) Periodontitis           |
| ____ (5) Crown.                    | ____ (21) Plaque.                 |
| ____ (6) Cystectomy.               | ____ (22) Prescription.           |
| ____ (7) Denture.                  | ____ (23) Pulpectomy.             |
| ____ (8) Diagnosis.                | ____ (24) Pulpitis.               |
| ____ (9) Discontinue.              | ____ (25) Pulpotomy.              |
| ____ (10) Dressing.                | ____ (26) Quarters.               |
| ____ (11) Fracture.                | ____ (27) Slight.                 |
| ____ (12) Gingivectomy.            | ____ (28) Symptoms.               |
| ____ (13) Heavy.                   | ____ (29) Treatment.              |
| ____ (14) History.                 | ____ (30) Zinc oxide              |
| ____ (15) Intermaxillary fixation. | ____ (31) Zinc oxide and eugenol. |
| ____ (16) Moderate.                | ____ (32) Zinc phosphate.         |

11. How are inflammations recorded?

12. How is the original diagnosis referred to during frequent sittings or during transfer of the patient to another facility?

13. What information is recorded when a local anesthetic is used?

14. Using authorized abbreviations, write the correct method of recording the procedures given in the following paragraphs:
- The patient has mesio-occlusal caries of the maxillary left second bicuspid. Treatment consisted of removing the caries and inserting a base material (Dycal) and an amalgam (Dispersalloy) restoration with one carpule of 2 percent lidocaine (1:50,000 epinephrine) for anesthesia.
  - The patient has mesio-occlusal-distal caries of the maxillary right first molar. Treatment consisted of removing the caries and inserting a base material (Dycal) and an amalgam (Tytin) restoration with one carpule of 2 percent xylocaine (1:100,000 epinephrine) for anesthesia.
  - The patient has a defective mesio-occlusal-distal restoration on the deciduous mandibular left second molar. Treatment consisted of removing and replacing the amalgam restoration. The following materials were used in treatment: Dycal as base, Dispersalloy amalgam and one carpule of 2 percent xylocaine (100,000 epinephrine).
  - The patient is suffering from an acute and severe periapical abscess of the maxillary right first molar. Treatment consists of removing the tooth with one carpule of 2 percent xylocaine (1:50,000 epinephrine) for anesthesia.

