CHAPTER 15

DENTAL EXAMINATIONS

INTRODUCTION

The dental examination is one of the basic professional services provided by the Navy dental team. Soon after recruits entered the military service, they received their first dental-oral examination to determine their dental health. Throughout their service with the Navy, they will receive annual or periodic dental examinations. The results of these examinations are recorded in their individual U.S. Navy Medical Outpatient and Dental Treatment Record (NAVMED 6150/21-30). The Forensic Examination Section, which is located on the inside back cover of the NAVMED 6150/21-30; will be discussed in this chapter since it covers an examination.

The Hospital Corpsman's (HM's) responsibility is to assist the dentist in all areas of dental examinations. The HM must be able to understand and complete various dental forms used in the examination process that become a part of the NAVMED 6150/21-30. Information on dental examinations and related forms can be found in the Manual of the Medical Department, NAVMED P-117, Chapters 6 and 15.

Dental examinations are performed by dentists in different areas of the dental clinic. The Oral Diagnosis Department has the responsibility of providing dental examinations and holding "sick-call" hours, while dentists and auxiliary personnel (hygienists and HMs) in other departments of the dental clinic also perform oral examinations. This chapter concentrates on the HM's duties in pre-examination, examination types, occasions for dental examinations, dental classifications, designations, charting and abbreviations, recording dental treatment, additional dental treatment forms, and patient dismissal.

PRE-EXAMINATION DUTIES

LEARNING OBJECTIVE:

Explain the pre-examination duties required to be performed prior to each dental examination.

Before seating a patient for a dental examination, ensure that the Dental Treatment Room (DTR) is neat and professional in appearance. Make sure the area is clean and the equipment is disinfected.

PATIENT PREPARATION

The HM introduces himself/herself and asks the patient for his or her dental record. Open the record and scan the Dental Health Questionnaire, NAVMED 6600/3. Look specifically for "yes" answers if the questions concerning contagious or infectious diseases, such as Hepatitis, Human Immunodeficiency Virus (HIV), cold sores (herpes, etc.) were checked. When a patient has a "yes" answer, notify the dentist before treatment.
When the patient is seated, make him or her as comfortable as possible. Adjust the headrest and place the chair in the working position favored by the dentist, usually the fully reclined position shown in Figure 15-1. In this position, the patient's head is level with the dentist's elbow when the dentist is seated on the dental stool.

![Figure 15-1.—Dental Chair in Working Position](image)

The dentist will need them standing by to evaluate proper fit and condition during the exam.

A patient who is wearing corrective glasses should be asked to leave them in place during the exam, while a patient not wearing corrective glasses should be given eye protection.

**INSTRUMENT/EQUIPMENT PREPARATION**

Once the patient is ready, prepare the necessary examination instrument and equipment for use. The HM must maintain aseptic technique in the DTR or other treatment room used for dental care. Throughout the procedure, take care to prevent sterile instruments from being contaminated. Place the sterile instrument pack on the bracket table. Open the oral exam instrument pack, leaving the items on the sterile wrapping paper as shown in Figure 15-2.

![Figure 15-2.—Open the Instrument Pack, Leaving the Items on the Sterile Wrapping Paper](image)

Some commands use peel packs for the exam pack. In this case, the instruments should be placed on bracket table covers (paper sheets). At this point the HM should have completed all of the preparation procedures. After double checking the area ensuring everything is ready, notify the dentist that the patient is ready.
OCCASIONS FOR DENTAL EXAMINATIONS

Dental examinations are performed on various occasions. The type of the examination performed will depend on what the patient needing an examination requires (i.e. retirement, annual, etc.).

ACCESSION

All Navy and Marine Corps personnel who enter the military service will have a dental record established with an accession examination and radiographs.

PERIODIC DENTAL EXAMINATIONS

Dental examinations of all active duty Navy and Marine Corps personnel must be conducted annually and on other appropriate occasions to establish the need for dental treatment and verify dental records. Periodic dental examinations access the readiness status of active duty Navy personnel. The annual examination should normally be a Type 2 examination.

Type 1, Comprehensive Examination

This is the ideal examination, for it is the most extensive dental examination. The dentist will perform a comprehensive hard and soft tissue examination that includes: oral cancer screening examination; mouth-mirror, explorer, and periodontal probe examination; adequate natural or artificial illumination; panoramic or full-mouth periapical, and posterior bitewing radiographs; blood pressure recording; and when indicated, percussion, thermal and electrical test, transillumination, and study models. Included are those lengthy clinical evaluations required to establish a complex clinical diagnosis and the formulation of a total treatment plan. For example: treatment planning for full-mouth reconstruction; determination of the etiology or differential diagnosis of a patient's chief complaint.

Type 2, Oral Examination

Comprehensive hard and soft tissue examination, which will include: oral cancer screening examination; mouth-mirror, explorer, and periodontal probe examination; adequate natural or artificial illumination; appropriate panoramic or intraoral radiographs as indicated by the clinical examination; and blood pressure recording. An appropriate treatment plan will be recorded. This type is the routine examination, which is normally done only one time per treatment regimen per patient, unless circumstances warrant another complete examination.

Type 3, Other Examination

This examination consists of diagnostic procedures as appropriate for: consultation between staff or staff residents; observation where no formal consultation is prepared; certain categories of physical examinations; and emergency oral examinations for evaluation of pain, infection, trauma, or defective restorations.

