

DENTAL FORMS

DC4-702	<i>Consultation Request/Consultant's Report</i>
DC4-704B	<i>Dietary Prescription Display Sheet</i>
DC4-706	<i>Health Services Profile</i>
DC4-711A	<i>Affidavit of Refusal for Health Services</i>
DC4-720	<i>Laboratory Procedure Authorization</i>
DC4-724	<i>Dental Treatment Record</i>
DC4-724A	<i>Receipt of Provisions Received</i>
DC4-734	<i>Dental Health Questionnaire</i>
DC4-735	<i>Dental Clinical Examination Report</i>
DC4-745A	<i>Dental Record</i>
DC4-759	<i>Consent For and Prior To Endodontic Treatment</i>
DC4-762	<i>Authorization and Consent for Dental Surgery</i>
DC4-763	<i>Consent for Tooth Removal</i>
DC4-764	<i>Dental Diagnosis and Treatment Plan</i>
DC4-767	<i>Dental Periodontal Charting</i>
DC4-767A	<i>Plaque Control Record (PCR)</i>
DC6-236	<i>Inmate Request (formerly DC3-005)</i>
DC4-698A	<i>Inmate Sick Call Request</i>

Correct Order of Forms in the Dental Record (DC4-745A)

DC4-702 ***Consultation Request/Consultant's Report***

Reference: HSB 15.01.04 *Referral for Specialty Health Services at North Florida Reception and Medical Center or Staging Facilities*

DC4-702 *Consultation Request/Consultant's Report* is to be completed when advanced or specialized dental care is needed that cannot be accomplished at the institution. Examples include: oral surgery, advanced endodontics, existing implants, or orthodontics, etc.

The referring dentist must complete the Request section of DC4-702, including:

1. The name of the dentist/group to who the inmate patient is being referred.
2. The name of the referring dentist.
3. Date of the request (referral).
4. The reason for the request (referral). Include all pertinent information pertaining to the reason for consultation.
5. Include remarkable medical/dental histories.
6. A provisional diagnosis.
7. The signature and name stamp of the referring dentist.
8. The urgency of the referral.

A copy of the consultation request is to be placed in chronological order in the appropriate section on the right-hand side of the dental record (DC4-745A). This copy is to be replaced by the completed DC4-702 when it is returned by the consultant.

The inmate identification (information) block located in the lower left-hand corner of DC4-702 must be completed.

The Authorization for Specialty Evaluation section located on the back of DC4-702 must be completed before it is forwarded to the consultant.

1. The reason for the consultation (type of procedure requested/required) must be listed.
2. The institution must be listed.
3. The inmate patient must sign acceptance for the referral and date it.
4. A dental staff member must witness the inmate patient signature. The signature of the witness, name stamp, and date must be affixed.

An entry documenting the referral shall be placed in DC4-724 *Dental Treatment Record*.

At this point, DC4-702 *Consultation Request/Consultant's Report* may be forwarded via proper channels.

After the consultant has completed the treatment indicated on the inmate patient, s/he is to return the completed DC4-702. Remove the copy of the initial consultation

request from the right-hand side of the dental record (DC4-745A) and replace it with the completed DC4-702.

Place an entry documenting completion/review of the returned consultation request in DC4-724 *Dental Treatment Record*.

DC4-704B ***Dietary Prescription Display Sheet***

Reference: HSB, 15.04.04, and Supplement H Diets

DC4-704B *Dietary Prescription Display Sheet* is used for attachment of the individual pink copies of the completed DC4-728 *Diet Prescription/Order*. Each pink copy of DC4-728 is to be placed in chronological order, by date ordered, beginning on the line indicated by Attach 1st report with top at this line. Each subsequent completed DC4-728 is attached as indicated.

The inmate information block located in the lower left-hand corner of DC4-704B must be completed.

DC4-704B *Dietary Prescription Display Sheet* is to be placed in chronological order in the indicated area on the left-hand side of the dental record (DC4-745A).

