

RECORDING DENTAL EXAMINATIONS, DIAGNOSES AND TREATMENTS

Headquarters, Department of the Army, Washington, D. C.
28 November 1975

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*This bulletin supersedes TB MED 250, 8 October 1963, including all changes.

SECTION I

INTRODUCTION

1. Purpose. This bulletin provides detailed instructions for the uniform recording of initial dental processing, dental examinations, diagnoses and treatments in the Standard Form 603 (Health Record, Dental), throughout the United States Army. This record is a permanent document designed to furnish a comprehensive dental history of each individual. It serves other purposes such as facilitating the adjudication of claims, supplying dental research data, and providing a means of identifying persons when other methods may be inadequate. All entries must be accurate, complete, and concise if the best interests of the patient, the Government, and the dentist are to be served.

2. General. a. The detailed instructions for completing Standard Form 603 as listed in this bulletin are presented in the sequence that will normally be followed during the course of patient treatment. Therefore, the instructions for recording Patient Data are presented first. Next, the instructions for completing the Initial Dental Processing are presented. Initial and Subsequent Dental Examinations; Recording Restorations, Completed Treatments, and Services Rendered; and Standard Form 603-A (Continuation Sheet) follow in order. Finally, Charts 4 and 5 are presented in the last section since they will be used only in those infrequent cases when panoramic equipment is not available during Initial Dental Processing.

b. In order to eliminate duplication of administrative procedures, all entries in Item 17 will be typewritten or printed legibly using ink or ballpoint (blue, blue/black, or black), dated and initialed. Erasures will not be made to correct erroneous entries in Item 17. The incorrect entries will be deleted by drawing a single line through the entry and will be dated and initialed by the person making the correction.

c. Instructions in this bulletin also apply to dental entries in other hospital and clinical records to the extent that they do not conflict

with Army regulations pertaining to the preparation and maintenance of those records.

d. Instructions in this bulletin will not apply to the charting of dental conditions in Standard Form 88 (Report of Medical Examination). These charts will continue to be completed in accordance with AR 40-501 and with instructions printed on the form.

3. Definitions. **a. Initial Dental Processing.** Initial Dental Processing consists of: (1) a panoramic radiograph of the teeth and surrounding tissues taken for the purpose of identification, and (2) a dental inspection. A dental inspection is a screening or survey of the oral cavity to detect disqualifying defects, gross pathological conditions, and to identify patients requiring early treatment of potential emergency conditions.

b. Dental Examination. A dental examination consists of a thorough examination of oral and adjacent structures and tissues, to include diagnosis and treatment planning.

(1) **Initial dental examination.** The initial dental examination is performed after the initial dental processing and at a time when complete definitive care is contemplated. The initial dental examination will normally include those radiographs which the dental officer deems necessary as a supplement to the panoramic radiograph.

(2) **Subsequent dental examinations.** Subsequent dental examinations are those performed after the initial dental examination and include those radiographs which the dental officer deems necessary.

4. Use of Abbreviations. a. Although abbreviations are not mandatory, they should be utilized to the fullest extent possible. Only those abbreviations contained in AR 310-50 and in this bulletin are authorized for use in dental records. The availability of Standard Form 603-A (Health Record—Dental—Continuation) eliminates the need to save space, therefore all pertinent facts and information should be recorded. However, when

unabbreviated entries are made, their phrasing should be clear and brief, omitting voluminous or trivial details.

b. Individual teeth will be identified in dental records by an authorized number. When a record or form includes a chart on which the teeth are numbered, all references to tooth numbers on that record or form will conform to the numbering system on the chart. In other records and general correspondence the following numbers will be used:

<i>Tooth</i>	<i>Right side maxillary</i>	<i>Right side mandibular</i>
Third molar	1	32
Second molar	2	31
First molar	3	30
Second bicuspid	4	29
First bicuspid	5	28
Cuspid	6	27
Lateral incisor	7	26
Central incisor	8	25
Central incisor	9	24

<i>Tooth</i>	<i>Left side maxillary</i>	<i>Left side mandibular</i>
Lateral incisor.	10	23
Cuspid	11	22
First bicuspid	12	21
Second bicuspid	13	20
First molar	14	19
Second molar	15	18
Third molar	16	17

c. The following abbreviations designate individual tooth surfaces:

- D Distal
- F Facial (Labial or Buccal)
- I Incisal
- L Lingual
- M Mesial
- O Occlusal

These abbreviations may be used in combinations to designate two or more adjoining surfaces (e.g., MO will designate a combination of the Mesial and Occlusal surfaces).

SECTION II

(Fig 1)

PATIENT DATA

(Section II, Standard Form 603)

5. Permanent Entries. These entries will be made by the military personnel officer or by the dental treatment facility as directed by AR 40-403. They will be typewritten or printed in permanent black or blue-black ink.

cc. Sex (Item 6). Enter M for male or F for female.

b. Race (Item 7) Enter Cau for Caucasian, Neg for Negroid, Oth for a member of any other race, or Unk for unknown.

c. Component or Branch (Item 10). The applicable entry from the list below will be recorded.

(1) Army members on active duty (including Army reservists and National Guard on extended active duty or Army retired list)-Army

(2) Other US Army Reserve-USAR

(3) Other Army National Guard-ARNG

(4) US Navy-USN

(5) US Marine Corps-USMC

(6) US Air Force-USAF

(7) US Coast Guard-USCG

(8) US Public Health Service-PHS

(9) u s Environmental Science Services-ESSA

(10) US Military Academy cadets—USMA

(11) US Naval Academy midshipmen—USNA

(12) US Air Force Academy cadets—USAFA

(13) Reserve Officers Training Corps—ROTC

(14) Civilian employees of Federal Agencies, indicate the Federal Department.

(15) Foreign military, indicate armed force.

d. Service, Dept., or Agency (Item 11). Enter Army, Navy, Air Force, etc. for active duty and retired military personnel. Enter a

dash for dependents, civilians, employees, etc.

e. Patient's Name and Date of Birth (Items 12 and 13). Self-explanatory.

f. Identification Number (Item 14). Enter social security number of military personnel (active and retired). For dependents, family member prefix (para 3-12, AR 40-2) followed by sponsor's social security number.

6. Pencil Entries. These entries will be made in #1 or #2 pencil by the military personnel officer or by the dental treatment facility, as directed by AR 40-403. The custodian will make changes as they occur.

a. Grade, Rating, or Position (Item 8).

(1) **Active duty personnel.** Enter rank. Examples: PV1, SFC, MAJ.

(2) **Retired personnel.** Enter RET/ followed by rank.

(3) **Dependents.** Identify relationship to sponsor followed by sponsor's rank, first name, and middle initial. Example: Depn Son/SFC John L.

b. Organization Unit (Item 9). Enter only for active duty military personnel.

c. Separation From the Service. It is often extremely useful for dental personnel to know expected date of separation from service of individuals undergoing treatment. A penciled entry of this date will be made in the right-hand corner of the space containing the patient's name.

EXAMPLES:

Expiration Term of Service, July 1978 "(ETS 7/78)"

Relief from Active Duty, September 1978 "(REFRAD. 9/78)"

Relief from Active Duty for Training, October 1978 "(REFRADT 10/78)"

Retires, August 1978 "(RET 8/78)"

SECTION II. PATIENT DATA					
6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
M	CAU	PV1	CoA 28 th INF	ARMY	ARMY
12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME			13. DATE OF BIRTH (DAY—MONTH—YEAR)	14. IDENTIFICATION NO.	
SIEFERT, ROBERT LOUIS (ETS 5/78)			15 FEB '57	456-78-9012	

DENTAL
Standard Form 600
601-107

Figure 1.

SECTION III

(Fig 2)

INITIAL DENTAL PROCESSING

7. General. Initial dental processing will be an integral part of all Army dental health records. In those infrequent cases when panoramic equipment is not available, the initial dental examination will be performed, as described in section VII of this bulletin.