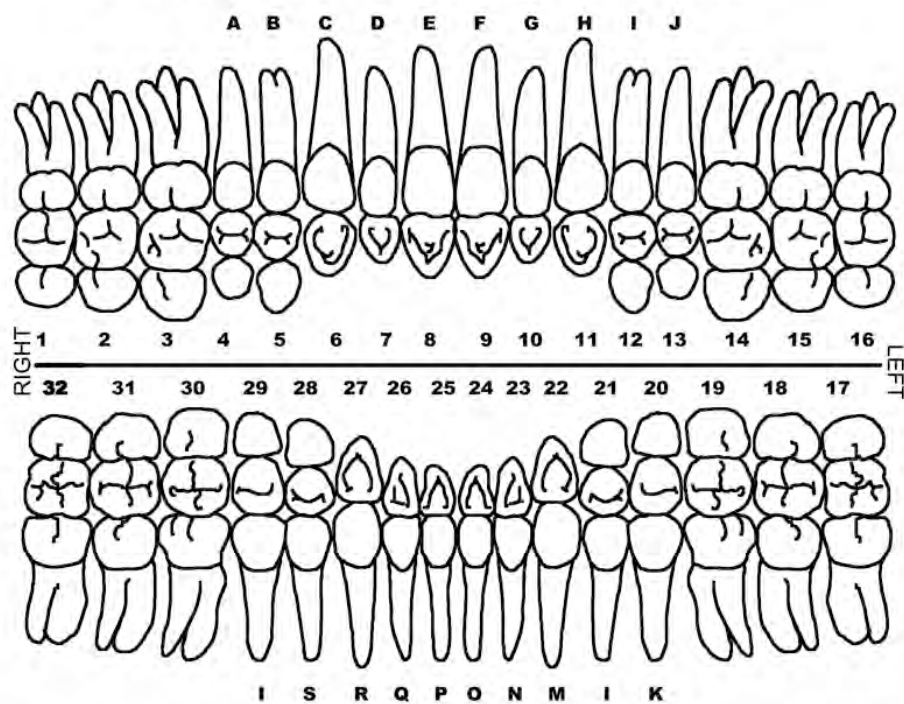
### 019. Charting symbols

1. Record the following conditions by placing the proper symbols on figure 3-5 below.

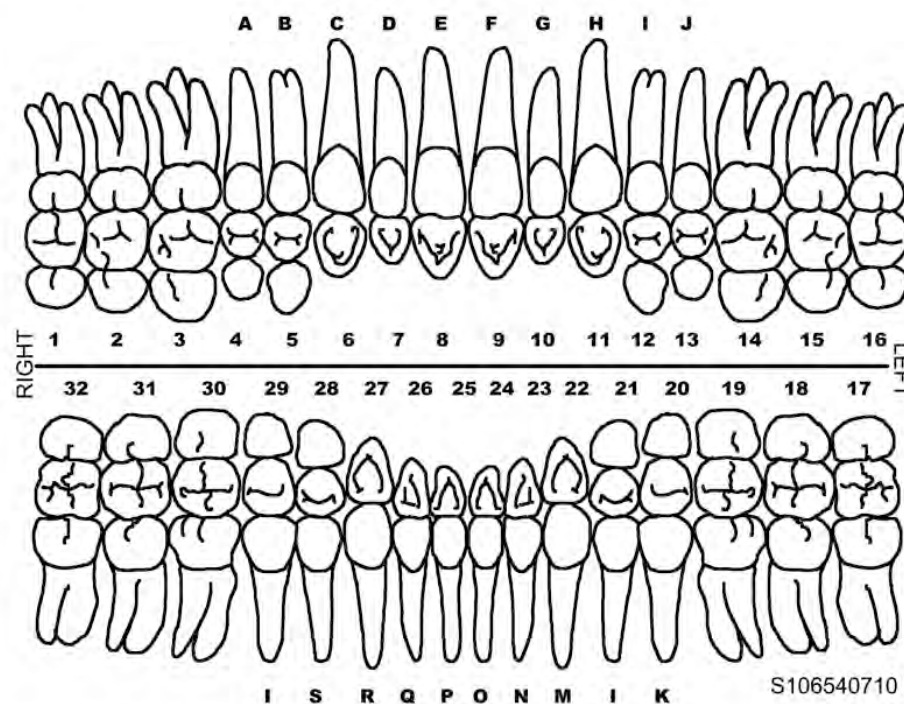
- |   |  |
|---|--|
| #1 Missing.   | #17 Missing.   |
| #2 Defective Mesio-Occlusal-Lingual gold onlay.   | #18, 19, 30, 31 Missing and replaced by removable partial denture.   |
| #3 - 5 Porcelain-fused-to-metal fixed partial denture with porcelain facings only replacing #4.   | #20 Complete gold crown.   |
| #6 Root canal with porcelain-fused-to-metal complete crown, cast gold post and core.  | #21 Distal-occlusal-lingual amalgam restoration with pins.           |
| #7 Mesial caries and a resorbed root.   | #22 Root canal and overdenture abutment with gold coping.            |
| #8 Porcelain jacket crown and with a root fracture, extraction indicated.   | #23 Distal crown fractured.  |
| #9 Distal nonmetallic restoration, periapical radiolucency with fistula, underfilled root canal filling, and lingual nonmetallic restoration. | #24 Periapical radiolucency.   |
| #10 Retained primary lateral.   | #25 Facial nonmetallic restoration in cervical area.                 |
| #11 Root canal with apicoectomy and lingual nonmetallic restoration.  | #26 Disto-incisal nonmetallic restoration with pins.                 |
| #12 3/4 gold crown.   | #23 - 26 inclusive. Resorption of gingival crest and alveolar crest. |
| #13 Distal caries.  | #27 Root canal and overdenture abutment with gold coping.            |
| #14 MODFL amalgam restoration.  | #28 Residual root requiring removal.                                 |
| #15 Combination restoration, gold MO inlay and amalgam disto-occlusal, and periapical radiolucency involving distal root of #14.              | #29 Defective mesio-occlusal-distal amalgam.                         |
| #16 Missing.  | #32 Missing.   |

Further examination revealed #1 as unerupted with a mesial inclination and extraction indicated, and #16 as unerupted.

