

TB MED 250

TECHNICAL BULLETIN

**DENTAL RECORD ADMINISTRATION,
RECORDING AND
APPOINTMENT CONTROL**

APPROVED FOR PUBLIC RELEASE; DISTRIBUTION IS UNLIMITED

HEADQUARTERS, DEPARTMENT OF THE ARMY

APRIL 2006

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SUMMARY OF CHANGE

TB MED 250

Dental Record Administration, Recording, and Appointment Control

This revision—

- ✘ Changes the title of TB MED 250 to Dental Record Administration, Recording, and Appointment Control.
- ✘ Constitutes a complete revision and update, superseding TB MED 250 dated 28 February 1990.
- ✘ Expands the appendixes on references, abbreviations, and glossary.
- ✘ Makes the addition of appendixes for Periodontal Screening and Recording (PSR), tobacco and caries risk, and blank forms found in or affecting the dental record.
- ✘ Changes appendix D, Quick Reference for Symbols, removing the page number references and adds a narrative to each symbol.
- ✘ Reduces the number of chapters from six to three by eliminating the redundant narrative entries and repetitious use of symbols.
- ✘ Improves on old figures and includes additional figures to clarify dental record administration.
- ✘ Includes references to automation advances that improve the efficiency of dental record administration and dental practice.
- ✘ Streamlines the TB MED 250, which makes it a quicker reference guide and a better teaching tool for dental care providers.

The information contained within this technical bulletin is current as of April 2006. Once the dental module of AHLTA (Armed Forces Longitudinal Technology Application) electronic health record is released, the TB will be updated. However, there will continue to be both paper and paperless dental records used for some period of time.

TECHNICAL BULLETIN
MEDICAL 250*

HEADQUARTERS
DEPARTMENT OF THE ARMY
Washington, DC, 28 April 2006

DENTAL RECORD ADMINISTRATION, RECORDING, AND APPOINTMENT CONTROL

You can help improve this manual. If you find any mistakes or if you know a way to improve procedures, please let us know. Mail your letter or DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Academy of Health Sciences, Department of Dental Science, 3151 Scott Road Ste 1344, Fort Sam Houston, TX 78234-6134. A reply will be furnished directly to you.

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*This bulletin supersedes TB Med 250, dated 28 February 1990.

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CHAPTER 1 INTRODUCTION

1-1. Purpose

This bulletin provides instructions for the uniform completion and maintenance of the Health Record-Dental, to include examples of forms that are found within or affecting the content of the record. Instructions are provided for the uniform recording of initial dental processing, dental examinations, diagnoses, and treatments in the SF 603 (Health Record—Dental) and SF 603A (Health Record—Dental—Continuation), as well as the recording of the patient health history. Current abbreviations and terms useful in completing the SF 603 and SF 603A are contained in the appendixes. The Terminal Digit Filing System (TDFS) and the dental record jacket (DA Forms 3444) are explained. A discussion of appointment control and workload reporting throughout the U.S. Army is also included. The dental health record is a permanent document designed to furnish a comprehensive dental history of each individual. Dental health record management serves as a critical element in the welfare of dental patients and the success of the U.S. Army Dental Corps in ensuring dental health and readiness of soldiers to fight and win in the battlefield. Excellence in record management requires a commitment to standardization in format and a persistent, diligent quest for accuracy and completeness. The dental record serves for treatment planning and documentation, forensic, legal, dental classification, and quality assurance purposes. All entries must be accurate, complete, and concise if the best interest of the patient, the Government, and the dental care provider are to be served. Effective professional communication and documentation via the dental health record accomplished by the conscientious use of the standardized format (see AR 40-66), represents a cornerstone of quality dental care. This document is designed to be a reference for dental care providers throughout the Army Medical Department (AMEDD) as well as an instruction manual for dental health providers newly accessed to the Army Dental Care System (ADCS).

1-2. References

Required and related publications and prescribed and referenced forms are listed in appendix A. See appendix A for manuals, forms, and web sites. See appendix B for abbreviations. See appendix C for pharmaceutical abbreviations. See appendix D for symbols used in diagnosis and treatment. See appendix F for information on Periodontal Screening and Reporting. See appendix G for information on tobacco and caries risk. See appendix H for examples of blank forms. See appendix I for Policy on Taping Dental Records. See Appendix J for example of Treatment Planning with DA Form 3984. See appendix K for HA Policy 02-11 Standardization of Oral Health and Readiness Classifications (04 Jun 2002).

1-3. General

a. The instructions for completing SF 603 and SF 603A are presented in the sequence that will normally be followed during the course of patient treatment. Administrative information for preparing dental health records is presented in chapter 2. Authorized symbols for charting the SF 603 and SF 603A are found in appendix D with approved abbreviations found in appendix B and appendix C. Recording treatment plans,

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restorations, completed treatments, and services rendered are found in chapter 3. Information and guidance on automation including appointment control and workload reporting is contained in paragraph 2-7.

b. 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.

c. Instructions in this bulletin will not apply to the charting of dental conditions in DD Form 2808, Report of Medical Examination. These charts will continue to be completed in accordance with AR 40-501 and with instructions printed on the form.

d. All pertinent facts and information must be legibly recorded in SF 603 or SF 603A, block 10, using black ink.

e. All references in this bulletin to techniques or materials are used purely for illustration purposes. They do not constitute approval or endorsement by the U.S. Army or the dental profession.

f. All names and identification information are completely fictitious and are used solely for example. Any similarity between the names used in this bulletin and any actual person is purely coincidental.

1-4. Abbreviations and terms

Abbreviations and terms used in this bulletin are explained in the glossary.

CHAPTER 2

ADMINISTRATIVE DATA

2-1. Uses of the dental health records

a. The Military Personnel Office initiates the soldiers' dental health records. Dental health records serve several essential functions. Most important to the individual patient, the record serves to formalize and preserve the memory of dental and general health, treatment planning, and treatment rendered. This documentation often proves useful to subsequent providers, providing an historical perspective as to the type, timing, and relative success of past treatment. Accurate and complete dental records therefore represent a vital element of therapeutics.

b. The dental health record constitutes a legal document. Health care providers must always place entries into the record with the anticipation that their input might someday be scrutinized in a court of law. The dental record documents workload and dental classification. Accurate workload reports provide essential information for resource allocation and justification.

c. The dental health record is used in cases of insurance reimbursement to the government. In cases of automobile accidents that result in head and neck injuries, dental treatment may be required. In these cases, the military health maintenance organization (HMO), TRICARE, may seek reimbursement from insurance companies that cover those clients who are also military healthcare beneficiaries. The Department of Defense (DOD) offers the TRICARE Dental Program (TDP) through the TRICARE Management Activity (TMA). A third party insurance contractor administers and underwrites the TDP for the TMA. This plan offers a high quality, cost-effective dental care benefit for family members of all active duty Uniformed Service personnel and to Selected Reserve and Individual Ready Reserve (IRR) members and/or their families. The Uniformed Services include the Air Force, Army, Navy, Marine Corps, Coast Guard, National Oceanic Atmospheric Administration, and the Public Health Service. Retirees are provided dental benefits under the TRICARE Retiree Dental Program (TRDP) administered by a third party carrier. More information on these programs is found on the Web sites found in appendix E.

d. Historically, the dental record with dental radiographs has played a major role in forensics. Although the Department of Defense (DOD) now officially relies upon DNA analysis to identify the remains of deceased soldiers, the dental record is useful in identification of the deceased, and may become important evidence in cases that involve bite-marks. Limitations in DNA technology affirm the importance of dental records.

e. The dental record can occasionally provide justification for dental work to be completed elsewhere, such as within the Veterans Administration. Soldiers who retire from active duty can sometimes receive dental care from the VA for work which, was planned, but not completed, while the soldier was on active duty. In this instance, documentation within the dental record serves as the key to the access of care.

2-2. Custody of dental health records

a. The dental record is the property of the federal government and must remain in the dental clinic, in accordance with Department of Defense Instruction (DODI) 6040.43, and AR 40-66 chapter 1, section 1-5.

(1) Army medical records, other than those of RCs will remain in the custody of the MTFs [DTFs] at all times. RC records will remain in the custody of the appointed HREC custodian. The medical records of special operations forces will also remain in the custody of the MTFs [DTFs] at all times. This record is the Government’s record of care rendered and must be protected. Upon request, the patient may be provided a copy of their record, but not the original record. Limit access to all open record storage areas and to electronic records to authorized personnel only.

(2) The DODI 6040.43 does have a section that deals with exceptions to the “no hand-carrying guidance.” Procedures guidance 5.1.2.3.1 states “MTF commanders have the authority to set policy on exceptions to the ‘no hand-carrying guidance.’ Examples of exceptions could include circumstances in which the inconvenience to the beneficiary or break in continuity of care outweighs the record custody concerns.”

(3) DENCOM fully understands that the continuity of care may be negatively impacted with the guidance as written. The Office of the Surgeon General’s (OTSG) interim guidance is as follows: “Advise releasing COPY of dental record (last two years of treatment) to service member upon PCS with either duplicate panograph and BWX or a statement on a separate 603 stating that the digital images are archived and accessible in the central radiograph repository.”

b. Soldiers who retire do not retain possession of their dental record, but may receive a copy of the contents.

c. Maintaining the dental records of patients in the clinic ensures that the records are readily available for therapeutics, dental readiness accountability, and forensic and legal purposes.

2–3 Treatment Record Jacket (DA Form 3444)

(Figure 2-1 shows a completed record jacket; blank forms are found in appendix H, DA Forms)

a. DA Form 3444, Treatment Record, provides the folder within which the dental record resides. Medical records use the four-part DA Form 8005 series. These are not used for dental records but may be encountered in a hospital setting. DA Form 3444 exists in ten, color coded variations that correlate to the next-to-last digit of the patient’s social security number (SSN). The last two digits of the SSN, the primary group, serves to position records in sequential order (Terminal Digits Filing System). Records of active duty personnel are filed separately from family member records. Retiree records are also filed in a distinct, separate location. When the size of an individual dental record requires the creation of another DA Form 3444-series or DA Form folder, the record jackets will be labeled “Vol. 1 of 2, Vol. 2 of 2,” and so forth. To ensure that multiple record jackets are kept together at all times, each treatment facility will guarantee that when one volume is removed from the file, all other volumes are removed as well. Upon discharge, release from active duty, retirement, death, or transfer from USAR to

ARNGUS, the member's HREC will be disposed of in accordance with (IAW) AR 600-8-104.

b. The Terminal Digit Filing System (TDFS) is used to file dental records. DA Form 3444 series (Terminal Digit File for Treatment Record) is used for this purpose.

Complete instructions for the use of this system are contained in AR 40-66.

c. The DA Form 3444 series folders come in 10 different colors.

(1) To complete the TDFS in dental treatment facilities, the following should be done:

(a) The sponsor's social security number (SSN) is used to select the appropriately colored folder using the last two digits (primary group). See table 2-1 below.

Patient ID

Black tape over last digit of SSN

Terminal Digit Filing System

0 1 2 3 4 5 6 7 8 **R S** **6**

LAST NAME FIRST MI

DEERS Check: DEERS Check Verified **YES** / NO
Date: 29 Mar 02

**ALPHABETICAL AND
TERMINAL DIGIT FILE FOR
TREATMENT RECORD**


For use of this form, see AR 40-66; the proponent agency is OTSG

NOTE TO PHYSICIAN NOV 2005

- Medical Condition (*Medical Warning Tag*)
- Personnel Reliability Program (*Screening*)
- Radiation Screening Program
- Flight Status
- Medical Registries
- Blood Type

TYPE OF RECORD:

- Inpatient (*Clinical*)
- Outpatient Treatment
- Health
- Health - Dental
- Dental (*Non-Military*)
- ADAOCP OMR
- Civilian Employee Medical Record



DA LABEL 162 1 MAR 75

IF FOUND RETURN TO:
ANY U.S. POST OFFICE

POSTMASTER - FORWARD TO:
Department of the Army
Office of the Surgeon General
Washington, D.C. 20310-3017

DA FORM 3444-6, NOV 2005

MAY 91 WILL BE USED UNTIL EXHAUSTED

RHOADES DENTAL CLINIC
1968 STANLEY RD
BUILDING 2375
PORT SAN HOUSTON, TX 78254

Servicing Dental Clinic

0
1
2
3
4
5
6
7
8
9
R
S

Dental Fitness Status
1 Blue
2 White
3 Red
4 Green

Retirement year color coded

Status Tape
None - Active duty
Black - Dependent
Green - Retiree

Figure 2-1. Example DA Form 3444-6, Dental Record Jacket.