8. Instructions. a. Panorgraphic Radiograph. A diagnostic panoramic radiograph of the teeth and surrounding tissues (fig 3) taken for the purpose of identification will be included as part of the Initial Dental Processing (fig. 2).

b. Dental Inspection. A dental inspection performed by a dental officer is required as

part of the Initial Dental Processing. Significant findings will be described in a narrative entry in Item 17.

c. Entry in Item 17. An entry, printed legibly in ink, indicating the Initial Dental Processing will normally be the first entry recorded in Item 17. Other entries may be included at this time to indicate any supplemental procedures which are performed during this visit, such as self-application of preventive dentistry paste, preventive dentistry counseling, etc. This entry will include the date, name, rank and corps of operator and dental facility and must be authenticated by the dental officer.

EXAMPLE:

17. SERVICES RENDERED				
DATE	DIAGNOSIS-TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
1973				
10 JAN	INIT DEN PROC		FT BLANK, TX	
	SADDP - PREV DENT COUNSELING		JOHN E. LAMBERT CPT, DC	JEL

Figure 2.

SECTION IV

(Fig 4, 5, 6)

INITIAL AND SUBSEQUENT DENTAL EXAMINATIONS

9. General. When complete definitive care is contemplated, all patients will receive a thorough dental examination. Chart 16 and Item 17 are used in the manner indicated below to record the pertinent findings.

10. Instructions. a. Completing **Chart 16.**

(1) General. This part of the health record is essentially an examination chart. It is used to record those defects which are discovered at the time of the initial dental examination and for subsequent examinations. This chart will be kept in pencil and individual entries erased as each related treatment is completed.

(2) Authorized symbols.

(a) Caries. Draw an outline of the carious portion of the affected tooth as accurately as possible and black it in solidly. When the caries extends farther than normal or usual on the facial or lingual surfaces, the outline will be shown on the appropriate aspect of the pictured tooth.

(b) Defective restoration. Outline the restoration and affected area (if the latter is more extensive than the restoration itself) and black in solidly, in the same manner as for caries.

(c) Extraction indicated. Draw two parallel vertical lines through all views of the crown and root (s) involved. This also applies to unerupted teeth when extraction is indicated.

(d) Unerupted or impacted teeth. Enclose the entire view of the tooth in a single oval. Indicate the long axis of the tooth by a small arrow on the facial surface with its tip pointing in the direction of the crown.

(e) Abscess or cyst. Outline the approximate form and size in its relative position to the affected tooth.

(f) Fractured tooth or root. Place a zig-zag line in the fracture's relative location on the tooth or root.

(g) Retained root. Indicate in the same manner as for a fractured root, but place an X on the facial surface of the missing crowns. If extraction is indicated, draw two parallel ver-

tical lines through that portion of the root which remains apical to the fracture line.

(h) Resorption of root. Describe the extent of the resorption in a narrative entry in Item 17, when appropriate.

(i) Periodontal disease. Indicate periodontal disease by a narrative entry in Item 17.

(j) Deciduous teeth.

1. If both the deciduous tooth and the corresponding permanent tooth are present, show this on the chart by placing the number of the deciduous tooth in its relative position to the number of the permanent tooth and inscribe a block D around it. In these cases, pathological conditions such as caries must be explained in the narrative. Indicate extraction of a deciduous tooth by drawing two short parallel lines above and below the block D. (See figure 4, tooth #11.)

2. If only the deciduous tooth is present, show this by inscribing a block D around the number of the corresponding permanent tooth. In these cases, pathological conditions may be symbolized in chart 16 on the corresponding permanent tooth. Diseases, which cannot be clearly symbolized, must be included in the narrative. Show extractions in the same manner as mentioned above in 1.

(3) Remarks ('chart 16). Normally this space requires no entries.

b. Entry in Item 1 Y.

(1) The initial dental examination will normally be the second dated entry in item 17 (fig 5). A narrative entry typewritten or printed in ink and including the date, operator, rank/grade, corps/occupation, facility, and authentication by the operator is required. Information describing radiographs taken, and a medical history notation must also be entered. A classification entry is optional. Additionally, conditions that cannot be described adequately by symbols in chart 16 are contained in this entry (e.g., malocclusion, gingival and periodontal conditions, oral hygiene status, denture serviceability, treatments related to deciduous teeth, anomalies, soft tissue pathology, etc.).

(a) *Medical history.* The use of local "check-off" medical histories is optional but requires prior approval of the form by HQDA. Requests for approval, together with a sample of the proposed form and justification for its use, will be forwarded to HQDA (DASG AOP), Washington D.C. 20310. Significant findings will be explained in item 17. Negative histories also require an entry.

(b) *Classification.* Recording of dental classifications in dental health records is optional at the discretion of the dental surgeon at an installation or activity. If a dental classification is used, designations of classifications will be in accordance with chapter 10 of AR 40-3.

(2) Subsequent dental examinations will also be recorded in a narrative entry and will include radiographs taken, a medical history notation, classification (optional), and any additional pertinent or significant information (fig 6).

(3) Referral to quarters. Referral to quarters will be recorded on Standard Form 603 or 603-A. Specific notation will include reason for referral, estimated duration, extension of such status, and a final notation when such individuals are returned to duty.

Explanatory Legend for Figures 3, 4, and 5

Tooth number

Legend

- | | |
|---|-------------------------------|
| 1 | Missing. |
| 2 | Defective facial restoration. |
| 3 | No treatment indicated. |
| 4 | No treatment indicated. |

- | | |
|--------|---|
| 5 | Retained lingual root tip: x-ray evidence of cyst or abscess; extraction indicated. |
| 6 | Caries under distal margin of three-quarter gold crown. |
| 7 | X-ray evidence of cyst or abscess; extraction indicated. |
| 8 | No treatment indicated. |
| 9 | No treatment indicated. |
| 10 | Distal caries. |
| 11 | No treatment indicated. |
| 11 (D) | Deciduous cuspid; extraction indicated. |
| 12 | No treatment indicated. |
| 13 | Mesial-occlusal caries. |
| 14 | No treatment indicated. |
| 15 | Retained distal-facial root tip; extraction indicated. |
| 16 | No treatment indicated. However, the supernumerary tooth distal to #16 is indicated for extraction. |
| 17 | Horizontally impacted; extraction indicated. |
| 18-20 | Missing. |
| 21 | Occlusal caries. |
| 22 | Fractured crown, nonrestorable. Extraction indicated. |
| 23 | Fractured crown, restorable. |
| 23-27 | Periodontal disease. Extreme bone loss around tooth #25 (extraction indicated). |
| 28 | No treatment indicated. |
| 29 | Extensive caries, amalgam restoration is unserviceable; extraction indicated. |
| 3031 | Missing. |
| 32 | Only partially erupted with mesial angular inclination; extraction indicated. |