Type 4, Screening Evaluation

This type of examination consists of a mouth-mirror and explorer or tongue depressor examination with whatever illumination is available. This category includes the initial dental processing of recruits without necessarily being examined by a dentist or other screening procedures. A qualified dental assistant or dental hygienist may perform a Type 4 examination.

SUITABILITY FOR OVERSEAS ASSIGNMENT (OVERSEAS SCREENING)

The procedures for the medical and dental evaluation of Navy and Marine Corps members and their accompanying family members, who are undergoing suitability processing for overseas assignment, are provided in NAVMEDCOMINST 1300.1 series. Based upon the findings of the dental examination, a dental officer recommends suitability or unsuitability of a member and family members for overseas assignment.
This is documented on a NAVMED 1300/1, Medical and Dental Overseas Screening Review for Active Duty or Dependent. The examining dentist will complete Part II: Dental Screening (Fig. 15-3) on the NAVMED 1300/1.

The ultimate responsibility rests with the member’s commanding officer to approve or disapprove the member or family members for overseas assignment.

**SEPARATIONS, RETIREMENTS AND SPECIAL PROGRAMS**

Dental examinations are required for personnel who separate from the Naval Service, retire, or apply for special programs. The *Manual of the Medical Department, NAVMED P-117*, Chapters 6 and 15, outlines procedures for these examinations.

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**PART II**

<table>
<thead>
<tr>
<th>SERVICE FAMILY MEMBER NAME</th>
<th>GRADE RATE FAMILY MEMBER PREFIX</th>
<th>DSN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental Screening</strong></td>
<td><em>Committed by a military or a dental officer or privileged provider prior to an overseas, remote duty, or operational assignment for the purpose of assessing and matching the dental needs of a service family member to the support capabilities of the gaining military treatment facility.</em></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>ITEM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Are current dental records (military and civilian) reviewed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are dental examinations current? Of more than 100 days since last 1-4 dental exam, a dental officer or privileged provider must, at a minimum, review the dental records and complete a dental history (see NAVMED 3330, section 490, p-39).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is a réexamination required by a non-MTF if examined or treated at a non-MTF facility?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is the service family member in Dental Class 3 or 4, can dental treatment or examination be completed before the transfer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are there any chronic dental conditions requiring routine or continuing access to care or access to specialized dental care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Specify other concerns:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A. Specify Dental Class (required for service members)**

**Dental Classifications:** (Per SECNAVINST 6000.5A)

- Normally considered worldwide deployable:
  - Class 1: Patients with an existing dental examination, who do not require dental treatment or re-evaluation.
  - Class 2: Patients with a current dental examination, who require non-urgent dental treatment or re-evaluation for oral conditions unlikely to result in a dental emergency within 12 months.

- Normally not considered worldwide deployable:
  - Class 3: Patients who require urgent or emergent dental treatment for oral conditions with a high potential to cause a dental emergency within 12 months.
  - Class 4: Patients who require an urgent or emergent dental examination for oral conditions with a high potential to cause a dental emergency within 12 months. (a) A patient's dental treatment does not exist or; (b) The dental record must be held by the responsible dental treatment facility or Military Department activity.

**If any of the shaded blocks are checked, forward a suitability request to the gaining military treatment facility or the dental department of the overseas, remote duty, or operational location to determine if the required dental support is available.**

**Yes**  | **No**

**MTF Screener (Signature)**  | **Date**  
**Printed Name, Rank or Grade**  | **MTF Screener (Signature)**  | **Date**  
**Printed Name**  | **Address**  
**DTF or Duty Station**  | **City, State, and Zip Code**  
**Telephone Number (include area/country code)**  | **Telephone Number (include area/country code)**  
**DSN Number**  | **Telephone Number (include area/country code)**  
**Telephone Number (include area/country code)**  | **Telephone Number (include area/country code)**  
**Email Address**  | **Email Address**

**NAVMED 1300/1 (Rev. 6-2006), Page II**

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**Figure 15-3.—NAVMED 1300/1, Part II: Dental Screening**
DENTAL CLASSIFICATIONS

LEARNING OBJECTIVES:

Describe the different dental classes.

Identify the abbreviations used in dental charting.

The Navy Dental Corps has a uniform system for recording the results of a dental examination. It is a classification system that lets the provider determine the dental status of each individual and establishes priorities of treatment. Numbers are used to record one of four possible dental classifications. Each classification is carefully determined using prescribed criteria and is accurately recorded. The following is a description of each classification.

CLASS 1

This classification is for patients who do not require dental treatment or reevaluation within 12 months. Class 1 patients must meet these conditions:

- No dental caries or defective restorations
- Arrested caries for which treatment is not indicated
- Healthy periodontium, no bleeding on probing; oral prophylaxis not indicated
- Replacement of missing teeth not indicated
- Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis and are not recommended for prophylactic (preventive) removal
- Absence of temporomandibular disorders; stable occlusion

CLASS 2

Class 2 is the classification for patients who have oral conditions that the examining dentist feels if not treated or followed up, have the potential but are not expected to result in dental emergencies within 12 months.

CLASS 3

Class 3 is the classification for patients who have oral conditions that the examining dentist expects will result in dental emergencies within 12 months if not treated. Patients should be placed in class 3 when there are questions in determining classification between class 2 and class 3.

