

# Documentation of Medical Necessity in Your Dental Records



# Learning Objectives



- Review what organized dentistry says about professional ethics
- Learn what on-line dental record documentation resources are available for dentists and staff
- Understand what the Oklahoma Dental Practice Act requires of documentation within the dental record
- Understand what the Oklahoma Health Care Authority requires in order to document medical necessity within the dental record
- Review examples of dental record documentation

# Oklahoma Dental Association



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## ABOUT THE ODA

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### Our Mission

The Oklahoma Dental Association fosters an awareness of the obligations and responsibilities of the dental profession to society, to help advance the art and science of dentistry, and to promote public health and health services in the State of Oklahoma.

### Our Purpose

The purpose of this Association shall be:

- to promote public health and health services in the State of Oklahoma,
- to advance the art and science of dentistry,
- to represent the interest of the members of the dental profession and the public which it serves, and
- to foster an awareness of the obligations and responsibilities of the dental profession to society.



# Oklahoma Academy of General Dentistry



Listed below are the OAGD **Values**, **Mission**, and **Vision**.

The OAGD Values are:

Excellence in oral health care

Diversity

Universal acceptance of the general dentist as the gatekeeper of oral health care

Continuous life-long learning

Advocacy/representation

Teamwork; camaraderie; mentorship

Ethical, honest and credit behavior

Quality Care Through  
Lifelong Learning



Oklahoma  
Academy of  
General Dentistry

a community of dental professionals

**OAGD's Vision:** The vision of the Academy of General Dentistry is to improve the quality of comprehensive dental care. We are motivated and united by the core human values of integrity and compassion.

**OAGD's Mission:** The mission of the Academy of General Dentistry is to serve the needs and to represent the interests of general dentists and to foster their continued proficiency through quality continuing dental education to better serve the public.



# Dental Provider Resources



American Dental Association

PRINCIPLES OF

## Ethics

AND

CODE OF

## Professional Conduct

*With official advisory opinions revised to April 2012.*

**ADA** American  
Dental  
Association<sup>®</sup>  
*America's leading  
advocate for oral health*



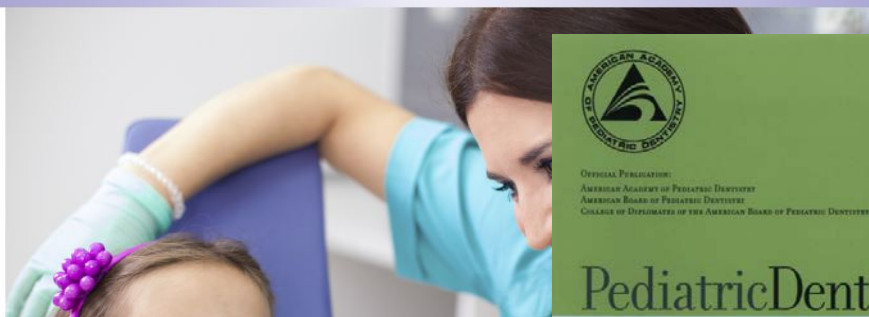
### DENTAL RADIOGRAPHIC EXAMINATIONS: RECOMMENDATIONS FOR PATIENT SELECTION AND LIMITING RADIATION EXPOSURE

REVISED: 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



## Medicaid Compliance and Your Dental Practice



OFFICIAL PUBLICATION:  
AMERICAN ACADEMY OF PEDIATRIC DENTISTRY  
AMERICAN BOARD OF PEDIATRIC DENTISTRY  
COLLEGE OF DISTRICTS OF THE AMERICAN BOARD OF PEDIATRIC DENTISTRY



## Pediatric Dentistry

V. 14 | NO. 6 | REFERENCE MANUAL

	Introduction
	2 Overview
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	23 Oral Health Care Programs for Infants, Children, and Adolescents
Revised	24 Dental Home

3/4-5, 18-19/2016

# ADA Principles of Ethics and Code of Professional Conduct



## **Principles of:**

- Patient Autonomy – **self governance**
- Nonmaleficence – **do no harm**
- Beneficence – **do good**
- Justice – **fairness**
- Veracity - **truthfulness**

# Consumer and Dentist Concerns



“Is my dentist ripping me off?”

“**Creative Diagnosis** – the peddling of **unnecessary treatments**” – Jeffrey Camm, DMD (pediatric dentist), ADA News, October 21, 2013

“I Have Had Enough” – Gordon J. Christensen, DDS, MSD, PhD, Dentaltown, September 2003

“**Overtreatment** in the name of esthetic dentistry **without total informed consent** of patients, **primarily for dentist financial gain**, is nothing less than **overt dishonesty** in its worst form.”



# Dental Provider Documentation Resources

## Dental Records



[www.ADA.org](http://www.ADA.org)  
[www.AAPD.org](http://www.AAPD.org)

REFERENCE MANUAL V 36 | NO 6 14 | 15

### Guideline on Record-keeping

#### Originating Council

Council on Clinical Affairs

#### Review Council

Council on Clinical Affairs

#### Adopted

2004

#### Revised

2007, 2012

#### Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes the patient record is an essential component of the delivery of competent and quality oral health care. It serves as an information source for the care provider and patient, as well as any authorized third party. This guideline will assist the practitioner in assimilating and maintaining a comprehensive, uniform, and organized record addressing patient care. However, it is not intended to create a standard of care.

An electronic patient record is becoming more commonplace, and perhaps will become mandatory.<sup>1-3</sup> Advantages include quality assurance by allowing comparative analysis of groups of patients or providers, medical and dental history profiles for demographic data, support for decision making based on signs and symptoms, administrative management for patient education and recall, and electronic data interchange with other professional and third parties. The software must contain all the essential elements of a traditional paper record.



American Dental Association  
[www.ada.org](http://www.ada.org)

Council on Dental Practice  
Division of Legal Affairs

# ADA Dental Records - 2010



- The recoding of **accurate** patient information is essential to dentistry.
- All information in the dental record should be **clearly written, signed, and dated.**
- The **identify of the practitioner** rendering the treatment should be **clearly noted** in the record.
- Handwritten entries should be **legible.**
- **The dentist must secure informed consent before providing care.**

# Oklahoma Statutes, Title 59 Professions and Occupations, Chapter 7 - Dentistry



Found at: [www.ok.gov/dentistry/documents](http://www.ok.gov/dentistry/documents) or Google “Oklahoma Dental Practice Act”

The screenshot shows the Oklahoma.gov website interface. At the top left is the 'OK GOV' logo with a yellow feather. To the right is a search bar with 'Site Search' text, a 'GO' button, and 'NAVIGATE' and 'ADVANCED SEARCH' links. Below the logo are social media icons for Facebook, Twitter, RSS, and Email. The main content area shows search results for 'Dentistry' with approximately 169,000 results. The first result is 'Oklahoma Board of Dentistry - Statutes & Rules' with a link to the index.html page. The second result is 'Oklahoma Statutes Citationized' with a link to a .docx file. The third result is 'Oklahoma Board of Dentistry - Home' with a link to the official website. On the right side, there are four sections: 'One Click Search' with a list of search terms, 'Related eServices' (No eServices Available), 'Related Agencies' (No Agencies Available), and 'Related News' (No News Available). At the bottom right, there is a 'Related FAQs' section (No FAQs Available).

Home / Search

About 169,000 results (0.30 seconds)

**[Oklahoma Board of Dentistry - Statutes & Rules](#)**  
\*If you are studying to take the Jurisprudence Exam, you will need to study the **Act** and the **Rules**. Please be aware this exam is **NOT** open book. No study guides ...  
[https://www.ok.gov/dentistry/Statutes\\_&\\_Rules/index.html](https://www.ok.gov/dentistry/Statutes_&_Rules/index.html)

**[Oklahoma Statutes Citationized](#)**  
File Format: Microsoft Word  
All provisions of this **act** relating to the **practice of dentistry**, the **practice** of **dental** hygiene, the **procedures** performed by **dental** assistants and/or **dental** nurses, ...  
<https://www.ok.gov/dentistry/.../Dentistry%20State%20Statutes%20-%20Effective%20November%201,%2020102.docx>

**[Oklahoma Board of Dentistry - Home](#)**  
Official website of the State of **Oklahoma** Board of **Dentistry**.  
<https://www.ok.gov/dentistry/>

**One Click Search**  
board of nursing opm highway tax public safety nursing board jobs labor drivers license road map patrol oklahoma

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**Related Agencies**  
No Agencies Available

**Related News**  
No News Available

**Related FAQs**  
No FAQs Available



# Oklahoma Statutes, Title 59 Professions and Occupations, Chapter 7 - Dentistry



Found at: [www.ok.gov/dentistry/documents](http://www.ok.gov/dentistry/documents) or  
Google Oklahoma Dental Practice Act

## Oklahoma Statutes Citationized

 Title 59. Professions and Occupations

 Chapter 7 - Dentistry

 Part 1 - The State Dental Act

### Section 328.1 - Short Title - Composition of Act

A. Part 1 of Chapter 7 of this title shall be known and may be cited as the "State Dental Act".

B. All statutes hereinafter enacted and codified in Part 1 of Chapter 7 of this title shall be considered and deemed part of the State Dental Act.

*Added by Laws 1970, SB 632, c. 173, § 1, emerg. eff. July 1, 1970; Amended by Laws 1996, HB 1880, c. 2, § 1, eff. November 1, 1996.*

### Section 328.2 - Declarations

The practice of dentistry in the State of Oklahoma is hereby declared to affect the public health, safety and general welfare and to be subject to regulation and control in the public's best interest. It is further declared to be a matter of public interest and concern that the dental profession, through advancement and achievement, merits and receives the confidence of the public and that only properly qualified dentists be permitted to practice dentistry and supervise

# Oklahoma Statutes, Title 59 Professions and Occupations, Chapter 7 - Dentistry



## Section 328.2 – **Declarations**

- The practice of dentistry in the State of Oklahoma is hereby declared to **affect the public health, safety and general welfare** and to be subject to regulation and control in the **public's best interest**.
- ...further declared to be **a matter of public interest and concern** that the dental profession...merits and receives **confidence of the public...**

# Oklahoma Statutes – Section 328.31b

## Requirements of Records



- A. Every dental office or treatment facility...**shall maintain written records on each patient treated** at the facility...
- B. Each licensed dentist shall maintain written records on each patient that **shall contain, at a minimum, the following information about the patient:**



# Oklahoma Statutes – Section 328.31b

## Requirements of Records



- **Health history**
- **Results of clinical examination...including the identification, or lack thereof, of any oral pathology or diseases**
- **Treatment plan proposed by the dentist**
- **Treatment rendered to the patient**
- **Patient records may be kept in an electronic data format...backup is updated on a regular basis, at least weekly...**

# Oklahoma Statutes – Section 328.32

## Grounds for Penalties



- **Being dishonest in a material way with a patient**
- **Failing to retain all patient records for at least 7 years**
- **Allowing any corporation, organization, group, person...to direct, control or interfere with the dentist's clinical judgment**
- **Limit a patient's right of informed consent**

# Oklahoma Statutes – Section 328.32

## Grounds for Penalties



### **Solicitation of Patients**

- (19) Offering to effect or effecting a division of fees, or agreeing to split or divide a fee for dental services with any person, in exchange for the person bringing or referring a patient;
- (22) Aiding, abetting, or encouraging a dental hygienist employed by the dentist to make use of an oral prophylaxis list, or the calling by telephone or by use of letters transmitted through the mails to solicit patients formerly served in the office of any dentist formerly employing such hygienist;

# Federal Regulations – Solicitation of Patients



The federal OIG may impose a penalty, and where authorized, an assessment against any person (including an insurance company in the case of paragraphs (b)(5) and (b)(6) of this section) whom it determines in accordance with this part...