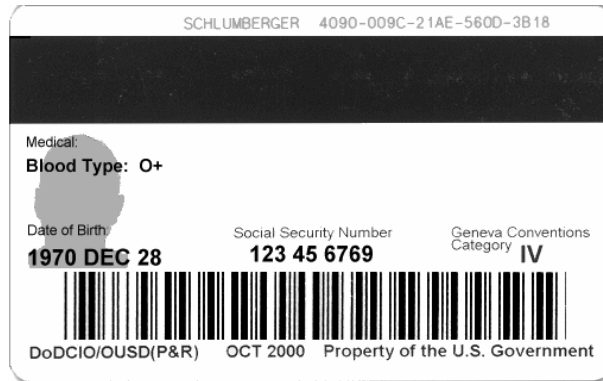
Table 2-1. Terminal Digit Filing System color coding

Primary Group	Color of folder	DA Form
00-09	Orange	3444
10-19	Light Green	3444-1
20-29	Yellow	3444-2
30-39	Grey	3444-3
40-49	Tan	3444-4
50-59	Light Blue	3444-5
60-69	White	3444-6
70-79	Brown	3444-7
80-89	Pink	3444-8
90-99	Red	3444-9

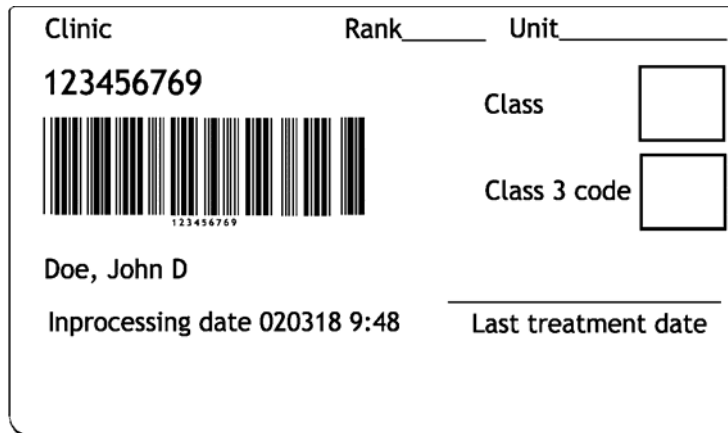
(b) For example, a patient with SSN 345-26-9809 is provided an orange colored dental record. This record is filed with all the other orange records of active duty personnel, and is sequentially placed after the record with SSN 298-376-5308.

(2) An identification label is placed in the “Patient’s Identification” block on the top right of the front cover of the record jacket. This label should contain the information listed below. All of this information is contained on the patient’s medical recording card. The patient’s recording card is prepared when the patient is first examined or treated in a troop medical clinic, health clinic, or MTF. The patient’s recording card is used to enter identifying data on forms filed in the outpatient treatment record (OTR), health record (HREC), and dental record (HREC-Dental). The medical card may be used to imprint a label for this block. If an imprinter is unavailable then only (a), (b), and (f) below should be written in on the label. The patient identification label in the top right corner and the patient’s name printed in block letters on the top left assure that the record can be identified at a glance. Today, many clinics are using bar code optical printers and readers to prepare and read these labels. The identifying barcode contains the patient’s SSN corresponding to that found on the back of the patient’s military identification card (see figure 2-2). This information is matched with information placed in the Corporate Dental Application and the Composite Health Care System (CHCS) upon in-processing or applies for healthcare benefits through TRICARE.

(a) Family member prefix (FMP) and sponsor’s SSN. The use of the FMP (see table 2-2) identifies the patient, especially in cases where the clinic handles records for family members, retirees, etc. (usually eligible beneficiaries in OCONUS locations). The family member prefix codes designate the patient’s relationship to the sponsor (soldier), since the sponsor’s SSN is placed on all the dental records of the family members. These two numbers are also placed inside the two circles in the upper margin of the back cover, located in front of the SSN blocks.



Back of military ID card (Common Access Card).



Dental record patient ID label.

Figure 2-2. Military ID card (Common Access Card) and example, bar coded dental health record jacket patient ID label.

Table 2-2. Family member prefix

01-09	Children in order of birth
20	Sponsor
30	Spouse
40	Mother
45	Father
50	Mother-in-Law
55	Father-in-Law
60, 61, 62, etc.	Other relatives
00	Civilians and others not listed

- (b) Patients name.
- (c) Year of birth
- (d) Sex.
- (e) Status
- (f) Sponsor’s grade and name.
- (g) Patient’s organization

(3) The patient’s name is placed in the upper left-hand corner in block letters. This helps identify the patient and is useful in situations where records must be filed alphabetically.

(4) The patient must sign the privacy act requirements by completing DD Form 2005 (Privacy Act Statement—Health Care Records, see figure 2-3), located inside the back cover of the folder.

(5) The SSN is coded by covering the appropriate numbered blocks in both the right and top margins with ½ inch wide black tape.

(6) The rest of the SSN is entered inside the blocks provided in the upper margin of the back cover.

(7) The name of the clinic responsible for maintaining the folder is entered in the lower right of the front cover. This entry may be placed on a white adhesive label for legibility and ease of changing.

(8) For records of non-active duty personnel the “R” blocks in the right and top margins are covered with appropriately colored tape to indicate when the record is to be retired. These records are retired 2 years after the end of the year in which the last dental treatment was given; therefore, dental records begun in

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS		
<i>THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.</i>		
1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)		
Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.		
2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED		
This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.		
3. ROUTINE USES		
The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.		
4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION		
In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.		
This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.		
Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.		
SIGNATURE OF PATIENT OR SPONSOR	SSN OF MEMBER OR SPONSOR	DATE
<i>John D. Joe</i>	123-45-6769	4 APR 02

DD FORM 2005, FEB 76

PREVIOUS EDITION IS OBSOLETE.

USAPPC V1.00

Figure 2-3. Example, DA Form 2005, available as free form and inside back cover of dental record jacket.

1999 were retired on January 1, 2002 if no treatment had been given between those dates. The following chart should be utilized when block “R” is used. (Note: Active duty records are never retired.)

Table 2-3. Retirement year tape codes

Records to be retired	Tape color
2005	Yellow
2006	White
2007	Black
2008	Orange
2009	Red
2010	Blue
2011	Green
2012	Yellow
2013	White
2014	Black
2015	Orange
2016	Red
2017	Blue
2018	Green

(9) Block “S” in both the right and top margins is covered with appropriately colored tape to indicate the status of the patient. The colors to be used are:

Table 2-4. Status tape codes

Active duty Military	None
Dependent (Family Member)	Black
Retiree	Green

(10) A color-coded tape placed just above the ‘0’ block on the upper, right side and left of the ‘0’ block on the top, left edge of the back of the record jacket designates the dental fitness classification of active duty. Dental fitness classification (AR 40-35) is performed at all examinations in which the dental record is present, to include screening examinations, preparation of replacements for overseas movement (POR) examinations, etc. and is recorded in the “Class” column of block 10 of SF 603 and SF 603A. Fitness classifications apply to active duty soldiers only. Tape is placed on the Treatment Record jacket to indicate the dental classification at a glance. Clinic management software supersedes records taping (appendix I).

Class 1 – Patients not requiring dental treatment or reevaluation within 13 months.

Class 2 – Patients who have oral conditions that, if not treated or followed up, have the potential but are not expected to result in dental emergencies within 13 months.

Class 3 – Patients who have oral conditions that, if not treated, are expected to result in dental emergencies within 13 months. Patients whose condition is in question as to whether they should be Class 2 or Class 3 should be placed in Class 3.

Class 4 – Patients requiring a dental exam, including those requiring annual or other required dental examinations and patients whose dental classifications are unknown.

Table 2-5. Coding the dental fitness classification

Classification	Tape Color
1	Blue
2	White
3	Red
4	Green

(11) The front of the folder is completed by marking the appropriate block under “Note to Physician” and “Type of Record.” Blocks for the Personnel Reliability Program and flight status are marked as appropriate. The “Health-Dental” Block is marked for active duty military and the “Dental (Non-Military)” for dependents. If the medical condition block is marked, a DA Label 162 (Emergency Medical Information Symbol, figure 2-4) must be affixed to the front of the patient’s dental health record.

(12) For non-active duty personnel, a card is prepared for the nominal index file. This file is required as a cross-reference for TDFS. As a minimum, the file should contain the patient’s name, FMP and sponsor’s SSN. This is a ready reference when only the patient’s name is available and it is necessary to locate their dental record. An imprint of the medical recording card may be used for this purpose.

(13) The Notification of Privacy Practices (NOPP) sticker is placed in the center on the rear of the Record (see figure 2-5). The patient signature on this sticker only acknowledges that they have received the Tri-Care NOPP pamphlet. The NOPP pamphlet describes how medical information about the patient may be disclosed and used and also how the patient can get access to this information. If the patient has not received the NOPP pamphlet they should be available at the reception desk and the patient is asked to review it carefully. If the patient refuses to sign the NOPP sticker, an MTF staff member will check the appropriate block and then initial.

2-4. Forms and documents of DD Form 3444

(See appendix H for examples of all forms). Most of the forms listed below are found at the Army Publishing Directorate’s Web site at <http://www.apd.army.mil/index.html>. These forms are also accessible and capable of being filled in the AMEDD Electronic Forms Support System (AEFSS) software found on AMEDD owned computers.



Figure 2-4. DA Label 162, Emergency Medical Information Symbol

Acknowledgement of Military Health System Notice of Privacy Practices	
The signature below only acknowledges receipt of the Military Health System Notice of Privacy Practices, effective date <u>14 April 2003</u> .	
Print Signature of Patient /Patient Representative	date
Name of Patient /Representative	relationship to patient (if applicable)
FMP/SSN: / - -	
<input type="checkbox"/> Patient/Representative declined to sign _____ MTF staff initials	

Figure 2-5. Notice of Privacy Practices sticker (NOPP)

a. Right side of folder (topmost to bottommost form).

(1) DA Form 4515-Personnel Reliability Program (PRP) Record Identifier (AR 50-5 and AR 50-6) and DA Form 3180-Personnel Screening and Evaluation Record. With the reduction in nuclear weapons and the elimination of chemical weapons from the U.S. Army arsenal, this form is rarely used, with most usage in installations outside the continental United States (OCONUS). A DA Form 3180 is filed while DA Form 4515 is placed as the top document on the right side of the folder.

(2) SF 603-Health Record-Dental (Exception to SF 603, approved by GSA/IRMS 1-91). SF 603A-Health Record-Dental-Continuation is also filed here when needed for continuation of the dental record. This is the basic form used in the health record and dental health record to document oral status, oral health care, and oral or dental treatment provided in a DTF (Dental Treatment Facility) and MTF (Medical Treatment Facility). The initial SF 603 is placed with subsequent SF 603As on top of it in reverse chronological order. Other forms are placed behind these. These forms are used to

record all dental treatment. Section I, Block 4 or 5 of SF 603 must be completed if the patient doesn't have and cannot get a panoramic radiograph. The patient's administrative information should be recorded on the front of this form. On the back of SF 603 (SECTION II), part 9 is used to record the diagnosis and treatment plan, written in pencil and then erased as treatment is completed. Completed treatment is indicated graphically in pen in part 8. Services rendered, narrative entries of patient visits, failed appointments, and record audits are placed in part 10. The patient's name and social security number should be written on the current side (page) of the 603. These forms are discussed in detail in chapter 3.

(3) DA Form 3984-Dental Treatment Plan (figure 2-6 and appendix J). This form is used for complex treatment plans to sequence referrals and care. It is removed when the treatment plan is complete or no longer valid but if periodontal charting or other essential information is entered, then this form is kept as a permanent part of the record. This is a mandatory form for use in complex treatment planning.

(4) SF 513-Medical Record-Consultation Sheet (figure 2-7). This form is used for medical and dental consultations and must be detailed and complete. Written consultation between clinicians represents a formal, documented communication concerning a therapeutic issue for a given patient, or a request for evaluation or treatment for a specific patient. If the requesting clinician indicates anything other than 'Routine' disposition, he should phone the clinician with whom the consult is requested.

DENTAL TREATMENT PLAN				1. CONSULTATION DESIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>(If yes, complete Section III, on reverse side)</small>	
For use of this form, see TB MED 250; proponent agency is Office of TSG.					
SECTION I - PLANNED TREATMENT AND SEQUENCE OF ACCOMPLISHMENT					
Check items in Column c to indicate treatment planned. If sequence of treatment is other than that printed in column b, use numbers (1 thru 10) in column c to show desired order.					
LINE	CODE	TYPE TREATMENT <small>b</small>	PLANNED SE- QUENCE <small>c</small>	ACCOM- PLISHED <small>d</small>	CHART <small>Chart ONLY missing teeth and TREATMENT TO BE ACCOMPLISHED. Do NOT chart existing Pathology or Restorations. <small>e</small></small>
2	A	URGENT	1		
3	B	PERIODONTAL	5		
4	C	PROPHYLAXIS <input checked="" type="checkbox"/> SnF2 PASTE	2		
5	D	TOPICAL SnF2 REPEAT AFTER _____ MONTHS			
6	E	COUNSELING IN SELF CARE			
7	F	OCCCLUSION			
8	G	SURGERY	3		
9	H	RESTORATIONS	4		
10	I	PROSTHESES	6		
11	J	OTHER (specify)			
12. REMARKS OR INSTRUCTIONS Use this space for additional clarification of recommended treatment or for describing treatment which does not lend itself to charting. Indicate nature of treatment and teeth or other tissues involved. Identify entry by code letter (Column a, above).					
Class 3: Oper #30, Endo #22, OS #32					
13. DATE 04 APR 02		14. TREATMENT FACILITY RHOADES DENTAL CLINIC FSH, TX 78234			15. SIGNATURE OF DENTIST RECORDING TREATMENT PLAN <i>Mary A. Smith CPT DC</i>
SECTION II - PATIENT IDENTIFICATION					
16. SEX M	17. RACE CAU	18. GRADE E-6	19. ORGANIZATION CCo. ACADEMY BN FSH, TX 78234		
20. PATIENT'S LAST NAME - FIRST NAME - MIDDLE INITIAL DOE, JOHN D.				21. DATE OF BIRTH 28 DEC 70	22. IDENTIFICATION NUMBER 123-45-6769

DA FORM 3984, DEC 72 REPLACES DA FORM 8-278, 1 AUG 62 WHICH WILL BE USED. USAPA V1.01

Figure 2-6. Example, DA Form 3984, Dental Treatment Plan, filled by hand and using the AMEDD Electronic Forms Support System.

