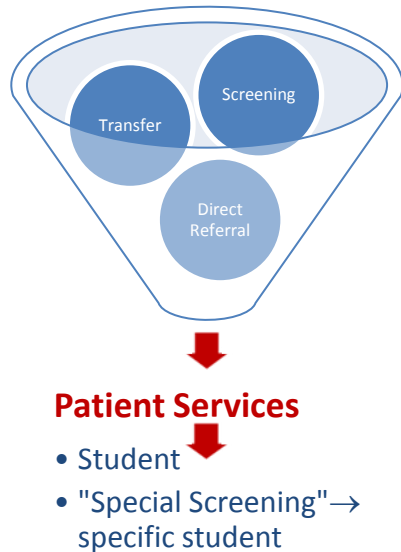


The Patient Exam

Where will your patients come from?

The patients who will be assigned to you will come from several sources:



Screening- General population comes to the school seeking care, or

"Special Screening" where the student knows or has recruited the patient into the school program.

Transfer- Patients can be transferred from a Senior, a Resident, or even the Faculty clinic.

Direct Referral- A private dentist can refer a patient to the school, usually for limited care.

Whatever the source, all patients MUST go through Patient Services. There are NO direct provider- to - provider transfers in any direction.

Understanding the source can help you know where the patient is in the process of treatment, and help you understand what data you may need to collect. However, one concept is paramount:

Whatever the source of the patient, this is now your patient, and you are responsible for the diagnosis and treatment plan. It cannot be stressed enough- there is no excuse for not adequately evaluating, diagnosing, or treatment planning a patient you are now treating, no matter how limited the care. **You do not work for another provider** and the point of your education is to develop your own independent judgment.

The requirements for an "adequate" evaluation are not easily graphed out for all situations, so you will need to rely on your training to determine the type of exam required, appropriate radiographs, and other needed data. This chart is only a general outline, and should not be considered exhaustive or restrictive.

Category of patient	Exam needed	Radiographs	Schedule exam in:	Data gathering
New patients	D0150	Pan, FMX (usually done already)	Oral Medicine	HQR, OCSE, CRA, Perio, Pulp vitality of selected teeth
Transfer patients	D0006+ D0120 if > 6 mo	Review existing, take as needed by 2012 guidelines	Operative (Complete audit form)	HQR, OCSE, Dental exam, PSR, CRA, pulp vitality if indicated. Review treatment plan.
"Special Screening"	D0150	Review existing, take as needed by 2012 guidelines	Oral Medicine	HQR, OCSE, CRA, Perio, Pulp vitality of selected teeth
Complete Denture	D0150	Pan (usually already done)	Rem Pros	HQR, OCSE, radiographs if indicated
Direct Referral and "Stand-by"	D0120	Review existing, take as needed by 2012 guidelines	Operative or Fixed	HQR, OCSE, Dental exam, PSR, CRA, pulp vitality if indicated

Radiographs:

New Patients: Each patient will already have undergone a panoramic and full mouth series of radiographs.

All other patients, you need to use your judgment on which radiographs to take and how often.

Type of encounter	Adolescent with permanent dentition (prior to 3 rd molar eruption)	Adult, dentate or partially dentate	Adult, edentulous	
New patient	Individualized radiographic exam consisting of: <ul style="list-style-type: none"> • Posterior bite wings with panoramic exam <i>or</i> • Posterior bite wings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment		Individualized radiographic exam, based on clinical signs and symptoms	
Caries Risk	Recall Patient* with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe	Posterior bitewing exam at 6-18 month intervals	Not applicable
	Recall Patient* with no clinical caries and not at increased risk for caries**	Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals	Not applicable
Periodontal Disease	Recall Patient* with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically.		Not applicable
	Patient with other circumstances such as: implants, pathoses, restorative/ endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of these conditions		

*Clinical situations for which radiographs are indicated such as:

- A. Positive Historical Findings: Previous periodontal or endodontic treatment, History of pain or trauma, Familial history of dental anomalies, Postoperative evaluation of healing, Remineralization monitoring, Presence of implants, previous implant-related pathosis or evaluation for implant placement
- B. Positive Clinical Signs/Symptoms: Clinical evidence of periodontal disease, Large or deep restorations, Deep carious lesions, Malposed or clinically impacted teeth, Swelling, Evidence of dental/facial trauma, Mobility of teeth, Sinus tract ("fistula"), Clinically suspected sinus pathosis, Growth abnormalities, Oral involvement in known or suspected systemic disease, Positive neurologic findings in the head and neck, Evidence of foreign objects, Pain and/or dysfunction of the temporomandibular joint, Facial asymmetry, Abutment teeth for fixed or removable partial prosthesis, Unexplained bleeding, Unexplained sensitivity of teeth, Unusual eruption, spacing or migration of teeth, Unusual tooth morphology, calcification or color, Unexplained absence of teeth, Clinical tooth erosion, Peri-implantitis

**Factors increasing risk for caries may be assessed using the Caries Risk Assessment forms

Complete Radiographic Interpretation:

- Complete the **Radiographic Interpretation tab** in axiUm to the best of your ability, then schedule to meet with a designated Radiology (or a designated ORehab faculty member on occasion) to evaluate your work (this process is graded pass/fail). They will be asking questions on evaluating the quality of the radiograph (positioning errors) and normal anatomic structures as well as dental anatomy and pathosis like caries.
- After doing four radiographic interpretations with a passing grade, you will do a Competency case in the spring. If you pass, you will continue to complete the Radiology Tab in axiUm, but you can choose to schedule with Radiology or as part of your DXR appt.