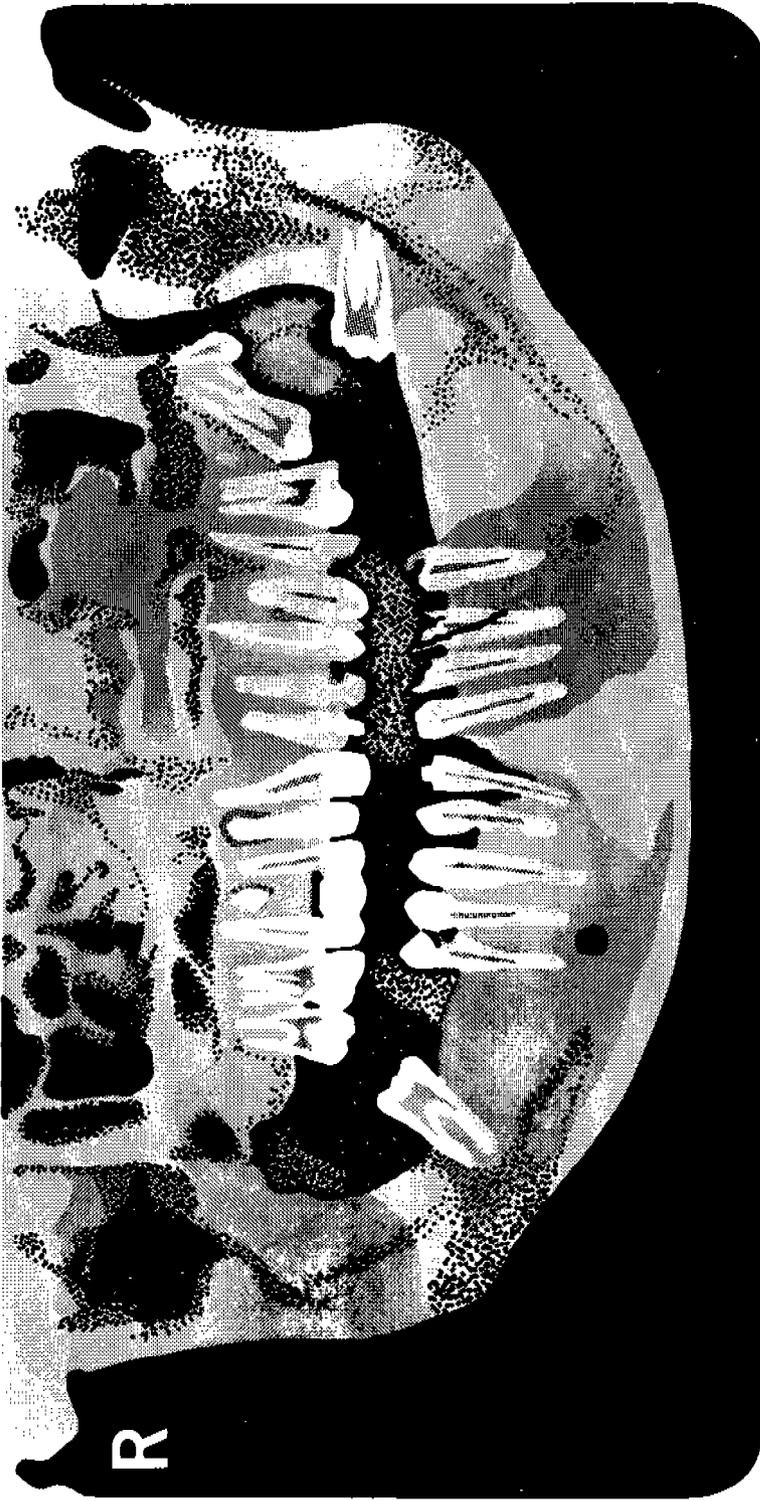


Figure 8. Panoramic radiograph of the patient taken during initial dental processing.

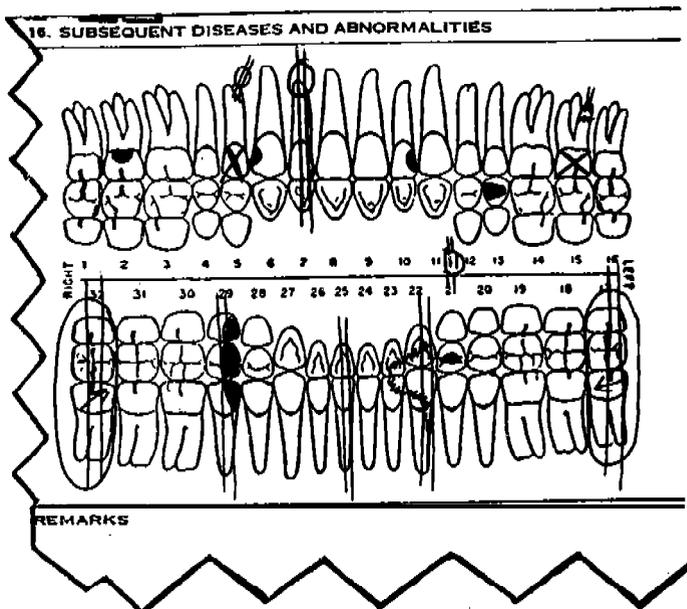


Figure 4. Charting the initial dental examination on chart 16.

17. SERVICES RENDERED				
DATE	DIAGNOSIS-TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
1973			FT BLANK, TX	
10 JAN	INIT DEN PROC SADDP - PREV DENT COUNSELING		JOHN E. LAMBERT CPT, IX FT BLANK, R.I	JEL
24 MAY	INIT DEN EXAM (2 BWX) MED HX - NEG; OH FAIR, MAN REMBLE PR DTR UNSVC DUE TO CAR #29; MAX FX PR DTR UNSVC DUE TO RET RT #5 AND CAR #6; DIASTEMA BETWEEN #8,9; DEC #11 IN LABIAL VERSION - EXT; #23-26 PERIO DISEASE - EXTREME BONE LOSS AROUND #25, EXT INDICATED; SPNMRY TOOTH DISTAL TO #16, EXT INDICATED		WALTER X. YANCEY LTC, IX	WXY

Figure 5.

#7: CANTILEVERED OFF #6	STANLEY T. ULRICH COL, DC STU FT BLANK, GA	
6 AUG EXAM (2BWX, PAX #9, 11, 23-27) MED HX - NEG; #27: E-AM FOUND ON EXAM; PNT STATES IT WAS PLACED AT FT WHITE, LATE 1970; #16: O-AM PLACED BY DR. JOHN L. JONES (CIVILIAN DENTIST EUGENE, OREGON)	ROBERT G. BARNES COL, DC	PATIENT'S LAST NAME

Figure 6.

SECTION V

(Fig 7, 8 and 9)

RECORDING RESTORATIONS, COMPLETED TREATMENTS, AND SERVICES RENDERED

11. General. This part of the dental health record portrays a summary of the changes which occur in the patient's dental condition as a result of the treatment provided him after initiation of the record. Chart 15 is used for graphic representation of the changes and is supplemented by narrative entries in Item 17 according to the directions provided below.

12. Instructions. a. Completing Chart 15.

(1) *General.* Only authorized symbols will be used. Entries will be made in ink at the time of each patient visit. (Appropriate portions of Chart 16 must be erased to indicate completed treatment of conditions charted there). Every entry or alteration on this chart will be authenticated and explained in a corresponding written entry in Item 17.

(2) Authorized symbols.

(a) *Extractions.* Indicate extracted teeth by inscribing an X through the roots of the extracted teeth.

(b) *Deciduous and supernumerary teeth.* Since chart 15 contains no provisions for recording treatment procedures concerning these teeth, a narrative entry is required in Item 17.

(c) *Amalgam restoration.* Outline the restoration as accurately as possible and black in solidly. When a restoration involves either one or both proximal surfaces, the normal "extension for prevention" of the restoration through the interproximal **embrasures** need not be shown on the facial or lingual aspects of the pictured tooth. (fig 8, tooth #13.) However, when the restoration is carried farther than normal or usual on the facial or lingual surface because of the extent of the **carious** process, the outline will be shown on the appropriate aspect of the pictured tooth.

(d) *Nonmetallic permanent restorations* (silicate, filled (composite) and unfilled resins) and procelain or acrylic facings. Outline the restoration or facing but do not black

it in. Do not record temporary or sedative fillings on this chart.

(e) *Gold restoration* (other than fixed partial dentures). Outline the restoration as accurately as possible and draw parallel horizontal lines within the outline.

(f) *Combination restorations of two or more materials (including fixed partial dentures).* Outline the restoration, showing the line of junction of the different materials. Indicate each material as in (c), (d), and (e) above, except that gold in fixed partial dentures will be indicated with parallel diagonal lines instead of horizontal, in both retainers and pontics.

(g) *Post crowns.* Outline the crown, indicating construction of the restoration. Outline the approximate diameter, shape, and length of the post.

(h) *Root canal filling.* Outline the canal and black in to the approximate level of the filled portion.

(i) *Apicoectomy.* Draw a small triangle at the apex of the root involved, with the baseline of the triangle at the approximate level of the root amputation and the apex of the triangle pointed away from the crown of the tooth.

(j) *Complete denture.* Draw a horizontal line from one side of the chart to the other immediately above the numbers of the teeth replaced.