DC4-706 ***Health Services Profile***

Reference: HSB 15.03.13 *Assignment of Health Classification Grades to Inmates*

Section I of DC4-706 *Health Services Profile* will not normally be utilized by dental staff members.

Sections II and III:

For completing these sections on placing and removing holds refer to HSB 15.04.09 *Dental Holds*.

As with Section I, check the box Check here if this is a change in grade, if so indicated. Unless so indicated, do not respond to the work release and permanent party questions.

If an inmate is not going to be released from hold prior to the 90-day limit, the hold may be extended by making an entry noting the new hold date on the existing DC4-706 copies in the medical and dental records. Make a copy of this entry and forward it to classification. An updated hold entry must be made in the OBIS-HS computer system as well as complete documentation must be entered on DC4-724 *Dental Treatment Record*.

The inmate information block located in the lower left-hand corner of DC4-706 must be completed.

Place pertinent copies of DC4-706 pertaining dental holds in chronological order in the indicated are on the left-hand side of the dental record (DC4-745A).

DC4-711A ***Refusal of Health Care Services***

Reference: Departmental procedure 401.002 *Refusal of Health Care Services by Inmates* and in Supplement H Refusals

DC4-711A *Refusal of Health Care Services* must be completed when an inmate refuses dental care. All refusals for dental care should be done in person at the dental clinic or in front of dental staff members.

In the Statement of Refusal section, the type of dental care refused must be documented and the name of the dental staff member explaining why dental care is needed and the advantages and possible complications, if any, from the refusal must be documented.

A dental staff member, preferably a dentist, must complete the Certification section of DC4-711A. The date and time of the refusal must be entered and the dental staff member signature and name stamp affixed.

The inmate must sign and date the refusal of dental care in the Signature section. Two (2) Department of Corrections staff members must witness the inmate signature. The staff members must affix their signatures and name stamps, date, and time. If the inmate refuses to sign DC4-711A, a member of the dental staff should write Patient refuses to sign on the signature of patient line and date the form. As previously mentioned, two (2) staff members must complete the witness section.

The reason given by the inmate for the refusal should be documented, as well as a list of possible health consequences discussed with the inmate.

If a dentist signed the certification section or the witness section, DC4-711A does not need to be reviewed by a dentist.

If a dentist did not complete the certification section or witness the inmate signature for refusal of dental care, s/he must complete the Reviewed by section at the bottom of DC4-711A. His/her signature and name stamp must be affixed.

The completed DC4-711A *Affidavit of Refusal for Health Services* is to be placed in chronological order in the appropriate area on the left-hand side of the dental record (DC4-745A).

A complete entry documenting the refusal must be placed in DC4-724 *Dental Treatment Record*.

DC4-720 ***Laboratory Procedure Authorization***

DC4-720 *Laboratory Procedure Authorization* must be completed on all dental cases sent to a dental laboratory. A new DC4-720 is required for each step sent to the dental laboratory.

The name and address of the dental laboratory must be completed (do not use a post office box). The institutional name and address must be completed (do not use a post office box).

The inmate's name, DC number, race, and sex must be completed.

Initially the case number block of DC4-720 is to be left blank. The case number will be assigned by the dental laboratory (PRIDE) and is to be noted on any other DC4-720 concerning the case in question.

The date sent to the laboratory must be completed in addition to the following, as appropriate: try-in, finish, material, shade, mould, and type of case.

Give the dental laboratory a complete description of what needs to be done. Inmates at the PRIDE Dental Laboratory are being trained as laboratory technicians and are not Certified Dental Technicians.

The dentist must sign the form, including his/her name stamp and dental license number.

Partial denture design, both cast and acrylic, is to be done on the back of the white copy. Complete the sections appropriate for each case.

The top white copy is to be sent with the case to the dental laboratory. The pink copy is also sent with the case to the dental laboratory but will be returned to the institution with the payment invoice. The canary copy is to be placed in the left-hand pocket of the dental record (DC4-745A). When a dental laboratory case is completed, staple all canary copies for that case together as one.