Offers or transfers remuneration to any individual eligible for benefits under Medicare or a State health care program, that such person knows or should know is likely to influence such individual to order or to receive from a particular provider, practitioner or supplier any item or service for which payment may be made, in whole or in part, under Medicare or a State health care program....



# Oklahoma Health Care Authority (OHCA) Policies and Rules



Found at: <https://www.okhca.org/xPolicy.aspx>



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## OHCA Policies and Rules

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[OHCA Policies and Rules Main Page](#)

Browse chapters by clicking on the plus sign to the right of each chapter below.

### Chapters

- + 30-MEDICAL PROVIDERS-FEE FOR SERVICE
  - > 3-GENERAL PROVIDER POLICIES
    - + 4-EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) PROGRAM/CHILD HEALTH SERVICES
      - > 65.8-Dental services

317:30-3-65.8 Dental services

Revised 10/12/11

# OHCA 317:30-3-2 Provider Agreements



**“Through this agreement, the provider certifies all information submitted on claims is accurate and complete, assures that the State Agency’s requirements are met and assures compliance with all applicable Federal and State regulations.”**

# OHCA 317:30-3-15 Record Retention



- “...**require that the provider retain**, for a period of six years, **any records necessary to disclose the extent of services the provider...furnishes to recipients...**”
- “Records in a provider’s office **must contain adequate documentation of services rendered**. Documentation **must include the provider’s signature and credentials.**”
- “Where **reimbursement is based on units of time**, it will be necessary that documentation be placed in the member’s record as to the **beginning and ending times** for the service claimed.”

# OHCA 317:30-3-15 Record Retention



**“All records must be legible.** Failure to maintain legible records may result in denial of payment or recoupment of payment for services provided when attempts to obtain transcription of illegible records is unsuccessful or the transcription of illegible records appears to misrepresent the services documented.”

**“Electronic records** are acceptable as long as they have a **secured signature.**”



# OHCA 317:30-5-696 Coverage by Category



This section provides specific program benefit guidelines related to diagnostic, preventive, and restorative dental services

- **Comprehensive and periodic oral evaluations**
  - should **precede any x-rays**, and
  - chart **documentation must include:**
    - ✦ x-ray interpretation,
    - ✦ caries risk assessment, and
    - ✦ both medical and dental history of the member

# OHCA 317:30-5-696 Coverage by Category

**X-rays must be of diagnostic quality and medically necessary, and:**

- **X-rays and/or images must be identified by the tooth number and include the date of exposure, member name and ID, provider name and ID**
- **Periapical x-rays must include at least 3 mm beyond the apex of the tooth being x-rayed**
- **Chart documentation must clearly indicate reasons for panoramic x-rays based on clinical findings**

# OHCA 317:30-5-696 Coverage by Category



Documentation of the medical necessity for **dental sealants** includes:

- **Interproximal and occlusal surfaces are free of decay/dental**
- **Permanent first and second molars**
- **Benefit through age 18 years, once every 36 months, if medical necessity is documented**

# OHCA 317:30-5-696 Coverage by Category

Documentation of the medical necessity for **stainless steel crowns and pulpotomies** for primary teeth includes:

- **Pre- and post-treatment periapical x-rays** showing at least 3 mm past the apex of the root
- Written narrative explaining the **extent of decay**
- **70% or more of root structure remains**
- Procedure provided **more than 12 months prior to normal loss**



# OHCA 317:30-5-696 Coverage by Category

Documentation of the medical necessity for **endodontics** includes:

- **Minimum 2 month history of member's improved oral hygiene and flossing ability**
- **No other missing anterior teeth in the same arch**
- **Pre- and post-operative x-rays** showing at least 3 mm past the apex of the root
- **Providers are responsible for any follow up treatment** required due to failed RCT for **24 months post completion**
- **Prior authorization** for treatment plan requiring 2 anterior and/or 2 posterior RCTs

# OHCA 317:30-5-696 Coverage by Category



Documentation of the medical necessity for **stainless steel crowns** for **posterior permanent teeth** includes:

- **Preoperative x-rays** showing at least 3 mm past the apex of the root
- **Written narrative** explaining the
  - extent of decay – 3 or more surfaces of tooth destroyed, extensive decay, or
  - loss of cuspal occlusion prior to 16 years of age
- **Completed endodontic treatment**
- Excludes placement of any other type of crown for 24 months

# OHCA 317:30-5-696 Coverage by Category

Documentation of the medical necessity for **space maintainers** includes:

- **Preoperative x-rays** showing permanent tooth is missing or more than 5 mm below crest of alveolar ridge
- **Postoperative/post-cementation bitewing x-rays**
- **Written narrative** explaining the
  - **Absence or presence 2<sup>nd</sup> primary and 1<sup>st</sup> permanent molars and not in cuspal interlocking occlusion**
  - **Justification for bilateral band and loop space maintainers**
    - ✦ **If posterior teeth missing bilaterally in the same arch, bilateral space maintainer is treatment of choice**
- **Providers responsible for recementation for 6 months post insertion for any maintainer placed by their practice**

# OHCA 317:30-5-696 Coverage by Category

Documentation of the medical necessity for **analgesia** includes:

- Medical need for **nitrous oxide inhalation**
- **Non-IV conscious sedation**
  - **Details of the patient's condition including:**
    - ✦ **Documented handicap or**
    - ✦ **Patient is uncontrollable or**
    - ✦ **Other justifiable medical or dental condition**
- Time oriented procedures must **document start-stop times** in the patient record
- Nitrous oxide, non-IV or IV conscious sedation, general anesthesia cannot be combined for payment however patient's record must document combination administered

# OHCA 317:30-5-696 Coverage by Category

Documentation of the medical necessity for **indirect and direct pulp caps** includes:

- ADA accepted material(s) used
  - Calcium Hydroxide
  - Mineral Trioxide Aggregate materials
- Intent and reason(s) for use, such as:
  - “Deep decay excavated, no exposure of pulp chamber noted however mesiobuccal aspect of chamber visualized; calcium hydroxide placed to encourage secondary dentin, reduce sensitivity”

# OHCA 317:30-5-696 Coverage by Category



Documentation of the medical necessity for **protective restorations** includes:

- **Removal of decay**, if present
- Placement of indirect or direct pulp cap, if needed
- Permanent restoration allowed **after 60 days**
  - Unless tooth become symptomatic
  - Requires pain relieving treatment



# OHCA 317:30-5-696 Coverage by Category



Documentation of the medical necessity for **smoking and tobacco use cessation counseling** includes:

- **Separate chart notation with separate signature**
- **Time spent** by the practitioner performing the counseling (less than 3 minutes considered part of routine visit)
- **Specifics of the 5 intervention steps covered during counseling**
  - Patient's description of his/her smoking
  - Advising patient to quit
  - Assessing patient willingness to quit
  - Assistance provided with referrals/plans to quit
  - Arrangements for follow up

## Services Requiring Prior Authorization



### **Endodontics**

- Permanent teeth only
- ADA accepted materials must be used
- Tooth must have adequate natural tooth structure remaining to establish good tooth/restorative margins – should not require post/core to retain crown
- Tooth must have good crown to root ratio
- Tooth must not have weakened furcation area
- Opposing tooth must not be super erupted
- Loss of tooth space is less than 1/3<sup>rd</sup>
- All rampant/active caries removed prior to endo request

## Services Requiring Prior Authorization



### **Crowns for Permanent Teeth**

- Patient must be 16 years of age or older
- All rampant/active caries must be removed prior to requesting any type of crown
- Extent of tooth decay prevents proper cuspal/incisal function
- Clinical crown destroyed/fractured by 1/2 or more
- Provider responsible for replacement/repair for 48 months post insertion due to poor lab process or procedure by provider

## Services Requiring Prior Authorization



### **Periodontal Scaling and Root Planing**

- Patient must be 10 years of age or older; and
- 5 mm or greater depths for 3 or more 6-point measurements, or
- Multiple areas of radiographic bone loss and subgingival calculus; and,
- Must involve 2 or more teeth per quadrant
- Not allowed in conjunction with any other periodontal surgery

# OHCA 317:30-5-699 Restorations



## Utilization parameters include:

- **1 permanent restorative service per tooth per 24 months**
  - Additional restorations may be authorized upon approval of OHCA in cases of trauma
- Teeth receiving restoration are **eligible within 3 months for consideration of a single crown if endodontically treated**
- Provider is **responsible for follow up or any required replacement of a failed restoration**
- If determined by the Dental Director that the **patient has received poorly/insufficient treatment, may authorize corrective procedures by a second provider**

# OHCA 317:30-5-699 Restorations



Documentation of the medical necessity for **restorations** includes:

- Charting of clinical and x-ray findings of decay
- X-rays which show evidence of decay
- Any **diagnosis not supported by x-rays requires documentation of medical need on which the diagnosis was made**
- Isolation used, e.g. rubber dam, cotton rolls, etc.

# OHCA 317:30-5-700 Orthodontic Services



Documentation of the medical necessity for **orthodontic services** includes:

- **Referral from primary care dentist**
  - Patient has had a **caries free initial visit**; or
  - Has had **all decayed areas restored and remained caries free for 12 months**; and
  - Has **demonstrated competency in maintaining appropriate level of dental hygiene**
- **Cleft palate patients** can be referred directly by treating MD
  - Exempt from above requirements



# OHCA 317:30-5-700 Orthodontic Services



Documentation of the medical necessity for **comprehensive orthodontic services** includes:

- **Permanent dentition** except for cleft defects
- **At least 1 of each of the following types:**
  - **Deep overbite with multiple teeth impinging** on the soft tissues of the palate;
  - **Impacted canine or molar** requiring surgical exposure;
  - **Bilateral posterior crossbite** requiring fixed rapid palatal expansion; and,
  - **Skeletal Class II or III** requiring orthognathic surgery
- **Minimum HLD score of 30**

# Medicaid Program Integrity Education



Found at: [www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html](http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html)

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## Program Integrity: Medicaid Integrity Education

[Program Integrity: Self-Audit Toolkit](#)

[Program Integrity: Beneficiary Card Sharing Toolkit](#)

[Program Integrity: Documentation Matters Toolkit](#)

[Program Integrity: Drug Diversion Toolkit](#)

[Program Integrity: Electronic Health Records](#)

[Program Integrity: Fraud, Waste & Abuse Toolkit - Healthcare Fraud and Program Integrity](#)

[Program Integrity: Hospice Care](#)

[Program Integrity: Managed Care Plan Compliance Toolkit](#)

[Program Integrity: Medicaid Compliance for the Dental Professional](#)

## Medicaid Program Integrity Education



### Purpose/Mission

The [Center for Program Integrity](#) provides educational resources to educate providers, beneficiaries and other stakeholders in promoting best practices and awareness of Medicaid fraud, waste and abuse.

There are several available resources including print and electronic media, toolkits, train-the-trainer guides, webinars, videos, and other innovative strategies.