The Exam Process: Comprehensive Oral Exam D0150, Periodic exam (D0120), or a D0006 (SDM code for a chart review): This is a general overview of the process for a new patient. See below for specific checklists. The blue boxes are linked to additional helpful information.

1. **Chief Concerns:** Concise summary of concerns (complaints) in patient's own words. If the patient is in pain, see Phase 1-Relieve Pain for diagnostic information.
2. **Health History:** Either new patient record or a review of existing records. *Print out a hard copy of the Medical History Checklist so you can sit face to face with the patient and take notes on it.*

For specific problems, look up the correct guideline information and see what you need to follow up and learn. Check the medications the patient is on to see if the indications for the medications match the disease.

Additional information is linked inside some of the guidelines.

Medication reconciliation. For each medication the patient is taking, ask what the medication is prescribed for, and make sure that problem is on the patient's medical history. List the medication class and any dental implications it may have.

Examples: Effects on salivary flow, taste changes, interactions with other commonly dentally prescribed drugs (antibiotics, pain meds, anesthetics), implications with common dental procedures (bleeding, block anesthesia, surgical procedures).

3. **Head and Neck Exam,** include Oral Cancer Screening Exam. For detailed checklist, click on this link:
4. **Dental Exam:**
 1. **Missing and Impacted Teeth**
 2. **Conditions**
 3. **Materials**
 4. **Decay**
5. **Caries Risk Assessment:** Based on radiograph and exam, complete CRA form in axiUm. Click on the link for additional information.
6. **Periodontal Charting:** Note pocket depths and Plaque Indices, unless calculus is too heavy for accuracy.
7. **Study Casts:** Make impressions so that you can fabricate a set of study casts.

[Medical History Checklist](#)

[Adrenal Guidelines](#)

[Anticoagulation Guidelines](#)

[Asthma Guidelines](#)

[Diabetes Guidelines](#)

[Hypertension Guidelines](#)

[Infective Endocarditis Guidelines](#)

[HIV Guidelines](#)

[Head and Neck Exam Checklist](#)

[Cheat Sheet of Charting Symbols](#)

[Caries Risk Assessment](#)

[Periodontal Charting Reference](#)

[Study Cast Checklist](#)

A. Comprehensive Oral Evaluation- New or Established Patient (D0150).

Of course use this code when you have a new patient, however if your established patient has not been seen for more than three years you use this code. It is a thorough evaluation of the patient's medical condition, oral condition including charting, evaluation of occlusion, periodontal evaluation, and of course, an oral cancer screening exam with recording of any finding.

- For this type of exam, follow the whole sequence 1-7 above.

B. Periodic Oral Evaluation- Established Patient (D0120) AKA "Recall exam" "Annual exam"

This type of exam is done on a patient who already has a chart in the SDM (a "patient of record") that has been seen within 3 years (otherwise they would need a D0150) but has not had a D0120 within the past 6 months. You are examining them to determine if there are any changes in their dental or medical health status since their last evaluation (not treatment appointment!). This involves:

- Review Medical History.** Every question needs a yes or no answer. Cool axiUm trick: If the response is the same as last notation, click "Control R" to automatically update to today's date.
- Vital signs.** Remember BP assessment questions, confirm with faculty.
- Complete **treatment modifications** and **summary statements** (See student forms for templates)
- Head and Neck Exam**
- Evaluate for **Oral Medicine Consult:**
 - Is pt an ASA III?
 - Have they had a change in ASA status for the worse?
 - Had a significant change in health history: hospitalization, surgery, or new systemic disease diagnosis?
 - Had a significant change in medications?
 - Have a new oral mucosal lesion noted on Head and Neck exam?
- Dental Exam**
- Caries Risk Assessment**
- Radiographic Interpretation.** Review most recent films- are new films indicated based on findings of dental exam (see above)? If so, take radiographs and complete a radiographic interpretation form based on those films.
- PSR.** Has the patient been medically cleared to do probing depths? If so, take the PSR readings. Is a perio consultation needed?

PSR Basics

B. Chart Audit (D0006) This is *not* an ADA code. It is a way for us to keep track of the patient's care in a complex system. Usually this is done when a patient is transferred from one student to another, when we need to stop, review the chart formally, and rethink where we are with the patient. If the patient also needs a D0120 exam because it has been 6 months since their last exam, then certainly chart a D0120 as well.

D0006 Information PDF

Checklist:

- Review Medical History.** Every question needs a yes or no answer. Use "Control R" if response unchanged.
- Vital signs.** Remember BP assessment questions, confirm with faculty.
- Complete **treatment modifications** and **summary statements** (See student forms for templates)
- Head and Neck Exam**
- Evaluate for **Oral Medicine Consult:**
 - Is pt an ASA III?
 - Have they had a change in ASA status for the worse?
 - Had a significant change in health history: hospitalization, surgery, or new systemic disease diagnosis?

- Had a significant change in medications?
 - Have a new oral mucosal lesion noted on Head and Neck exam?
- **Dental Exam**
- **Caries Risk Assessment**
- **Radiographic Interpretation.** Review most recent films- are new films indicated based on findings of dental exam (see above)? If so, take radiographs and complete a radiographic interpretation form based on those films.
- Review progression of **Treatment Plan.** Check existing treatment plans. If treatment has not been completed, find out why not. Check the “in-Progress” tab and note any outstanding treatment. If completed, have your faculty member delete it.
- Develop a **new Treatment Plan.**
 - Are there any Occlusal Plane Discrepancies that may impact the Phase 3 Treatment Plan?
- **Study Casts.** Evaluate hand-articulated casts- are they accurate? If not, make new impressions
- **PSR.** Has the patient been medically cleared to do probing depths? If the patient has had periodontal charting done within the past year, do a PSR. Is a perio consultation needed?