(k) *Removable partial dentures.* Draw a horizontal line immediately above the numbers of replaced missing teeth, —

(l) *Errors or omissions in Chart 15.*

1. Erasures will not be made to correct erroneous entries. The incorrect entry will be deleted by drawing a warning arrow apical to the tooth in question, label the arrow with the word "error", and write an explanatory note (dated and initialed) in item 17.

2. Any restoration or treatment which has been completed since the initiation of the record and which has not been previ-

ously recorded for any reason will be entered when discovered, (fig 9, entry on 6 Aug), whether it was provided by a military facility, a civilian dentist, or other agency,

(3) Remarks (*chart 15*). Normally this space requires no entries.

b. Entries in Item 17.

(1) General. All entries will be type-written or printed legibly in ink. These entries will include every treatment, as well as major steps involved in multi-visit treatments. In addition, certain diagnoses and supplemental information will be entered when required or pertinent, as described later in this section.

(2) **Date.** Enter current year on the first line. Subsequent dates on following lines will include only the day and month of each treatment visit. When the year changes, enter the new year on the next line and, in effect, start a new column.

(3) **Diagnosis.**

(a) **General instructions.**

1. Pathological lesions rather than their symptoms, will be recorded.

2. Malocclusion will be classified according to Angle. Degree will be indicated as "slight," "moderate," OF "severe."

(b) When a diagnosis is required.

1. A dental diagnosis ordinarily will be shown for each treatment or operation entered in a dental record. Diagnoses will indicate conditions for which treatments are provided. Each diagnosis will be appropriate for treatment rendered and will accurately describe the specific condition treated. For example, normally a diagnosis of "caries" is not appropriate when a sedative restoration is placed to relieve pain. Rather, a diagnosis such as "pulpitis" should be recorded to show that the condition is more serious than simple caries. Any complication occurring after an initial diagnosis is made will be recorded when the complication is treated.

2. A diagnosis will be shown for postoperative treatments *even* when the condition or operation for which the treatment was given is clearly indicated in a preceding entry. (The above procedure will facilitate statistical reporting.)

(c) When a diagnosis is not required.

1. A diagnosis is not required if there is no specific defect involved, as in examinations, x-rays, fluoride or other caries

preventive treatments, or instruction in oral hygiene.

2. A diagnosis is not required when the treatment recorded, with enough additional data to identify the teeth or region involved, identifies the condition treated, as:

- a. Prosthodontic appliances constructed and inserted.

Example:

"Maxillary Complete Denture inserted."

- b. Prosthodontic appliances repaired and inserted.

Example:

"Mandibular removable partial denture repaired and inserted."

- c. Alveolectomies.

Example:

"Anterior maxillary region, alveolectomy."

- d. Prophylaxes.

(d) Basic diagnostic nomenclature.

1. Diagnosis nomenclature will be based on and consistent with current medical information and terminology (CMIT) and standard nomenclature of diseases and operations (SNDO), current editions. Instances may be encountered where the specific descriptive title required does not appear in the CMIT or SNDO. In such cases the condition will be recorded in language currently accepted as good professional usage.

2. The words "dental" or "oral" normally will be omitted from diagnoses in these dental records when the meaning is otherwise clear (e.g., "#8: Caries-M" will normally be used instead of "#8: Caries, Dental-M"). Similarly, the word "tooth" will be omitted when the name or number of a tooth is indicated (e.g., "#12: Abrasion" will be used instead of "12: Abrasion, Tooth"). The diagnosis "Defective Restoration" will be used in Standard Form 603 to indicate defective restorations.

(e) Diagnoses for repeated treatments:

1. Statistical reporting procedures

require that a diagnosis will be repeated in a dental record, even when two or more successive treatments are given for the same condition. In these cases, the diagnoses for all treatments after the first will be shown as "reappointment" followed by the repeated diagnosis.

Example:

10 Jan #32: Pericoronitis-irrigation, home-care instructions.

11 Jan #32: Reappointment-pericoronitis-irrigation, oral hygiene instructions.

2. When treatments for the same condition are not consecutive and there are intervening entries, the word "reappointment" will show that the condition treated is not new.

Example:

4 Apr #32: Pericoronitis-irrigation, home-care instructions.

5 Apr #8: Defective restoration—distal-base acrylic.

6 Apr #32: Reappointment-pericoronitis-irrigation, oral hygiene instructions.

3. If the condition changes because of complications or progression of the original disease or illness, a new diagnosis will be shown when treatment of the new condition is undertaken.

Example:

2 Oct #6: Pulpitis-zinc oxide and eugenol sedative treatment.

18 Dec #6: Periapical abscess-extracted.

(4) Dental treatments.

(a) The word "restoration" need not be used with permanent restorations if the material used is indicated (e.g., "#3: Caries-MO-Amalgam" rather than "#3: Caries-MO-Amalgam Restoration").

1. In recording a base which was placed underneath a restoration, it will usually suffice to note that a base was used and not specifically note the type of base. However, when the operator feels that the type of base is significant, the type may be entered in parenthesis following the base.

Examples:

2 Jan #2: Car-F-BAm

7 Jan #3: Car-0-B(Dyca1) Am

2. Similarly when the filled (composite) resins are being recorded, and the

operator feels that the specific manufacturer's name is significant, the name may be entered.

Example:

2 Jan #8: Car-M-B (Dyca1) Composite Resin (Adaptic)

(b) Oral hygiene procedures will be recorded in the following manner (see example below):

1. The routine removal of calcareous deposits and exogenous stains, to include supragingival calculus, will be entered as "prophylaxis".

2. Removal of subgingival calculus will be entered as "subgingival calculus removal",

3. Fluoride applications will be recorded as "Caries Prevention Treatments," The type of fluoride used and the manner of application will be specified.

4. When a patient is counseled in oral health at the chair by professional or para-professional personnel, enter "Prevent Counseling."

Example:

5 Jan Pro, Subging Cal Rem, Car Prev Tr (SnF sol), Prevent Counseling

(c) Oral surgical procedures will be recorded using basic diagnostic nomenclature in the same manner as described in paragraph (d) above. Normally, for routine procedures not involving unusual difficulties it will suffice to record the completed operation without detail on the procedures or medication used. In more complicated cases, any information bearing on the outcome of the case or future treatment should be recorded.

(d) Ordinarily the type of anesthesia used in a dental procedure will be shown only if general anesthesia is used. However, when known allergies to specific local anesthetic agents necessitate a substitute, the name of the local anesthetic agent used and the success encountered during the procedure should be documented in a narrative entry in Item 17.

(e) Incompleted treatments or preliminary steps in treatment will be indicated as such.

Example:

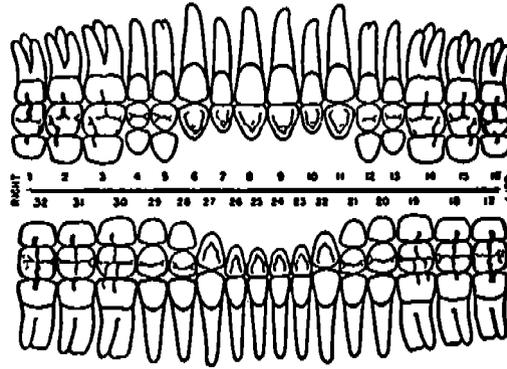
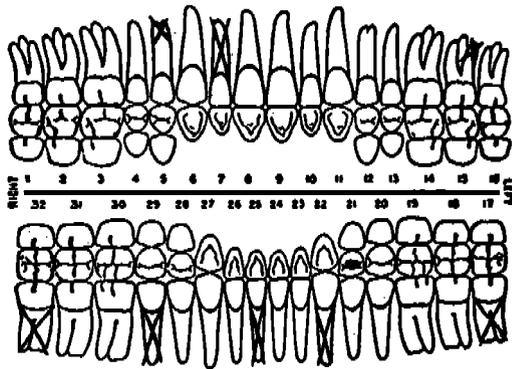
Alveolectomy (partial)

Alveolectomy (completed)

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)