SECTION III - CONSULTATION REQUEST <i>(To be completed by requesting officer)</i>		
	CONSULTATION DESIRED <i>(Indicate by check mark(s))</i>	REMARKS <i>(If appropriate)</i>
23	<input type="checkbox"/> PROSTHODONTIC	
24	<input checked="" type="checkbox"/> PERIODONTIC	PLEASE EVALUATE PERIODONTAL CONDITON. POCKETS NOTED IN MOLAR REGIONS.
25	<input checked="" type="checkbox"/> ORAL SURGERY	PLEASE EVALUATE 3RD MOLARS FOR EXTRATION UNDER CONSCIOUS SEDATION. HAVING DISCOMFORT #32 FOR PAST 6 MONTHS.
26	<input type="checkbox"/> OPERATIVE	
27	<input type="checkbox"/> CROWN AND BRIDGE	
28	<input type="checkbox"/> OTHER <i>(specify)</i>	
29. SECTION IV - CONSULTANT REMARKS AND RECOMMENDATIONS <i>(Initial after each entry and identify entry by number)</i>		

Figure 2-6, Continued: Side 2 of DA Form 3984, Dental Treatment Plan, filled using AMEDD Electronic Forms Support System.

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CONSULTATION SHEET		
REQUEST			
TO: ORAL SURGERY, BAMC	FROM: <i>(Requesting physician or activity)</i> RHOADES DENTAL CLINIC	DATE OF REQUEST 05/28/02	
REASON FOR REQUEST <i>(Complaints and findings)</i> 31 YO WM PRESENTS FOR ROUTINE DENTAL CARE. 3RD MOLARS HAVE BEEN MILDLY SYMPTOMATIC FOR LAST 6 MONTHS. PLEASE EVALUATE AND TREAT AS INDICATED.			
PROVISIONAL DIAGNOSIS EVALUATE NEED FOR EXTRACTION OF 3RD MOLARS AND TX IF REQUIRED.			
DOCTOR'S SIGNATURE <i>Mary A. Smith CPT DC</i>	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY
CONSULTATION REPORT			
RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	PATIENT EXAMINED <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEMEDICINE <input type="checkbox"/> YES <input type="checkbox"/> NO	

(Continue on reverse side)

SIGNATURE AND TITLE		DATE
HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	DEPARTMENT/SERVICE OF PATIENT
RELATION TO SPONSOR	SPONSOR'S NAME <i>(Last, first, middle)</i>	SPONSOR'S ID NUMBER <i>(SSN or Other)</i>
PATIENT'S IDENTIFICATION <small><i>(For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)</i></small>	REGISTER NO.	WARD NO.

DOE, JOHN D. 123-45-6769
 MALE
 28 DEC 70 PH: 221-5555
 SSG/E-6
 C CO ACADEMY BN
 FSH, TX 78234

CONSULTATION SHEET
 Medical Record
STANDARD FORM 513 (REV. 4-98)
 Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)
 USAPA V1.00

Figure 2-7. Example, SF513, Medical Record Consultation Sheet, filled using AMEDD Electronics Forms Support System.

TB MED 250

(5) SF 515-Tissue Examination (AR 40-400). When any tissue specimen is sent to the lab for evaluation, a SF 515 is used and a copy is left in the chart until the lab report is returned.

(6) SF 519 and SF 519A-Medical Record- Radiograph Report. (Use until stock is exhausted.)

(7) SF 519B-Radiologic Consultation Request/Report (Replaces SF 519 and SF 519A) is used when radiographs other than dental are requested.

(8) OF 522-Medical Record-Request for Administration of Anesthesia and for Performance of Operations and Other Procedures (Informed Consent) (figure 2-8).

(a) Common law provides that patients have the right to determine whether they desire the dental treatment offered. In order to make this decision; the patient must know the chances for success, potential for harm, alternative treatments, and the types of injury that may occur.

(b) The description of types of injury that may occur must include those things that are likely to be caused by the treatment. The patient must be told of any risk of death or serious bodily harm. Serious bodily harm is often defined as any condition that is permanent or cannot be adequately treated or reversed (such as permanent nerve damage or damage to an adjacent tooth).

(c) Well documented, informed consent can save the care provider the experience of a malpractice suit, and conserve resources necessary for care of other patients. Informed consent does not absolve the provider of the responsibility of providing treatment consistent with the standard of care. The patient cannot legally consent to negligence. A OF 522 must be completed at the beginning of each treatment plan or after a break in care, or change in care provider. All non-active duty patients must fill out the form (AR 40-3).

(d) For active duty personnel, this form is used for general anesthesia, sedation, or problem cases. Section B-1 documents treatment in lay terms. The procedures and possible complications must be explained to the patient, the patient must be offered the opportunity to ask questions about the procedure, and truthful answers must be given.

(e) The filling of this form must be documented in Section 10 of SF 603/603A. The form must be current, signed by the patient or guardian, witness, and doctor.

(9) DA Form 3365-Authorization for Medical Warning Tag (AR 40-66). This form is used to obtain a warning tag for patients who have permanent, defined medical conditions such as allergy to drugs,

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MEDICAL RECORD	REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES				
A. IDENTIFICATION					
1a. <i>(Check all applicable boxes)</i>	1b. DESCRIBE				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">OPERATION OR PROCEDURE</td> <td style="width: 50%; text-align: center;">SEDATION</td> </tr> <tr> <td style="text-align: center;">ANESTHESIA</td> <td style="text-align: center;">TRANSFUSION</td> </tr> </table>	OPERATION OR PROCEDURE	SEDATION	ANESTHESIA	TRANSFUSION	
OPERATION OR PROCEDURE	SEDATION				
ANESTHESIA	TRANSFUSION				
B. STATEMENT OF REQUEST					
<p>2. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be (describe operation or procedure in layman's language)</p> <hr style="border: 1px solid black;"/> <p style="text-align: center; color: red; font-size: 24pt; font-weight: bold;"><i>Sample</i></p> <hr style="border: 1px solid black;"/> <p>which is to be performed by or under the direction of Dr. _____</p> <p>3. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.</p> <p>4. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.</p> <p>5. Exceptions to surgery or anesthesia, if any are: _____ <i>(If "none", so state)</i></p> <p>6. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.</p> <p>7. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:</p> <ul style="list-style-type: none"> a. The name of the patient and his/her family is not used to identify said pictures. b. Said pictures be used only for purposes for medical/dental study or research. <p style="text-align: center;"><i>(Cross out any parts above which are not appropriate)</i></p>					
C. SIGNATURES <i>(Appropriate items in parts A and B must be completed before signing)</i>					
<p>8. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above. I have also discussed potential problems related to recuperation, possible results of non-treatment, and significant alternative therapies.</p> <p style="text-align: right;">_____ <i>(Signature of Counseling Physician/Dentist)</i></p> <p>9. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.</p> <p>_____ <i>(Signature of Patient)</i> _____ <i>(Date and Time)</i></p> <p>10. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.</p> <p>_____ <i>(Signature of Sponsor/Legal Guardian)</i> _____ <i>(Date and Time)</i></p>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> PATIENT'S IDENTIFICATION <i>(For typed or written entries, give: Name -- last, first, middle; ID no./ SSN or other; hospital or medical facility)</i> </td> <td style="width: 20%;">REGISTER NO.</td> <td style="width: 20%;">WARD NO.</td> </tr> </table>		PATIENT'S IDENTIFICATION <i>(For typed or written entries, give: Name -- last, first, middle; ID no./ SSN or other; hospital or medical facility)</i>	REGISTER NO.	WARD NO.	
PATIENT'S IDENTIFICATION <i>(For typed or written entries, give: Name -- last, first, middle; ID no./ SSN or other; hospital or medical facility)</i>	REGISTER NO.	WARD NO.			

**REQUEST FOR ADMINISTRATION OF ANESTHESIA
AND FOR PERFORMANCE OF OPERATIONS AND
OTHER PROCEDURES**

Medical Record

OPTIONAL FORM 522 (REV. 8/2003)
Prescribed by GSA/ICMR FMR (41 CFR) 102-194.30(d)

Figure 2-8. Example, OF 522, Medical Record-Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, also can be filled using the AMEDD Electronic Forms Support System.

sensitivity to biological products or immunizing agents, convulsive disorder, diabetes mellitus, sensitivity to insect stings, sickle cell disease, adrenal insufficiency, wearing contact lenses, or special medication requirements such as anticoagulants, anticonvulsants, corticosteroids, antihypertensive drugs, or Antabuse. DA 3365 must be completed in original and at least two copies. It is the responsibility of the dental officer to complete this form.

(10) DD Form 2005—Privacy Act Statement— Health Care Records (see figure 2-3). This form is required in all dental records. The DA 3444 series record jacket contains this form on the inside back cover and additional forms are available for temporary records and for other than active duty record updates.

b. Left side of folder.

(1) Medical history-DA Form 5570-Health Questionnaire for Dental Treatment (filled example figure 2-9). The patient's health questionnaire stands as a critically important document. The patient's medical condition can drastically modify his response to medication and treatment routinely performed in the dental clinic. The clinician must therefore always remain informed as to the patient's medical condition, ensuring safe and optimum care is provided. The older versions of this form serve as an envelope for radiograph storage and has signature blocks for updating. The new form is for one time use only and is filled out entirely in ink.

(a) DA Form 5570 is the standard medical history form for use in dental records. Maintenance of locally prepared medical history forms within or as a part of the health record requires prior approval of the form by HQDA.

(b) Medical history forms, which are maintained as a part of the dental record, should be reaffirmed with the patient at each visit. A new form will be completed and placed on top of the left side of the jacket. The old histories may be placed in the x-ray storage envelope, which may be an old DA Form 5570 or a plain brown envelope.

(c) The patient must fill this form in ink. If the patient checks "Yes" to any of the questions or checks any of the systemic conditions in the "Conditions That Apply" section, then a narrative explanation addressing that response should be entered in the 'Explain any unusual medical problems:' section. The "Doctor's Remarks" block is also available for comments. If applicable, the patient may add additional comments to the back of the form.

(d) Medical conditions that have a significant potential impact on the delivery of care will also be annotated with pencil in the 'Remarks' section of block 8, SF 603. Further explanation of the condition may also be made in block 10. The date of entry should also be noted. Both the patient and the doctor shall initial all corrections. Blood Donor Ineligible V7262 indicates the patient has tested positive for HIV. The privacy of this information must be protected.

(e) The Health history shall be updated and signed by the patient and the doctor at least annually. Some local policy may require that this be done semi-annually. Regardless of local policy, the doctor should review the patient's medical history on each visit and it is good practice to annotate "Medical History Reviewed" in the narrative section of the SF 603.

(f) Medical warning identification symbol: DA Label 162 (Emergency Medical Identification Symbol) will be affixed to the patient's health record (DA Form 3444) when a patient's medical condition meets the criteria established in AR 40-66. If the

patient has a specific condition which makes dental treatment unusually hazardous for the patient, such as a drug allergy, or needs antibiotic medication prior to dental treatment, then this label must be used (see figure 2-4).

HEALTH QUESTIONNAIRE FOR DENTAL TREATMENT			
For use of this form, see AR40-66; the proponent agency is the Office of The Surgeon General			
NAME <i>Doe, John D.</i>		SSN <i>123-45-6769</i>	
UNIT	HOME TELEPHONE	OFFICE TELEPHONE	
PLACE A CHECK IN THE YES OR NO COLUMN		YES	NO
1. Have you been under a physician's care in the last 2 years?			✓
2. Have you had any serious illness, operation or hospitalization in the past?			✓
3. Are you allergic to any drugs or medicines (novocain, <u>penicillin</u> others)?		✓	
4. Are you presently taking any drugs or medicines (to include birth control pills)?			✓
5. Have you ever had hepatitis or yellow jaundice?			✓
6. Has there been a change in your health in the last 2 years?			✓
7. Do you smoke cigarettes?			✓
8. Do you drink alcoholic beverages?		✓	
9. Have you ever been sick because of dental treatments?			✓
10. Are you a "bleeder" or have you had excessive bleeding following dental treatment?			✓
11. Do you get short of breath after climbing 1 flight of stairs?			✓
12. (Female only) Are you pregnant?			
CHECK CONDITIONS IF THEY APPLY TO YOU			
<input type="checkbox"/> Heart Trouble/Chest Pain	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Hives or Skin Rash	<input type="checkbox"/> Epilepsy
<input checked="" type="checkbox"/> Heart Murmur	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Asthma/Hay Fever	<input type="checkbox"/> Ulcers/Stomach
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Sugar Diabetes	<input type="checkbox"/> Anemia (Thin Blood)
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Arthritis/Rheumatism	<input type="checkbox"/> Venereal Disease (VD)
<input type="checkbox"/> Stroke	<input type="checkbox"/> Sinus Disease	<input type="checkbox"/> Tuberculosis (TB)	<input type="checkbox"/> Cancer
<p><i>Explain any unusual medical problems:</i></p> <p><i>3) PENICILLIN ALLERGY</i></p> <p><i>8) SOCIALLY ON OCCASION</i></p> <p><i>NEEDS SBIZ PROPHYLAXIS FOR HEART MURMUR</i></p>			
DATE <i>4 APR 02</i>	SIGNATURE OF PATIENT <i>John D. Doe</i>		
DATE <i>28 Feb 01</i>	SIGNATURE OF DOCTOR <i>John Jones M.D., DC</i>		
RECHECK			
DATE	DOCTOR'S SIGNATURE	REMARKS	
<i>04 APR 02</i>	<i>Mary A. Smith CPT, DC</i>		

DA FORM 5570, OCT 86

Figure 2-9. Example DA Form 5570, Individual Health History.