CLASS 4

Class 4 is the classification for patients who require a dental examination. This includes patients who require annual or other required dental examinations and patients whose dental classifications are unknown.

DESIGNATIONS, CHARTING, AND ABBREVIATIONS

The designations and abbreviations are to be used when making entries in a patient's EZ603 or EZ603A (dental continuation sheet). The names of permanent and deciduous teeth and numbers that correspond with them have been discussed in Chapter 7, “Oral Anatomy.”
TOOTH SURFACES

The following designation of tooth surfaces are used to record pathologic conditions and subsequent restoration of teeth. (Information on pathologic conditions and restorations of teeth can be found in Chapter 24). Table 15-1 outlines tooth surface designations.

<table>
<thead>
<tr>
<th>Surface</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial (labial and buccal)</td>
<td>F</td>
</tr>
<tr>
<td>Lingual</td>
<td>L</td>
</tr>
<tr>
<td>Occlusal</td>
<td>O</td>
</tr>
<tr>
<td>Mesial</td>
<td>M</td>
</tr>
<tr>
<td>Distal</td>
<td>D</td>
</tr>
<tr>
<td>Incisal</td>
<td>I</td>
</tr>
</tbody>
</table>

Table 15-1.—Tooth Surface Designations

Combinations of the designations must be used to identify and locate caries, and to record treatment plans, operations, or restorations in the teeth involved; for example, 8-MID would refer to the mesial, incisal, and distal aspects of a right maxillary central incisor; 22-DF, the distal and facial aspects of a left mandibular cuspid; and 30-MODF, the mesial, occlusal, distal, and facial aspects of a right mandibular first molar.

GENERAL CHARTING

A large portion of the Corpsman’s time during an examination involves recording existing restorations and current diseases and abnormalities in the patient’s dental records. The HM must fully understand how and where to record this information. Dental chart markings have been standardized so the original dental condition, diseases and abnormalities (treatment needed), and treatments completed may be identified. This assists in efficient continuity of treatment and may establish identification in certain circumstances.

STANDARD ABBREVIATIONS AND ACRONYMS

The use of standard abbreviations and acronyms is not mandatory, but it is desirable for expediency. Dental forms used to record dental treatment have limited amounts of space to write. Use only abbreviations and acronyms that will not be misinterpreted. When recording treatment, ensure to correctly spell all terms. Well known medical and scientific signs and symbols such as: Rx (prescription), WNL (within normal limits), BP (blood pressure) and O² (oxygen) may be used in recording dental treatment. The following abbreviations and acronyms are commonly found in dental charting as noted in Table 15-2.
<table>
<thead>
<tr>
<th>Assessment</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>All caries not removed</td>
<td>ACNR</td>
</tr>
<tr>
<td>Amalgam</td>
<td>Am</td>
</tr>
<tr>
<td>Anesthetic (thesia)</td>
<td>Anes</td>
</tr>
<tr>
<td>Bite-wing radiographs</td>
<td>BWX</td>
</tr>
<tr>
<td>Communication</td>
<td>Comm</td>
</tr>
<tr>
<td>Complete denture</td>
<td>CD</td>
</tr>
<tr>
<td>Copal varnish</td>
<td>Cop</td>
</tr>
<tr>
<td>Crown</td>
<td>Cr</td>
</tr>
<tr>
<td>Curettage</td>
<td>Cur</td>
</tr>
<tr>
<td>Drain</td>
<td>Dm</td>
</tr>
<tr>
<td>Electric pulp test</td>
<td>EPT</td>
</tr>
<tr>
<td>Endodontics</td>
<td>Endo</td>
</tr>
<tr>
<td>Equilibrate (ation)</td>
<td>Equil</td>
</tr>
<tr>
<td>Eugenol</td>
<td>Eug</td>
</tr>
<tr>
<td>Examination</td>
<td>Exam</td>
</tr>
<tr>
<td>Extraction (ed)</td>
<td>Ext</td>
</tr>
<tr>
<td>Fixed partial denture (bridge)</td>
<td>FPD</td>
</tr>
<tr>
<td>Fluoride</td>
<td>FI</td>
</tr>
<tr>
<td>Fracture</td>
<td>Fx</td>
</tr>
<tr>
<td>Gutta percha</td>
<td>GP</td>
</tr>
<tr>
<td>Health questionnaire reviewed</td>
<td>HQR</td>
</tr>
<tr>
<td>History</td>
<td>Hx</td>
</tr>
<tr>
<td>Mandibular</td>
<td>Man</td>
</tr>
<tr>
<td>Maxillary</td>
<td>Max</td>
</tr>
<tr>
<td>Necrotizing Ulcerative Gingivitis</td>
<td>NUG</td>
</tr>
<tr>
<td>No significant finds</td>
<td>NSF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operative</td>
<td>Oper</td>
</tr>
<tr>
<td>Oral cancer screening examination</td>
<td>OCSE</td>
</tr>
<tr>
<td>Oral diagnosis</td>
<td>OD</td>
</tr>
<tr>
<td>Oral Health Instruction</td>
<td>OHI</td>
</tr>
<tr>
<td>Oral surgery</td>
<td>OS</td>
</tr>
<tr>
<td>Panoramic radiograph</td>
<td>Pano</td>
</tr>
<tr>
<td>Patient</td>
<td>Pt</td>
</tr>
<tr>
<td>Patient Informed of Examination Findings and Treatment Plan</td>
<td>PTINF</td>
</tr>
<tr>
<td>Perapical</td>
<td>PA</td>
</tr>
<tr>
<td>Pericoronitis</td>
<td>PCOR</td>
</tr>
<tr>
<td>Periodontal Screening and Record</td>
<td>PSR</td>
</tr>
<tr>
<td>Periodontics</td>
<td>Perio</td>
</tr>
<tr>
<td>Plan</td>
<td>P</td>
</tr>
<tr>
<td>Plaque Control Instructions</td>
<td>PCI</td>
</tr>
<tr>
<td>Porcelain</td>
<td>Pore</td>
</tr>
<tr>
<td>Post Operative Treatment</td>
<td>POT</td>
</tr>
<tr>
<td>Preparation</td>
<td>Prep</td>
</tr>
<tr>
<td>Preventive dentistry</td>
<td>PD</td>
</tr>
<tr>
<td>Prophylaxis</td>
<td>Pro</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>Pros</td>
</tr>
<tr>
<td>Removal partial denture</td>
<td>RPD</td>
</tr>
<tr>
<td>Restoration(s)</td>
<td>Rest</td>
</tr>
<tr>
<td>Return to clinic</td>
<td>RTC</td>
</tr>
<tr>
<td>Subjective</td>
<td>S</td>
</tr>
<tr>
<td>Scaled (ing)</td>
<td>Sc1</td>
</tr>
<tr>
<td>Surgical (ery)</td>
<td>Surg</td>
</tr>
<tr>
<td>Suture (s) (d)</td>
<td>Su</td>
</tr>
<tr>
<td>Temporary</td>
<td>Temp</td>
</tr>
<tr>
<td>Topical</td>
<td>Top</td>
</tr>
<tr>
<td>Treatment (ed)</td>
<td>TX</td>
</tr>
<tr>
<td>Zinc oxide and Eugenol</td>
<td>ZOE</td>
</tr>
</tbody>
</table>

