JUVENILE COURT HEALTH SERVICES DENTAL PROCEDURES

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Subject:		Original Issue Date:		Procedure # 002	
DENTAL CHARTING SYSTEM		Supersedes:		Effective Date: 1/18/13	
Departments Consulted:	Approved By: (Signature on File) Head Dentist (Signature on File) Medical Director	r	Approved b (Signature on Health Se	•	nistrator

PURPOSE

To develop and establish a coherent and uniform dental charting system.

PROCEDURE:

The charting symbols are used by the dental staff during dental examinations, when the dentist calls out the existing condition for the dental assistant to record in the "Treatment Authorization and Dental Record". The information will later transfer and document into PEMRS PowerChart, under SOAP Note-Dental by the Dental staff (dentist or dental assistant). These codes/symbols will enable us to have a standard and uniform system for the Dental Clinic.

The existing charting symbols are as follow:

Blue=existing condition Red=needed / recommended work, or watch Blue on tooth surfaces=amalgam C=composite S=sealant SSC=stainless steel crown Fx=fractured RCT=root canal treatment **PE**=partially erupted U=un-erupted A blue X through the tooth =missing tooth A= red X through the tooth =to be extracted Defected dental works circle the tooth with red FMC= full metal crown FGC=full gold crown PFM=porcelain fused to metal G onlay / inlay=gold onlay, G inlay, M onlay, M inlay, P onlay, P inlay, C onlay, C inlay. TF=temporary filling IRM=IRM filling

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DENTAL CHARTING SYSTEMEffective Date: 1/18/13		Procedure # 002				
Health Services Admir (Initials on File)			istrator's Initials:			
Recal=recalcification						
FxCr=fractured crown						
Fist=fistula						
Sw=swelling						
Disc=discolored						
A red "Deep" on the surface of tooth =deep caries						
PP=percussion pain +, ++, +++, ++++						
Mb I, II, III=mobility I, II, III.						

W=watch

"?" on any tooth that is questionable

U/&L ortho Tx= upper/& lower orthodontic treatment.

W/ wire=with arch wire W/O wire=without arch wire

Missing brackets or bands are recorded as partial brackets and bands W/ or W/O arch wire.

When the dentists observes any unusual condition please describe with words in the "comment" section. For example: underfilled or overfilled RCT, open apex, Fx root, geographic tongue, neoplasm, leukoplakia, Tetracycline stain, abscess, crowding, etc. Also record them in the progress note.

REFERENCE

JCHS Policy # E-103", "Health/Medical: Use of Abbreviations, Acronyms, and Symbols"