(2) Panoramic radiograph. Each soldier receives a panoramic and bitewing radiographs as their military dental health record is established. Any Soldier who does not have at least one panoramic radiographic in their record is automatically in dental fitness classification 4. One panoramic radiograph or its copy is required to be in the military dental record. It must be clearly identified, dated, be of adequate quality for forensic identification and reflect the Soldier's current oral conditions. The age of the film is not a factor for retaking a panoramic radiograph if it meets the above requirements. Panoramic radiographs should be retaken when there is a new diagnostic requirement to identify disease or for patients with obtuse, confusing, or contradictory symptoms; or in the absence of a recent panoramic radiograph which would be required to initiate surgical or orthodontic treatment, orthognathic evaluations, or when the most current film in the record does not forensically reflect the Soldier's current condition. Consult with the referral clinician on the minimum age requirement for the panoramic radiograph. Copies of digital radiographs may found in current records.

(3) Other radiographs kept in record. Bitewing x-rays, periapical x-rays, other intra-oral and extra-oral films are kept inside the DA Form 5570 envelope or behind the panoramic radiographs if they are too large to place in the envelope. Bitewing radiographs should be ordered on recall based on the patient's prior caries experience and present caries activity and symptoms, or to assist in monitoring and managing periodontal disease. Patients who have never had proximal caries, maintain excellent oral hygiene, and have few if any risk factors for caries need not have bitewing radiographs more often than every 24 months. At the other extreme, highly caries active patients may need bitewings repeated often to assess ongoing treatment and the progression of new carious lesions.

(4) Other local use forms (for example, broken appointment policy, locally reproduced health history forms, specialty forms etc. if used).

c. Other common forms affecting the dental record and forms with dental entries

(1) DD Form 2322-Prosthodontics Prescription and Consultation Request (TB MED 148) (figure 2-10). When requesting work from the Area Dental Laboratory, a DD Form 2322 is used to describe the work requested and it accompanies impressions etc. needed to complete the work. The type of metal used in the prosthesis must be recorded in block 10 of the SF 603 or SF 603A.

(2) DD Form 1289-DOD Prescription (figure 2-11). Dental officers use their signature block stamp and their handwritten signature to authenticate the prescription form. The pharmacy on post will have a signature card on file for each dental officer. When a Schedule II drug is prescribed and it is being filled by a non-DOD pharmacy, the dental officer must use their Drug Enforcement Agency number (DEA). Prescriptions for drugs are entered electronically in most locations, while hand written prescription forms are still used in some locations. In every case, however, the clinician must always include the same information entered on the prescription in the narrative portion of the SF 603/603A (block 10). This includes the amount of the drug given, the strength of the drug, the form of the drug (for example, capsule, tablet, suspension), the dosage the patient must take and frequency, and the reason for giving the drug (for example, for SBE prophylaxis). At this time, most installations utilize the Composite Health Care System (CHCS) for electronic prescription writing purposes, eliminating the need for this form. All dental officers are given a Drug Enforcement Administration (DEA) number for

TB MED 250

prescribing controlled substances.

(3) DD Form 689-Individual sick slip (AR 600-6) (figure 2-12). Quarters may be given as a result of dental treatment that requires a convalescence period following the procedure. In this case, the soldier is given an Individual Sick Slip that describes the reason for quarters, the duration, and the extension status if the patient is required to return to the clinic for follow-up care. In this case the patient is seen at the end of the quarters period and the return to duty status is documented in the SF 603/603A.

(4) DA Form 3982-Medical and Dental Appointment (figure 2-13). Service members remaining in Dental Class 2 or 3 after their dental appointment should have a dental appointment when leaving the dental clinic (if at all possible). A copy of this appointment may be placed on top of the right hand side of the Treatment Record for reference and removed at the next appointment. Clinic management software allows for making automated dental appointments, eliminating the need for this form.

*U.S. GPO: 1991-300-779

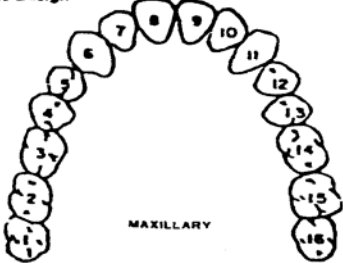
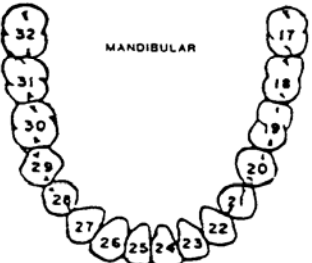
RHOADES DC FSH, TX 78234		DSN: 425-8740	
1. Local Case No.	2. Name of Treatment Facility, Mailing Address & Autovon No.	3. ADL Case No.	
4. Patient's Name (Last, First, Middle Initial) DOE, JOHN D.	5. SSN 123-45-6769	6. Grade E-6	7. Age 31
8. Date Initiated 10 JUL 02	9. Beneficiary Type AD		10. Organization, Duty and Home Telephone Nos. C Co ACADEMY BN W916-0000 H 408-8888
11. Date Forwarded 12 JUL 02		12. Type of Prosthesis or Restoration FGC	
13. Shade and Mold by Guide —		14. Date Delivered	
15. Prosthesis Design			
 <p style="text-align: center;">MAXILLARY</p>		 <p style="text-align: center;">MANDIBULAR</p>	
Request(s) (Check appropriate box(es))			
16. <input type="checkbox"/> Framework Only	17. <input type="checkbox"/> Set-up	18. <input type="checkbox"/> Process	
19. <input checked="" type="checkbox"/> Fully Fabricate	20. <input type="checkbox"/> Bisque Bake	21. <input type="checkbox"/> Consultation	
Included Items			
22. <input checked="" type="checkbox"/> Diagnostic Casts	23. <input checked="" type="checkbox"/> Jaw Relation Record	24. <input type="checkbox"/> Radiographs	25. <input type="checkbox"/> Other (See remarks)
26. Clinician's Remarks/Instructions			
PLEASE FABRICATE A FULL GOLD CROWN FOR # 30.			
<i>This case has been disinfected</i>			
27. Typed Name and Grade of Dental Officer MARY A. SMITH CPT DC		28. Signature <i>Mary A. Smith DDS</i>	
DD Form 2322, 83 Oct		Replace DA Form 2868, Oct 64, Dental Laboratory Work Authorization which is obsolete.	
(PRESS HARD IF HANDFILLED)			

FIGURE 2 -10: DD Form 2322, Dental Laboratory Work Authorization

DD FORM 1289 NOV 71	
DOD PRESCRIPTION	
FOR (Full name, address & phone number.) (If under 12 years, give age.)	
JOHN D. DOE, SSG 6769	
C Co ACAD BN	
FSH, TX 78234	
PH: 221-5555	
MEDICAL FACILITY	DATE
RHOADES DC	04 APR 02
<p>Rx Gm. or ml.</p> <p>CLINDAMYCIN 300 milligrams</p> <p>DISP # 20</p> <p>SIG: TAKE 2 CAPSULES ONE HR. BEFORE EACH DENTAL APPT.</p>	
51234	
MFGR:	EXP DATE:
LOT NO:	FILLED BY:
	MARY A. SMITH, CPT DC
R NUMBER	SIGNATURE, NAME AND DEGREE
	Mary A. Smith DDS
EDITION OF 1 JAN 60 MAY BE USED.	

FIGURE 2-11: Example DD Form 1289, DOD Prescription

INDIVIDUAL SICK SLIP		DATE
<input type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY		12 JUN 02
LAST NAME-FIRST NAME-MIDDLE INITIAL OF PATIENT		ORGANIZATION AND STATION
DOE, JOHN D.		CCo. ACADEMY BATTALION FORT SAM HOUSTON, TEXAS 78248
SERVICE NUMBER/SSN	GRADE/RATE	
123-45-6769	SSG	
UNIT COMMANDER'S SECTION		MEDICAL OFFICER'S SECTION
IN LINE OF DUTY		IN LINE OF DUTY
REMARKS		DISPOSITION OF PATIENT <input type="checkbox"/> DUTY <input checked="" type="checkbox"/> QUARTERS <input type="checkbox"/> SICK BAY <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NOT EXAMINED <input type="checkbox"/> OTHER (Specify):
		REMARKS 1) QUARTERS UNTIL 0730 HRS, 14 JUN 02. 2) FOLLOWED BY LIGHT DUTY WITH NO PT FOR 5 DAYS (UNTIL 19 JUN 02). 3) NARCOTIC MEDICATION PRESCRIBED-DO NOT OPERATE A MOTOR VEHICLE, HEAVY MACHINERY, OR FIRE A WEAPON.
SIGNATURE OF UNIT COMMANDER		SIGNATURE OF MEDICAL OFFICER <i>Barbara Maddox LTC, DC</i>

DD FORM 689, MAR 63

PREVIOUS EDITIONS ARE OBSOLETE.

USAPPC V2.00

Figure 2-12. Example DD Form 689, Individual Sick Slip, filled using the AMEDD Electronic Forms Support System.

PATIENT'S IDENTIFICATION (Use Patient's Recording Card or Ward Plate, if available)		NAME OF HOSPITAL
DOE, JOHN D. 123-45-6769 SSG CCo. ACADEMY BN FSH, TX 78234 PH: 221-5555		INPATIENT'S WARD NUMBER
		CLINIC PATIENT'S ORGANIZATION
APPOINTMENT DATA		
DATE	TIME	TYPE OF TREATMENT
12 JUN 02	0730	<input type="checkbox"/> MEDICAL <input checked="" type="checkbox"/> DENTAL
THE ABOVE APPOINTMENT IS WITH (Individual or Place) BAMC ORAL SURGERY CLINIC		
REMARKS BRING A FRIEND OR RELATIVE TO DRIVE HOME AFTER PROCEDURE.		
If you are unable to keep this appointment, please call for another appointment.		

DA FORM 3982, 1 DEC 72

REPLACES DA FORM 8-97
1 MAR 63 WHICH WILL BE
USED.

MEDICAL AND DENTAL APPOINTMENT
(AR 40-3)

USAPA V1.01

Figure 2-13. Example DA Form 3982, Medical and Dental Appointment Slip, filled using the AMEDD Electronic Forms.

TB MED 250

(5) Medical Laboratory Forms. In some cases the clinician may order medical tests for a patient. This information must be recorded in block 10 of SF 603/603A as well as the results of the test when returned. Again, these tests may be ordered electronically using CHCS.

(6) DD Form 2808 - Standard Form 88 - Report of Medical Examination. This form is used when physical examinations are performed. The dental section of this form is used mainly on initial entry into the military and for the Reserve Officer Training Corps (ROTC), and military academy examinations.

(7) DA Form 3647-Inpatient Treatment Record Cover Sheet. In hospital settings this sheet is used to record both battle and non-battle injuries according to Tri-service Disease and Procedure ICD-9-CM Coding Guidelines.

(8) DA Form 3705-Receipt for Outpatient Treatment/Dental Records. This form is used to track the dental record when the patient or the patient's parent or guardian must pick up their dental record from the dental treatment facility (DTF).

(9) DA Form 4186-Medical Recommendation for Flying Duty. (See Flying Status below)

(10) DA Form 4254-Request for Private Medical Information (without patient consent), DA Form 4876 -Request and Release of Medical Information to Communications Media (with patient consent), DA Form 5006 -Authorization for Disclosure of Information (with patient consent), and DD Form 877 are forms used to obtain medical and dental information for various reasons.

(11) DA Form 5008-Telephone Medical Advice/Consultation Record. Used to record medical advice or consultation given to a patient over the telephone.

(12) DA Form 5181-R-Screening Note of Acute Medical Care. May be seen in dental record when patient reported to their medical clinic for emergency care before being sent to the dental clinic.

(13) DA Form 5303-R-Volunteer Agreement Affidavit. Used to document voluntary participation in a clinical investigation program.

(14) DA Form 8006-Pediatric Dentistry Diagnostic Form. Used for the examination, diagnosis, and treatment planning of pediatric dentistry patients.

(15) DD Form 877-Request for Medical/Dental Records or Information. Used for requesting medical records from treatment facilities and the VA.

(16) DD Form 2569-Third Party Collection Program – Record or other Health Insurance. Used to collect from private insurers for medical care provided to the Military Treatment Facility (MTF) patient.

(17) Local forms include Broken Appointment Policies, locally produced specialty forms, and record audit forms.

(18) OF 275-Medical Record Report. Used for the transcription of dictated reports.

2-5. Special handling of records

a. Temporary records. When Army dental facilities provide dental care to a patient for whom the facility has no dental health record, the dental officer will record the treatment on SF 603A. The patient completes the information blocks on the SF 603A, the Privacy Act Statement, the medical and dental history form, and the consent for anesthesia form (non-active duty). These forms will be stored in a manila folder marked 'Temporary Record', rather than a DA Form 3444 series folder and the date the temporary record was

begun will be annotated on the folder. If a permanent dental health record is not recovered in 60 days, a new dental health record will be made using the forms contained in the temporary record. Further administrative guidance on this type of record can be found in AR 40-66. All informed consent, quality assurance, and medico-legal considerations must be addressed in temporary records.

b. PRP-Personnel Reliability Program (Chemical and Nuclear Surety Programs). Units provide Army dental clinics with nuclear and duty position rosters. Dental records for these personnel are maintained separately under secured storage. The purpose of the PRP is to assure the medical competency of personnel handling of nuclear weapons. The dental clinic must notify the patient's unit telephonically or by hard copy report when any incident or condition might result in restriction from PRP duties or disqualification. These conditions or incidents include prescription of drugs, surgical or complex procedures, or other problems that would detract from the soldier's ability to perform their assigned nuclear or chemical duties. This information must be recorded on SF 603/603A. AR 50-5, chapter 3, on the PRP provides definitive guidance and is supplemented by local regulations. AR 50-6 covers chemical surety but with the elimination of chemical weapons, this is rarely used.

c. Flight Status (AR 40-8). Dental personnel are an integral part of the total healthcare and overall readiness of U.S. Army aviation personnel. Dental officers must ground aviation personnel when appropriate and be aware of proper administration procedures to return aviation personnel to flying duty following dental treatment. AR 40-8 and 40-501, chapters 4 and 8 provide definitive guidance and are supplemented by aviation medicine policy letters and local regulations. A flight surgeon is usually involved, but local regulations dictate the handling of flight status.