16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS-TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
1973			FT BLANK, TX	
10 JAN	INIT DEN PROC SAPDP - PREV DENT COUNSELING		JOHN E. LAMBERT, CPT, DC FT BLANK, R.I.	
24 MAY	INIT DEN EXAM (2BWX) MED HX - NEG; OH FAIR; MAN REMBLE PR DTR UNSVC DUE TO CAR #29; MAX EX PR DTR UNSVC DUE TO RET RT #5 AND CAR #6; DIASTEMA BETWEEN #9, DEC #11 IN LABIAL VERSION - EXT; #23-26; PERIO DISEASE EXTREME BONE LOSS AROUND #25 EXT INDICATED; SENARY TOOTH DISTAL TO #16, EXT INDICATED		WALTER X. YANCEY, LTC, DC GERALD T. GRANT, SPS, DDC	
4 JUN	PRO CAR PREV TR (SNF SOL)		JOHN A. NEWTON, CPT, DC	
5 JUN	#6: CAR-D - EXCAVATED ZNCE - TEMP FIL #7: PERABS - EXT #5: RET RT - EXT (2SU)		GEORGE H. INGALS, LTC, DC	
12 JUN	#5: POT (SURG) - SU REM #32: Imp - EXT (2SU); #29: NRC - EXT I have received the cast gold man remble of DTR which was placed at my own expense Robert J. Siefert		GEORGE H. INGALS, LTC, DC	
13 JUN	#32: POT (SURG)		GEORGE H. INGALS, LTC, DC	
19 JUN	#32: POT (SURG) - SU REM #15: RET RT - EXT (2SU) #11: DEC - MALPOSED - EXT		GEORGE H. INGALS, LTC, DC	
26 JUN	#15: POT (SURG) - SU REM		GEORGE H. INGALS, LTC, DC	
3 JUL	#19: Imp - EXT (2SU); #22: FRAC - EXT #25: PERIO DISEASE - EXT		GEORGE H. INGALS, LTC, DC	
10 JUL	#19: POT (SURG) - SU REM		GEORGE H. INGALS, LTC, DC FT WHITE, IDAHO	
5 SEP	#21: CAR-D - BAm IMPR FOR DIAG CASTS		JOHN K. LONG, MAJ, DC	
12 SEP	#23: FRAC - PREP FOR FULL CR IMPR		JOHN K. LONG	

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME
SIEFERT, ROBERT LOUIS

gpo 1 1069-048-16-80266-1 232-644

Figure 7.

(f) Prosthodontic appliances will be described thusly:

(See examples in fig 7 and 8.)

1. Fixed partial dentures will be identified by the names or numbers of the teeth replaced, followed by a description of the retainers, facings, etc. Intermediate steps involved in construction of fixed partial dentures should be clearly explained and will include the shade and mold when at all possible.

2. Removable partial dentures will be identified by a description of the material used in the framework and base (s). The abutment teeth with clasps will also be identified. Intermediate steps should be explained and artificial teeth specified to include manufacturer's type, shade and mold number, when feasible.

3. Complete dentures will be identified by a description of the materials used in the bases (e.g., acrylic, metal, etc.). Intermediate steps should be clearly explained and artificial teeth specified to include manufacturer's type, shade and mold number,

Example:

Maxillary complete denture inserted—
Acrylic Base-Bioblend (porcelain),
Shade 108—Mold 42 G.

(g) Ditto marks **will not** be used to record identical treatments on consecutive dates. This is especially applicable to post-operative treatments following an extensive oral surgical procedure. (Methods of statistical reporting require that the diagnosis also be repeated for each treatment).

(5) **Supplemental** information. Information of these types will be included when it is pertinent and significant:

(a) Portions of case history necessary for a full understanding of the condition treated or having a bearing on the prognosis or followup treatment.

(b) Recommendations or instructions for future treatment or followup care.

(c) Information covering the **probable** prognosis in doubtful or complicated cases.

(d) Any circumstances beyond the dentist's control which may affect the outcome of the (e.g., failure to keep appointments, or failure to follow the dentist's instruction).

(e) Refusal of treatment by a patient. Procedures contained in paragraphs 5-34 and

5-35, AR 600-20 will be utilized when an active duty member refuses treatment. For a dependent or retired member, the refusal of treatment will be recorded in a dated statement and will include the condition for which treatment is recommended, the fact that the dentist has counseled the patient of possible complications that can develop by refusing treatment, the fact that the dentist, the dental facility and the Army will not be liable for any complications that may develop as a result of the refusal, and the fact that the patient refuses treatment. This statement will be signed by the patient, the dentist, and at least one witness. If the patient refused to sign, this fact will be recorded on the statement and the statement signed by the dentist and at least one witness.

(f) Referral to quarters. Referral to quarters will be recorded on Standard Form 603 or 603-A. Specific notation will include reason for referral estimated duration, extension of such status, and a final notation when such individuals are returned to duty.

(g) Statement of acceptance or nonacceptance of precious metal. When a restoration or appliance containing precious metals is removed from a patient's mouth, and when it was originally placed at the patient's expense, it will be offered to him. The patient's acceptance or nonacceptance will be recorded in a dated, signed statement in the dental record. The entry will include a brief description identifying the restoration or appliance, a statement that it was placed at the patient's expense and a statement of whether the patient accepts it or not. The patient's signed statement that the restoration or appliance was placed at his expense normally will be accepted as sufficient evidence of that fact.

Example:

"12 Feb I have received mesial-occlusal gold inlay from #3, which was placed at my own expense.

(signed by patient)"

If the patient does not accept the precious metal contained in a restoration or appliance which was originally placed at his own expense, it will be disposed of IAW AR 765-2.

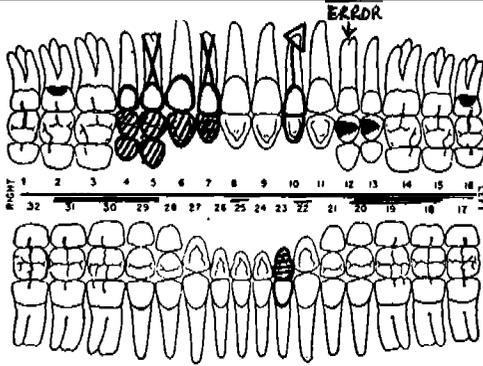
(h) Remarks concerning serious defect found on examination, for which treatment is not provided for any reason.