### Missing Teeth and Existing Restorations



### Diseases and Abnormalities



S106540710

2. Describe how to indicate an edentulous arch or mouth.

**020. Standard Forms 603 and 603A, Health Records—Dental**

1. Briefly state the function of the SF 603.
2. What types of examinations are performed when a dental health record is initiated because a record was never initiated or was lost?
3. When is section I of the SF 603 completed?
4. When are items 4 and 5 completed for AF military personnel?
5. List the items included in section I of the SF 603.
6. What information must be entered if the “Other” block in item 1 is used?
7. What minimum type of examination is necessary when charting item 4 of the dental health record? What does this portion of the record indicate?
8. What entry is required if a charted prosthesis does not replace the exact number of teeth indicated?
9. When is information entered in the following blocks of item 4: “Place and Date of the Examination” and “Signature of Examining Dentist”?
10. What does the information recorded in item 5 of the SF 603 indicate? What minimum type of examination is required to chart item 5?
11. When is completion of item 5 optional?
12. What patient identification entries are made in pencil and why?

13. When entering the SSN on records of family members, whose SSN is entered?
14. What items are included in section II of the SF 603?
15. What information is entered in item 8 of the SF 603? How are entries made in item 8?
16. What entries are required for implant and periodontal maintenance patients?
17. What information is entered in item 9 of the SF 603? How are entries made in item 9?
18. Briefly state what information is recorded in item 10 of the SF 603.
19. Briefly state what action is required when a patient received treatment at a location other than the base of assignment or record location.
20. Who verifies and signs each entry made in item 10?
21. When is it necessary to record the treatment facility in item 10?
22. Briefly explain what actions are required if an active duty patient refuses dental treatment.
23. When is the SF 603A used? What charting symbols are transferred to the SF 603A?

**021. Additional dental treatment forms**

1. What form is used to notify the dental service of patients diagnosed with communicable diseases that place dental personnel at high risk?
2. What actions are necessary when PH notifies the dental service of a patient with a communicable disease?
3. Explain when an AF Form 570 is removed from the patient's record.
4. What form is frequently used for medical consultation or treatment planning?
5. What actions are necessary when an SF 513, used for a medical consultation, is returned by the consultant?
6. What forms are used to submit oral specimens to the oral histopathology center?
7. Who must notify patients of the histopathologic diagnosis?
8. What action is taken when patients have a malignant diagnosis?
9. What additional actions are required when the SF 515 is returned?
10. Where are significant findings from a medical laboratory or radiographic request recorded?

## Answers to Self-Test Questions

### 015

1. Types 4 and 5.
2. Type 1—Comprehensive.
3. Examination of all oral hard and soft tissues using a periodontal probe, mouth-mirror, and explorer; bite-wing, panoramic, or other radiographs as professionally indicated; recording of an initial treatment plan, and Air Force Periodontal Screening and Recording Index.
4. Type 3—Other examination.
5. As a dental survey and to determine the need for oral hygiene instructions for individuals. It consists of a mouth-mirror and explorer, or tongue depressor examination with whatever illumination is available.
6. To initiate a member's dental record.
7. In Item 4, Remarks, enter the statement: "Dental in-processing, panoramic radiograph, the date, and base." Items 4 and 5 require no further entries at this time. When the individual first reports for dental treatment, section 1, items 4 and 5 are charted and completed.
8. To assess the dental readiness status of active duty AF personnel. At a minimum, it includes a type 2 examination and a review of dental health records. Combined examination and oral prophylaxis appointments are encouraged.
9. After completing a periodic dental examination. When the dentist changes the patient's dental readiness classification. When the last entry in the SF 603 or 603A indicates a class change, a technician may change the patient's class, and to correct an error.
10. Class 1 after pro. The statement is entered on the SF 603/603A as the last item for that visit.
11. A type 1 or 2 examination, or an evaluation of the examinee's dental health record by a dentist. If the member had a type 1 or 2 examination in the last 3 months, clearance can be accomplished by evaluating the dental health record or examination.
12. Type 3.
13. The examining dentist forwards an AF Form 422, Notification of AF Members Qualifications Status, noting restrictions and instructions to the physical examination section.
14. If they are provided a complete dental examination (type 2) and all appropriate dental services and treatment are completed within 90 days prior to discharge or release. Screen dental records before sending to MPF for separations or out-processing. If criteria is met enter as the last entry on the SF 603 or 603A: "separation, examination and treatment completed within 90 days of separation or release." Date and sign the entry.
15. The DBMS, aircraft mishap board medical officer, Air Force mortuary service or base mortuary officer, or Armed Forces Institute of Pathology Aviation Pathology team. A full mouth postmortem dental radiographic series.