Available tools and resources include:

<a href="#">Audit Toolkit</a> <b>**NEW**</b>	<a href="#">Beneficiary Card Sharing Toolkit</a> <b>**UPDATED material**</b>
<a href="#">Documentation Matters Toolkit</a> <b>**NEW material</b>	

# Informed Consent?



## Informed Consent for Restorations, Crowns, and Bridges

This is my consent for \_\_\_\_\_

### DENTAL TREATMENT CONSENT FORM

#### **1. WORK TO BE DONE**

I understand that the pulp tissues. I have been advised probably worsen over time pain, infection, cyst formation informed of possible alternatives

I understand that I am having the following work done: Fillings \_\_\_\_\_ Bridges \_\_\_\_\_ Crowns \_\_\_\_\_ Extractions \_\_\_\_\_  
General Anesthesia \_\_\_\_\_ Root Canals \_\_\_\_\_ Other \_\_\_\_\_ (Initials \_\_\_\_\_)

#### **2. DRUGS & MEDICATIONS**

The Doctor explained to me (including the administration of \_\_\_\_\_)

I understand that antibiotics and analgesics and other medications can cause allergic reaction causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock. Chemical burns to face can cause scarring. (Initials \_\_\_\_\_)

#### **3. CHANGES IN TREATMENT PLAN**

- a. Postoperative
- b. Stretching of tissue
- c. Injury to the nerves teeth and/or tissue instances permanent
- d. Sensitivity to fillings
- e. Discoloration of teeth
- f. Swelling, bruising
- g. Inability to chew
- h. Inability to elicit
- i. Other \_\_\_\_\_

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination, the most common being root canal therapy following routine restorative procedures. I give permission to the dentist to make any/all changes and additions. (Initials \_\_\_\_\_)

#### **4. REMOVAL OF TEETH**

Alternatives of removal have been explained to me (root canal therapy, crowns, and periodontal surgery etc.) and I authorize the dentist to remove the following teeth \_\_\_\_\_ and any others necessary for reasons in paragraph #3. I understand the risks involved in having teeth removed, some of which are pain, swelling, and spread of infection, dry socket, loss of feeling in my teeth, lips, tongue and surrounding tissue (Parasthesia) that can last for an indefinite period of time, or fractured jaw. I understand I may need further treatment by a specialist or even hospitalization if complications arise during or following treatment. The cost of which is my responsibility. (Initials \_\_\_\_\_)

# Informed Consent?



## Consent For Physical Restraint

"Physical Restraint by Dentist/Assistants: The restraining of the patient from undesirable movement by stabilizing the patient's hands, upper body, head and leg movements with the intention of preventing injury to the patient and dental staff." **ids, upper**

It is our intent that all professional care delivered in this office shall be of the best possible quality we can provide for our patients. Providing a high quality of care can sometimes be made very difficult, or even impossible, due to a lack of cooperation from the patient. The following behaviors that can interfere with proper provision of quality dental care include: hyperactivity, resistive movements, refusing to open the mouth, kicking, screaming and grabbing the dentist's hands or sharp instruments. **ents. The refusing to**

I hereby give my consent to use physical restraints including, but not limited to: a mouth prop, nitrous mask, IV set up, finger pulse oximeter, blood pressure cuff, hands of dental assistants and or dental auxiliary as an essential part of efforts to render mutually agreed upon dental services for the patient. I further agree that this consent shall remain in full force unless withdrawn in writing by the person who has signed below or on behalf of the patient. **ulse agreed person who**

Patient/I

Readability Statistics	
<b>Counts</b>	
Words	197
Characters	1028
Paragraphs	3
Sentences	6
<b>Averages</b>	
Sentences per Paragraph	2.0
Words per Sentence	32.8
Characters per Word	5.0
<b>Readability</b>	
Passive Sentences	16%
Flesch Reading Ease	29.2
Flesch-Kincaid Grade Level	( 17.3 )



# Informed Consent



Please place a  $\checkmark$  in each box to indicate that you understand and consent to the following:

Consent to receive dental treatment: I consent and authorize [redacted] Dentists [redacted] and their employees to examine, clean, and provide dental treatment to my child.

## Informed Consent for Restorations, Crowns, and Bridges

This is my consent for Dr. [redacted] to perform the following treatment/procedure

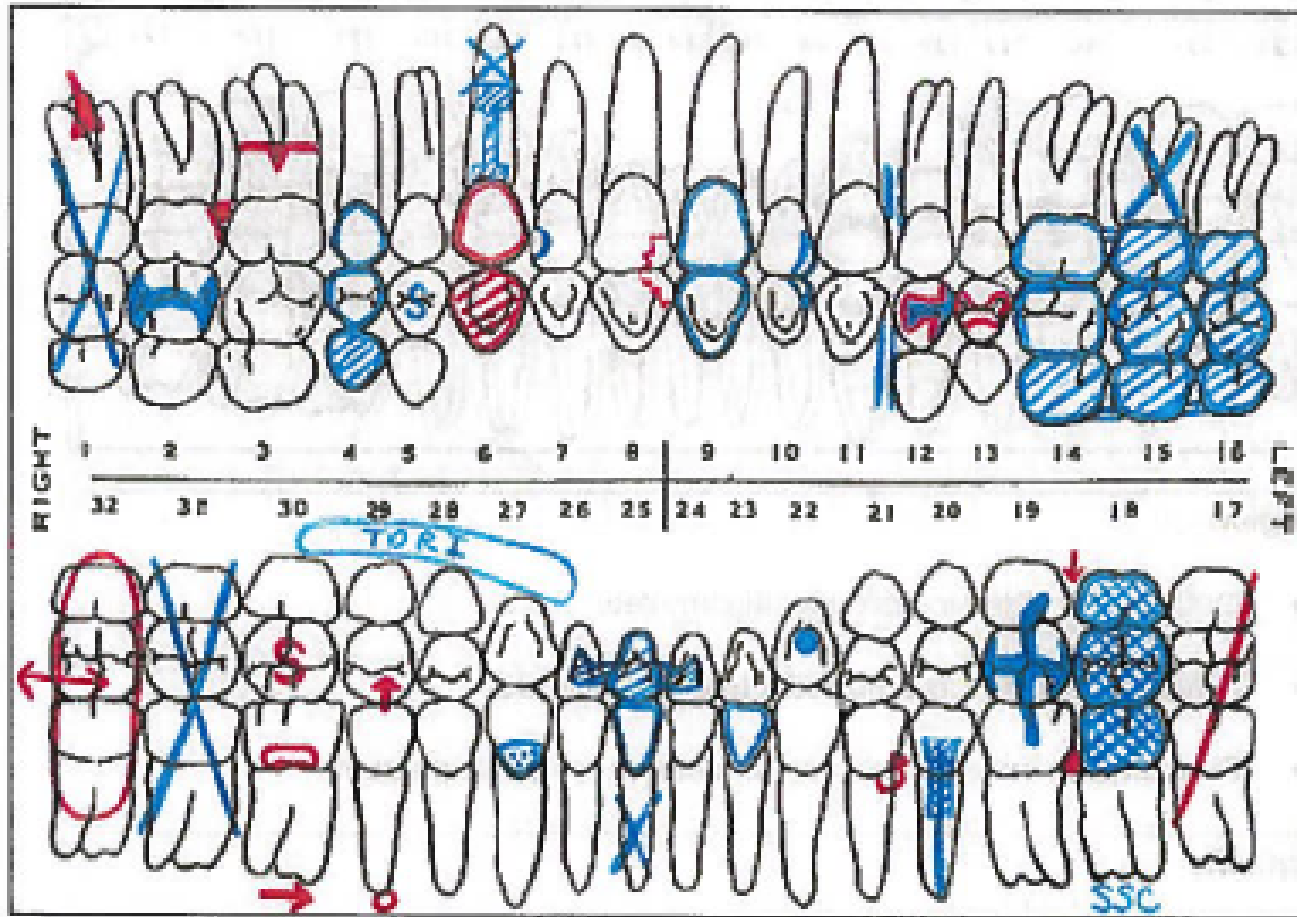
fillings #A(10) #5(10) #T(10)

I understand that the purpose of the procedure is to treat and possibly correct my diseased oral maxillofacial tissues. I have been advised that if this condition persists without treatment, my present oral condition will probably worsen over time and the risks to my health may include, but are not limited to the following: swelling, pain, infection, cyst formation, malocclusion, premature loss of teeth, and/or premature loss of bone. I have been informed of possible alternative methods of treatment, if any.