HEALTH RECORD

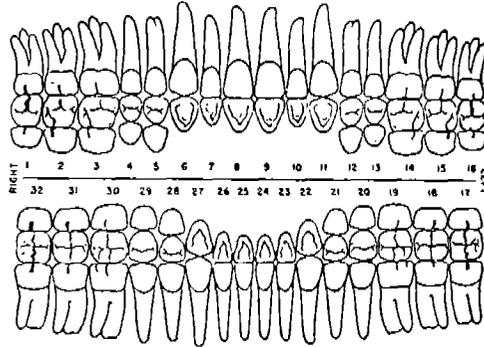
DENTAL—Continuation

SECTION I I. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
1973				
19 SEP	#23: PORC - GOLD CR INS (SH 66 BIOFORM)		JOHN K. LONG M.A.S., D.C.	JKL
26 SEP	#10: CAR - EXP - RCTR		MARTIN N. OLIVER LTC, DC	MNO
27 SEP	#10: RC FIL - APCY (15U)		MARTIN N. OLIVER LTC, DC	MNO
2 OCT	#10: POT (ENDO) - SU REM		MARTIN N. OLIVER LTC, DC	MNO
4 OCT	#10: PREP FOR ACR CR, IMPR		JOHN K. LONG M.A.S., D.C.	JKL
11 OCT	#10: ACR CR, GOLD COPING (SH 65 NEW HUE)		JOHN K. LONG M.A.S., D.C.	JKL
1974				
2 JAN	#2: CAR - F - BAm; #15: CAR - F - BAm; #16: CAR - F - BAm; #12: CAR - MO - BAm		JOHN K. LONG M.A.S., D.C.	JKL
9 JAN	PRO, OCC EQUIL, REST PREP FOR MAN REMBLE PR DTR, IMPR			
	#12: INCORRECT; FIL IS #13: MO - AM		PETER Q. ROSS LTC, DC	PAR
16 JAN	INTEROCCLUSAL RECORDS FOR MANI			
	REMBLE PR DTR, BIRBLEND (ACR) SH 104		PETER Q. ROSS LTC, DC	PAR
23 JAN	MANI REMBLE PR DTR INS, CHROME B			
	ALLOY FINWK, ACR B, CLASPS ON #21, 27, 28		PETER Q. ROSS LTC, DC	PAR
30 JAN	DEF MAX FX PR DTR - REM		PETER Q. ROSS LTC, DC	PAR
	I decline the defective maxillary gold fixed partial denture which was placed at my own expense.			
6 FEB	#4, 6: PREP FOR FULL CR; IMPR INTEROCCLUSAL RECORDS; SH FOR FAX NEW HUE #65.			
	#5, 7: MAX FX PR DTR - INS, FULL CAST GOLD CR ON #4, 6 WITH ACR FAX INTERCHANGEABLE FACINGS ON #5, 7, #7 CANTILEVERED OFF #6.		STANLEY T. ULRICH COL, DC	STU
20 FEB				
			STANLEY T. ULRICH COL, DC	STU

PATIENT'S LAST NAME (FIRST NAME) MIDDLE NAME (PATIENT'S INITIALS)
SIEFERT, ROBERT LOUIS 456-78-9412

Figure 8.

Example:

"5 Jul Large dentigerous cyst discovered in area of #16. Patient enroute to Ft. Blank, Instructed to report to dental service on arrival."

(i) Dental examinations for hospitalized patients need not be recorded on Standard Form 603 if they are recorded on any other hospital clinical records. However, any major dental treatment provided a hospitalized patient will be summarized on Standard Form 603. Lengthy treatment of a single condition (e.g., fracture) need not be recorded in detail. In most cases a very short summary of the diagnosis, general treatment, and results will suffice, except that extractions, permanent restorations, and other treatment normally charted in section III, Standard Form 603, will be charted and recorded individually to maintain accuracy of the dental health record for identification purposes.

Example:

"10 Jan Hospitalized at WRGH for compound fracture of mandible, region #17."

"12 Jan #17 in line of fracture-extracted. Open reduction-general anesthesia."

"2 Mar #3: Caries-DO-Amalgam."

"7 Mar Discharged to duty."

(j) Any previously unrecorded restorations or treatments will be described in appropriate written entries under "Services Rendered" when discovered. Restorations and treatments to be so recorded will not be limited to those received from military facilities, but will include those received from non-military facilities after entry on active duty and those received before entry on active duty but not recorded in the initial examination. Information obtained from the patient or from other sources which do not permit personal verification by the dental officer will be so designated in written entries.

Examples:

"8 Aug #24: Unrecorded Root Canal Filling Discovered. Patient states it was

placed by a CPT Smith at Fort Blank in Summer 1971."

"1 Jul #14: Unrecorded MO-Amalgam. Patient states it was placed by Dr. M. A. Jones, Eugene, Oregon, in May 1971."

(6) **Classification.** Recording of dental classifications in dental health records is **optional** at the discretion of the dental surgeon at an installation or activity. If a dental classification is used, designations of classifications will be in accordance with chapter 10 of AR 40-3.

(7) **Operator and dental facility.** The name of the facility will be shown only for the first entry made at that facility. The operator's name, rank/grade and corps/occupation will be shown for each treatment or examination visit.

(8) **Initials.** The operator will record his initials (normally at the same time the treatment is accomplished and recorded) and be responsible for the accuracy and completeness of all entries he authenticates. (No initials will be shown for entries transcribed from records received from civilian or foreign military facilities. These records will be authenticated by the original record filed in the dental health folder.)

(9) **Errors.** Erasures will not be made to correct erroneous entries. The incorrect entry will be deleted by drawing a single line through the entry and will be dated and initialed at the right-hand edge of the line by the person making the correction. Correct data will be entered on the next available blank line and properly authenticated. Chart 15 will be altered (if required) to reflect the correction when a charted restoration is involved.

(10) **Patient's last name-first name—middle name (along right-hand margin).** Self-explanatory.

SECTION VI

(fig 8 and 9)

STANDARD FORM 603-A (Health Record, Dental-Continuation)

13. Use of the Continuation Sheet. a. Standard Form 603-A will be added to the dental record when there is not enough space for recording treatment or when accumulated entries in the charts of section III, Standard Form 603 become confusing. Entries are made on continuation sheets in the same manner as on Standard Form 603. For convenience any remaining entries in chart 16 on the original Standard Form 603 may be carried over to Standard Form 603-A.

b. When Army dental facilities provide dental care to a military person in a transient status (TDY, leave, or travel), and for whom the facility has no dental folder, the dental officer will record the treatment on a Standard Form 603-A. Upon completion of the treatment the Standard Form 603-A will be forwarded to the MEDDAC or Medical Center Commander (ATTN: Dental Activity) of the installation to which the individual is assigned.

SECTION VII

(Fig 11)

REQUIRED ENTRIES ON STANDARD FORM 603 WHEN PANORPHIC EQUIPMENT IS NOT AVAILABLE

14. General. In those infrequent cases when panographic equipment is not available at the time of initial dental processing, a dental examination will be performed utilizing section I, Standard Form 603 (charts 4 and 5), and described in an appropriate entry in Item 17. This examination must include, as a minimum, **bitewing** radiographs.

15. Instructions. a. **General.** Charts 4 and 5 are intended to show the dental condition of the individual on the date of the examination only.

(1) Charts 4 and 5 must be completed at the same time and all entries will be made in ink. Facsimile stamps will not be used because they do not reflect the individualized nature of most restorations. Alterations to indicate changes in dental conditions due to treatment or development of new defects are inappropriate.

(2) One charted symbol, an outlined area blacked-in solidly, prescribed by this bulletin, may be used to indicate either a defect or a restoration, depending upon the chart in which used. Such double use of a single symbol will not be confusing in Standard Form 603, where separate charts are provided for restorations and defects and a particular symbol can have only one meaning on a particular chart. Thus, an outlined area blacked in solidly on chart 4, can only indicate an amalgam filling, and an outlined area blacked in solidly on chart 5, can only indicate caries or defective restorations.

b. Completing chart 4.

(1) **Authorized symbols.**

(a) **Missing teeth.** When a natural tooth is missing, draw an X through the root or roots of the pictured tooth on the chart, whether or not the tooth has been replaced by a prosthesis, fixed or removable. When x-rays reveal a tooth to be impacted enclose the entire view of the tooth in a single oval. Indicate the long axis of the tooth by a small arrow on the facial surface with its tip pointing in the direction of the crown.

(b) **Drifted tooth.** From the number of the tooth that has drifted, draw a small arrow with the point of the arrow indicating the approximate position to which the tooth has moved.

(c) **Edentulous arch.** Inscribe two crossing lines, each running from the uppermost aspect of one third molar to the lower-most aspect of the third molar on the opposite side.

(d) **Deciduous teeth.** If both the deciduous tooth and the corresponding permanent tooth are present, show their relative positions on the chart. Indicate the deciduous tooth by writing the number of the permanent tooth in the position occupied by the deciduous tooth and inscribe a block D around it. If only the deciduous tooth is present, inscribe a block D around the number of the corresponding permanent tooth. (The bicuspids will be considered to correspond to the deciduous molars for charting purposes.)

(e) **Amalgam** restoration. Outline the restoration as accurately as possible and black in solidly, regardless of its serviceability. When a restoration involves either one or both proximal surfaces, the extension of the restoration through the inter-proximal embrasures need not be shown on the facial or lingual aspects of the pictured tooth (fig 11, tooth #12). However, when the restoration is carried further than normal or usual on the facial or lingual surface(s) because of the extent of the **carious** process, the outline will be shown on the appropriate aspect of the pictured tooth.