### 016

1. Uniform system of recording results of a dental examination. Lets the provider determine the dental status of each individual. Establishes priorities of treatment. Keeps the DSC informed of the dental health status of active duty personnel on base.
2. (1) c; (2) b; (3) c; (4) a; (5) d; (6) d; (7) b; (8) c; (9) b; (10) a; (11) c; (12) c; (13) a; (14) b; (15) c; (16) b; (17) a; (18) c; (19) c; (20) a; (21) b; (22) b; (23) a; and (24) b.

### 017

1. To identify and provide a chronological record of the patient's periodontal and oral hygiene status. Provide meaningful soft tissue and oral hygiene profiles for each patient. Facilitate the routing of patients to providers of the appropriate skill level.
2. In item 10 of the SF 603/603A.
3. Code 2.
4. A comprehensive full mouth periodontal examination and charting by a dental provider is necessary to determine an appropriate treatment plan.

5. Code 2- moderate risk
6. 0- No tobacco use, 1- smokes tobacco products only, 2- Uses smokeless tobacco products only, 3- Uses both smoking and smokeless tobacco

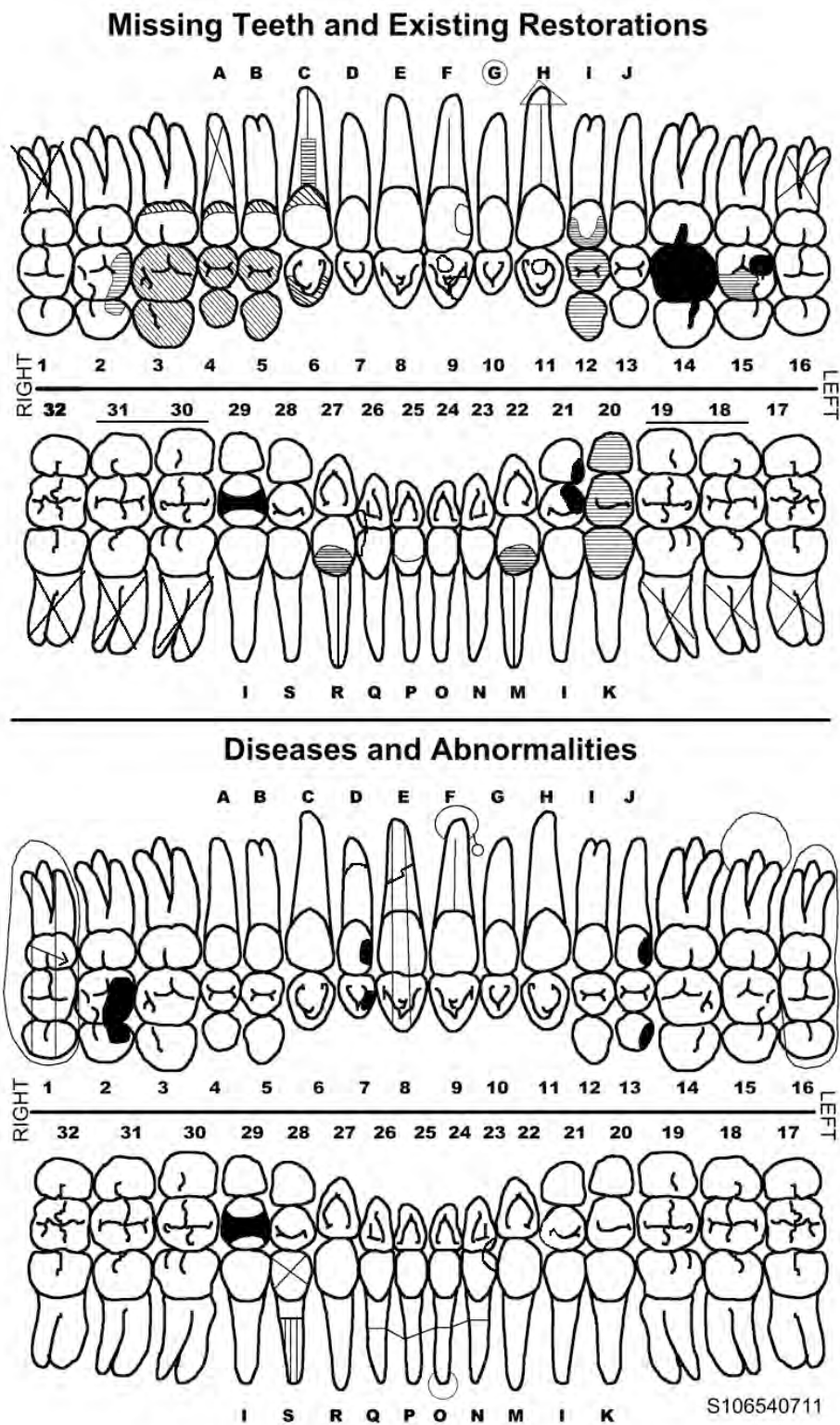
**018**

1. To save space on dental treatment forms and to ensure uniformity.
2. Numbers are used to identify specific permanent teeth and upper case letters for primary teeth. Tooth surfaces are identified using letters.
3. Diagnosis, location, and treatment.
4. Maxillary right third molar.