(1) A Category 1 Dental Patient requires no grounding because no medications were given and only minor procedures were performed.

(2) A Category 2 Dental Patient is grounded for 12 hours due to the administration of local anesthesia and the performance of routine procedures. This grounding is self-imposed by the aviator.

(3) A Category 3 Dental Patient requires a minimum of 24 hours grounding because of medications and the performance of major procedures. The dental officer completes a DD form 689. The flight surgeon completes DA Form 4186. At the end of the grounding period, the flight surgeon clears the aviator for return to duty (RTD).

2-6 Record audit

a. Each clinician's records and workload report are periodically reviewed as part of the DENTAC Quality Assurance Program. The record audit addresses administrative and professional issues and serves both to quantify DENTAC record management quality assurance as well as provide constructive feedback to individual clinicians. The records audit sheet (see example figure 2-14), usually a locally produced document, tabulates the specific items reviewed and grades the clinician's performance in records management.

RECORD AUDIT SHEET (SAMPLE)

ACCEPTABLE= X DISCREPANCY=0

SSN OF RECORD

AUDIT ELEMENT								
1. Records jacket filled out to include medical warning tag.								
2. Medical history complete and signed by patient and doctor.								
3. 603/603A patient info complete								
4. Daily dental tx log filled out clearly and completely.								
5. Contents of record in proper place and order.								
6. Radiographs current and diagnostic.								
7. 603/603A Charting box 9 updated.								
8. 603/603A entries legible and complete.								
9. 603/603A dental readiness annotated.								
10. Dental tx log: appropriate codes / procedures / credit taken								
11. Consent forms present and updated								
12. DD Form 2005 Privacy Act signed.								
13. Annual exam after tx completed.								
14. Tx consistent with current accepted standard of care.								
15. Drug and / or AB usage for								

 PROVIDER'S SIGNATURE
 CORRECTIONS COMPLETED

 AUDIT OFFICER

FIGURE 2-14: Record Audit Sheet

DENTAL RECORD ESSENTIAL ELEMENT CHECKLIST

<p>I. <u>MEDICAL HISTORY</u></p>	<ol style="list-style-type: none"> 1. Updated, signed by both dentist and patient? 2. Have the dentist or the patient completed a written explanation in the space provided for each 'yes' response or 'check' mark in the 'CONDITIONS' SECTION? 3. Is a medical warning tag placed on front of record jacket if patient has any condition which makes dental treatment unusually hazardous to the patient? 4. Is everything in the medical history (an important legal document) written in ink, except the patient's unit and phone number?
<p>II. <u>PANOGRAPHIC RADIOGRAPH</u></p>	<ol style="list-style-type: none"> 1. Does the record have a diagnostic PANO? Has it been reviewed as part of the exam?
<p>III. <u>PERIODIC ORAL EVALUATION</u></p>	<ol style="list-style-type: none"> 1. Has the soldier updated and signed the medical history? 2. Has the soldier signed the privacy act inside the back cover? 3. Has the examination stamp been placed in part 10 of the SF 603/603A? 4. Has a screening blood pressure been recorded? 5. Has the PSR been performed and recorded? 6. Has tobacco usage and caries risk been noted? 7. Have the findings been correctly recorded in part 9, SF 603/603A? 8. Has the sequential treatment plan been penciled in that addresses class 3 conditions first? 9. Have the providers initials and date been written in the lower right corner of part 9? 10. Have the class 3 indications been written in pencil in part 9, REMARKS, and in ink in part 10 (in the narrative)? 11. Has the provider signed their name and rank on the lowest line of the narrative entry in part 10? 12. Has the dental classification for the patient been written in ink under CLASS?
<p>IV. <u>IDENTIFICATION</u></p>	<ol style="list-style-type: none"> 1. Does each 604 or 603A have the patient's name and SSN written on it so it can be identified if separated from the remainder of the record?
<p>V. <u>PRIVACY ACT</u></p>	<ol style="list-style-type: none"> 1. Has the patient signed on the inside back cover of the record jacket?

Figure 2-15. Dental Record Essential Element Checklist

<p>VI. OF 522</p>	<ol style="list-style-type: none"> 1. OTAD: Has the patient signed the detailed 522 prior to any treatment? 2. AD: Has the patient signed the detailed 522 prior to any procedure which has a potential adverse sequela?
<p>VII. <u>NARRATIVE ENTRIES</u></p>	<ol style="list-style-type: none"> 1. Did each entry begin with the date on the left side? 2. Did each narrative begin with the type of exam completed, if any? 3. When performing the Periodic Oral Examination, does the narrative so state? 4. If the patient is symptomatic, was the SOAP format used or was the diagnostic process and results otherwise place in a logical legible manner? 5. If applicable, was local anesthesia written "LA:" then record the type, amount, concentration, and concentration of vasoconstrictor of the local anesthetic used? 6. If a therapeutic procedure was performed, did the provider write the category, then the description of the procedure, to include the precise tooth and/or area involved? 7. Did the provider sign their name and rank on the lowest line of the narrative entry in block 10, then write the patient's dental classification on the far right side? 8. Was the completed treatment graphically recorded in ink in section 8 (SF 603 or SF 603A), and erased from section 9 (SF 603 or SF 603A)?
<p>VIII. <u>CLASS 3 DESIGNATION</u></p>	<ol style="list-style-type: none"> 1. Are the class 3 conditions written clearly in pencil in REMARKS, section 9, and written in pen in the narrative, section 10? 2. Does the treatment plan first route the patient to the therapy which will remedy the class 3 condition?
<p>IX. <u>PRESCRIPTIONS</u></p>	<ol style="list-style-type: none"> 1. Has the complete prescription, to include the drug, strength, amount, and regimen been recorded in the narrative?
<p>X. <u>INDIVIDUAL SICK SLIP</u></p>	<ol style="list-style-type: none"> 1. Has the form been completed in detail and the information recorded in the narrative of the record?
<p>XI. <u>DAILY DENTAL TREATMENT LOG</u></p>	<ol style="list-style-type: none"> 1. Does it agree precisely with the treatment as reflected in the patient's record?

FIGURE 2-15, Continued: Dental Record Essential Element Checklist.

Once graded, the record audit sheet is returned to the clinician who will then correct any and corrective action serves to continually standardize and enhance records management overall.

b. Using the essential element checklist (see sample, figure 2-14) prompts attention to specific areas of the dental health record. The sample record audit sheet also assists in developing record management skills.

2-7. Workload reporting and appointment control

Advances in technology have made appointment control, workload reporting, career management, and ordering of medical tests and prescriptions much easier and efficient for the provider, MTF, and patient. Continued advances will change and improve these automation systems over time, increasing the services provided, saving time, improving data collection, saving resources and increasing convenience. The look of these systems will, no doubt, change but the basic premise remains the same.

a. Appointment control. Appointment control and documentation of time utilization is increasingly becoming a matter of interest for outside agencies evaluating the efficiency of military dental care delivery. Appointment records are also often involved in QA programs, resource management, and legal issues. The following recommendations are made to give standard guidance to the field concerning this important topic.

(1) Appointment control will be centralized within clinics to the greatest extent possible. Individual control of personal appointment books is generally left up to the individual after the overall clinic requirements are scheduled (such as sick call, officers' call, and other scheduled activities). Specialists usually control their own appointments because of the variations in treatment complexities encountered but will consider centrally scheduled out of clinic requirements.

(2) In some cases certain parts of a provider's day may yield themselves to centralized control, while the individual should control others. For example, dentists may be scheduled to provide sick-call services in the morning and schedule their own appointments in the afternoon.

(3) With the possible exceptions of examinations and oral hygiene appointments, the use of standard length appointments should be discouraged. The length of an appointment should be tailored to the procedure to be accomplished and the skill of the provider.

(4) A system should be used to allow appointments to be scheduled in multiple blocks of time, each block 10 to 15 minutes in length depending on clinic or provider requirements.

(5) Appointment books should be used which will allow for this kind of flexible appointment scheduling.

(6) All dental officers should be offered the opportunity, if facilities are sufficient, to schedule multiple operatories for patient care.

(7) Appointments for which patients do not present themselves should be noted on the appointment book and dental record.

(8) Each clinic should have a program to fill broken appointment time.

(a) A list of patients who can come to the clinic upon short notice should be maintained in order to provide a pool of patients to fill broken appointments.

(b) Each clinic should also have a program to allow patients to standby for care in case of open appointment time.

(c) Alternate methods of filling broken appointment time are extending care on the

patient presently in the chair, treating sick call, performing examinations, or treating standby patients. Unfilled appointment time should be accurately reported to assist management in controlling patient flow and compliance. Unfilled appointment time results when a clinician has scheduled appointment time which, for whatever reason, cannot be used. For example, if a clinician's scheduled patient fails the appointment and the clinician is unable to obtain another patient for that time slot, unfilled appointment time results. An idle clinician that does not have patients scheduled, such as the clinician treating 'walk - in ' exams and sick call, however, does not record any unfilled appointment time.

(d) Automated Appointments. The Composite Health Care System and the Corporate Dental Application are the current computer systems being used to automate appointments. These systems are under constant upgrade and change as advances are made in technology.

(e) Automated Prescription Writing. Using CHCS. As mentioned in paragraph 2-4, prescription writing is possible using the Composite Health Care System (CHCS). Using this system improves efficiency for the dentist, patient, and the pharmacy. Each provider with prescription writing privileges attends a class on CHCS and is given an access code and verify code upon completion of the class. The use of CHCS to write prescription is described in the Composite Health Care System (CHCS) Provider Outpatient Order Entry Quick Reference Guide that is provided during the CHCS class.

b. Workload reporting.

(1) Workload reporting captures data necessary to allocate resources. Each clinician should understand that they are responsible for the accurate completion of workload reporting into an automated reporting system, even though delegation of this duty to dental assistants is common.

(2) In some locations, an automated dental record on a laptop computer is used to capture workload data. This usually occurs when dentists are quickly deployed into an area before Internet connections have been established. In this case, the data is saved to disks and forwarded to the dental officer's home base Dental Activity. Once Internet connections are established, data is downloaded into the CDA directly.

2-8. Other electronic resources

Below is an incomplete list of Internet sources of interest to Army dental health providers.

a. Internet connections have opened a wealth of information and resources to assist dental personnel in issues from career management, dental issues, Army news, DENCOM news, etc.

b. The DENCOM homepage at <http://www.dencom.army.mil> (or <https://www.dencom.army.mil>) is an excellent source of information for dental officers with links to other military and dental sites as well as the gateway to the CDA.

c. The Army Knowledge Online page at https://www.us.army.mil/portal/portal_home.jhtml serves as a source of Army information, career management, Command acceptance, and continuing military education. All soldiers must register on this page.

d. The Army Homepage at <http://www.army.mil> provides links to other organizations and can help with assignment area information upon reassignment.

e. The Graduate Dental Education and Training Office can be accessed for information about short courses and long courses (residencies) offered by going to <http://www.cs.amedd.army.mil/dhet/start.htm>

f. The U.S. Army Human Resource Command at <http://www.hrc.army.mil> assists with personnel issues from upcoming command vacancies to promotions.

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CHAPTER 3 SF 603 AND SF 603A

The Standard Form 603 (SF 603) is the basic form used in the HREC and dental record to document the oral status, oral health care, and oral or dental treatment provided in a DTF and MTF (see appendix H, DA Forms, for blank forms). SF 603A (Health Record--Dental Continuation) is the related form used as a continuation sheet when space on SF 603 is full. Symbols used in filling out these forms are found in appendix D and approved abbreviations are found in appendix B.

3-1. General information

The front side of the SF 603 is used to initiate a dental record. It contains complete patient identification information and a series of dental charts, the use of which will be discussed below. The backside of the SF 603 is the same as the SF 603A. The SF 603 and SF 603A are used to record dental treatment and simple treatment plans.

3-2. Identification of teeth and surfaces

- a.* The authorized number will identify individual teeth in dental records. 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 numbers in figure 3-1 are used.
- b.* The letter of the tooth shown in figure 3-1 preceded by the pound sign will identify the deciduous dentition (#).