# Charting of Clinical Findings



Figure 17. Charting Existing Conditions

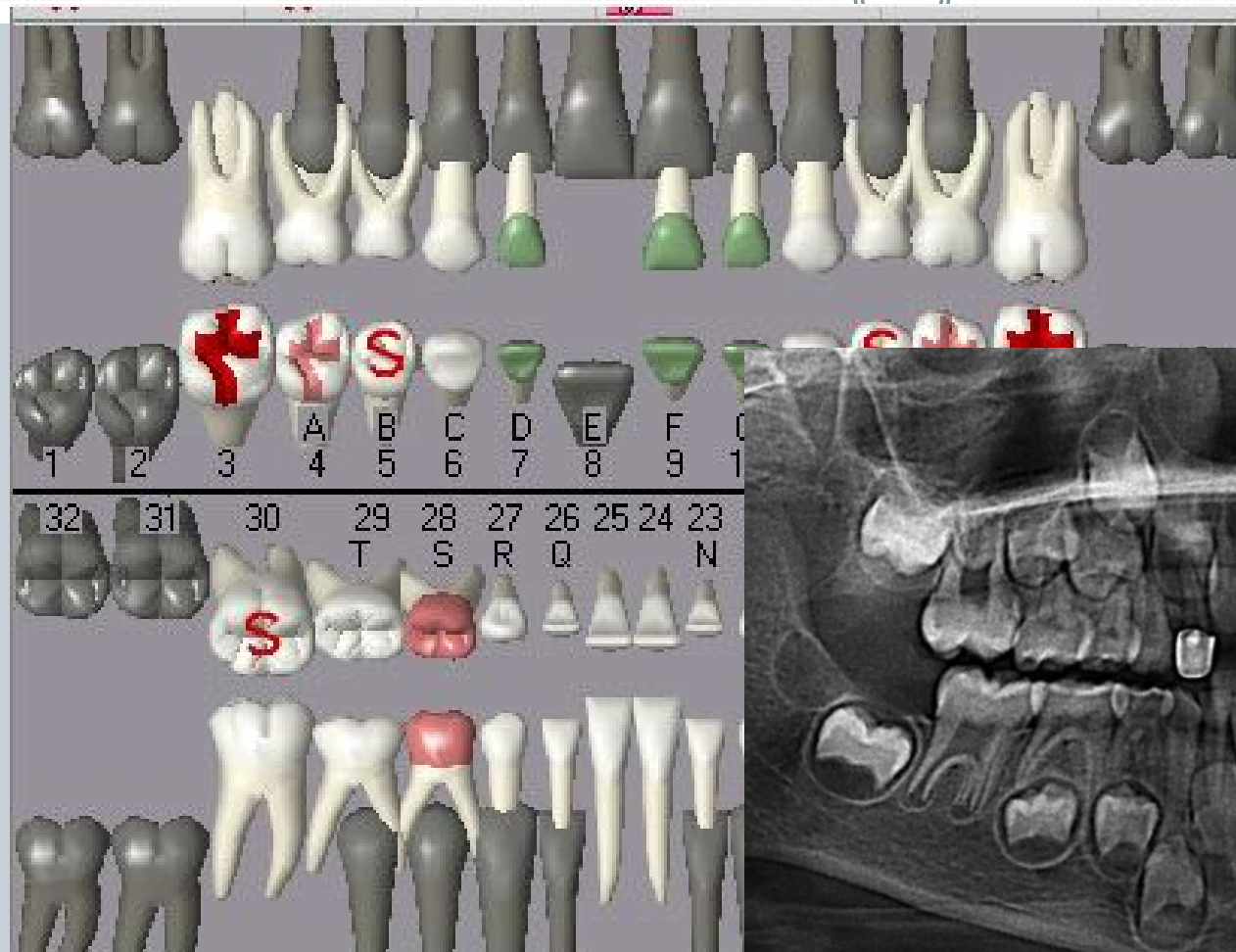


# Imaging – Bitewing or Periapical? Diagnostic Quality?



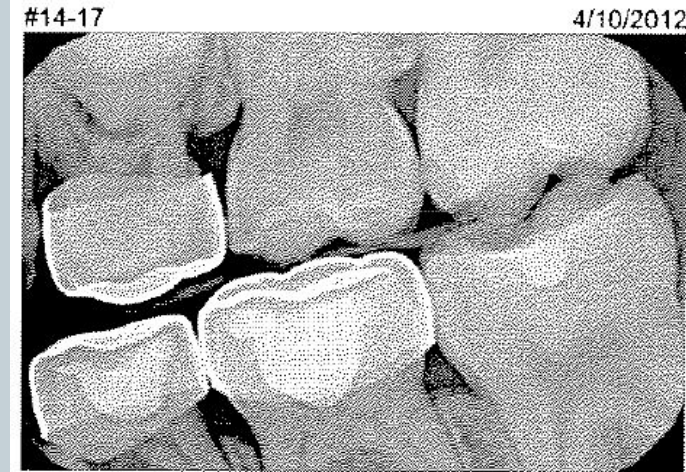
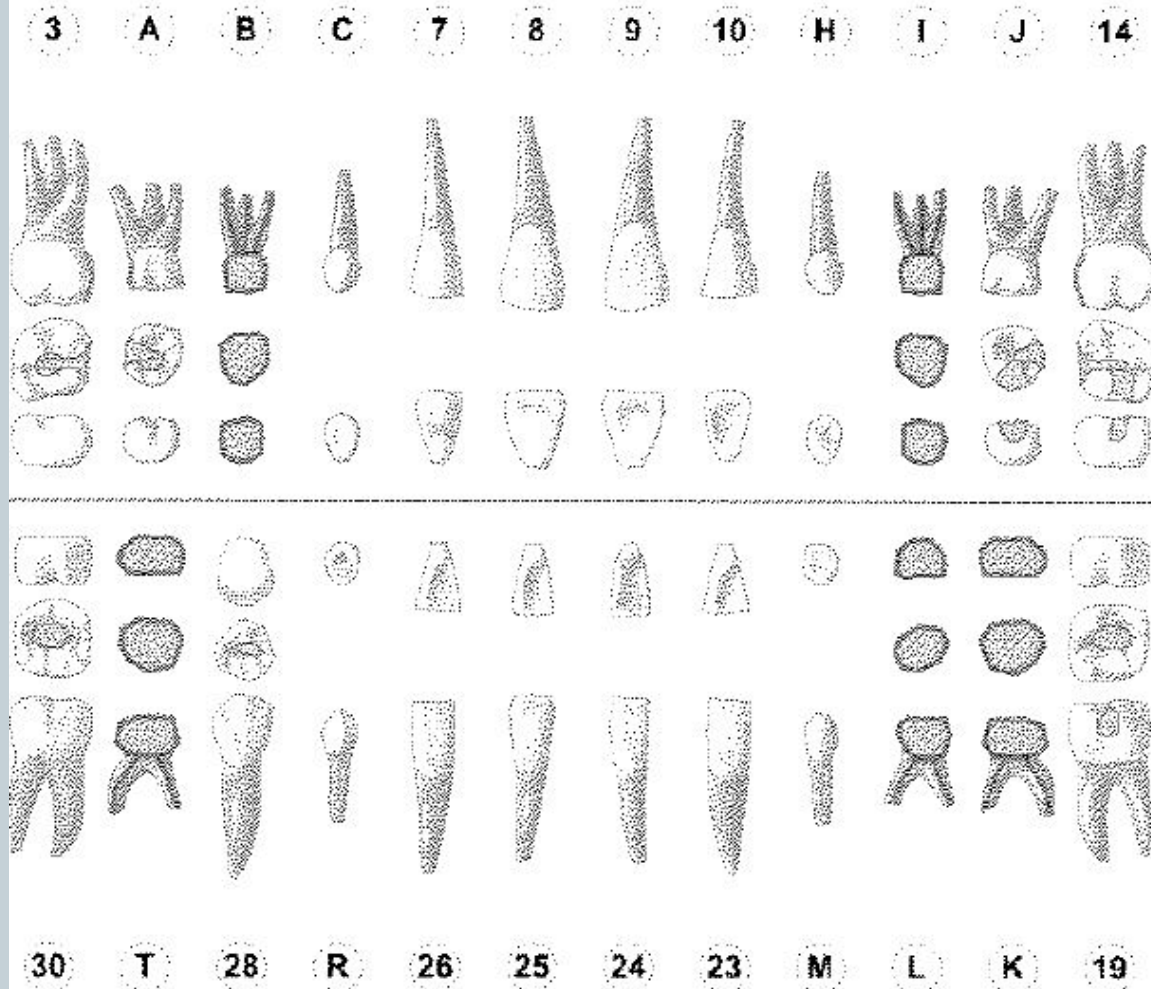


# Inaccurate Charting of Clinical and Radiographic Findings



03/22/2012-----> BP: 93/52 P:86 W:54lbs

# Inaccurate Charting of Clinical and Radiographic Findings



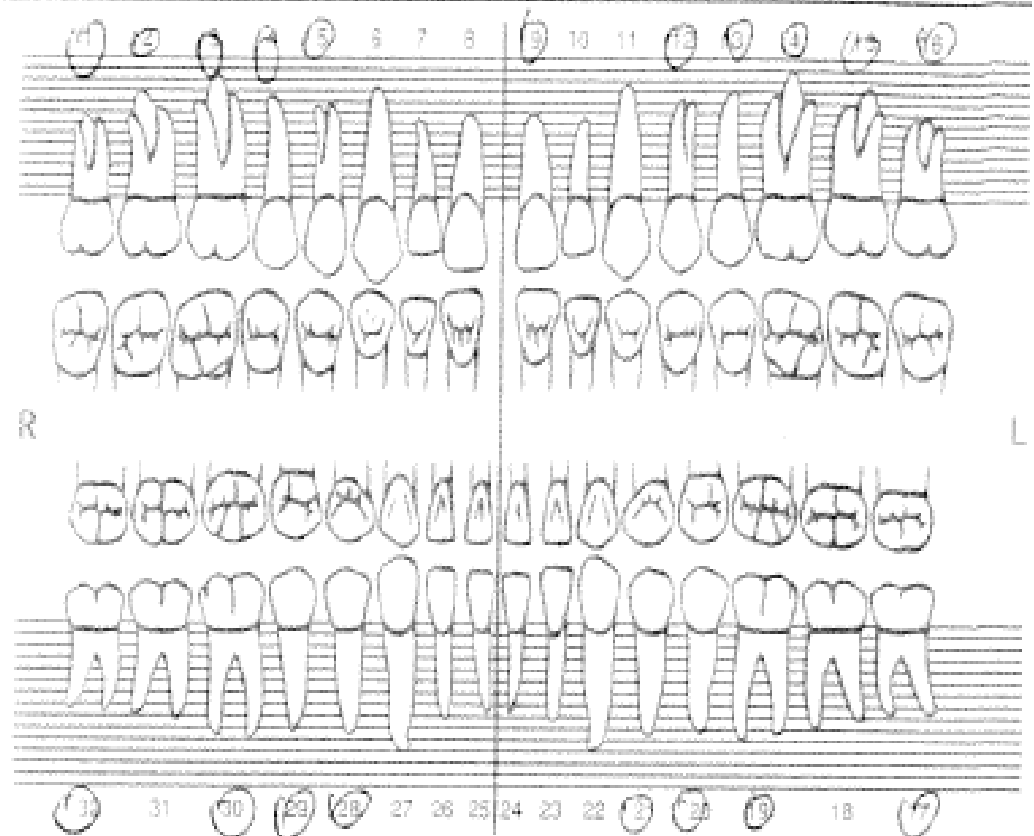
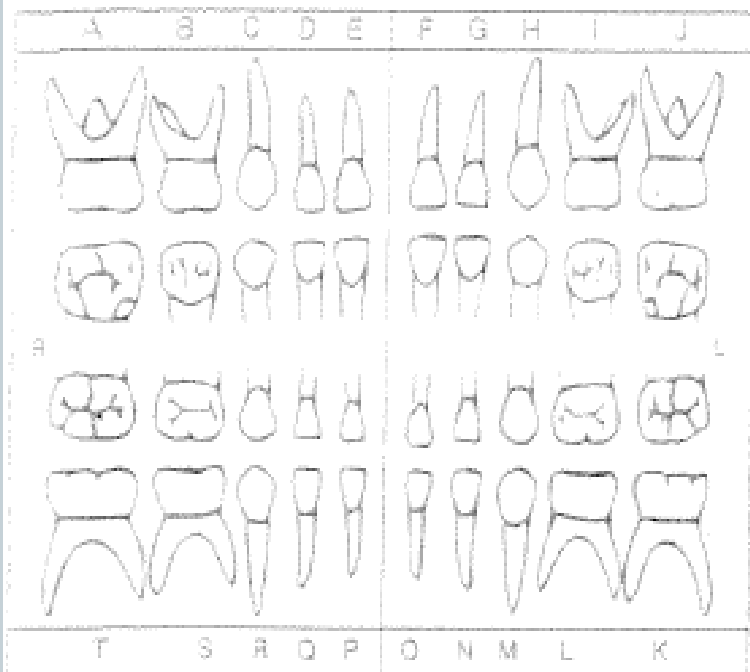
# No Charting of Clinical or Radiographic Findings



MEDICAL ALERT \_\_\_\_\_

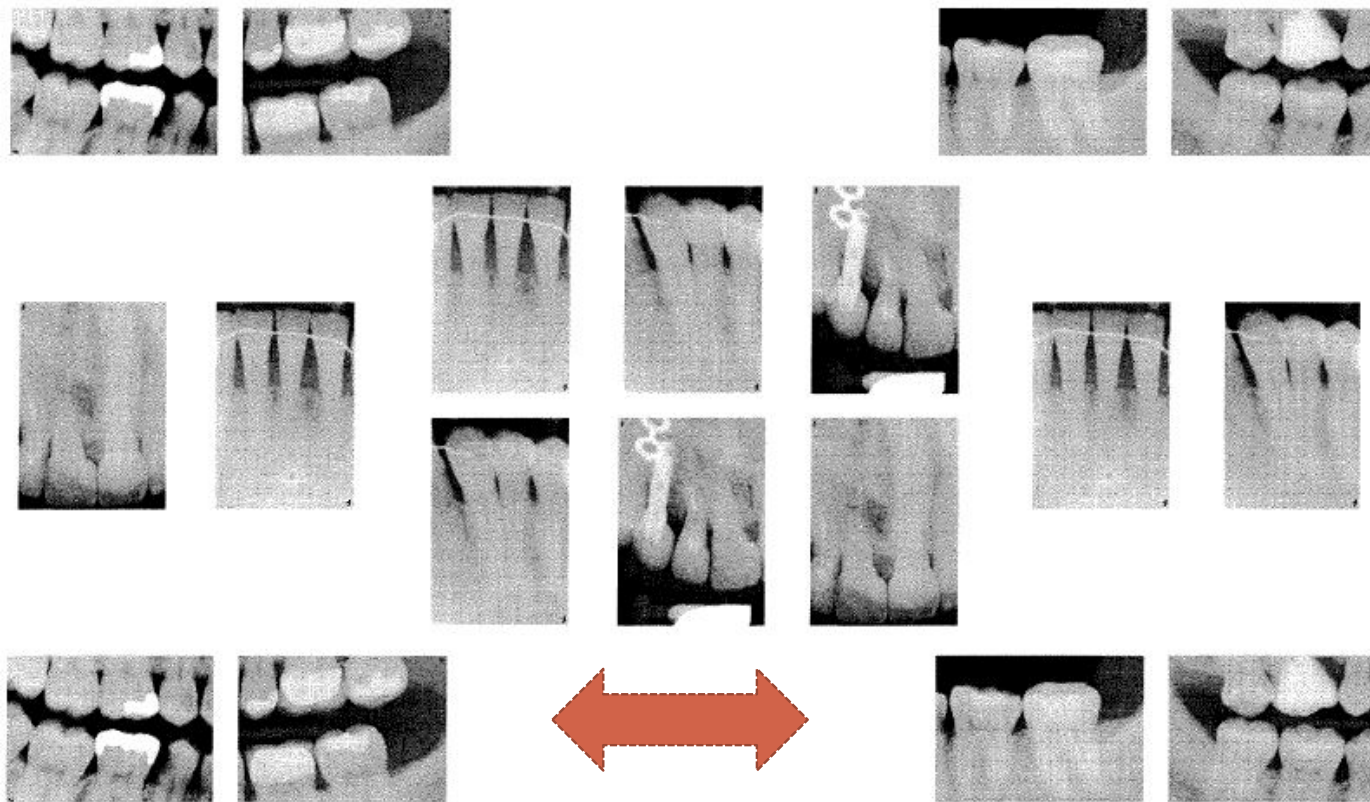
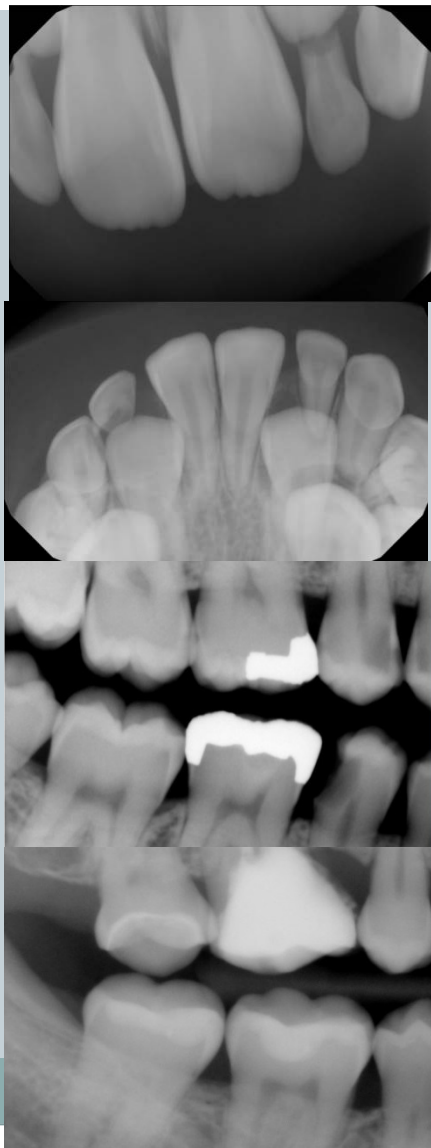
PATIENT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_