Table 15-2.—Abbreviations and Acronyms
RECORDING DENTAL TREATMENT

When the HM is involved in recording dental treatment from an examination or charting treatment that has been completed, certain markings are charted on the examination form being used. The five forms that will be discussed in this section are the Forensic Examination, located on the inside back cover of the NAVMED 6150/21-30, and Current Status Form located on the inside back cover section of NAVMED 6150/21-30 (Dental Record Jacket) underneath the record identifier for Personnel Reliability Program (if applicable). The last three forms are the Dental Exam Form (EZ603), Dental Continuation Form (EZ603A), and the Report of Medical Examination (DD 2808).

FORENSIC EXAMINATION

This examination is pre-printed in the Dental Record Jacket, NAVMED 6150/21-30. It is intended that the forensic exam be completed only once (usually at accession) during the member's military career. If a replacement record is made, a new forensic exam will be completed.

CHARTING/MARKINGS

The teeth are separated on the exam form to facilitate illustrating supernumerary (extra) teeth, mixed dentition, and interproximal restorations. If a restoration exists interproximally with no occlusal component, use the space to draw the restoration. When indicating fixed partial dentures ignore the spaces. Draw the prosthesis and indicate the materials and teeth involved in the Remarks section as usual. Use the following symbols and notations to complete the top section of the Forensic Examination form to record existing restorations, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (non-disease). Use black ink with the following symbols and notations. MANMED Chapter 6 also gives details on these symbols and notations. Note: These same symbols are used for Box 2 on the Current Status Form.

Missing Teeth

Draw a large "X" on the root or roots of teeth not visible in the mouth. Figure 15-4 illustrates teeth #6, #11, and #12 as missing or extracted teeth.

Edentulous Arch

Make crossing lines each running from the uppermost aspect of one third molar to the lowermost aspect of the third molar on the opposite side. Figure 15-4 illustrates an edentulous mandibular arch.

Edentulous Mouth

Inscribe crossing lines (Fig. 15-5) one extending from the maxillary right third molar to the mandibular left third molar and the other line from the maxillary left third molar to the mandibular right third molar.

15-8
Figure 15-4.—Missing Teeth and Edentulous Mandibular Arch

Figure 15-5.—Edentulous Mouth
Partially Erupted Tooth

In the diagram of the tooth, draw an arcing line through the long axis. Figure 15-6 illustrates teeth #17 and #32 as partially erupted.