DC4-724 ***Dental Treatment Record***

All information and documentation concerning an inmate's dental status and/or dental treatment is to be recorded on DC4-724 *Dental Treatment Record*.

The appropriate dental staff member must sign (including name stamp) all entries on DC4-724, including the date and time of the event.

The inmate information block located in the lower left-hand corner of DC4-724 must be completed on each form.

DC4-724 *Dental Treatment Record* is to be the first form placed in chronological order on the right-hand side of the dental record (DC4-745A).

DC4-724A *Receipt of Provisions Received*

DC4-724A *Receipt of Provisions Received* is to be completed at the partial and/or complete denture delivery appointment.

The date and time of the receipt of inserted removable prosthetics must be entered in the left-hand column.

The date must be entered again where indicated along with the inmate's current housing location.

The inmate's name and DC number must be noted.

The type of removable prosthetic appliance delivered must be listed.

After reading this form, the inmate must sign it and affix his/her DC number.

The treating dentist must then sign DC4-724A and affix his/her name stamp.

The inmate information block, located in the lower left-hand corner of DC4-724A, must be completed.

The completed DC4-724A is to be placed with miscellaneous forms at the bottom of the left-hand side of the dental record (DC4-745A).

DC4-734 *Dental Health Questionnaire*

Inmates who are receiving any type of dental treatment, other than an oral examination, must have a current (within one year) DC4-734 *Dental Health Questionnaire*.

Both sides of DC4-734 must be completed as applicable, i.e., male inmates should not respond to the Women section.

The inmate must sign and date DC4-734. The signature of the treating dentist must be affixed, including name stamp and date.

If **any** allergies are noted, the Yes allergy box must be checked on the outside of the dental record (DC4-745A). If no allergies are noted, the No allergy box must be checked on the outside of the dental record (DC4-745A). If the old style of dental record (manila folder) is still being utilized, the allergy notations described at the beginning of this paragraph must be written or stamped on the outside of the folder.

Any yes or no answers that are pertinent to the inmate's dental care should be highlighted, and where indicated, expounded upon.

The inmate information blocks located in the lower left-hand corner of both the front and back of DC4-734 must be completed.

At least once per treatment year, DC4-734 *Dental Health Questionnaire* must be updated/reviewed using the Update: Health Changes/Current Medications section located at the bottom of the back of the form. The signature of the treating dentist must be affixed, including name stamp and date.

DC4-734 *Dental Health Questionnaire* is to be reviewed prior to any dental treatment. A standard entry of HQR (Health Questionnaire Reviewed), is to be included in the procedure write-up documented on DC4-724 *Dental Treatment Record*.

When necessitated by major health changes or when the Update sections of DC4-734 are filled, a new DC4-734 *Dental Health Questionnaire* must be generated.

The completed DC4-734 *Dental Health Questionnaire* is to be the first form placed in chronological order on the left-hand side of the dental record (DC4-745A).

DC4-735 *Dental Clinical Examination Report*

DC4-735 *Dental Clinical Examination Report* is to be completed at the inmate's intake dental examination and at periodic dental examinations.

DC4-735 must be completed in its entirety:

1. The type of dental examination must be noted.
2. The date of the dental examination must be noted.
3. Circle to note missing teeth.
4. Circle to note teeth with restorations present.
5. Circle to note prostheses that are present.
6. Circle the approximate amount of calculus deposits present.
7. Circle the gingival condition, which is the closest approximation to the inmate's general gingival condition.
8. Circle the approximate masticating efficiency.
9. All dental examinations must include a head and neck examination. Each listed area must have an entry in either the normal or abnormal columns, with comments listed as appropriate with the following exception: Intake head and neck examinations are not required to document neck/nodes, salivary gland, TMJ, and Pharynx. These areas are to be noted as N/A if not examined.
10. Remarks concerning existing dentition, prosthetics, remarkable conditions, etc., (gold shell crowns, precision appliances, orthodontics, etc.).
11. Circle extractions indicated by the visual clinical examination. (This is to be used as an initial dental treatment plan.)
12. Circle restorations indicated by the visual clinical examination. (This is to be used as an initial dental treatment plan.)
13. Remarks concerning dental treatment indicated, i.e., continuation of orthodontic care, follow-up/completion of endodontic therapy, etc.