(f) **Non-metallic permanent restorations (silicate, filled (composite) and unfilled resins) and porcelain or acrylic facings.** Outline the restoration or facing, regardless of serviceability. Do not record temporary or sedative restorations on this chart, but do record them in Item 17.

(g) **Gold** restoration (**other than fixed partial dentures**). Outline the restoration as accurately as possible and draw parallel horizontal lines within the outline, regardless of serviceability.

(h) **Combination restorations of two or more materials (including fixed partial dentures).** Outline the restoration, showing the line of junction of the different materials. Indicate each material as in (e), (f), and (g) above, except that gold in fixed partial dentures will be indicated with parallel diagonal lines instead of horizontal, in both retainers and pontics.

(i) **Post crowns.** Outline the crown, indicating construction of the restoration. Outline the approximate diameter, shape and length of the post as disclosed by the x-ray examination.

(j) **Root canal filling.** Outline the canal and black in to the approximate level of the filled portion.

(k) **Apicoectomy.** Draw a triangle at the apex of the root involved, with the baseline of the triangle at the approximate level of the root amputation and the apex of the triangle pointed away from the crown of the tooth.

(l) **Complete denture.** Draw a horizontal line from one side of the chart to the other, just above the numbers of the teeth replaced.

(m) **Removable partial denture.** Draw a horizontal line immediately above the numbers of replaced missing teeth.

(n) **Resorbed root.** Outline the extent of the resorption and stipple the area of lost root structure.

(2) **Errors and omissions.**

(a) Erasures will not be made to correct erroneous entries. The incorrect entry will be deleted by drawing a warning arrow apical to the tooth in question, label the arrow with the word "error," and write an explanatory note (dated and initialed) in Item 17.

(b) Conditions which probably existed at the time of the original examination but were not recorded may be denoted in the same manner as just described.

(3) **Remarks (chart 4).** Normally this space requires no entries.

c. **Completing Chart 5.**

(1) **Authorized symbols.** Only authorized symbols (para 12) will be used. For convenience, light penciled checkmarks may be used to indicate the treatments which have been completed and recorded in chart 15.

(2) **Errors and Omissions.** ((2)(a) above)

(3) **Abnormalities of Occlusion-Remarks (chart 5).** Normally this space requires no entries.

d. **Entry in Item 17.** The narrative entry in Item 17 will be similar to that required for the Initial Dental Examination when chart 16 is used. It will include an indication that charts 4 and 5 were used, the radiographs taken, a medical history notation, all significant findings, and must be authenticated by a dental officer.

Example:

1973		FT BLANK, TX
24 MAY	INIT DEN EXAM (FMY) (GANX)	
	(CHARTS 4, 5) MED HX - NEG. OH FAIR;	
	MAN REMBLE PR DTR UNSVC DUE TO	
	CAR # 29, MAX FX PR DTR UNSVC	
	DUE TO RET RT # 5 AND CAR # 6;	
	DIASTEMA BETWEEN # 8, 9; DEC # 11.	
	IN LABIAL VERSION - EXT. # 23 - 26:	
	PERIO DISEASE - EXTREME BONE	
	LOSS AROUND # 25, EXT INDICATED;	
	SPNTRY TOOTH DISTAL TO # 16, EXT	
	INDICATED.	
		WALTER Y. YANCEY LTC, D MAY 1973

Figure 10.

HEALTH RECORD				DENTAL																																
SECTION I. DENTAL EXAMINATION																																				
1. PURPOSE OF EXAMINATION				2. TYPE OF EXAM.		3. DENTAL CLASSIFICATION																														
INITIAL	SEPARATION	OTHER (Specify)		1	2	3	4																													
4. MISSING TEETH AND EXISTING RESTORATIONS																																				
				REMARKS																																
PLACE OF EXAMINATION				DATE																																
SIGNATURE OF DENTIST COMPLETING THIS SECTION																																				
5. DISEASES, ABNORMALITIES, AND X-RAYS																																				
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">A. CALCULUS</td> </tr> <tr> <td>SLIGHT</td> <td>MODERATE</td> </tr> <tr> <td colspan="2" style="text-align: center;">B. PERIODONTOCLASIA</td> </tr> <tr> <td>LOCAL</td> <td>GENERAL</td> </tr> <tr> <td>INCIPENT</td> <td>MODERATE</td> <td>SEVERE</td> </tr> <tr> <td colspan="2" style="text-align: center;">C. STOMATITIS (Specify)</td> </tr> <tr> <td>GINGIVITIS</td> <td>VINCENT'S</td> </tr> <tr> <td colspan="2" style="text-align: center;">D. DENTURES NEEDED (Include dentures needed after indicated extractions)</td> </tr> <tr> <td colspan="2" style="text-align: center;">FULL</td> <td colspan="2" style="text-align: center;">PARTIAL</td> </tr> <tr> <td>U</td> <td>L</td> <td>U</td> <td>L</td> </tr> <tr> <td colspan="4">ABNORMALITIES OF OCCLUSION—REMARKS</td> </tr> </table>				A. CALCULUS		SLIGHT	MODERATE	B. PERIODONTOCLASIA		LOCAL	GENERAL	INCIPENT	MODERATE	SEVERE	C. STOMATITIS (Specify)		GINGIVITIS	VINCENT'S	D. DENTURES NEEDED (Include dentures needed after indicated extractions)		FULL		PARTIAL		U	L	U	L	ABNORMALITIES OF OCCLUSION—REMARKS			
A. CALCULUS																																				
SLIGHT	MODERATE																																			
B. PERIODONTOCLASIA																																				
LOCAL	GENERAL																																			
INCIPENT	MODERATE	SEVERE																																		
C. STOMATITIS (Specify)																																				
GINGIVITIS	VINCENT'S																																			
D. DENTURES NEEDED (Include dentures needed after indicated extractions)																																				
FULL		PARTIAL																																		
U	L	U	L																																	
ABNORMALITIES OF OCCLUSION—REMARKS																																				
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">E. INDICATE X-RAYS USED IN THIS EXAMINATION</td> </tr> <tr> <td>FULL MOUTH PERIAPICAL</td> <td>POSTERIOR BITE-WINGS</td> <td>OTHER (Specify)</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>DATE</td> <td colspan="2">PLACE OF EXAMINATION</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="3">SIGNATURE OF DENTIST COMPLETING THIS SECTION</td> </tr> </table>				E. INDICATE X-RAYS USED IN THIS EXAMINATION			FULL MOUTH PERIAPICAL	POSTERIOR BITE-WINGS	OTHER (Specify)				DATE	PLACE OF EXAMINATION					SIGNATURE OF DENTIST COMPLETING THIS SECTION													
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DATE	PLACE OF EXAMINATION																																			
SIGNATURE OF DENTIST COMPLETING THIS SECTION																																				
SECTION II. PATIENT DATA																																				
6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY																															
M	CAU	PVI	COA 25th INF	ARMY	ARMY																															
12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME				13. DATE OF BIRTH (DAY—MONTH—YEAR)	14. IDENTIFICATION NO.																															
SIEFERT, ROBERT LOUIS (ETS 5/78)				15 FEB 57	456-78-9012																															

DENTAL
Standard Form 603
603-102

Figure 11.

Explanatory Legend for Chart 4

Tooth number

Legend

- 1 Missing.
- 2 Occlusal-lingual amalgam restoration. Facial gold inlay.
- 3 Full gold crown.
- 4 Gold three-quarter crown, serving as retainer for fixed partial denture replacing #5.
- 6 Missing; replaced by gold pontic with porcelain facing. The pontic is supported by retainers on #4 and #6.
- 6 Gold three-quarter crown, serving as retainer for fixed partial denture replacing #5.

Tooth number

Legend

- 7 Gold crown with acrylic facing, root canal filling short of radiographic apex.
- 8 Gold three-quarter crown.
- 9 Full acrylic crown, post type; root canal filling and apicoectomy.
- 10 Mesial silicate restoration.
- 11 Distal restoration, combination of gold inlay and acrylic. Root canal filling extends beyond radiographic apex. Deciduous cuspid also present, Between #11 and #12.
- 12 Mesial-occlusal-distal (MOD) amalgam restoration. Resorbed root tip.
- 13 Facial acrylic restoration.