Amalgam Restorations

In the diagram of the tooth, draw an outline of the restoration showing size, location, and shape, and block in solidly. The following are different types of amalgam restorations:

- **Occlusal (O):** Chart along the grooves on the occlusal surface (Fig. 15-7, teeth #1, #2, and #5)
- **Double Occlusal (O):** This restoration is often referred to as "snake eyes." Chart along the two separate grooves on the occlusal surface (Fig. 15-7, tooth #4)
- **Facial (F):** Chart along the facial groove, in the facial pit (Fig. 15-7, tooth #14), or at the gingival margin of the facial surface (Fig. 15-7, tooth #13)
- **Lingual (L):** Chart these along the lingual groove, in the lingual pit (Fig. 15-7, tooth #14), or at the gingival margin on the lingual surface (Fig. 15-7, tooth #15). On anterior teeth, chart these restorations in the lingual pit (Fig. 15-7, tooth #9)
FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of ____________________

Figure 15-6.—Partially Erupted Teeth

Figure 15-7.—Single Surface Amalgam Restorations
• **Mesial-Occlusal (MO):** Chart by beginning at the mesial surface and following the grooves on the occlusal surface to the central pit or groove (Fig. 15-8, tooth #18). There can be two amalgam restorations (e.g., an MO and a DO) on the same tooth. In this case the restoration will reach into the central groove, but not include the central pit (Fig. 15-8, tooth #20). Rarely will a restoration cross the oblique ridge (Fig. 15-8, tooth #2, #3, #14, and #15).

• **Distal-Occlusal (DO):** Chart by beginning at the distal surface, and follow the grooves on the occlusal surface to the central pit or groove (Fig. 15-8, tooth #28).

• **Occlusal-Facial (OF):** Chart starting at the central groove on the occlusal surface and down the facial groove on the facial surface. Occlusal-facial restorations are usually placed only on molars. On some molars, all of the occlusal pits will be included in the restoration (Fig. 15-8, tooth #17).

• **Occlusal-Lingual (OL):** Chart starting at the central groove on the occlusal surface and down the lingual groove on the lingual surface (Fig. 15-8, tooth #31). Like (OF) amalgams, (OL) amalgams are usually placed only on molars.

• **Mesial-Occlusal-Distal (MOD):** Chart starting at the mesial surface and follow the grooves on the occlusal surfaces to the distal surface (Fig. 15-8, tooth #13 and #19). Think of a (MOD) amalgam restoration as an (MO) and a (DO) amalgam restoration joined together through the central groove on the occlusal surface.

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**FORENSIC EXAMINATION**

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of ____________________

![Diagram of teeth](image)

Figure 15-8.—Two and Three Surface Amalgam Restorations
• **Mesial-Occlusal-Distal-Facial (MODF):** Chart the same way as a (MOD) amalgam restoration, but include the facial surface. The facial surface may be charted in several ways. It may be charted in the facial groove (Fig. 15-9, tooth #3), or it may be wrapped around the mesial or distal facial surface (Fig. 15-9, tooth #14). The (MODF) amalgam may include a part of the facial surface (Fig. 15-9, tooth #1), or it may include the entire facial surface (Fig. 15-9, tooth #15). Some (MODFs) include the coronal third of the facial surface (Fig. 15-9, tooth #16)

• **Mesial-Occlusal-Distal-Lingual (MODL):** Chart the same way as a (MOD) amalgam restoration, but include the lingual surface. The lingual aspect may be charted in the lingual groove (Fig. 15-9, tooth #18) or it may wrap around the mesial and distal surfaces in the same manner as that discussed for the (MODF). Figure 15-9, tooth #30 and tooth #31, illustrates examples of the (MODL) restorations that include various portions of the lingual surfaces

• **Mesial-Occlusal-Distal-Facial-Lingual (MODFL):** Chart by combining the (MODF) and (MODL) restorations. These restorations may include various portions of the facial and lingual surfaces. Figure 15-10 illustrates the different types of (MODFL) restorations
FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of

Figure 15-9.—Four Surface Amalgam Restorations

FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of

Figure 15-10.—Five Surface Amalgam Restorations
Non-Metallic Permanent Restorations

Nonmetallic Permanent Restorations include filled and unfilled resins, glass ionomer cement, and pit and fissure sealants. In the diagram of the tooth, draw an outline of the restorations showing size, location, and shape. Do not block in. The following paragraphs explain how to chart nonmetallic restorations.

- **Mesial (M) and distal (D):** Chart these single surfaces on the mesial or the distal side of the facial surface. Figure 15-11, illustrates a mesial restoration (M) on tooth #8, and a distal restoration (D) on tooth #9.

- **Incisal (I):** These restorations include the incisal surface and/or one or more of the other surfaces (MI or DI). Tooth #10 in Fig. 15-11, shows an (MI) restoration; tooth #7 in the same figure shows a (DI) restoration.

- **Facial (F):** Chart along the gingival margin of the facial surface unless otherwise instructed by the dentist. Tooth #6 in Fig. 15-11 shows a facial (F) restoration.

- **Lingual (L) on anterior teeth:** Usually charted in the lingual pit (Fig. 15-11, tooth #11) or at the gingival margin line of the tooth.

- **Nonmetallic restorations with two or more surfaces:** Chart these restorations as shown in the mandibular arch in Figure 15-11. Tooth #26 shows a mesial-facial (MF) restoration; tooth #23, a distal-facial (DF) restoration; tooth #22, a mesial-facial-distal (MFD) restoration; tooth #25, a mesial-incisal-lingual (MIL) restoration; and tooth #24, a distal-incisal-lingual (DIL) restoration.

- **Porcelain, Acrylic Resin, Glass Ionomer, Artificial Crowns, Facings, and Pontics:** Chart these nonmetallic restorations by outlining all aspects of the crown or facing as shown on tooth #27 in Figure 15-11. In the "Remarks" section, indicate the material used.

Gold Restorations

Outline and inscribe horizontal lines within the outline. If made of an alloy other than gold (chrome), the same charting applies. Indicate in "Remarks" section on the Forensic Exam form the type crown and metal used.