- 14.
15. The signature of the examining dentist must be affixed, including name stamp.
16. The inmate information block located in the lower left-hand corner of DC4-735 must be completed on each form.

The completed DC4-735 *Dental Clinical Examination Report* is to be placed in chronological order in the indicated area on the left-hand side of the dental record (DC4-745A).

DC4-745A *Dental Record (Health Folder)*

The dental record (DC4-745A) is the jacket that holds all dental forms, dental radiographs, etc.

Reception centers will generate a DC4-745A on all new commitments.

The inmate identifier section—last name, first name, middle initial, race/sex, and DC number, must be completed either in ink or by utilizing preprinted labels.

The inmate's DC number is to be printed in ink or color coded using TAB-type color products in the six blocks indicated. TAB-type colors are:

0 - Pink	5 - Dark Green
1 - Red	6 - Blue
2 - Light Orange	7 - Purple
3 - Dark Orange	8 - Lilac
4 - Light Green	9 - Brown

If the inmate has a completed DC4-734 *Dental Health Questionnaire*, the Allergy section on the outside of the dental record (DC4-745A) must be completed by documenting yes or no. If the inmate has only received an initial examination and a dental health questionnaire has not been completed, the Allergy section on the dental record (DC4-745A) is left blank and will be completed when the inmate is seen for dental treatment and a DC4-734 is completed.

In creating a new dental record (DC4-745A), only approved DC forms are to be utilized. The last page of this supplement indicates the specific order for the forms to be placed in the dental record.

Old dental records/forms from previous commitments may be placed at the back of the right-hand side of the dental record (DC4-745A). The old dental records/forms are to be separated by a divider that has the blue tab, previous commitment (Prev Commit) affixed. The blue tabbed divider is used in DC medical records and is available through PRIDE.

All dental records are to be filed in numerical order.

The dental record (DC4-745A) is to accompany the inmate as s/he is transferred through the Department of Corrections system.

DC4-759 ***Consent For and Prior To Endodontic Treatment***

Before any endodontic (root canal) treatment is begun, DC4-759 *Consent For and Prior To Endodontic Treatment* must be completed. The tooth number must be entered in the space indicated.

The signature of the treating dentist must be affixed, including name stamp and date.

The inmate patient must sign and date DC4-759 in the indicated section.

A witness, preferably a dental assistant, must sign in the indicated section, including name stamp and date.

Should the inmate be transferred before the endodontic treatment has been completed, the current treating dentist may affix his/her signature, including name stamp and date, in the blank section at the bottom of DC4-759.

The inmate information block located in the lower left-hand corner of DC4-759 must be completed.

The completed DC4-759 is to be placed in chronological order in the indicated area on the left-hand side of the dental record (DC4-745A).

DC4-762 ***Authorization and Consent for Dental Surgery***

DC4-762 *Authorization and Consent for Dental Surgery* is to be used for specialty dental care, i.e., advanced oral surgery (not extractions), periodontal surgery, etc.

The name of the dentist being authorized to perform the dental procedure must be entered. All blank lines in numbers 1, 2, 3, 4, and 5 must be completed.

The inmate patient must sign and date DC4-762 in the indicated section.

The signature of the treating dentist must be affixed, including name stamp and date.

A witness, preferably a dental assistant or another dentist, must sign in the indicated section, including name stamp and date.

The inmate information block located in the lower left-hand corner of both sides of DC4-762 must be completed.

The completed DC4-762 is to be placed in chronological order in the indicated area on the left-hand side of the dental record, DC4-765A.

DC4-763 ***Consent for Tooth Removal***

DC4-763 *Consent for Tooth Removal* must be completed before any tooth/teeth (including surgical extractions) are removed.

The name of the dentist(s) authorized to perform the indicated extraction(s) must be entered in the appropriate section of DC4-763.