# Radiographic Imaging Incorporated into Multiple Patient Records



# Inaccurate X-ray Documentation Due to Use of Templates



## Chart Progress Notes

Review PMHx

EOE: wnl

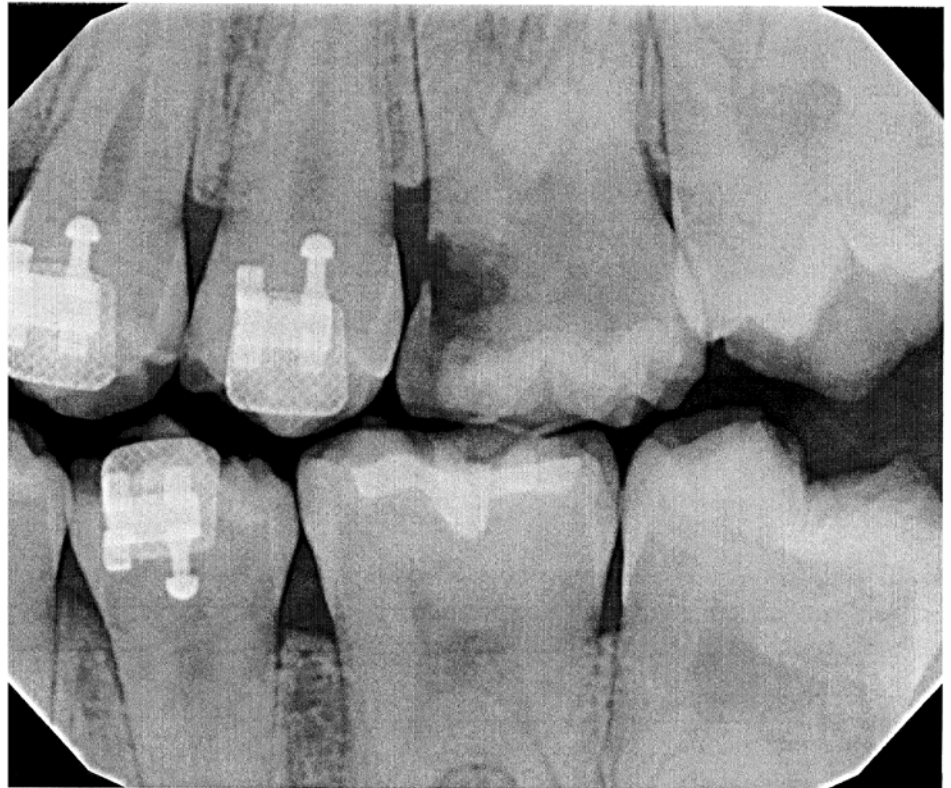
IOE: wnl, gingiva pink

Radiographic: no class II lesions apparent, osseous

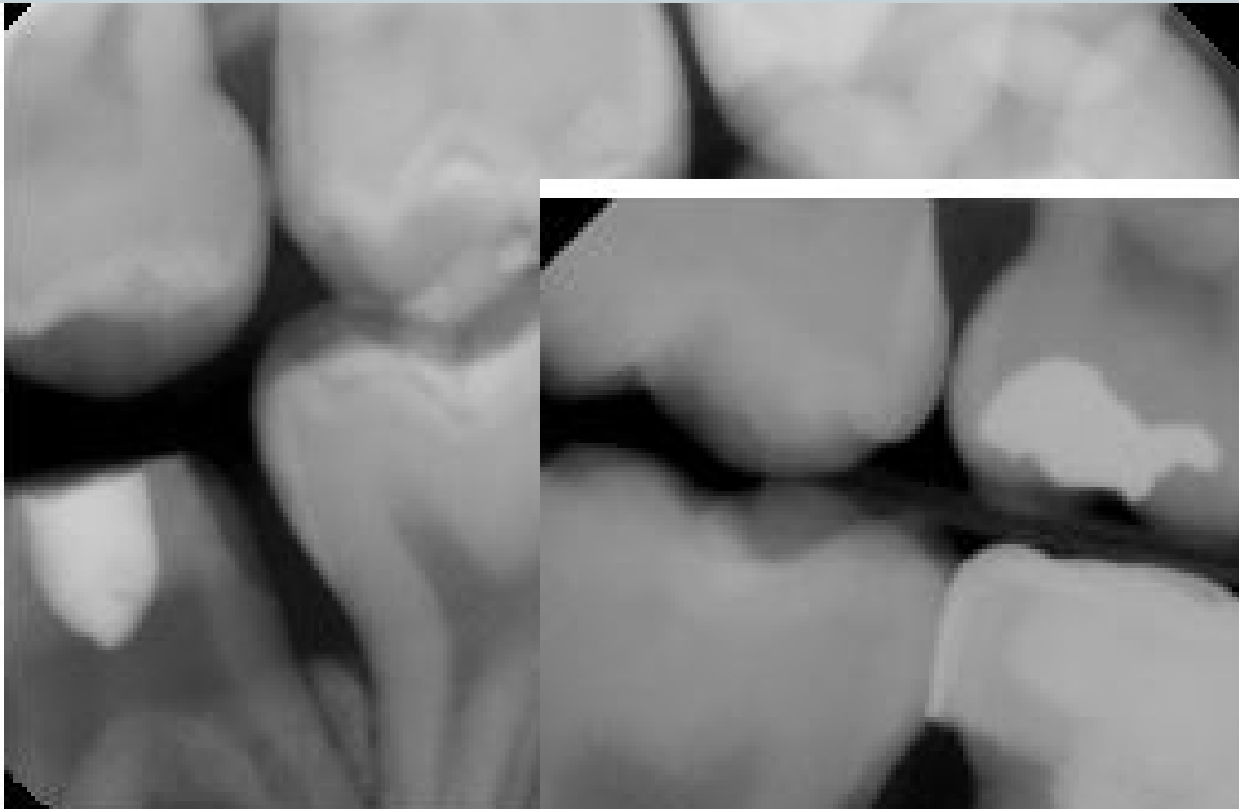
OH: Fair, Moderate Plaque

CC: New Patient Exam

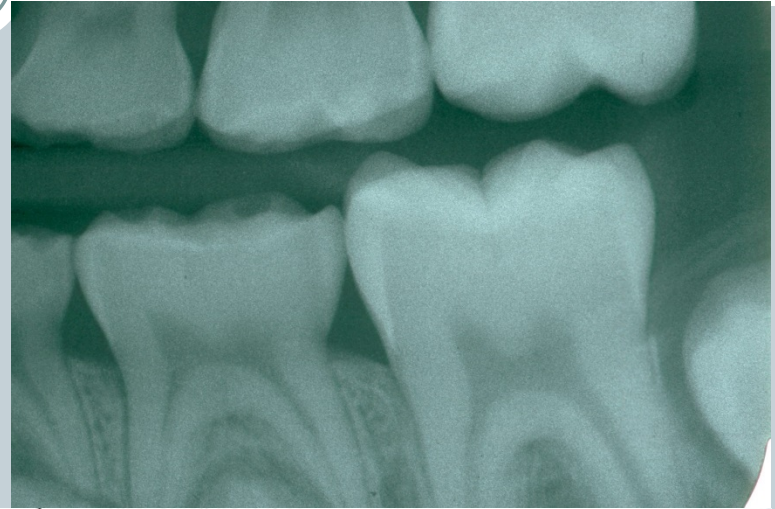
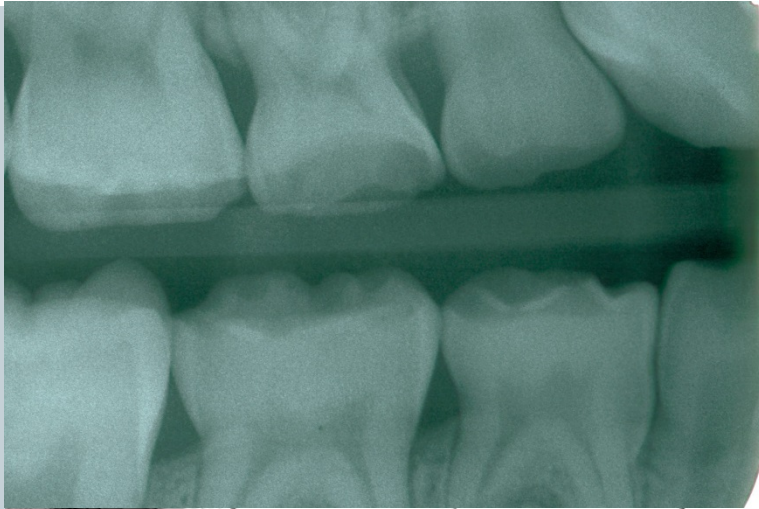
Dx: Caries, pit and fissure decay diagnosed by sig  
explorer



# Undocumented Clinical and Radiographic Findings – Treatment Outcomes



# Inaccurate Documentation



8/26/05	0	4
	0	5
	0	12
	0	13
	0	20
	0	21
	0	28
	0	29

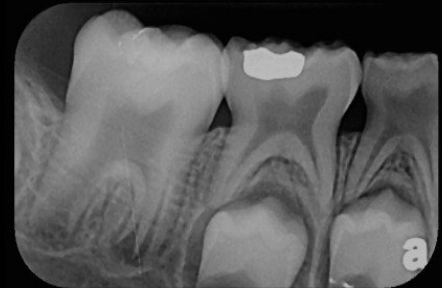
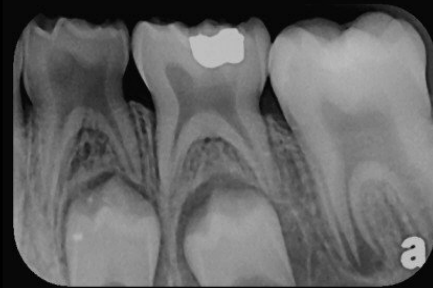
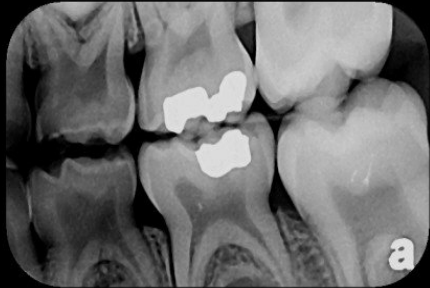
**GROSS SCALE:**

MHR:  EIE:   
 Took 9 B/W, 0 PA x-rays.  
 Took panoramic x-ray:  yes  no.  
 Treatment plan recommended.  
 Gross scaled, prophylaxis & OHI given.