Figure 15-12 shows examples of gold restorations. Tooth #4 has a facial (F) gold restoration, tooth #7 has a (DIL) gold restoration, and tooth #31 has a (MODFL) gold restoration.

To chart a full gold crown, outline each aspect of the crown, and then draw horizontal lines in the outlined area (Fig. 15-12, tooth #19). Gold crowns may have a tooth-colored facial surface made of acrylic resin or porcelain called "facings." These facings are inserted to give the restoration a natural appearance. Tooth #5 and tooth #9 in Figure 15-12 show full gold crowns with nonmetallic facings. The nonmetallic facing is only outlined. Where a full crown is not needed, a three quarter gold crown may be used as shown on tooth #28 in Figure 15-12.
FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of__________

Figure 15-11.—Non-Metallic Restorations

FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of__________

Figure 15-12.—Gold Restorations and Crowns
Combination Restoration

Outline the area showing the approximate overall size, location, and shape; partition at junction of materials used. Indicate each type of material used.

Removable Partial Dentures (RPDs) and Complete Dentures (CDs)

Mark the missing teeth as previously described. Place a horizontal line between the outline of the teeth and the numerals designating teeth replaced by the RPD or CD (Fig. 15-13).

NOTE:
On the Forensic Examination form in the "Remarks" section, describe the RPD or CD, indicating whether they are maxillary or mandibular and the type of restoration and material used. An example of this would be Man RPD (acrylic, gold, or chrome-cobalt).

Fixed Partial Dentures (FPDs)

Outline each aspect, including abutments and pontics. Show partition at junction of materials and indicate each type of material used. Inscribe diagonal parallel lines to indicate gold. In the "Remarks" section, indicate each FPD type of material used (gold or chrome). Figure 15-14 illustrates gold or chrome fixed partial dentures and what they look like charted.

Post Crown

Chart the type of crown attached to the post. Outline each nonmetallic material and show restorative metallic materials. Outline approximate size and position of post or posts. In the "Remarks" section, indicate the material used.
FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of

A B C D E F G H I J

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

T S R Q P O N M L K

Remarks
Chrome alloy Max. RPD with acrylic teeth replacing
3, 4, 14, 15

Soft Tissue
Leukoedema
Melanoplakia
Amalgam Tattoo
Other:

Figure 15-13.—Removable Partial Dentures

FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of

A B C D E F G H I J

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

T S R Q P O N M L K

Figure 15-14.—Gold or Chrome Fixed Partial Dentures
Root Canal Filling (RCF)

Chart this specialized filling by drawing a line(s) in the area of the root(s) where the root canal(s) would normally be located. Teeth #3, #7, and #8 in Figure 15-15, show examples of root canal fillings. Note: Root canal fillings will always be accompanied by a restoration, usually a crown, amalgam, or composite restoration.

Apicoectomy

This procedure involves the surgical removal of the apex of the tooth. Chart an apicoectomy by drawing a small triangle on the root of the tooth involved (Fig. 15-15, tooth #11). Next chart the RCF on the root of the tooth beginning at the level of the root amputation where the apicoectomy has been performed. The dentist will read the patient's radiograph to determine the level of the root amputation. Also note the (L) amalgam restoration on tooth #11.

Deciduous Teeth

Occasionally, a primary or deciduous (baby) tooth will be retained in the adult mouth. Circle the appropriate alphabetical designation on the Forensic and Current Status forms if deciduous teeth are present. Figure 15-16 illustrates a deciduous tooth #11.

Supernumerary Teeth

These are extra teeth other than the normal 32 teeth that are present in the mouth. To chart a supernumerary tooth, draw an outline of the tooth in its approximate location. Then insert an "S" in the proper location on the tooth number line as shown in Figure 15-16.

Drifted Teeth

To chart a drifted tooth, draw an arrow from the number of the drifted tooth as shown in Figure 15-16 (teeth #19, #20, #32 and #31). The point of the arrow should indicate the approximate position to which the tooth has drifted. Drifting usually occurs when teeth move toward the space of an extracted tooth.
FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of ______________________

Figure 15-15.—Root Canal Fillings and Apicoectomy

FORENSIC EXAMINATION

Existing restoration, existing teeth, missing teeth, prosthetic appliances, and variation of normal conditions (nondisease) as of ______________________

Figure 15-16.—Deciduous, Supernumerary, and Drifted Teeth

15-20
Temporary Restorations

In the diagram of the tooth, draw an outline of the restoration showing size, location, and shape. If possible, describe the material in the remarks section.

REMARKS SECTION

Use this section to indicate the restorative materials and to differentiate between sealants, composites, and temporaries.

Soft Tissue Remarks Section

This is just a partial list of some of the more common non-pathologic findings to facilitate charting. For each condition indicate approximate size or extent and location. Leave blank if a condition does not exist.

Occlusion Section

The examining dentist will tell the HM what Angle's class the patient has. The three classes are I, II, or III. Each side of the patient's mouth may be different. Record the results in the space provided.

In the overjet and overbite section of occlusion, the dentist will let the HM know in millimeters the extent of the abnormality. Leave blank if normal.

In the crossbite section, the dentist will let the HM know the teeth involved to be written in the space provided.