All teeth being extracted may be indicated in the appropriate section of DC4-763, even if multiple appointments may be necessary.

The signature of one treating dentist must be affixed, including name stamp and date.

The inmate patient must sign and date DC4-763 in the appropriate section.

A witness, preferably a dental assistant or another dentist, must sign in the appropriate section, including name stamp and date.

The inmate information block located in the lower left-hand corner of DC4-763 must be completed.

Should the inmate refuse extractions any time in the treatment sequence, a new DC4-763 *Consent For Tooth Removal* must be completed in its entirety as previously described.

Should an inmate be transferred before all the extractions can be performed, a new DC4-763 must be completed in its entirety, as previously described, by the treating dentist.

The completed DC4-763 is to be placed in chronological order in the indicated area on the left-hand side of the dental record (DC4-745A).

DC4-764 ***Dental Diagnosis and Treatment Plan***

All patients receiving routine comprehensive dental care must have a recorded DC4-764 *Dental Diagnosis and Treatment Plan*.

Appropriate radiographs should be exposed/available per HSB 15.04.06 *Guidelines for Prescribing Dental Radiographs* when developing the dental treatment plan. The dental treatment plan should be prioritized beginning with urgent needs. A complete prophylaxis should be performed at the beginning of the dental treatment plan unless emergent or urgent needs are of higher priority.

The tooth chart located on the top of the front page must be completed using the indicated colors.

Each individual tooth indicated for restoration should have the surface(s) noted. As the restoration/procedure is completed, it should be noted in the Date Completed section.

Preventive dentistry including prophylaxis, endodontic therapy, fixed and removable prosthetics, periodontal therapy, oral surgery, orthodontic follow-up, and other treatment indicated should be listed also. As the procedure is completed, it should be noted in the Date Completed section.

The signature of the examining dentist must be affixed, including name stamp and date.

A complete regional head and neck examination must be documented. Each listed area must have an entry in either the normal or abnormal column with comments listed as appropriate.

The results of the Periodontal Screening and Recording (PSR) are to be placed on DC4-764 *Dental Diagnosis and Treatment Plan*.

The inmate information block located in the lower left-hand corner of DC4-764 must be completed on each form.

If, in the course of treatment, additions or corrections are indicated to the original dental treatment plan, such are to be entered on the back of DC4-764 in the Additions to Dental Treatment Plan section.

If the inmate is assigned to a different treating dentist and is transferred to another institution, that treating dentist must review the dental treatment plan and so indicate in the Dental Treatment Plan Review section of DC4-764. A review is not indicated if the inmate is being seen by the same institution's dental staff for one appointment or is being treated on a specific referral basis.

If any entry is placed on the back of DC4-764 *Dental Diagnosis and Treatment Plan*, the inmate information block in the lower left-hand corner must be completed.

DC4-764 *Dental Diagnosis and Treatment Plan* is to be placed in chronological order as the second form on the left-hand side of the dental record (DC4-745A).

Appropriate entries regarding the dental treatment plan and regional head and neck examination must be placed on DC4-724 *Dental Treatment Record*.

DC4-767 ***Periodontal Charting***

DC4-767 *Periodontal Charting* shall be utilized as indicated by the Periodontal Screening and Recording (PSR). DC4-767 shall be completed on any inmate receiving advanced periodontal therapy. Any time the code D4115 Periodontal Exam

HSB 15.04.13, Supplement D

Revised: 06/2021

Supersedes prior revision dated: 2/28/12

Dental Forms

Page 12 of 14

with Charting is entered on the DC4-700A *Dental Contact Coding Sheet*, a DC4-767 must be completed.

The inmate's name and DC number must be affixed in the designated area. Utilizing the key near the bottom of the front side, the dentist/dental hygienist is to complete those sections of the periodontal charting deemed appropriate.

The signature of the dentist/dental hygienist must be affixed, including name stamp and date.

DC4-767 is to be placed in chronological order in the indicated area on the left-hand side of the dental record (DC4-745A).