5. (1) 2; (2) 15; (3) 18; (4) 31; (5) 4; (6) 13; (7) 20; (8) 29; (9) 6; (10) 11; (11) 22; (12) 27; (13) 8; (14) 9; (15) 24; and (16) 25.
6. Bicuspid and third molars.
7. (1) A; (2) J; (3) K; (4) T; (5) C; (6) H; (7) M; (8) R; (9) E; (10) F; (11) O; and (12) P.
8. (a) MO; (b) DI; (c) MOD; (d) DF; (e) MODL; (f) DL; and (g) MODFL.
9. Recognized AF office symbols, abbreviations for organizational designations, and standard pharmacy abbreviations.
10. (1) alvy; (2) bk ; (3) CaOH; (4) cmpst; (5) crn; (6) cystmy; (7) dtr; (8) dx; (9) dc; (10) drs; (11) Fx; (12) gtmy; (13) hvy; (14) hx; (15) IMF; (16) mdr; (17) pr; (18) pt; (19) pecor; (20) pedoni; (21) plq; (22) Rx; (23) pctmy; (24) pitis; (25) potmy; (26) qtrs; (27) slt; (28) sx; (29) tx; (30) ZnO; (31) ZOE; and (32) ZnPhos.
11. As acute or chronic, and as mild, moderate, or severe.
12. By using the term Re.
13. Brand, percentage of solution, type and ratio of vasoconstrictor, and amount of anesthetic injected by cc or ml.
14.
  - a. Car #13-MO B (Dycal), am (Dispersalloy), Anes 2 percent lido 1:50,000 epi 1.8cc.
  - b. Car #3-MOD B (Dycal), am (Tylin), Anes 2 percent xylo 1:100,000 epi 1.8cc.
  - c. Def res K-MOD B (Dycal), am (Dispersalloy), Anes 2 percent xylocaine 100,000 epi 1.8cc.
  - d. Abs per acute severe #8 ext anes 2 percent xylo 1:50:00 epi 1.8ml.



019

1.



2. Inscribe two crossing lines, each running from the uppermost aspect of one third molar to the lowermost aspect of the third molar on the opposite side.