<i>Tooth number</i>	<i>Legend</i>
14	Mesial-occlusal-facial gold inlay with an occlusal-lingual amalgam extension.
15	Missing.
16	Occlusal amalgam restoration. Tooth has drifted to area of #15.
17	Horizontal impaction.
18-20	Missing, replaced by a removable partial denture.
21-24	No restorations.
26	Acrylic crown.
2628	No restorations.
29	Occlusal amalgam.
30-31	Missing, replaced by removable partial denture.
32	Mesial-angular impaction.

Explanatory Legend for Chart 5

<i>Tooth number</i>	<i>Legend</i>
1	Missing.
2	Defective facial restoration.
3	No treatment indicated.
4	No treatment indicated.
6	Retained Lingual root tip; x-ray evidence of cyst or abscess; extraction indicated.
6	Caries under distal margin of three-quarter gold crown.
7	X-ray evidence of cyst or abscess; extraction indicated.
8	No treatment indicated.

<i>Tooth number</i>	<i>Legend</i>
9	No treatment indicated.
10	Distal caries.
11	No treatment indicated.
11(D)	Deciduous cuspid; extraction indicated.
12	No treatment indicated.
13	Mesial-occlusal caries.
14	No treatment indicated.
15	Retained distal-facial root tip; extraction indicated.
16	No treatment indicated; however, the supernumerary tooth distal to #16 is indicated for extraction.
17	Horizontal impaction; extraction indicated.
B-20	Missing.
21	Occlusal caries.
22	Fractured crown, nonrestorable. Extraction indicated.
23	Fractured crown, restorable.
23-27	Periodontal disease-extreme bone loss around #25, extraction indicated.
28	Entry is incorrect. No treatment indicated.
29	Extensive caries; amalgam restoration is unserviceable; extraction indicated.
30-31	Missing.
32	Mesial-angular impaction, extraction indicated.

APPENDIX A
REFERENCES

1. **Army Regulations (AR).**

- 40-3 Medical, Dental, and Veterinary Care.
- 40-184 Dental Service Report.
- 40-400 Patient Administration.
- 40-403 Health Records.
- 40-501 Standards of Medical Fitness.
- 310-50 Authorized Abbreviations and Brevity Codes.

2. **Technical Bulletin (TB).**

- 5 Preventive Dentistry.

APPENDIX B
ABBREVIATIONS

Notes. (1) The following abbreviations are arranged according to the field of dentistry in which they are most likely to be used. Those with wide application are listed under "Common."

(2) With few exceptions, chemical and pharmacological terms are not listed. These may be abbreviated according to commonly accepted usage.

<i>Common</i>			
Appointment	Appt	Pulpitis	Pitis
Consultation	Conslt	Recement(ed)	Recem
Deciduous	Dec	Remove(d)	Rem
General	Gen	Restoration	Res
Initial Dental Processing	Init Den Proc	Sedative	Sed
Instruction	Instr	Silicate	Sil
Local	Loc	Zinc Oxide and Eugenol	ZNOE
Mandible(ular)	Man		
Maxilla(ry)	Max	<i>Periodontics-Oral Hygiene-Preventive</i>	<i>Dentistry</i>
Medical History	Med Hx	Abrasion	Abr
Negative	Neg	Adjust(ment)	Adj
Partial	Pr	Calculus	Cal
Patient	Pnt	Caries prevention treatment	CarPrev
Permanent	Perm		Tr(specify)
Prevention	Prev	Curettage	Cur
Prognosis	Prog	Dressing	Drs
Reappointment	Reapt	Equilibration	Equil
Sedative	Sed	Excise(d)	Exc
Supernumerary	Spmry	General	Gen
Temporary	Temp	Gingiva(1)	Ging
Treatment(s)	Tr	Gingivectomy	Gtmy
		Gingivitis	Gitis
		Local	Loc
		Malocclusion	Malocc
		Necrotizing ulcerative gingivitis	NUG
		Occlusion	Occ
		Oral hygiene instruction(s)	Prev Dent
		Oral Hygiene	Counseling
		Periodontal	OH
		Periodontitis	Perio
		Periodontosis	Pedonti
		Prevention	Pedonto
		Preventive Dentistry Paste	Prev
		Prophylaxis	Prev Dent Pst
		Regional	Pro
		Remove(d)	Reg
		Root Planing	Rem
		Scale(d)(ing)	R t P l n g
		Self-applied	Scal
		Preventive	SAPDP
		Dentistry	
		Paste	
		Sodium	NaF
		Fluoride	
		Solution	Sol
		Stannous	
		Fluoride	SnF
		Stomatitis	Stom (specify)
		Subgingival	Subging
		Toothbrush	TB

<i>Examination</i>			
Bitewing X-rays	BWX		
Examination	Exam		
Extraoral X-ray	EX		
(anteroposterior)	EX (AP)		
(lateral)	EX (Lat)		
(temporomandibular joint)	EX (TMJ)		
Full mouth X-ray	FMX		
Initial Dental Exam	Init Den Exam		
Occlusal X-ray(s)	o x		
Panographic X-ray(s)	PANX		
Periapical X-ray(s)	PAX		

<i>Restorative</i>			
Abrasion	Abr		
Acrylic	Acr		
Amalgam	Am		
Base	B		
Caries (cariou)	Car		
Cement	Cem		
Composite Resin	Corn Res		
Crown	Cr		
Deciduous	Dec		
Defective	Def		
Eugenol	Eug		
Exposure	Exp		
I n l a y	Inl		
Intermediate Restorative Material	IRM		
Nonrestorable caries	NRC		
Porcelain	Porc		
Pulp capping	P C (specify material)		

	<i>Endodontics</i>			<i>Prosthodontics</i>	
Endodontics		ENDO	Abutment		Abut
Gutta percha		GP	Acrylic		Acr
Root canal		RC	Adjust(ed)(ment)		Adj
Root canal filling		RCF	Cement		Cem
			Complete		Comp
	<i>Oral Surgery</i>		Crown		Cr
Abscess		Abs	Defective		Def
Alveolar		Alv	Denture		Dtr
Alveolectomy		Alvy	Diagnosis		Diag
Anesthesia		Anes	Duplicate(d)		Dup
Apicoectomy		Apcy	Edentulous		Eden
Biopsy		Biop	Equilibration		Equil
Curettage		Cur	Facing		Fac
Dentigerous		Dentig	Fixed		Fx
Drain		Drn	Framework		Fmwk
Dressing		Drs	Immediate		Imm
Excise(d)		Exc	Impression		Impr
Extract(ed)(ion)		Ext	Inserted		Ins
Fracture(d)		Frac	Missing		Mgs
Frenectomy		Frctmy	Partial		Pr
Hemorrhage		Hem	Porcelain		Porc
Impacted		Imp	Prepare(d)(ation)		Prep
Incise(d)		Inc	Prosthodontics		Pros
Incision and drainage		I&D	Rebase(d)		Reb
Irrigation		Irrig	Recement(ed)		Recem
Nonrestorable caries		NRC	Reconstruct(ed)		Recon
Osteitis		ost	Reline		Rel
Periapical		Per	Replace(d)(ing)		Repl
Pericoronitis		Pecor	Removable		Remble
Postoperative Treatment		POT	Repair(ed)		Rep
Pulpitis		Pitis	Shade		Sh
Radicular		Radic	Unserviceable		Unsvc
Reduce(d)(tion)		Red			
Retained		Ret		<i>Titles</i>	
Root		Rt	Dental Assistant		Den Asst
Sequestrum		Seq	Certified Dental Assistant		CDA
Surgical		Surg	Dental Hygienist		DH
Suture		su	Registered Dental Hygienist		RDH
Unerrupted		Uner	Dental Therapy Assistant		DTA

The proponent agency of this regulation is The Office of The Surgeon General. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) direct to HQDA (DASG-DCM) WASH D.C. 20310.

By Order of the Secretary of the Army:

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The Adjutant General

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