

Samaritan Health Ministries Wipeout Checklist

We want the person who picks up the baton after you to have all the tools needed to best serve the patient. With that in mind, please make sure each of these tasks is complete for each patient. Thank you!

Dental Assistants:

- ✓ Take 4 bitewings and 2 anterior PA's. Additional PA's as needed.
- ✓ Record blood pressure and pulse on progress notes.
- ✓ Go over medical history.
- ✓ Record chief complaint.
- ✓ Use blue and red pencil only.

Dentists:

- ✓ Please do not skip lines on notes.
- ✓ Record missing teeth.
- ✓ Record restorative diagnosis and treatment plan.
- ✓ Record periodontal diagnosis and hygiene treatment (Spot probing).
- ✓ Record clinical notes in dental progress notes.
- ✓ Please add what needs to be done at next visit.
- ✓ Sign and date the chart.

Hygienists:

- ✓ Please do not skip lines on notes.
- ✓ Full probing chart.
- ✓ If diagnosis is SCRIP, please do 1 or 2 quads instead of gross debridement.
- ✓ Record clinical notes in dental progress notes.
- ✓ Note when and why the patient needs to return.
- ✓ Sign and date the chart.

Dental Charting Instructions

Patient Chart:

- ✓ Record date.
- ✓ Check oral cancer exam.
- ✓ Mark **missing teeth** on diagram with a **blue color X**.
- ✓ Record **tooth number and treatment** needed in **red color**. Please specify any condition different than decay.
- ✓ Check appropriate periodontal status or diagnosis.
- ✓ Record **hygiene treatment in red color**.

Periodontal Chart:

- ✓ Mark **missing teeth** with a vertical **blue color line**.
- ✓ Record **in blue color** date and full probing chart in the appropriate section.
- ✓ Check periodontal diagnosis.

PATIENT CHART TX. NOTES

CHART # SAMPLE

DR. LICENSE #	DR. #	DOCTOR NAMES

DR. LICENSE #	DR. INITIALS	DOCTOR NAMES

PERIODONTAL STATUS

<input type="checkbox"/> CONTROLLED CLASS 0	<input type="checkbox"/> GINGIVITIS CLASS I	<input type="checkbox"/> SLIGHT PERIO CLASS II 4-5mm	<input checked="" type="checkbox"/> MOD PERIO CLASS III 5-8mm	<input type="checkbox"/> ADV PERIO CLASS IV 8mm or >	<input type="checkbox"/> EMERGENCY CARE PERIO	<input type="checkbox"/> SUPP PERIO TREATMENT (SPT)
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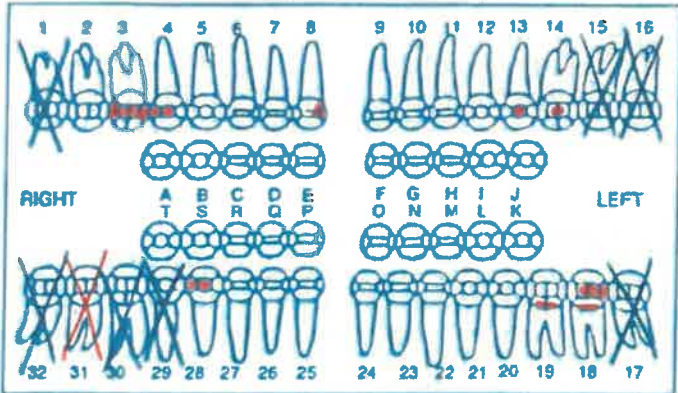
OCCLUSAL EVALUATION

<input type="checkbox"/> Cl I R L	<input type="checkbox"/> Cl II R L	<input type="checkbox"/> Cl III R L	<input type="checkbox"/> x-Bite R L
<input type="checkbox"/> Crowded R L	<input type="checkbox"/> Spaced R L	<input type="checkbox"/> Rotated R L	<input type="checkbox"/> Ortho Consult

