|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3B. Medico-legal and Patient Care** | **Dentist name** | **Dentist name** | **Dentist name** | **Dentist name** | **Dentist name** | **Dentist name** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient dental records\* demonstrate**  **recording of:** |  | | |  | | |  | | |  | | |  | | | |  | | |
| Pt 1 | Pt 2 | Pt 3 | Pt 1 | Pt 2 | Pt 3 | Pt 1 | Pt 2 | Pt 3 | Pt 1 | Pt 2 | Pt 3 | Pt 1 | Pt 2 | Pt 3 | Pt 1 | | Pt 2 | Pt 3 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | A | * medical history updated at every recall and as appropriate…………… |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | A | * charting of missing/present teeth….. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | B | * charting of existing restorations…… |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | A | * soft tissue examination……………… |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | A | * basic periodontal examination and/or periodontal charting recorded where appropriate……….. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | A | * information regarding habits (behavioural and dietary) and actions taken……………..…………. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | A | * written treatment plan, including costs, given to patient and retained in patient record………….................. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | A | * local anaesthetic and prescription items used are recorded……………. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | A | * treatment notes for each visit include date name/identifier of clinician/treatment provided............. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | A | * indication for radiographs recorded   and radiographs reported………….. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **\*Checking three records per dentist from the previous six months is recommended (additional records to be checked if standard is not met). Records to be selected by the inspector.** |

|  |
| --- |
| **Information source:**  PSM Record-keeping and SDCEP Oral Health Assessment and Review guidance |