**020**

1. It is the basic permanent record of a patient's dental health and the treatment provided. It serves as a chronological record of the patient's oral health; shows the patient's initial dental condition, the treatment received, and the current oral health status; and can also be used for identification of deceased individuals.
2. Type 1, 2, or 5.
3. When definitive care is provided to any patient (except the Children's Preventive Dentistry Program).
4. Upon initiation of treatment following a type 5 examination, or whenever the SF 603 is serving as the permanent record.
5.
  - (1) Item 1. Purpose of Examination.
  - (2) Item 2. Type of Exam.
  - (3) Item 3. Dental Classification.
  - (4) Item 4. Missing Teeth, Existing Restorations, and Prosthetic Appliances.
  - (5) Item 5. Diseases and Abnormalities.
  - (6) Item 6. Indicate X-rays Used in This Examination.
  - (7) Patient's Identification.
6. The specific purpose of the examination, such as no record available, short tour, temporary record, or dental identification.
7. Type 2. All missing teeth and restorations at the time of the original examination.
8. In the "Remark" block of item 4, enter the number of teeth actually in the prosthesis.
9. Only when the examining dentist is different from block 7.
10. Any oral diseases or abnormalities detected during the initial examination. Type 2.
11. If the treatment is to be on an emergency basis only.
12. Component/status, rank/grade, and organization. All three of these may change from time to time; thus, penciled entries will make it easier to change the entries as appropriate.
13. The sponsor's.
14. Item 8, Restorations and Treatments; item 9, Subsequent Diseases and Abnormalities; and item 10, Services Provided.
15. Chart all restorations completed during the person's military service. Use the symbols provided for the charting of Missing Teeth and Existing Restorations, and black or blue black ink to chart the restorations as they are completed.
16. Using approximately 1/8-inch red letters, identify implant and periodontal maintenance patients in the "Remarks" area of this item. Bring this identification forward on all subsequent SFs 603A.
17. Chart the diseases and abnormalities found subsequent to the date (found after the date) of the original examination. Use the same symbols used to chart diseases and abnormalities and pencil to permit erasures of symbols as dental treatment is completed.
18. Enter chronologically the date of the visit (day, month, and year), all diagnoses made, all treatment provided, and the class of all active duty patients.
19. Record any treatment and the name of the military or civilian agencies where the patient received unrecorded services.
20. The health care provider or technician who performed the service verifies and signs each entry.
21. Each time the patient changes facilities.
22. The DSC must explain the value and necessity of proper oral health care to the patient who refuses treatment. If the member still refuses dental care, the DSC must report the refusal in writing of care to the person's commander. This includes a statement of the possible effects the dental condition may have on the individual's performance of duty and readiness capability. Record actions taken in the patient's dental health record on SF 603/603A. For patients in dental readiness class 3 or 4, an AF Form 422, Notification of AF Members Qualifications Status, is sent to the Physical Examination Section.
23. When space is no longer available for entering the treatment provided in item 10. Only transfer charting symbols of the current treatment requirements in item 9.

**021**

1. AF Form 570, Notification of Patient's Medical Status.

2. The completed AF Form 570 is placed in the patient's dental record until PH advises otherwise. The name of the disease is placed on the AF Form 696 by the dental service.
3. If PH projects a specific time frame for the contagious stage, the dental service removes the AF Form 570 from the patient's record on that date. Otherwise, when follow-up test results indicate the patient is no longer contagious, the PH notifies the dental service and the form is destroyed at that time.
4. SF 513, Medical Record-Consultation Sheet.
5. The SF 513 becomes a permanent part of the patient's dental health record. Findings and recommendations are recorded on the SF 603/603A in item 10.
6. SF 515, Medical Record-Tissue Examination.
7. A dentist.
8. They are enrolled in the USAF Tumor Registry.
9. One copy of the SF 515 must be placed in the dental health record. The following information must be recorded on the SF 603 or 603A, Item 10: (1) Date the dental service receives the SF 515 from the oral histopathology center. (2) Name of the oral histopathology center providing the report. (3) Oral histopathology center accession number, anatomic site, and diagnosis. (4) Date and method of notifying the patient. (5) Date of follow-up, if applicable.
10. On the SF 603 or 603A in Item 10.

## Unit Review Exercises

**Note to Student:** Consider all choices carefully, select the *best* answer to each question, and *circle* the corresponding letter. When you have completed all unit review exercises, transfer your answers to the Field Scoring Answer Sheet.

40. (015) Which type examination includes a review of new or existing full-mouth intraoral periapical, or panoramic radiographs with posterior bitewing radiographs, and a formulation of a comprehensive treatment plan?
  - a. 1.
  - b. 2.
  - c. 3.
  - d. 5.
41. (015) Which type of examination utilizes bitewing, panoramic, or other radiographs as professionally indicated, and includes examination of all oral hard and soft tissues using a periodontal probe, mouth-mirror, and explorer?
  - a. 1.
  - b. 2.
  - c. 3.
  - d. 4.
42. (015) Which type of examination consists of an oral consultation between staff or staff and residents, or observations where no formal consultation is provided?
  - a. 2.
  - b. 3.
  - c. 4.
  - d. 5.
43. (015) Which dental examination is used to determine the need for oral hygiene instructions for personnel?
  - a. Other.
  - b. Comprehensive.
  - c. Screening survey.
  - d. Entry into service screening.
44. (015) What type of examination is used solely to initiate a member's record?
  - a. 2.
  - b. 3.
  - c. 4.
  - d. 5.
45. (015) One of the reasons for conducting a periodic dental examination is to
  - a. accomplish a new dental record.
  - b. check accuracy of previous charting.
  - c. accomplish an annual patient health history.
  - d. assess the dental readiness status of active duty AF personnel.
46. (015) Which statement *does not* describe when the Air Force Dental Readiness Assurance Program (AFDRAP) is updated?
  - a. To correct an error.
  - b. After completing a periodic dental examination.
  - c. When any provider changes the patient's dental classification.
  - d. When the last entry in the SF 603 or 603A indicates a class change.