SOFT TISSUE / ORAL CANCER EXAM

Head	Neck	Mucosa	Palate	Tongue	Pharynx	Floor
<input checked="" type="checkbox"/> NSF (No Significant Findings)						<input type="checkbox"/> Explanation (Tx. Note)

MISSING TEETH / ROOT CANALS (with dates)



TMJD SYMPTOMS

<input type="checkbox"/> NSF	<input type="checkbox"/> Pop	<input type="checkbox"/> Click	<input type="checkbox"/> Lock	<input type="checkbox"/> Pain	<input type="checkbox"/> TMJD Consult
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REFERRAL TRACKING

REFERRAL	General	Oral Surg	Endo	Ortho	Pedo	TMJ
DATE						

DOCUMENTATION

PROCEDURE	TOOTH #	INITIAL	AGE	REASON FOR REPLACE
DENTURES				
PARTIALS				
BRIDGE				
NOTES				

TREATMENT NOTES

RX X-RAYS: BW'S PA'S FMX

Type of EXAM. Initial / Recall / Emergency

Blood Pressure / Oral Cancer Exam: + or -

O.H.I.: Brush / Floss / Floss Threaders / Other

DATE(S)	TOOTH#	SERVICE DESCRIPTION	INITIALS/#
3/26/22	3	MOD	
	4	DO	
	8	MIF (chip)	
	13	0	
	14	0	
	18	B (recession) DO	
	19	B (recession)	
	28	DO	
	31	EXT	
	19	SCRIP with anesthesia	
	19	0 Watch	

PERIODONTAL EVALUATION CHART

CHART # SAMPLE

Patient Name SAMPLE

Date of Birth _____

Doctor _____

Hygienist _____

THE FOLLOWING INFORMATION IS NECESSARY TO DETERMINE ALLOWABLE PERIODONTAL BENEFITS.

BLEEDING POINTS - CIRCLE SITE Treatment Plan (Check appropriate quadrants)

MOBILITY = 0, +1, +2, +3 PSR Code

UR	UA	UL	LL	LA	LR

FURCATION = / ^ ▲

Scaling/Root Planing
Gingivectomy
Osseous Mucogingival

Provider Initials

Doctor: _____ RDR: _____

Date #1 _____
Date #2 _____
Date #3 _____
Recession: _____

Charting of pocket depths, bone loss, missing teeth, and teeth to be extracted

Recession 1	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Recession 1	3/26/22	5	4	6	4	3	4	5	4	3	3	3	2	3	3	3	4
Pocket Depth 1																	
Pocket Depth 2																	
Recession 1																	
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Inflammation

Severe
 Moderate
 Light

Calculus

Heavy Gen
 Moderate Loc
 Light

Color

General Localized
 Pink Other
 Red Margins
 Cyanotic
 Diffuse red
 Pigmented

Consistency

Generalized
 Firm and resilient
 Soft and spongy
Localized
 Soft and spongy
 Ulcerated

Supplemental Findings

Mucogingival Stress
 Hyperplasia
 Suppuration
 Tori / Exostosis
 Normal

Bleeding: Gen Loc
Mobility: Gen Loc
Recession: Gen Loc
Furcation: Gen Loc

Check One:

- NORMAL
- GINGIVITIS
Inflammation of the gingiva characterized by gingival hyperplasia, edema, retractsibility, gingival pocket formation, pocket depth (< 4mm) and no bone loss
- EARLY PERIODONTITIS
Progression of gingival inflammation into the alveolar bone crest. Early bone loss with moderate pocket formation (4-5mm)
- MODERATE PERIODONTITIS
A more advanced state of the previous condition, with increased destruction of the periodontal structure associated with moderate to deep pockets (5-7mm), moderate to severe bone loss and tooth mobility
- ADVANCED PERIODONTITIS
Further progression of periodontal structures with increased pocket depth. Usually greater than 7 to 8mm with increased tooth mobility