DC4-767A *Plaque Control Record (PCR)*

DC4-767A *Plaque Control Record (PCR)* is used to record an inmate's plaque control progress.

Any time the code D1360 Plaque Free Score is entered on DC4-700A *Dental Contact Coding Sheet*, an entry must be made on DC4-767A.

Instructions for use are listed on DC4-767A. The plaque-free score is calculated as follows:

$$100 - \frac{\text{Number of Surfaces with Plaque}}{\text{Number of Teeth X 4}} \times 100 = \underline{\quad}\%$$

A thorough entry must be made on DC4-724 *Dental Treatment Record* documenting the plaque score.

The inmate information block located in the lower left-hand corner of each side of DC4-767A must be completed.

DC4-767A *Plaque Control Record* is to be placed in chronological order in the indicated area on the left-hand side of the dental record (DC4-745A).

DC6-236 *Inmate Request (formerly DC3-005)*

DC6-236 *Inmate Request* is a general DC form utilized by inmates to obtain information or request appointments/interviews with various institutional staff members.

The date DC6-236 is received by the dental clinic must be stamped on the form. Staff members so designated by the Senior Dentist must respond to the inmate request within ten (10) calendar days from the date of receipt by the dental clinic.

A response must be made to the inmate request. The dental staff member responding to the inmate request must affix his/her signature and name stamp and date the form. Appropriate information from the inmate request and response must be entered on the dental clinic request log. The white and canary copies, containing the response, are to be returned to the inmate. The pink copy containing the response is to be placed in chronological order in the indicated area on the right-hand side of the dental record (DC4-745A).

A standard entry (Inmate Request Received) is to be made on DC4-724 *Dental Treatment Record*.

DC4-698A ***Inmate Sick Call Request***

DC4-698A, *Inmate Sick Call Request*, is a form used by inmates to request Dental Care for issues they feel cannot wait until they are seen for Routine Comprehensive Dental Care.

The date the DC4-698A is received by the Dental Clinic must be stamped on the form. The *Inmate Sick Call Request* must be evaluated, and the inmate appropriately scheduled. In the event the inmate used the DC4-698A to request Routine Comprehensive Dental Care, the dental staff is to go ahead and add their name to the appropriate Dental Waiting List.

A standard entry (Inmate Sick Call Request Received) is to be made on the DC4-724, *Dental Treatment Record*.

The DC4-698A form is to be placed in chronological order in the indicated area on the right-hand side of the *Dental Record* (DC4-745A).

**CORRECT ORDER OF FORMS IN THE DENTAL RECORD
(DC4-745A)**

LEFT SIDE (from Top to Bottom)

<i>Dental Health Questionnaire</i>	DC4-734
<i>Dental Diagnosis and Treatment Plan</i>	DC4-764
<i>Periodontal Charting</i>	DC4-767
<i>Plaque Control Record (PCR)</i>	DC4-767A
<i>Dental Clinical Examination Report</i>	DC4-735
<i>Authorization and Consent for Dental Surgery</i>	DC4-762
<i>Consent For and Prior To Endodontic Treatment</i>	DC4-759
<i>Consent for Tooth Removal</i>	DC4-763
<i>Affidavit of Refusal for Health Services</i>	DC4-711A
<i>Health Services Profile</i>	DC4-706
<i>Dietary Prescription Display Sheet</i>	DC4-704B
<i>Receipt of Provisions Received</i>	DC4-724A
Other Miscellaneous Forms	

LEFT-SIDE POCKET

<i>Dental Laboratory Procedure Authorization</i>	DC4-720
--	---------

RIGHT SIDE (from Top to Bottom)

<i>Dental Treatment Record</i>	DC4-724
<i>Consultation Request/Consultant's Report</i>	DC4-702
Biopsy Report (non-DC form)	
<i>Inmate Request</i>	DC6-236 (formerly DC3-005)
<i>Inmate Sick Call Request</i>	DC4-698A

RIGHT-SIDE POCKET

Dental Radiographs Only