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- 
47. (015) Duty assignment clearance for remote or isolated tours can be accomplished by evaluating the dental health record if the member had a type
- 1 or 2 examination in the last 3 months.
  - 1 or 2 examination in the last 6 months.
  - 2 or 3 examination in the last 3 months.
  - 2 or 3 examination in the last 6 months.
48. (015) If a patient selected for a remote or isolated duty assignment is dentally disqualified, who *must* be advised of the estimated date the individual will be qualified?
- Member's squadron.
  - Dental squadron commander (DSC).
  - Director of Base Medical Services (DBMS).
  - Military Personnel Flight (MPF) assignments section.
49. (016) A patient who requires maintenance therapy is placed in dental class
- 1.
  - 2.
  - 3.
  - 4.
50. (016) A patient receiving active orthodontic treatment is placed in dental class
- 1.
  - 2.
  - 3.
  - 4.
51. (016) A patient awaiting a biopsy report is placed in dental class
- 1.
  - 2.
  - 3.
  - 4.
52. (017) Which periodontal screening and recording (PSR) score indicates detection of subgingival calculus?
- 0.
  - 1.
  - 2.
  - 3.
53. (018) A permanent mandibular left second molar is designated by the number
- 2.
  - 15.
  - 18.
  - 31.
54. (018) How would the facial lingual surfaces on a maxillary second bicuspid be abbreviated in a dental record?
- #4-FL.
  - #5-FL.
  - #13-LB.
  - #14-LB.

55. (018) What information *must* be recorded when a local anesthetic is used during dental treatment?
- Brand, type, and ratio of vasoconstrictor.
  - Percentage of solution, type and ratio of vasoconstrictor, and amount by cc or mm.
  - Brand, percentage of solution, type and ratio of vasoconstrictor, and amount of anesthetic injected by cc or ml.
  - Brand, percentage of solution, type and ratio of vasoconstrictor, amount of anesthetic injected by cc or ml, and time of injection.
56. (019) To properly chart individual missing teeth, you would
- place an X on the root of the tooth.
  - place an X on the crown portion of the tooth.
  - draw a single oval around all aspects of the tooth.
  - draw two parallel vertical lines through all aspects of the tooth.
57. (019) To indicate the gold aspect of a porcelain fused to metal (PFM) crown, you would draw
- horizontal parallel lines on all surfaces except the facial to indicate gold and inscribe diagonal parallel lines on the facial margin.
  - diagonal parallel lines on all surfaces except the facial to indicate gold and inscribe horizontal parallel lines on the facial margin.
  - horizontal parallel lines on all surfaces.
  - diagonal parallel lines on all surfaces.
58. (019) To correctly chart an apicoectomy, you would
- outline the defective area and block in solidly.
  - trace a jagged fracture line in the relative position on the root.
  - draw a horizontal line on the root portion and place an X on the missing area.
  - draw a small triangle with the apex away from the crown and place a line at the approximate line of the root amputation and chart a root canal symbol in conjunction with the triangle.
59. (019) To correctly chart a removable partial denture, you would
- inscribe two crossing lines, each running from the uppermost aspect of one third molar to the lowermost aspect of the third molar on the opposite side, and a horizontal line between the outline of the teeth and the numerals designating the teeth replaced.
  - place an X on the root of missing teeth and a horizontal line between the outline of the teeth and the numerals designating the teeth replaced.
  - draw horizontal parallel lines on the crowns of the replaced teeth.
  - draw diagonal parallel lines on the crowns of the replaced teeth.
60. (019) How do you correctly indicate gold on a fixed partial denture?
- Draw diagonal parallel lines.
  - Draw horizontal parallel lines.
  - Outline the crown aspects of the teeth and inscribe horizontal parallel lines on the crown aspects of the teeth.
  - Outline the crown aspects of the teeth and place a horizontal line above or below the lingual surface.
61. (019) How do you correctly chart a fistula?
- Outline all aspects of the fistula and the tooth it involves with a single oval.
  - Trace a jagged line in the relative position on the crowns or roots on the teeth the fistula involves.
  - Indicate the extent of the fistula with a continuous line drawn across the roots in the areas involved.
  - Draw a straight line from the involved area, ending in a small circle in a position on the chart corresponding to the location of the tract orifice in the mouth.