**Sealant:** #4, 5, 12, 13, 20, 21, 28, 29  
 Pumice tooth/teeth clean. Acid etched.  
 Placed sealant. Checked occlusion and adherence.

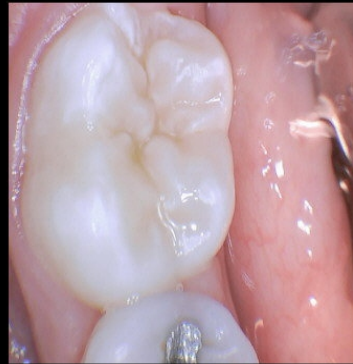


# Dental Services Not Provided



No Sealant #14

No Restorations



# Upcoding of Dental Services

MEDICAL ALERT \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_



#57

Name: \_\_\_\_\_

Patient Code: \_\_\_\_\_

DATE	TREATMENT NOTES	NEXT APPOINTMENT		
		DATE	TIME	PROCEDURE
12/7/9	exam/FMX PD-112/14 D-166			
12/16/9	FMD--Subsiding, imp. general gum inflammation w/ some bleeding, OHF. Stressed Flossing. 1/2 ant. calc. <del>PR</del> PRS: 2, 3, 4, 5, 12, 13, 14, 15, 18, 19, 20, 21, 28, 29, 30, 31, near normal! F-Scale			
7-12-11	mailed PD			

# Upcoded Dental Services



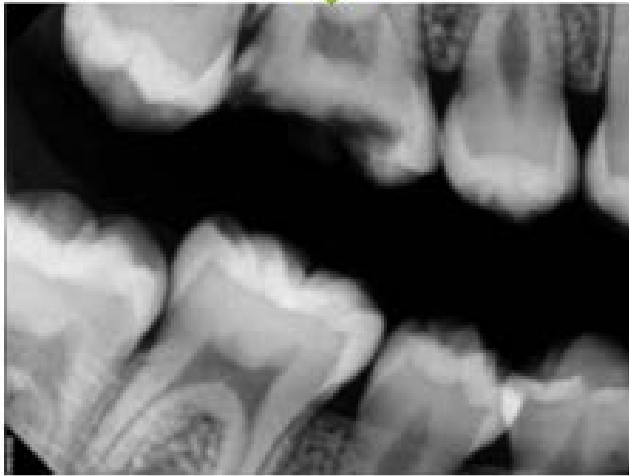
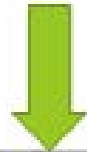
# Incomplete Documentation

Date	Th	Surf	Dx	Description
2/4/2012	F			Pulpotomy
2/4/2012	A	O		C1(P)
2/4/2012	F			SSCPri
2/4/2012	K	O		C1(P)
2/4/2012	T	B		C1(P)
2/4/2012				Conscious Sedation
2/4/2012	E			SSCPri
2/4/2012	E			Pulpotomy
2/4/2012	C	F		C1
2/4/2012	K	B		C1(P)
2/4/2012				FDH (under 3)
2/4/2012	D			SSCPri
2/4/2012	D			Pulpotomy
2/4/2012	I	O		C1(P)
2/4/2012	L	O		C1(P)

## Progress Notes for treatment on a single date of service for a 2 year 9 month old reflects the following:

No pre-treatment x-rays taken  
 Sedation and nitrous oxide for 25 mins  
 1 carpule of local anesthetic recorded  
 7 teeth filled (#A, C, F, K, I, L, T)  
 3 teeth treated with pulpotomy/SSCs  
 Parental consent for papoose without notation of use in record  
 Sedation record shows pulse rate variance during treatment from 128-158  
 Sedation record documents BP variance during treatment of 71/47 to 130/108  
**No notation in Progress Notes of adverse patient response to treatment**

# Sequencing of Dental Treatment



Bitewing x-rays –  
Example 1



Dental sealants and 2-surface filling performed first; no documentation that teeth with large cavities were treated by the practice under investigation or referral made



# Cloning of Progress Notes



-----Friday, July 02, 2010 at 9:25:42 AM-----

**Visual Exam completed & No Decay Seen. No radiographs taken. RMH.  
Reinforced OHI w/Parent.**

1/25/2011 GrpNote EC WILLIAMS ~GRP~

FIRST DENTAL HOME

Full caries risk assessment performed. Upon exam findings patient presents with HIGH Caries Risk Assessment based on the pt having following environment characteristics- suboptimal systemic fluoride exposure, frequent between meal snacking (3 or more), low level caregiver socioeconomic status, no usual source of dental care, and active caries present in the caregiver.

7/25/2011 GrpNote EC CAMPBELL ~GRP~

FIRST DENTAL HOME

Full caries risk assessment performed. Upon exam findings patient presents with HIGH Caries Risk Assessment based on the pt having following environment characteristics- suboptimal systemic fluoride exposure, frequent between meal snacking (3 or more), low level caregiver socioeconomic status, no usual source of dental care, and active caries present in the caregiver.

Visual Exam, TB prophylaxis and 5% fluoride VARNISH

S: Check up

O: RMH, non-contributory, NKDA ASA: I

A: restorative: WNL at this time

P: Reinforced OHI w/Parent. Patient has high ECC risk rate. Recommend Brita filter or bottled water for drinking. Recommend not placing bottle in crib at night when put to bed. Toothbrush Prophylaxis completed w/ 5% fluoride varnish. Answered any questions parent had. POI given to parent.

NV: 3 MRC



# Cloning of Sedation Records



- Indication for sedation:  Fearful/anxious patient for whom basic behavior guidance techniques have not been successful  
 Patient unable to cooperate due to lack of psychological or emotional maturity and/or mental, physical, or medical disability  
 To protect patient's developing psyche  
 To reduce patient's medical risk

## Medical history/review of systems (ROS)

- Allergies &/or previous adverse drug reactions  
 Current medications (including OTC)  
 Relevant diseases, physical/neurologic impairment  
 Previous sedation/general anesthetics  
 Snoring, obstructive sleep apnea, mouth breathing  
 Other significant findings (eg, family history)

ASA classification:  I  II  III\*  IV\*

Comments: \_\_\_\_\_

Is this patient a candidate for in-office sedation? \*

Plan: \_\_\_\_\_ Name/relat: \_\_\_\_\_

Informed consent obtained from: \_\_\_\_\_

Pre-op instructions reviewed with: \_\_\_\_\_

Post-op precautions reviewed with: \_\_\_\_\_

## Assessment on Day of Sedation

Accompanied by: \_\_\_\_\_

Medical Hx & ROS update	NO	YES	NPO
Change in medical hx/ROS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clear
Change in medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Milk
Recent respiratory illness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60
Weight: _____ kg			Mix

## Medical history/review of systems (ROS)

- Allergies &/or previous adverse drug reactions  
 Current medications (including OTC)  
 Relevant diseases, physical/neurologic impairment  
 Previous sedation/general anesthetics  
 Snoring, obstructive sleep apnea, mouth breathing  
 Other significant findings (eg, family history)

ASA classification:  I  II  III\*  IV\*  E

Comments: \_\_\_\_\_

Is this patient a candidate for in-office sedation?  YES  NO

Plan: \_\_\_\_\_ Name/relat: \_\_\_\_\_

Informed consent obtained from: \_\_\_\_\_

Pre-op instructions reviewed with: \_\_\_\_\_

Post-op precautions reviewed with: \_\_\_\_\_

## Assessment on Day of Sedation

Accompanied by: \_\_\_\_\_

Medical Hx & ROS update	NO	YES	NPO status
Change in medical hx/ROS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clear liquids
Change in medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Milk, other liquids
Recent respiratory illness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S/vis foods
Weight: _____ kg			Medications

## Airway Assessment

Airway Assessment	NONE	YES*
Obesity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Limited neck mobility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Microstomia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Macroglossia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tongue obstruction (%)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diminished oral opening	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Medical consultation indicated?  NO  YES Date requested: \_\_\_\_\_

Is this patient a candidate for in-office sedation?  YES  NO

Plan: \_\_\_\_\_ Name/relat: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Informed consent obtained from: \_\_\_\_\_

Pre-op instructions reviewed with: \_\_\_\_\_

Post-op precautions reviewed with: \_\_\_\_\_

## Assessment on Day of Sedation

Accompanied by: \_\_\_\_\_

Medical Hx & ROS update	NO	YES	Checklist
Change in medical hx/ROS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation home
Change in medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monitors functioning
Recent respiratory illness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency air, suction, & O <sub>2</sub> available
Weight: _____ kg			



# Cloning of Sedation Records



## Intraoperative Management and Post-Operative Monitoring

Monitors:  Observation  
 Protective stabilization/devices

TIME
Sedative*
N <sub>2</sub> O/O <sub>2</sub> (%)
Local* (mg)
O <sub>2</sub> sat
Pulse
BP
Resp
CO <sub>2</sub>
Procedure*
Comments*
Sedation level*
Behavior*

1. Agent \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Agent \_\_\_\_\_
2. Local anesthetic agent \_\_\_\_\_
3. Record dental procedure \_\_\_\_\_
4. Enter letter on chart and \_\_\_\_\_  
 A: \_\_\_\_\_  
 C: \_\_\_\_\_

## Intraoperative Management and Post-Operative Monitoring

EMS telephone number: \_\_\_\_\_

Monitors:  Observation  Pulse oximeter  Dental/overhead microscope  Blood pressure cuff  Capnograph  EKG  Thermometer  
 Protective stabilization/devices:  Paper cap  Fixed earpiece  Manual hold  Neck/shoulder roll  Mouth prop  Rubber dam