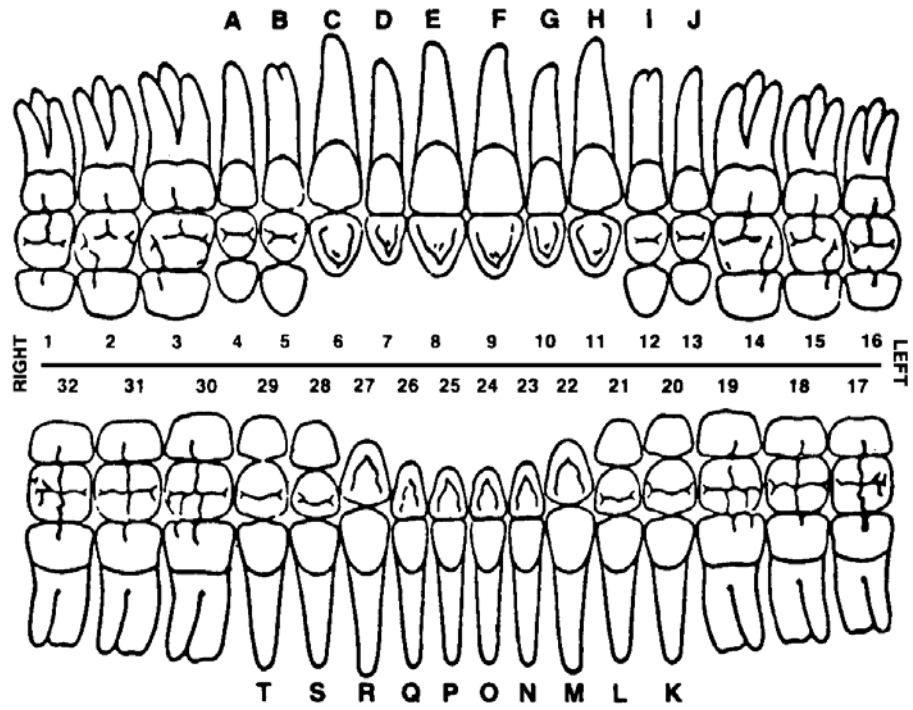


Figure 3-1. Identification of Teeth

c. The abbreviations in Table 3-1 below designate individual tooth surfaces. These abbreviations are used in combination to indicate multiple surfaces (for example, MO designates a combination of the mesial and occlusal; MF indicates the mesio-facial).

Table 3-1. Abbreviations for tooth surfaces

D	Distal
B	Buccal
F	Facial
I	Incisal
L	Lingual
M	Mesial
O	Occlusal

3-3. SF 603, Section I

a. Section I, Presenting Dental Status, is used to record missing teeth, existing restorations, diseases and abnormalities when initiating a dental record. Part 4 of Section I is for the recording of existing restoration while Part 5 of Section I may be used to chart initial treatment needs. If a panoramic x-ray is present, the only part of side 1 of the SF 603 that is required to be filled in is the Patient’s Identification section.

(1) Under Section I, item 2 Type of Exam, check the appropriate examination type block as defined:

Type 1—Comprehensive examination performed by a dentist; corresponds to American Dental Association, Current Dental Terminology 3 code number 00150-comprehensive oral evaluation.

Type 2—Periodic oral examination performed by a dentist; corresponds to code number 00120-periodic oral evaluation or 00110-initial oral evaluation/identification charting.

Type 3—Other examination performed by a dentist, (that is, limited oral evaluation-problem focused); corresponds to 00140-limited oral evaluation-problem focused and to 00145-emergency visit. If this is an initial screening evaluation during training performed by a dentist, the patient may be assigned dental readiness classification 2 or 3 only.

Type 4—Screening survey evaluation, used by ancillary dental providers (that is,. preventive dentistry technicians/hygienists). No CDT-3 equivalent.

b. Part 4 of Section I is charted in ink, using the symbols in appendix D of this bulletin, whenever initial dental processing is performed and there is no panoramic radiograph capability. A panograph must be added to the record at the earliest possible time. When a panograph is present, parts 4 and 5 do not need completion. Any abnormalities which cannot be charted using the graphic chart and symbols discussed in this bulletin will be noted in the “Remarks” section.

c. The entry will be dated, place of examination recorded, and signed by the dental officer doing the examination in item 7. Since this chart may have to be used for forensic

identification purposes, restorations drawn in this section must accurately portray the restoration in the mouth.

3-4. SF 603, Section I, Patient's Identification

a. Permanent entries (see figures 3-2 to 3-3). The Patient's Identification section on side 1 of the SF 603 is identical to the Patient's Identification section on side 1 of the SF 603A and the Patient's Identification sections of side 2 of the SF 603 and SF 603A are also identical. The following entries are made by the military personnel officer or by the dental treatment facility. Entries will be typewritten or printed in permanent black ink or the patient's recording card may be used to imprint the information in the space provided.

- (1) Patient's name and date of birth (DOB). Self-explanatory.
- (2) Sex. Enter M for male or F for female.
- (3) Component or Branch. The applicable entry from the list below will be recorded.
 - (a) Army members on active duty (including Army Reservists and National Guard on extended active duty)—Army.
 - (b) National Oceanic and Atmospheric Administration—NOAA.
 - (c) Other U.S. Army Reserve—USAR.
 - (d) Other Army National Guard—ARNG.
 - (e) U.S. Navy—USN.
 - (f) U.S. Marine Corps—USMC.
 - (g) U.S. Air Force—USAF.
 - (h) U.S. Coast Guard—USCG.
 - (i) U.S. Public Health Service—PHS.
 - (j) U.S. Military Academy Cadets—USMA.
 - (k) U.S. Naval Academy Midshipman—USNA.
 - (l) U.S. Air Force Academy Cadets—USAFA.
 - (m) Reserve Officers' Training Corps—ROTC.
 - (n) Civilian employees of Federal agencies; indicate the Federal department.
 - (o) Foreign military-indicate the armed force.
- (4) Service, Dept, or Agency. Enter Army, Navy, Air Force, etc., or whatever service, department, or agency to which the sponsor belongs.
- (5) Identification No. (item 14). Enter the SSN of military personnel (active and retired). For family members, enter the FMP followed by the sponsor's SSN.

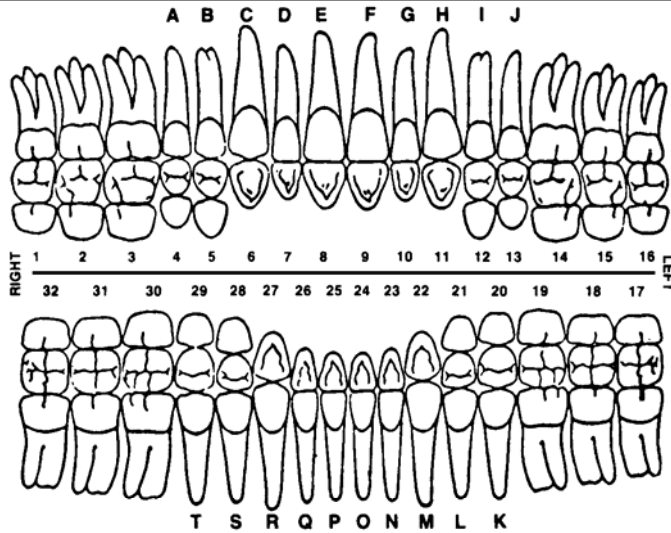
GENERAL SERVICES ADMINISTRATION
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505

HEALTH RECORD	DENTAL
----------------------	---------------

SECTION I. PRESENTING DENTAL STATUS PAGE: 1

1. PURPOSE OF EXAMINATION				2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION			
INITIAL	SEPARATION	OTHER (Specify)		1	2	3	4	1	2	3	4

4. MISSING TEETH, EXISTING RESTORATIONS, AND PROSTHETIC APPLIANCES



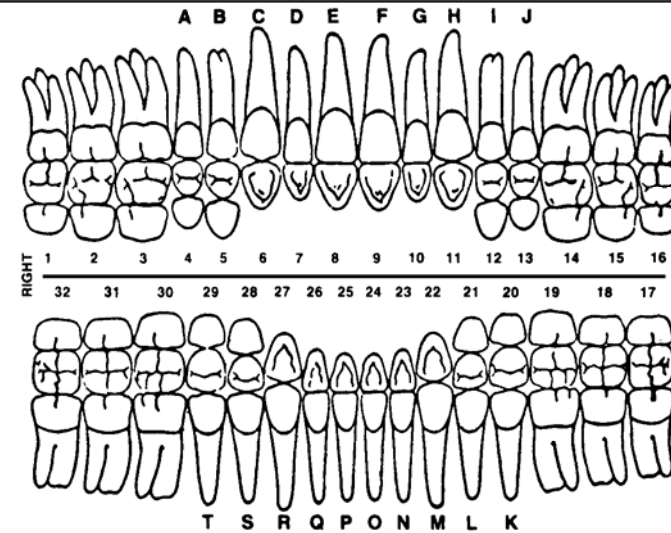
REMARKS

SAMPLE

USE ONLY IF DIFFERENT FROM BOX 7 BELOW

PLACE OF EXAMINATION	DATE
SIGNATURE OF DENTIST COMPLETING THIS SECTION	

5. DISEASES AND ABNORMALITIES



REMARKS

7. EXAMINING DENTIST AND FACILITY

PLACE OF EXAMINATION	DATE
SIGNATURE OF DENTIST	

6. INDICATE X-RAYS USED IN THIS EXAMINATION

PANORAMIC RADIOGRAPHS	FULL MOUTH PERIAPICAL	POSTERIOR BITE-WINGS	OTHER:	NONE TAKEN
-----------------------	-----------------------	----------------------	--------	------------

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)				PATIENT'S NAME (Last, First, Middle Initial)			SEX
				INK			INK
DATE OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE				
INK	INK	Pencil	INK				
SPONSOR'S NAME			RANK/GRADE				
INK			Pencil				
SSN OR IDENTIFICATION NO.			ORGANIZATION				
INK			Pencil				

EXCEPTION TO SF 603
APPROVED BY GSA/IRMS 1-91

DENTAL
Standard Form 603
(Rev. 10-75)

FIGURE 3-2: Side 1 of SF 603, indicating permanent and temporary entries.

b. Temporary entries. The following entries in Section II will be made in no. 1 or no. 2 pencil by the military personnel officer or by the dental treatment facility. The dental record custodian will make changes as they occur.

(1) Grade, Rating, or Position (item 8).

(a) Active duty personnel: Enter rank. Examples: PV1, SSG, MAJ.

(b) Retired personnel. Enter “RET/rank” (for example, RET/SGM).

(c) Family member: Identify relationship to sponsor followed by sponsor’s rank, first name, and middle initial. Example: Son/SFC John L.

(2) Organization Unit (item 9). Enter the unit of active duty military personnel and/or sponsor.

(3) Separation from the service. It is often extremely useful for dental personnel to know the expiration term of service (ETS), or the date eligible to return from overseas (DEROS) of the individual 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:

(a) Expiration term of service, July 2008 “(ETS 7/08).”

(b) Relief from active duty, September 2005 “(REFRAD 9/05).”

(c) Relief from active duty for training, October, 2005 “(REFRADT 10/05).”

(d) Retire August 2005 “(RET 8/05.)”

(e) Date eligible to return from overseas, December 2010 “(DEROS 12/10).”

3-5. SF 603 and SF 603A, Section II

(See figure 3-4 for a partially filled SF 603A with legend) (Note the forms shown are for demonstration in filling out the SF603 and SF603A and carrying treatment forward. Normally, with such complex treatment, a DA FORM 3984 would be used).

a. Block 8.

(1) This part of the SF 603 and SF 603A is used to record restorations and treatment of defects performed after the initial dental processing.

(2) Entries are made in black ink.

(3) Remarks block—Normally this space requires no entries. It should be annotated, however, to reflect that there is a significant item in the medical history.

b. Block 9.

(1) This part of the SF 603 and SF 603A is an examination chart. It is used to record those defects discovered at the time of initial and subsequent examinations.

(2) Entries are made in pencil and individual entries are erased as each related treatment is completed and appropriate entries are made in block 8.

(3) Remarks block—Indicate in pencil the date of examination. If the patient is dental class 3, indicate the reason for this classification. The dentist to sequence simple treatment plans may also use this space.

c. Entries in block 10—Services Rendered (see figure 3-4 and figure 3-5).

(1) All entries will be made legibly in black ink.

(2) Entries will include all treatments as well as major steps involved in multi-visit treatments.

(3) Date column—Enter the current year on the first line. Subsequent dates on the 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.

(4) Symptoms, Diagnosis, Treatment, Provider, Treatment Facility column.

Treatments should be entered in chronological order as performed during the appointment. Whenever possible, a tabular format for treatments performed should be used. This format greatly aids searching for data about a specific tooth, or area, and speeds record audits. The basic format for the entry is as follows:

(a) Examination Stamp. (See figure 3-6 and paragraph 3-8 for explanation of the stamp.)

(b) Chief complaint (if appropriate).

(c) Patient preparation procedures.

(d) Tooth number(s).

(e) Diagnosis (if appropriate).

(f) Treatment(s).

(5) DOD dental classification (Class Column) per AR 40-35 and HA Policy 02-011 (appendix K).

(a) The Department of Defense (DOD) has established criteria by which the dental fitness of soldiers is classified. This classification system, the main feature of the Oral Health Fitness Program (OHFP), seeks to reduce dental emergencies and improve dental health by quantifying relative risk for individual patients and cohorts of patients (Army units). The structure of the OHFP provides expedited treatment for those soldiers deemed to be at greater risk.

(b) Indicate the date of examination in pencil in the Remarks portion of block 9. For Class 3 patients, the reason(s) for placing the patient in Class 3 should be indicated in descending order of clinical importance (see figures 3-4, 3-5, 3-7, and 3-8).

(6) Operator and dental facility.

(a) The name of the facility will be shown in block 10 for the first entry made at that facility.

(b) The operator's name, rank, and corps, occupation or degree will be shown for each treatment. Expanded duty assistants, DTA or PDS (91EX2), must also show the name of the supervising dentist on the last line of entry.

(c) Examples:

1. Military dental officer: Paul A. Smith, LTC, DC.

2. Civilian providers: Paul S. Jones, DDS or Suzie Smith, RDH.

3. 91EX2: John D. Filler, SSG, PDS/Paul A. Smith, LTC, DC.

