

SUBJECT: GUIDELINES FOR DENTAL PERIODIC ORAL EXAMINATIONS

EFFECTIVE DATE: 06/18/2021

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**I. PURPOSE:**

The purpose of this Health Services Bulletin (HSB) is to provide guidelines for the provision of dental periodic oral examinations to inmates in major institutions.

*These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.*

**II. ACTIONS:**

- A. Per F.A.C. 33-402.101 (5), dental periodic oral examinations shall be done every two years until the inmate is 50 years of age, and annually thereafter, based upon an inmate's previous dental examinations and/or treatment.
- B. If an inmate is receiving active/comprehensive dental care, s/he is not required to receive a dental periodic oral examination.
- C. Active/comprehensive dental care means an examination, radiographs, diagnosis, and a written treatment plan have been completed and treatment is being provided per the treatment plan.
- D. Sick call and/or emergency visits are not considered active/comprehensive care, and will not affect the periodic oral examination date.
- E. All dental periodic oral examinations are to be completed during the month the periodic oral examination is due.
- F. Radiographs are not part of routine procedure for periodic oral examinations unless deemed necessary by the treating dentist. See [HSB 15.04.06](#), *Guidelines for Prescribing Radiographs*.

If an inmate refuses his/her dental periodic oral examination, [DC4-711A](#), *Refusal of Health Care Services* must be completed in accordance with [F.A.C. 33-401.105](#), *Refusal of Health Care Services and 33-402.101 (5)*, *Dental Services-General*.

**III. PROCEDURES FOR DENTAL PERIODIC ORAL EXAMINATION:**

- A. Only a dentist may perform a dental periodic oral examination.

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- B. Each dental periodic oral examination is to consist of a clinical examination of the head, neck and intraoral areas with special attention paid to cancer and/or pre-cancerous lesions. Each inmate is to be evaluated for emergency dental needs. Should routine dental treatment be desired, the inmate shall submit [DC6-236, \*Inmate Request\*](#).
- C. Results of the dental periodic oral examination shall be recorded on [DC4-735, \*Dental Clinical Examination Report\*](#). It is to be dated and signed.
- D. Place a legible entry on [DC4-724, \*Dental Treatment Record\*](#) that a dental periodic oral examination was completed. Include pertinent findings.
- E. The completed [DC4-735, \*Dental Clinical Examination Report\*](#), shall be placed in the dental health record folder (DC4-745A).

**IV. ASSOCIATED FORMS**

- A. [DC6-236, \*Inmate Request\*](#)
- B. [DC4-700A, \*Dental Contact Coding Sheet\*](#)
- C. [DC4-711A, \*Refusal of Health Care Services\*](#)
- D. [DC4-724, \*Dental Treatment Record\*](#)
- E. [DC4-735, \*Dental Clinical Examination Report\*](#)

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Health Services Director

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Date

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This HSB Supersedes:

TI 15.04.03 dated 12/5/88, 1/26/89,  
8/31/90, 9/22/93, 11/30/94, 7/18/96, and 3/7/01.  
HSB 15.04.03 dated 07/01/10 9/22/2014, AND 11/17/17

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This HSB Reviewed without revisions:

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