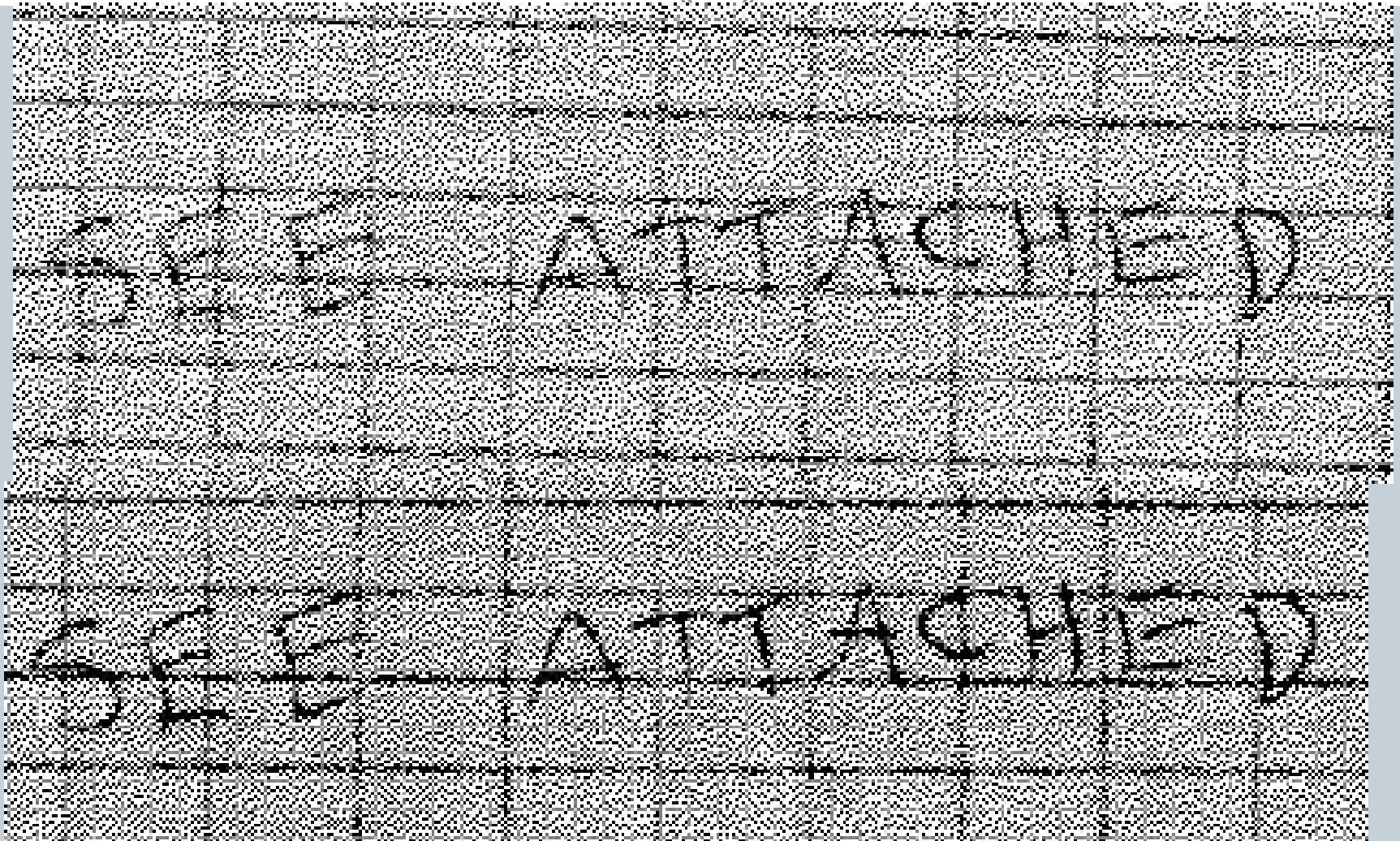
TIME	Baseline	1	2	3	4	5	6	7	8	9	10	11	12
Sedative*													
N <sub>2</sub> O/O <sub>2</sub> (%)													
Local* (mg)													
O <sub>2</sub> sat													
Pulse													
BP													
Resp													
CO <sub>2</sub>													
Procedure*													
Comments*													
Sedation level*													
Behavior*													

SEE ATTACHED

1. Agent Midazolam Route ORAL Dose 7mg Time 9:34 Administered by SHANQUE AL  
 Agent \_\_\_\_\_ Route \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_ Administered by \_\_\_\_\_  
 Agent \_\_\_\_\_ Route \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_ Administered by \_\_\_\_\_
2. Local anesthetic agent \_\_\_\_\_
3. Record dental procedure start and completion times, number of restorations etc.
4. Enter letter on chart and corresponding comments (e.g. no application of gag, airway obstruction, removal agent, analgesic below:  
 A: \_\_\_\_\_  
 B: \_\_\_\_\_



# Comparison of Cloned Entries



# Incomplete Sedation Records



TIME	PATE	SPO2	SYS	DIA	MAP	Res	TIME	PATE	SPO2	SYS	DIA	MAP	Res
02:10 PM	86P	99%											
	BP		88	/	86								
02:15 PM	82P	99%			79 mmHg	17							
	BP		94	/	59								
02:20 PM	84P	99%			91 mmHg	18	12:20 PM	92C	---				
	BP		96	/	57			BP	114	/	88	89 mmHg	
02:25 PM	120P	99%			71 mmHg	19	12:24 PM	122C	---				
	BP		107	/	69			BP	117	/	42	87 mmHg	
02:30 PM	109P	99%			64 mmHg	18	12:30 PM	109C	---				
	BP		99	/	70			BP	81	/	69	76 mmHg	
02:35 PM	151P	98%			62 mmHg	18	12:44 PM	136C	---				
	BP		50	/	40			BP	52	/	62	72 mmHg	
02:50 PM	250C	---			45 mmHg	19							
	BP		88	/	52								
					75 mmHg	19							

# Overtreatment with Adverse Outcomes



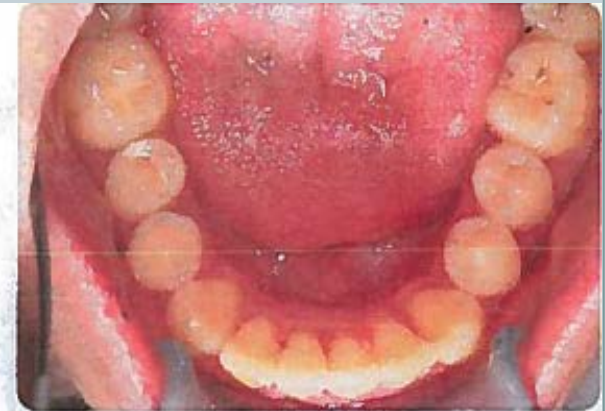
Orthopantomograph

# Unnecessary Orthodontic Services



10/27/2009 YR. 17 MO.  
11

Produced on the Dolphin DIGITAL Imaging System





# Electronic Dental Record Sample Documentation

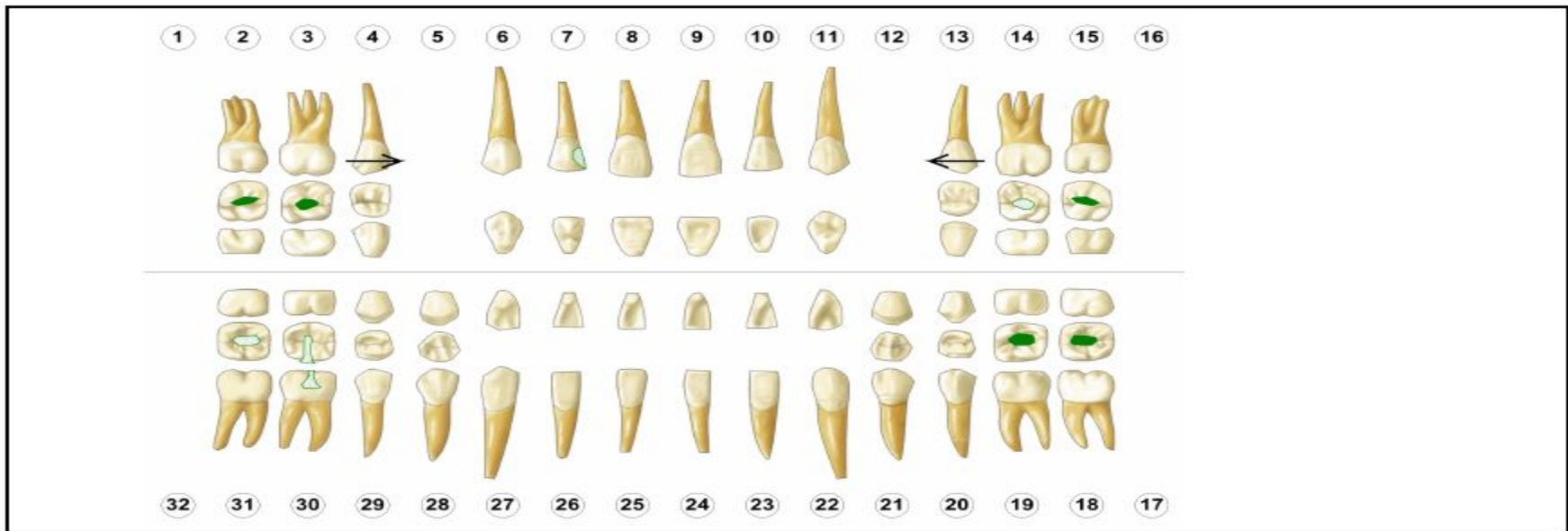
## Charting of Clinical/Radiographic Findings



### Patient Progress Notes

**Patient:** Dental R. Sample  
**Provider:** Linda M. Altenhoff, Chief Dental Office  
**Phone:** (512)491-1106  
**Office:** 11101 Metric Blvd  
 Building I, MC-1300  
 Austin, TX 78758

**Date:** 2/24/2016  
**Chart #:**  
**Birthdate:** 1/1/1960



■ Treatment Plan   
 ■ Completed   
 ■ Conditions   
 ■ Existing-This Prov   
 ■ Existing-Other Prov

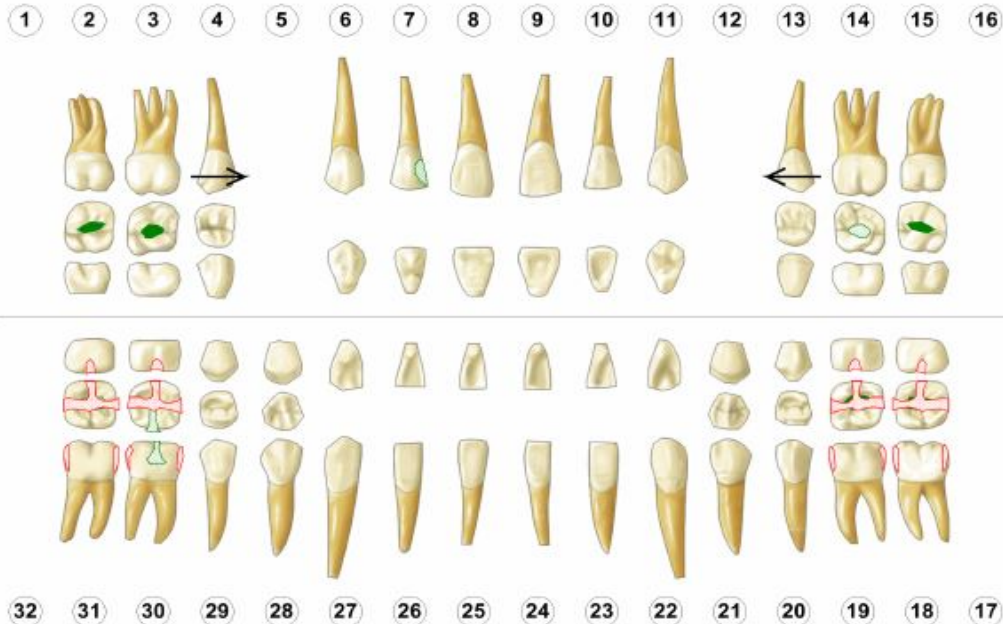
Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
2/23/2016				LMA1	Clinical Note		



# Chart

**Patient:** Dental R. Sample  
**Provider:** Linda M. Altenhoff  
**Phone:** (512)491-1106  
**Office:** 11101 Metric Blvd  
Building I, MC-1300  
Austin, TX 78758

**Date:** 2/24/2016  
**Chart #:**  
**Birthdate:** 1/1/1960



■ Treatment Plan    ■ Completed    ■ Conditions    ■ Existing-This Prov    ■ Existing-Other Prov

# Electronic Dental Record Sample Documentation

## Clinical Progress Notes – New Patient Exam



### Patient Progress Notes

**Patient:** Dental R. Sample  
**Provider:** Linda M. Altenhoff, Chief Dental Office  
**Phone:** (512)491-1106  
**Office:** 11101 Metric Blvd  
 Building I, MC-1300  
 Austin, TX 78758

**Date:** 2/24/2016  
**Chart #:**  
**Birthdate:** 1/1/1960

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
------	-------	---------	------	------	-------------	------	--------

56 year old white female presents for new patient examination. Written consent for examination, x-rays, cleaning, fluoride, and photographs obtained after explanation of the risks and benefits including responding to patient questions about x-ray exposure due to history of radiation treatments for breast cancer.