4. Others: Donald D. Glass SP4.

(7) Authentication of entries. The care provider will sign or initial all entries and be responsible for the accuracy and completeness of all entries. Entries transcribed from records received from civilian or foreign military facilities will carry the name and signature (or initials) of the person making the transcription.

Standard Form 603-A

HEALTH RECORD

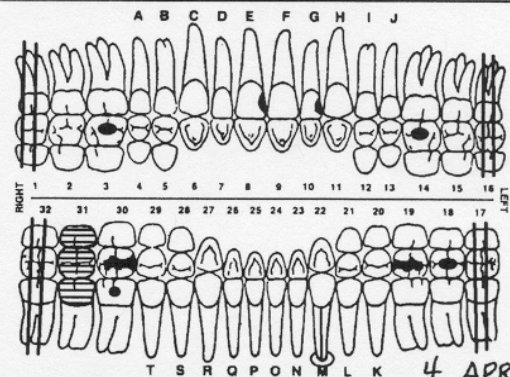
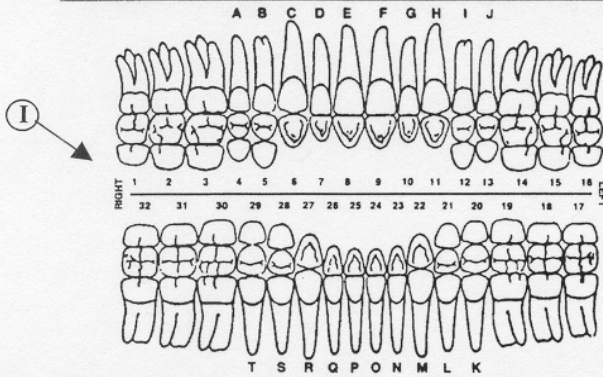
DENTAL - Continuation

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE

PAGE:

8. RESTORATIONS AND TREATMENTS (Completed during service)

9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS
 A → SOLDIER ALLERGIC TO PCN
 SOLDIER REQUIRES SBE PROPHY

REMARKS
 CL 3: #30 OPER #22 ENDO
 1) OPER #30 #32 OS
 2) OS 4) PROPHY 7) PERIO
 3) ENDO #22 5) OPER
 6) C & B #31
 4 APR 02
 MAS
 C

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)	CLASS						
2002 4 APR	PERIODIC ORAL EVALUATION PSR <table border="1"> <tr> <td>2</td> <td>1</td> <td>3</td> </tr> <tr> <td>3</td> <td>2</td> <td>3</td> </tr> </table>	2	1	3	3	2	3	CL 3: #30 OPER #22 ENDO #32 EXT
2	1	3						
3	2	3						
	BP 125/85 MAS BWX ✓ PAX #22 PANX SOFT TISSUE WNL: (YES) / NO CARIES RISK: LOW (MOD) HIGH TOBACCO: (NO) SMOKE CHEW BOTH	RX: CLINDAMYCIN 300MG X20 SIG: TAKE 2 CAPS ONE HR BEFORE EA DENTAL APPT.						
	Mary A. Smith CPT DC	3						

LEGEND:

- A Any condition warranting a medical alert in ink.
- B Diagnosis in graphic form, in pencil.
- C Date of exam, above line, dentist's initials, below line in pencil.
- D Sequential treatment plan in pencil.
- E Class 3 conditions, in pencil.
- F Narrative in ink.
- G Dentist's signature on last line of entry in ink.
- H Assigned dental classification in ink.
- I Completed treatment in ink.

PA
lm

SEX

UNIT/STATUS DEPART/SERVICE

RANK/GRADE

ORGANIZATION

EXCEPTION TO SF 603A
 APPROVED BY GSA/IRMS 1-91

Standard Form 603A (10-75)
 GSA/ICMR
 FIRM (41 CFR) 201-45 505

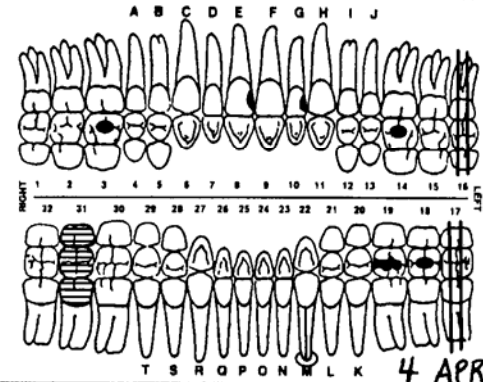
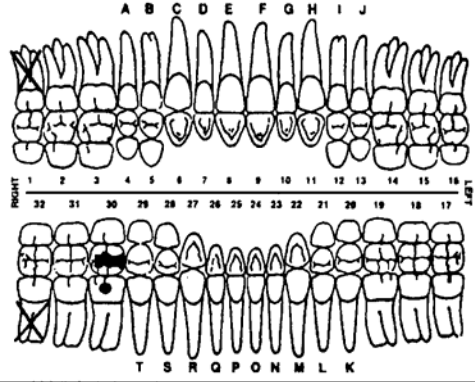
Figure 3-4. Permanent and Temporary Entries on SF 603 and SF 603A at examination.

Standard Form 603-A

HEALTH RECORD DENTAL - Continuation

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE PAGE:

8. RESTORATIONS AND TREATMENTS (Completed during service) 9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS
SOLDIER ALLERGIC TO PCN
SOLDIER REQUIRES SBE PROPHY

REMARKS CL 3: #30 OPER #22 ENDO MAS
#32 OS
1) OPER #30 4) PROPHY 6) C&B #31
2) OS 5) OPER 7) PERIO
3) ENDO #22

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)	CLASS
2002 4 APR	RHOADES DENTAL CLINIC, FSH, TX 78234	
	PERIODIC ORAL EVALUATION	
	PSR	CL 3: #30 OPER
	2 1 3	#22 ENDO
	3 2 3	#32 EXT
	BP 125/85 MAS	RX: CLINDAMYCIN 300MG
	BWX ✓ PAX #22 PANX	X20 SIG: TAKE 2 CAPS
	SOFT TISSUE WNL: (YES) NO	ONE HR BEFORE EA
	CARIES RISK: LOW (MOD) HIGH	DENTAL APPT.
	TOBACCO: (NO) SMOKE CHEW BOTH	
	Mary A. Smith, CPT, DC (3)	
11 APR	PT CONFIRMS HE HAS TAKEN MEDICATION LA 3X 1.8cc 2% MID W/ 1:100,000 EPI; TOP #30-CAR-VITRABOND BASE (IPC)-AMALGABOND-MOFAM #1 & #32 EXT, OHI ORAL & WRITTEN RX: TYLENOL #3 X12 SIG: TAKE 1 TAB Q4-6H PRN PAIN QUARTERS UNTIL 0730 HRS 13 APR 02	
	Mary A. Smith, CPT, DC (3)	

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

PATIENT'S NAME (Last, First, Middle Initial) **DOE JOHN D.** SEX **M**

DATE OF BIRTH _____ RELATIONSHIP TO SPONSOR _____ COMPONENT/STATUS _____ DEPART/SERVICE _____

SPONSOR'S NAME _____ RANK/GRADE _____

SSN OR IDENTIFICATION NO. **123-45-6769** ORGANIZATION _____

EXCEPTION TO SF 603A APPROVED BY GSA/IRMS 1-91 Standard Form 603A (10-75)
GSA/CMR
FIRM (41 CFR) 201-45 505

Figure 3-5. Entries on SF 603 and SF 603A as treatment is rendered.

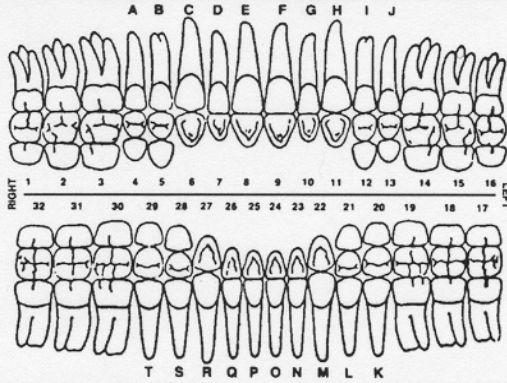
PERIODIC ORAL EVALUATION	PSR						
	<table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>						
BP _____/_____							
BWX _____ PAX _____ PANX _____							
SOFT TISSUE WNL: YES / NO							
CARIES RISK: LOW MOD HIGH							
TOBACCO: NO SMOKE CHEW BOTH							

Figure 3-6, Periodic Oral Examination Stamp

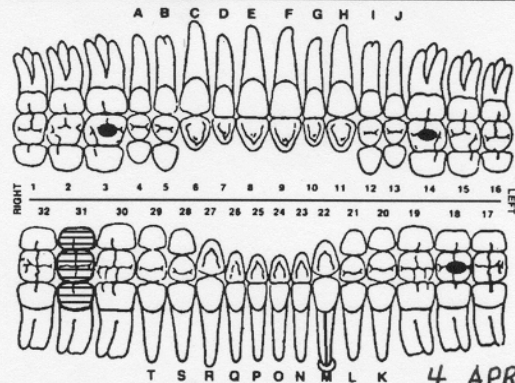
SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE

PAGE: _____

8. RESTORATIONS AND TREATMENTS (Completed during service)



9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS
 SOLDIER ALLERGIC TO PCN
 SOLDIER REQUIRES SBE PROPHY

REMARKS CL 3 : # 22 ENDO MAS
 1) ENDO #22 4) OS
 2) PROPHY 5) C&B #31
 3) OPER 6) PERIO
 4 APR 02

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)	CLASS

PATIENT'S NAME: DOE, JOHN D. SSN: 123-45-6769

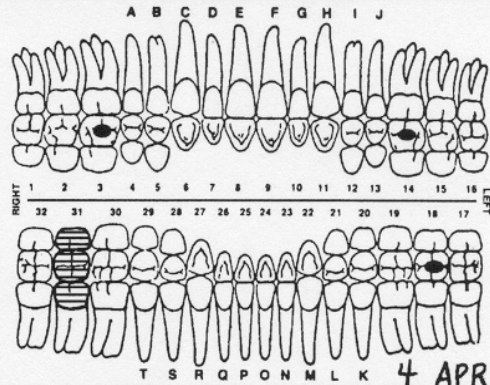
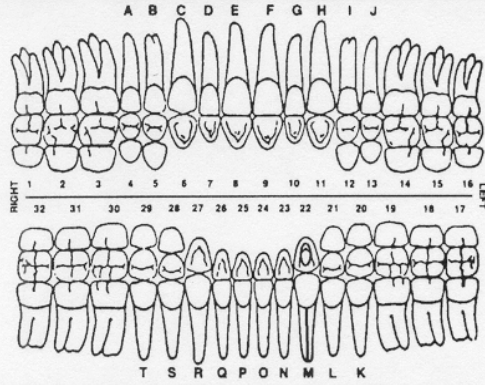
Figure 3-7. Continuation and transfer of remaining treatment plan onto another page of SF 603A.

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE

PAGE:

8. RESTORATIONS AND TREATMENTS (Completed during service)

9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS
 SOLDIER ALLERGIC TO PCN
 SOLDIER REQUIRES SBE PROPHY

REMARKS
 1) PROPHY 4) OS
 2) OPER 5) C&B #31
 3) OPER 6) PERIO
 4 APR 02
 MAS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)	CLASS
2002	RHOADES DC, FSH TX 78234	
24 APR	#22 THERMAL AND EPT NEGATIVE, PAX SHOWS PERIAPICAL RADIOLUENCY. LA 2X 1.8CC LID W/ 1:100,000 EPI; TOP OPEN, ACCESS, FILE TO #70 FILE AT 23mm. IRRIGATE, DRY W/ PAPER POINTS, FILL W/ GP AND ROTH'S CEMENT. L RESIN, ETCH, BOND, POL CK OCCLUSION. ADVISED PT TO WATCH AREA CLOSELY FOR POSSIBLE SWELLING AND RTC IF OCCURS. RX: IBUPROFEN 800MG X 12 TABS SIG: TAKE 1 TAB q8H PRN PAIN	
	Fred Fredland, COL DC	2

PATIENT'S NAME: DOE, JOHN D.

SSN: 123-45-6769

SF 603A (SIDE 2)

U.S. Government Printing Office: 1998 - 440-102/79265

Figure 3-8. Continued documentation of treatment onto SF 603A.

3-6. SF 603A, Continuation sheet (see figure 3-7 and figure 3-8)

a. SF 603A is used as a continuation sheet for SF 603 and 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 II, SF 603, become confusing. Entries are made on SF 603A in the same manner as on SF 603. For convenience, any remaining entries in block 9 on the original SF 603 may be carried over to SF 603A (See figure 3-7 showing remaining treatment carried over and figure 3-8 for treatment continuation). When initiating a new SF 603A, the patient's last name, first name, middle initial, and identification number must filled in on the bottom of the form.

b. Occasionally a new SF 603A with treatment entries will be added to a record before the previous SF 603 or SF 603A has been filled. In this instance the empty portion of block 10 on the old form must be rendered unusable so that the proper chronology of the record will be maintained. This is done by drawing a diagonal line from corner to corner through the unused portion of the two large columns in block 10.

3-7. Treatment plans

Depending upon the complexity of the proposed treatment, the treatment plan itself may be very simple and be easily recorded and tracked in the remarks section of block 9 or may require the use of DA Form 3984.

a. Temporary entries. Treatment plans are essential to establishing appropriate standards of care and eligibility for care for people who have separated from service. Treatment planning entries in the remarks space of block 9 are erased and DA Form 3984 is discarded following completion, or change, in the plan.