The dentist will use the Remarks section of the occlusion section to record any other occlusal condition not listed above.

Hard Tissue Remarks Section

This is just a partial list of some of the more common non-pathologic findings to facilitate charting. Leave section blank if the condition does not exist.

- **Intrinsic Staining:** Indicate teeth involved. Check tetracycline, if appropriate

- **Tori (Bony Prominences):** Indicate location and approximate size of projection

- **Rotated Teeth:** Indicate teeth involved and approximate number of degrees to the nearest 45 degrees

- **Malposed (Faulty Position Of) Teeth:** Indicate teeth involved and whether facio or linguo-version

- **Other:** Use this space when noting other hard tissue conditions not listed above

EXAMINING DENTIST NAME STAMP AND SIGNATURE SECTIONS

Use the examining dentist's name stamp to mark this section and ensure the signature line is signed. In a non-dental environment the provider who completed the exam (IDC) does the same.

CURRENT STATUS FORM

This form (Fig. 15-17) will last the entire service career of the patient. It is placed in the NAVMED 6150/21-30 in the same way the Personnel Reliability Program warning form is so that it may be folded up when not in use. If a new Current Status form is ever needed, the information from the previous forms must be transferred to the new form. The form is dated at the top when placed in use by the initial examiner and dated again when replaced by the final provider. The Current Status form contains 4 boxes that explain the instructions for charting symbols used in Boxes 1 and 2.
Box 1

Box 1, Accession and Subsequent Diseases and Abnormalities. All carious lesions, indications for extraction, indications for root canal treatment, and periapical lesions that the examining dentist recommends for the patient are drawn in pencil using the charting symbols listed in this section. When the indicated treatment is completed, the pencil entry is erased.

Charting Symbols (Box 1)

Use the following instructions for charting in the section, Accession and Subsequent Diseases and Abnormalities Section (Box 1). Do not enter these symbols in Box 2, Missing Teeth at Time of Accession and Treatments Completed After Accession. Entering these symbols in the wrong area would prevent differentiation between the caries and the restorations. Figure 15-18 illustrates charting symbols for Box 1.
Caries

On the diagram of the tooth affected, draw an outline of the carious portion, showing approximate size, location, and shape; block in solidly.

Defective Restoration

Outline the defective restoration, including the carious or otherwise defective area, and block in solidly.

- **Extraction (Removal) Indicated:** Draw two parallel vertical lines through all aspects of the tooth and roots involved. This applies also to unerupted teeth when removal is necessary.

- **Retained Root:** Draw a horizontal line on the root showing the level of retention. Place an "X" on the missing area. Draw two parallel lines in the direction of the long axis of the root through the part that is retained if extraction is indicated.

- **Fractured Tooth:** Trace a jagged fracture line in the relative position on the crown or roots affected.

- **Periapical Radiolucency:** Outline approximate size, form, and location of the periapical radiolucencies, such as an abscess or cyst.
• **Fistula**: Draw a straight line from the involved area, ending in a small circle in a position on the chart corresponding to the location of the tract orifice (opening) in the mouth.

• **Underfilled Root Canal**: Draw a vertical line from the crown toward the apex showing the extent of the filling.

• **Resorption of Root**: Draw an even line on the root showing the extent of resorption of the root.

• **Periodontitis and Alveolar Resorption**: Indicate the extent of gingival recession by drawing a continuous line across the roots to approximate the extent of involvement. Draw another continuous line at the proper level across the roots of the teeth to indicate the extent of alveolar resorption. Base this finding on the dentist’s clinical and radiographic findings.

**Box 2**

Box 2, Missing Teeth at Time of Accession and Treatments Completed After Accession:

• The information is cumulative on this form throughout the patient’s military career.

• Missing teeth from the accession exam are also included in this box. By including this information, the DD2808, Box 18 can be completed by looking at Boxes 1 and 2 of the Current Status Form.

All extractions, restorations and root canal treatment completed during the patient’s service career are entered using the symbols mentioned previously in this chapter under designations, abbreviations, and charting.

When indicating fixed partial dentures, ignore the spaces on the form in between the teeth and draw the prosthesis on each tooth as usual. Only use black ink to make entries in Box 2.

**Charting Symbols (Box 2)**

Use the same instructions and symbols from the Forensic Examination section for charting missing teeth at Time of Accession and Treatments Completed after Accession (Box 2). When charting existing restorations, draw the restoration and show the approximate size, location, and shape in the diagram of the tooth. Identify missing teeth and restorative materials as previously shown in the Forensic Examination section (Charting/Markings).

| NOTE: |
| No remarks are made on the Current Status form to indicate materials used. |

**Box 3**

Box 3, Medical Alert, is readily seen by all clinicians when opening the record. If a medical alert exists, the word "ALERT" is written or stamped in large red letters with a brief explanation following (i.e. ALLERGIC TO PENICILLIN). The use of red ink stamps is mandated.

**Box 4**

Box 4 is used to record the patient’s last name, first name, middle initial, and the sponsor’s Social Security Number.

**DENTAL EXAM FORM**

The Dental Examination form (EZ603) is illustrated in Figure 15-19. It is intended to be used on the initial, subsequent periodic, annual, recall, DD2808, and separation exams. It is not intended for emergency or specialty consult exams. All entries are made in black ink except as noted. During the dental exam, the examining dentist may direct the HM to fill out the EZ603 and associated boxes on the form with information.
Figure 15-19.—Dental Examination Form, EZ603
The front page of the Dental Exam Form contains the "S," "O," "A," and "P" sections of the exam that are briefly discussed next.