- 
- 
62. (020) The entries in Section I of the SF 603 are intended to reflect the
- patient's general health data.
  - restorations completed during the patient's military service.
  - patient's dental history upon separation from military service.
  - patient's dental-oral condition upon entry into the military service.
63. (020) With the exception of the Children's Preventive Dentistry Program, when *must* Section I, Presenting Dental Status, of the SF 603 be completed?
- When a SF 603A is to be used.
  - After each type 2 examination.
  - When definitive care is provided.
  - When transferring charting symbols from Item 9.
64. (020) The item number on a dental health record that indicates oral diseases or abnormalities is
- 4.
  - 5.
  - 8.
  - 9.
65. (020) Restorations completed during the person's military service are charted on SF 603, item number
- 4.
  - 5.
  - 8.
  - 9.
66. (020) What item number on the SF 603 would you chart the diseases and abnormalities found after the date of the original examination?
- 4.
  - 5.
  - 8.
  - 9.
67. (020) What charting symbols are transferred when a SF 603A is initiated?
- Current treatment requirements in Item 9.
  - Recorded symbols on the previous SF 603/603A in Items 8 and 9.
  - Current treatment provided from Item 8.
  - Recorded symbols on the previous SF 603 in Items 4 and 5.
68. (021) Medical consultation or treatment planning is recorded on Standard Form (SF)
- 509.
  - 513.
  - 515.
  - 521.
69. (021) Oral specimens are submitted to the oral histopathology center using Standard Form (SF)
- 513.
  - 515.
  - 517.
  - 521.

## Student Notes



## Glossary of Abbreviations and Acronyms

<b>AAAHHC</b>	Accreditation Association for Ambulatory Health Care
<b>ADA</b>	American Dental Association
<b>ADAA</b>	American Dental Assistants Association
<b>ADHA</b>	American Dental Hygienists' Association
<b>AF</b>	Air Force
<b>AFDPO</b>	Air Force Department Publishing Office
<b>AFDRAP</b>	Air Force Dental Readiness Assurance Program
<b>AFI</b>	Air Force instruction
<b>AFMOA/SGOC</b>	AF Medical Operations Agency, Clinical Quality Management Division
<b>AFMS</b>	Air Force Medical Services
<b>BP</b>	blood pressure
<b>CDA</b>	corporate dental application /certified dental assistant
<b>CDPMA</b>	certified dental practice management assistant
<b>CHCS</b>	Composite Healthcare System
<b>COA</b>	certified orthodontic assistant
<b>COMSA</b>	certified oral and maxillofacial surgery assistant
<b>CPA&amp;I</b>	Clinical Performance Assessment and Improvement Program
<b>DANB</b>	Dental Assisting National Board
<b>DBMS</b>	director of base medical services
<b>DEERS</b>	Defense Eligibility Enrollment Reporting System
<b>DENCOM</b>	Dental Command
<b>DHHS</b>	Department of Health and Human Services
<b>DNIF</b>	duties not involving flying
<b>DOD</b>	dental officer of the day/Department of Defense
<b>DOI</b>	dental operating instruction
<b>DSC</b>	dental squadron commander
<b>DTF</b>	dental treatment facility
<b>EPR</b>	enlisted performance report
<b>FMDP</b>	Family Member Dental Plan
<b>FTCA</b>	Federal Tort Claims Act
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>JQS</b>	job qualification standard
<b>MAJCOM/SG</b>	major command surgeon general

<b>MHSS</b>	Military Health Services System
<b>MOU</b>	memorandum of understanding
<b>MPF</b>	military personnel flight
<b>MTF</b>	medical treatment facility
<b>OHI</b>	oral hygiene instructions
<b>PCS</b>	permanent change of station
<b>PH</b>	Public Health
<b>PHI</b>	protected health information
<b>PI/RM</b>	performance improvement/risk management
<b>PRP</b>	Personnel Reliability Program
<b>PSR</b>	periodontal screening and recording
<b>SDP</b>	sensitive duties program
<b>SF</b>	standard form
<b>SSN</b>	social security number
<b>STS</b>	specialty training standard
<b>TDY</b>	temporary duty
<b>UCMJ</b>	Uniform Code of Military Justice
<b>US</b>	United States
<b>USAF/SG</b>	USAF surgeon general
<b>VA</b>	Veterans Administration

## **Student Notes**

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