Chief complaint: Establish as new patient - no known dental concerns at this time; it's been 9 months since last dental visit, cleaning and x-rays at that time

Review of health history:  
 Patient has a history of allergies to medications - azithromax, cephalosporins, and morphine;  
 Patient has a history of elevated blood pressure, elevated cholesterol, post traumatic stress/anxiety ((PTSA), breast cancer, uterine fibroids with precancerous changes;  
 Patient current takes the following medications - lisinopril 10 mg once per day, buspar 15 mg twice a day, lovastatin 20 mg once per day, letrozole 2.5 mg once per day; patient also takes the following over-the-counter supplements - calcium, Vitamin E, Omega-3 fish oil, probiotics, women's multivitamin

Surgical history includes - 3 C-sections, bilateral tubal ligation, radical mastectomy of the left breast, simple mastectomy of the right breast, 22 lymph nodes removed from left arm, complete hysterectomy, third molar removal, extraction of 2 upper bicuspids for orthodontic purposes; patient has history of TMJ pain in the past, nothing recent. Patient has a history of chemotherapy (6 sessions) and radiation treatment (35 sessions) following radical mastectomy.

CAUTION: No blood pressure cuff or needle sticks in left arm due to removal of lymph nodes.

Patient states that she is in good health, is on 6-month recall with her oncologist, her blood pressure, cholesterol, and PTSA are controlled with medications

Vital signs: BP: 107/68; Pulse: 65; Temp: 98.7 F; Weight: 155 lbs; Height: 5'8"

Clinical examination reveals the following: occlusal amalgams on teeth #2, 3, 15, 18, and 19; MF composite on #7; occlusal gold foil #14; OB gold inlay on #30; occlusal gold inlay #31; teeth #5 and 12 are not present, with closure of spacing; enamel crazing noted on linguals of #18, 19, 30, and 31; margins of existing fillings intact, no recurrent or new decay noted on examination; palpation of the TMJs reveals no clicking or deviations, no pain; gum tissues are pink, firm, healthy in appearance; no bleeding of the gum tissues on probing, no probing depths greater than 3 mm; slight interproximal tartar on linguals of lower anterior central incisors; no visible plaque; oral cancer screening performed and is negative

Radiographic images ordered/taken: 4 BWs, 3 PAs, and panorex imaged by Susie Jones, RDH

Radiographic examination reveals the absence of teeth #1, 5, 12, 16, 17, and 32; no interproximal decay or bone loss noted on x-rays, no pathology noted on panoramic image

Prophylaxis with minimal scaling of lower anteriors and molars to remove tartar buildup, no bleeding noted during cleaning; polished teeth with prophy paste, applied fluoride gel for 1 minute.

Discussed enamel crazing noted on lower molars, advised patient of potential for further fracture; treatment options of no treatment, onlays, or full crown coverage explained to patient; patient has opted to electively have onlays on the lower molars, will start with left side.

Patient released after final check in good condition.

Next visit: 1.5 hrs for preparation of #18 and 19 for onlays

Next recall visit: due to excellent home care and no evidence of perio disease or recurrent/new decay, will place patient on 12 month recall at this time due to low caries risk

----- Signed on Tuesday, February 23, 2016 by Linda M. Altenhoff, DDS -----



# Electronic Dental Record Sample Documentation Clinical Progress Notes – Entries/Addendum



Next recall visit: due to excellent home care and no evidence of perio disease or recurrent/new decay, will place patient on 12 month recall at this time due to low caries risk

----- Signed on Tuesday, February 23, 2016 by Linda M. Altenhoff, DDS -----

-----Appended on Tuesday, February 23, 2016 at 8:40:52 AM by LMA1-----

Patient encouraged to floss more effectively on the lower anteriors and to concentrate more when brushing on the lingual of the lower molars due to the findings of slight tartar buildup in these areas; otherwise home care excellent resulting in recommendation of 12 month recall

2/23/2016	1		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/23/2016	2	O	D2140	LMA1	Amalgam 1 Surface	EO	0.00
2/23/2016	3	O	D2140	LMA1	Amalgam 1 Surface	EO	0.00
2/23/2016	4		15000	LMA1	Mesial Drifting	CON	0.00
2/23/2016	5		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/23/2016	7	MF	D2331	LMA1	Anterior Resin Composite 2s	EO	0.00
2/23/2016	12		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/23/2016	13		15000	LMA1	Mesial Drifting	CON	0.00
2/23/2016	14	O	D2410	LMA1	Gold Foil 1 Surface	EO	0.00
2/23/2016	15	O	D2140	LMA1	Amalgam 1 Surface	EO	0.00

Page: 2 of 3

## Patient Progress Notes

Patient: Dental R. Sample  
 Provider: Linda M. Altenhoff, Chief Dental Office  
 Phone: (512)491-1106  
 Office: 11101 Metric Blvd  
 Building I, MC-1300  
 Austin, TX 78758

Date: 2/24/2016  
 Chart #:  
 Birthdate: 1/1/1960

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
2/23/2016	16		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/23/2016	17		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/23/2016	18	O	D2140	LMA1	Amalgam 1 Surface	EO	0.00
2/23/2016	19	O	D2140	LMA1	Amalgam 1 Surface	EO	0.00
2/23/2016	30	OB	D2520	LMA1	Metallic Inlay 2 Surface	EO	0.00
2/23/2016	31	O	D2510	LMA1	Metallic Inlay 1 Surface	EO	0.00
2/23/2016	32		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00

UL=Upper Left UR=Upper Right LL=Lower Left LR=Lower Right

# Electronic Dental Record Sample Documentation

## Clinical Progress Notes – Treatment



### Patient Progress Notes

**Patient:** Dental R. Sample  
**Provider:** Linda M. Altenhoff, Chief Dental Office  
**Phone:** (512)491-1106  
**Office:** 11101 Metric Blvd  
 Building I, MC-1300  
 Austin, TX 78758

**Date:** 2/24/2016  
**Chart #:**  
**Birthdate:** 1/1/1960

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
2/23/2016	16		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/23/2016	17		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/23/2016	18	O	D2140	LMA1	Amalgam 1 Surface	EO	0.00
2/23/2016	19	O	D2140	LMA1	Amalgam 1 Surface	EO	0.00
2/23/2016	30	OB	D2520	LMA1	Metallic Inlay 2 Surface	EO	0.00
2/23/2016	31	O	D2510	LMA1	Metallic Inlay 1 Surface	EO	0.00
2/23/2016	32		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/24/2016				LMA1	Clinical Note		

**Chief Complaint:** Patient presents for preparation of teeth #18 and 19 for gold onlays

**Review of health history:** Patient reports that she forgot to mention that she has a history of gastric reflux that started following breast cancer surgery and during chemotherapy and radiation therapy; she takes Prilosec daily which controls her symptoms along with diet modification and weight loss; no other changes to health history noted at this time.

**Vital Signs:** BP: 105/68; Pulse: 65; Temp: 98.7F

Reviewed treatment plan for today including the risks and benefits of the use of local anesthesia and nitrous oxide; preparation, impressions, and placement of temporaries on lower left molars; patient asked about post-treatment discomfort and the use of Advil for control; patient was told that Advil should be sufficient given the treatment planned for today; no other questions were posed; written consent for local anesthesia, nitrous oxide, and preparation of #18 and 19 for gold onlays was obtained.

Nitrous oxide was initiated at 8:15 am with 100% O2 given for 3 minutes followed by 30% N2O/70% O2 through a nasal mask; patient was switched to 100% O2 at conclusion of treatment at 9:15 am

**Local anesthesia:** Topical anesthesia was placed for 2 minutes, inferior alveolar injection of 1.5 ml of 2% Lidocaine with 1:100,000 epinephrine was administered followed by 0.3 ml of 2% Lidocaine w/1:100,000 epi long buccal injection; patient reported numb lip/tongue at 10 am

**Procedure:**

#18 - MODL gold inlay prep: removed old amalgam, no recurrent decay noted, fracture of lingual enamel noted to extend into dentin; packed tissues with retraction cord on MLD; removed retraction cord prior to impression being taken; acrylic temporary made and cemented with Tempbond, excess cement removed

#19 - MODL gold inlay prep: removed old amalgam, recurrent decay noted and removed, no exposure of pulp however due to depth placed calcium hydroxide base to reduce sensitivity; packed tissues with retraction cord on MLD; removed retraction cord prior to impression being taken; acrylic temporary made and cemented with Tempbond, excess cement removed

Post-op instructions given to patient verbally and in writing; advised patient to rinse with warm salt water and take Advil if she experiences tissue discomfort, to be sure and brush normally, when flossing to take the floss through the contacts but then to pull through to the side so as not to dislodge the temporary; should the temporary become loose or comes off, to call the office so that it can be recemented to prevent tooth movement; patient also advised to eat primarily on the right side if possible and to not try to eat until the feeling comes back to her tongue and lip. Patient advised to call if she has any questions or concerns.

Post treatment vitals: BP: 120/78; Pulse: 75;

Patient released in good condition, walking on her own without any signs of problems

Assistant present during procedure: Joan Perkins, RDA

----- Signed on Wednesday, February 24, 2016 by Linda M. Altenhoff, DDS -----

2/24/2016 LMA1 Clinical Note

Called patient at her work phone number to check on how she was doing after today's visit. Patient reports that

# Electronic Dental Record Sample Documentation

## Clinical Progress Notes – Follow Up Call



Post treatment vitals: BP: 120/78; Pulse: 75;  
 Patient released in good condition, walking on her own without any signs of problems  
 Assistant present during procedure: Joan Perkins, RDA  
 ----- Signed on Wednesday, February 24, 2016 by Linda M. Altenhoff, DDS -----  
 2/24/2016 LMA1 Clinical Note

Called patient at her work phone number to check on how she was doing after today's visit. Patient reports that the numbness has worn off, she has feeling in her tongue and lip, she's a little sore on the "tongue side" of the teeth worked on but otherwise doing fine. She's had something to drink and eat without any problems or sensitivity. I reminded her that should the temporaries become loose or come off, to call the office so that she can be worked in to have the temporary(s) recemented. I asked if she had been scheduled for seating the onlays and she stated she had informed Mary at the front desk that she would check her schedule and call back. I advised her that the onlays should be back from the lab within 2 weeks and that we would need 30-45 minutes to deliver the onlays.

Next Visit: 2 weeks, 30-45 minutes to seat onlays on left side; impressions sent to Morning Dental Lab for fabrication of onlays  
 ----- Signed on Wednesday, February 24, 2016 by Linda M. Altenhoff, DDS -----

### Patient Progress Notes

Patient: Dental R. Sample  
 Provider: Linda M. Altenhoff, Chief Dental Office  
 Phone: (512)491-1106  
 Office: 11101 Metric Blvd  
 Building I, MC-1300  
 Austin, TX 78758

Date: 2/24/2016  
 Chart #:   
 Birthdate: 1/1/1960

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
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UL=Upper Left UR=Upper Right LL=Lower Left LR=Lower Right



# Questions



# Contact Information



Linda M. Altenhoff, DDS -Chief Dental Officer

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