- **Subjective Section (S):** This section of the form is used to fill out the reason for the examination and the patient's chief complaint.

- **Objective Section (O):** This section is generally meant to record findings and not a diagnosis. The major exception is the caries section where the findings and diagnosis are one and the same.

- **Assessment Section (A):** This section is generally used by the examiner to make a diagnosis.

- **Plan Section (P):** This section is the "Treatment Plan" for the patient.

Instructions for the completion of the EZ603 can be found in MANMED, Chapter 6, or current BUMED instructions.

**INSTRUCTIONS FOR COMPLETING THE BACK OF THE EZ603**

The reverse side of the EZ603 (which is blank) is provided for recording the narrative comments associated with the dental exam and related consultation. Commands are authorized to overprint this section with command specific formats that will facilitate the completion of the dental examination. It is usually overprinted with the EZ603A form.

For placement in the Dental Record, the EZ603 is placed with the Plan or "P" side facing up. It is located on top of any accompanying EZ603As and under the Current Status Form.

**INSTRUCTIONS FOR COMPLETING THE EZ603A**

Record the completion of all dental treatment such as the treatment plan, dental emergencies and any other narrative dental findings on the EZ603A (Fig. 15-20).

An additional column has been added on the far left side to indicate the tooth number (s) of the treatment provided on that date. This will facilitate piecing together a treatment history of a particular tooth.

A medical alert, if present, is written in red ink at the top of the EZ603A. All entries, except for the medical alert, are made per MANMED Chapter 6, Section 13 through 15, in black ink. Complete the patient identification box as indicated at the bottom portion of the EZ603A.
<table>
<thead>
<tr>
<th>DATE</th>
<th>TOOTH #</th>
<th>MEDICAL ALERT</th>
<th>DENTAL CLASS</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

**Figure 15-20.—Dental Examination Form, EZ603A**
REPORT OF MEDICAL EXAMINATION,
(DD 2808)

Frequently, patients needing a dental examination will need it in conjunction with a medical physical. The DD2808 (Fig. 15-21) is used to record the findings of a dental examination. Only boxes 43, 44, and 83 will require dental entries. Although this form is self-explanatory and quite simple to complete, it is important that the entries made are neat and accurate in every detail.

Box 43 and 44

Box 43-Dental Defects and Disease- check the acceptable or not acceptable block and record the current dental class. Box 44-Include here a summary of the patient's dental defects and the dentist's diagnosis.

Box 83

Block 83a- Type, print or stamp the examining dentist's name, rank, DC, and USN (or USNR) or civilian title (DDS/DMD) if a civil service or contract dentist performs the examination. Block 83b- The dentist or physician signs his or her signature.

Figure 15-21.—Medical Examination Report, Page 1 (Left) and Page 3 (Right), DD 2808
MEDICAL CONSULTATION SHEET

Consultation Sheet, SF 513

Dental Treatment Facilities (DTFs), Medical Treatment Facilities (MTFs), and shipboard medical and dental departments use the SF 513 (Fig. 15-22) to refer patients from one DTF/MTF, or department to another. Please note that SF 513 refers patients with both dental and medical conditions needing a second opinion or a referral to a specialist for further evaluation or treatment. Here are guidelines for filling out the SF 513:

- **To:** Enter the name of the DTF/MTF, or department to which the patient is being referred
- **From:** The name of the requesting facility
- **Date of Request:** The date the Consultation Sheet is prepared
- **Reason for Request:** The reason as stated by the requester
- **Provisional Diagnosis:** The diagnosis as stated by the requester
- **Doctor’s Signature:** Type, print, or stamp the name, rank, title of the requester with his or her signature in this space
- **Place of Consultation:** Check "bedside" or "On Call." Also mark the next box as "Routine," "Today," "72 Hours," or "Emergency"
- **Consultation Report:** Leave blank. This section will be filled in by the person receiving the form
- **Patient’s Identification:** The patient’s name (last, first, and middle initial), branch of service and status, rank/rate, family prefix code, social security number, and the activity to which the patient is assigned

Figure 15-22.—Consultation Sheet, SF 513

15-29
PATIENT DISMISSAL

Once the examination is completed, return the patient’s dental prosthesis if it was removed for the exam. The dentist may have instructions for the patient; for example, information regarding medications or future appointments. Make sure that the patient understands the instructions given by the dentist. Remove the patient napkin from the patient and place it over the contaminated instruments.

Push the dental operating light and the bracket table out of the way so the patient will not bump against them. Return the dental chair to its lowest upright position, raise the arm of the chair, and assist the patient from the chair. Direct the patient to the front desk to make future appointments if needed. Remove all instruments and prepare the DTR for the next patient.

SUMMARY

This chapter has introduced the basics in Dental Examinations, such as Patient Preparation, Dental Examinations, Dental Classifications, Standard Abbreviations and Acronyms, Charting/Markings, and Medical/Dental Forms. Having a strong working knowledge in these areas of Dental Examinations will give the Hospital Corpsman a good base from which to grow with dental skills and abilities.