(1) Treatment plans must record required steps in adequate detail to be understood by a third party.

(2) All treatment plans must indicate the identity of the dental officer who made the plan. The appropriate location is the right side of block 9. The date and the dentist's initials are entered above and below the line separating the 'Remarks' section from the chart in block 9.

(3) All treatment plans are dated.

b. Permanent entries. Failure to permanently document counseling provided to patients undergoing long-term care (that is, periodontal or orthodontic treatment) can lead to misunderstanding of, and false expectations toward, the possibility of continuing care upon permanent change of station (PCS) to a new duty station. For example, if a patient undergoing active orthodontic therapy is moved to a post where such care is not available through the dental facilities located there, the patient will be liable 'for the expense of continuing care in the civilian sector. This kind of information must be presented to the patient and permanently documented in the dental record before the initiation of care. The most appropriate place for this documentation is in block 10 of the SF 603 or SF 603A. The kind of things related to treatment planning that must be permanently documented in the SF 603 or SF603A are as follows:

(1) Anatomic or physiologic abnormalities or conditions, which may be pathologic or impact on future care.

(2) Critical sequencing or staging of treatment.

(3) Expected time for completion of complex cases or cases of extremely long

duration (that is, full banded orthodontic treatment).

(4) Possible follow-up care that may be required at a later date.

(5) The fact that such care may or may not be available at the post where the patient may be stationed at that time and that the patient may be liable for the expense for such follow-up care.

3-8. Recording examinations—general information

The findings and documentation of dental examinations constitutes an essential element of therapeutics and dental readiness classification, and thus assumes immense importance. Prioritization and timing of interceptive care, established by dental examination, and likewise represents vital processes for the soldier, the soldier's unit, and the Army Dental Care System (ADCS). Refer to the American Dental Association Current Dental Terminology and Department of Defense Laboratory Codes for a complete description of clinical oral evaluations.

a. Periodic Oral Evaluation: The periodic oral evaluation provides the basis and structure from which the soldier receives periodic screening for hypertension and oral cancer. The patient also receives health promotion information, especially in regard to tobacco use. Finally, the patient undergoes a clinical and radiographic (new radiographs may not be indicated for each exam) assessment of the hard and soft tissues of the oral cavity. The examination stamp (figure 3-6) is used whenever a periodic examination is performed. The stamp has spaces for the five components of a periodic oral examination: blood pressure assessment as required by AR 600-63; caries risk assessment; tobacco risk assessment; the Periodontal Screening and Recording (PSR); and an oral cancer screening. This stamp has a table to record the PSR, the mandatory, standard soft tissue index adopted by the ADCS; the *Periodontal Screening and Recording*, assists in the diagnosis of the soldier's periodontal condition. The periodontium is coded from 0 (only preventive care required) to 4 (requiring comprehensive periodontal examination and treatment planning). The PSR is done quickly utilizing three easy steps:

(1) Examine at least six sites on each tooth (see figure 3-9),

(2) Walk the probe around the gingival crevice.

(3) Record the highest score in each sextant. The dentist should go to the next sextant whenever Code 4 is recorded and the * symbol is added whenever findings indicate clinical abnormalities like a furcation involvement.

b. (1) Code 0: Colored area of probe remains completely visible in the deepest crevice in the sextant. No calculus or defective margins are detected and gingival tissues are healthy with no bleeding on probing.

(2) Code 1: Colored area of probe remains completely visible in the deepest probing depth in the sextant. No calculus or margins are detected. There is bleeding after gentle probing.

(3) Code 2: Colored area of probe remains completely visible in the deepest probing depth in the sextant. Supra- or sub-gingival calculus and/or defective margins are detected.

(4) Code 3: Colored area of probe remains partly visible in the deepest probing depth in the sextant.

(5) Code 4: Colored area of probe completely disappears, indicating probing depth of greater than 5.5mm.

c. The patient's blood pressure is recorded in the space provided on the stamp. Radiographs that are ordered by the dentist are noted. The health of the soft tissue is recorded after a cancer-screening exam. Caries risk and tobacco usage are noted (see appendix G for a description of these entries).

d. Each soldier is required to have an annual periodic oral evaluation, and will convert to dental class 4 at the end of the 13th month following the last periodic oral evaluation. The periodic oral evaluation should be renewed at the end of each treatment regimen (completion of treatment plan). It should be renewed at any convenient opportunity prior to the 13th month deadline to preclude conversion to class 4; an adverse administrative burden is best avoided. Examination findings are recorded in block 9 of SF 603 and SF 603A in pencil. The narrative entry is noted in block 10 in ink. A sequential treatment plan is written in the 'Remarks' area of part 9, and the dentist's initials and date are written on the right side (date above and initials below the horizontal line), all in pencil.

e. *Class 3 Conditions.* Class 3 conditions are specifically written in pencil above the treatment plan, which in most cases should first route the patient to that therapy which addresses the class 3 condition. Asymptomatic class 3 conditions should be treated as soon as practical. Each clinic should devise and utilize an appointment system, which insures that patients with asymptomatic class 3 conditions receive high priority care as soon as practical. Conditions concomitant with painful symptoms and / or pathological signs such as swelling, elevated body temperature, dysfunction, etc. describe emergent and are considered Class 3 conditions; these should be treated as soon as possible. Class 3 conditions should also be written in ink in the narrative so that a permanent entry of the conditions is preserved (Note classification change in figure 3-8).

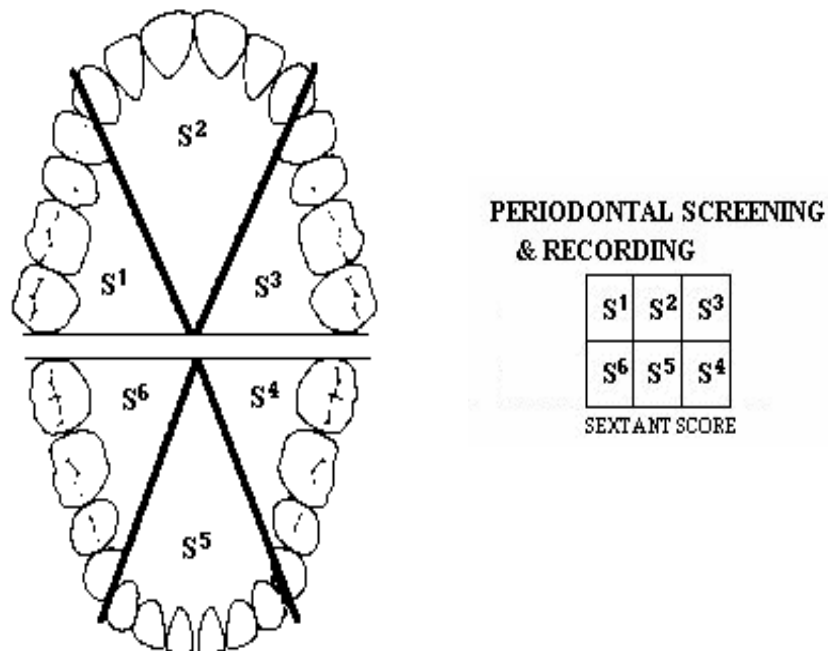


Figure 3-9. Sextants for PSR score recording.

f. Each entry in section 10 of SF 603A (narrative) must be preceded by the current date on the far left side. Begin the narrative with the type of exam performed, if any. Include any concerns or symptoms in the narrative that the patient may relate to as well as a description of signs, clinical appearance, and results of diagnostic tests performed.

g. Sick call visit. If the patient has visited the clinic for the express purpose of addressing a symptomatic condition ('sick call visit'), the use of SOAP or other organized, logical, diagnostic / documentary pathway which leads to a definitive or differential diagnosis. The format used should be clear, logical, and include subjective and objective findings and results of diagnostic tests. Consultation with other dentists (if any) should be reflected in the narrative, along with the referring dentist's diagnosis and treatment, proposed treatment, or next step in the treatment process.

h. Scheduled appointment. After writing the type of exam, if any, and any information that the patient has initially related prior to beginning treatment, and document the use of local anesthetic, if any. On a separate line, begin with the abbreviation for local anesthetic, "LA". As with all medications, record the amount, strength, and be certain to also include the type and strength of the vasoconstrictor in the local anesthetic.

i. On the next line, first write the abbreviation for the category or type of treatment provided, such as oper (operative), OS (oral surgery), pros (prosthodontics), etc. Next, write the tooth number, then the diagnosis or reason for performing the procedure, followed by a description of the procedure. Use the terminology found in the references. Use the standard abbreviations or write out the words entirely. In writing prescriptions, always record in the narrative the name, strength, amount, and regimen for each drug. If quarters are recommended or other restriction of duty, always record in the narrative precisely what is written on the Individual Sick Slip.

j. Once treatment has been completed on individual teeth, erase the proposed treatment from section 9 and enter the completed treatment in ink in section 8. If the class 3 conditions have been definitively addressed by the treatment, erase the class 3 note in section 9, remarks.

k. The dentist must always sign their names on the last line of the narrative and enter the correct dental fitness classification. Make sure the patient understands the procedure for obtaining subsequent or follow-up appointments.

3-9. Recording dental treatment and services

a. The SF 603 and SF 603A are permanent documents designed to furnish a comprehensive dental history of each individual. This record will serve for treatment documentation, forensic, legal, and quality assurance purposes. All entries must be accurate, complete, and concise if the best interest of the patient, the Government, and the dental care provider are to be served.

b. All treatments performed and other pertinent facts and information must be legibly recorded in SF 603 or SF 603A, blocks 8 and 10, using black ink.

c. Advances in dental materials have created the situation where dental material incompatibility can influence the outcome of the treatment. In all cases where the choice of material could effect successive treatment by bond failure, galvanism, soldering failure, etc., the brand name of the material will be specified. In all cases returned from the dental laboratory, where a material, or materials, are specified by name, that name will be entered into the record.

- (1) Generic type or brand name should be recorded for both bases and varnishes.
- (2) When a resin restoration is being recorded, the brand name of the resin restorative material should be substituted for the abbreviation when the type of material could influence future replacement or repair.
- (3) Cast restorations must include the brand name (preferable) or generic type of metal used in fabrication.
- (4) Recording of implants must include the brand name and any other specific information regarding size or composition, which could influence the future prosthetic or surgical management of the case.
- (5) Recording of local anesthetic administration must include the number of milliliters or number of carpules administered, the generic or brand name, and the type and ratio of vasoconstrictor used. In accordance with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) guidelines, the term “cc” and cubic centimeters should not be used.

3-10. Refusal of treatment

The procedures contained in AR 600-20 will be used when an active duty member refuses treatment. For a family member or retired member, the refusal of treatment will be recorded in a dated statement in block 10 and will include the following:

- a.* The condition for which treatment is recommended.
- b.* The fact that the dentist has counseled the patient of the possible complications that can develop by refusing treatment.
- c.* The fact that neither the dentist, the dental facility, nor the Army will be liable for any complication that may develop as a result of the refusal.
- d.* The fact that the patient refused treatment. The patient, the dentist, and at least one witness will sign this statement. If the patient refuses to sign, this fact will also be included and the dentist and at least one witness will sign the statement.

3-11. Return of prosthesis

- a.* When a restoration or prosthesis containing precious metal is removed as a single piece, or in segments, from a patient's mouth, it will be offered to him or her. The patient's acceptance or non-acceptance of the prosthesis will be recorded in a dated entry, which includes a brief description identifying the prosthesis, followed by the patient's signature.
- b.* If the patient does not accept the precious metal contained in a restoration or appliance, it will be disposed of.

3-12. Referral to quarters

Referral to quarters will be recorded on SF 603 or SF 603A. Specific notations will include reason for referral, estimated duration, and extension of such status. The patient must be seen at the end of a quarters period if post operative treatment is required and an entry made when the individual is returned to duty per AR 600-6.

3-13. Discovery of undocumented treatment

Any previously unrecorded restorations or treatment received after initial dental processing will be described in appropriate written entries in block 10 when discovered.

Restorations and treatments recorded will include treatment from both military facilities and those received from nonmilitary facilities after entry on active duty. Information obtained from the patient or from other sources, which does not permit personal verification by the dental officer, will be so designated in written entries.

3-14. Hospitalized patients

Dental examinations for hospitalized patients need not be recorded on SF 603 if they are recorded on any other hospital clinical records. However, any major dental treatment provided to a hospitalized patient will be summarized on the SF 603 or SF 603A. Lengthy treatment of a single condition (for example, 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, SF 603 or SF 603A, will be properly charted and recorded to maintain accuracy of the dental health record for identification purposes.

3-15. Errors

Erasures, liquid paper, or correction tape will not be used 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. If required, block 8 will be altered, as indicated, to reflect the correction when a charted restoration is involved.

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**APPENDIX A
REFERENCES**

Section I.

Required Publications

This section contains no entries.

Section II.

Related Publications

AR 40-3

Medical, Dental, and Veterinary Care

AR 40-8

Temporary Flying Restrictions due to Exogenous Factors

AR 40-35

Dental Readiness and Community Oral Health Protection

AR 40-38

Clinical Investigation Program

AR 40-66

Medical Record Administration and Health Care Documentation

AR 40-400

Patient Administration

AR 40-501

Standards of Medical Fitness

AR 50-5

Nuclear Surety

AR 50-6

Nuclear and Chemical Weapons and Material – Chemical Suret

AR 600-6

Individual Sick Slip (DD Form 689)

AR 600-8-101

Personnel Processing (In-, Out-, Soldier Readiness, Mobilization)

AR 600-8-104

Military Personnel Information Management Records

TB MED 250

AR 600-20

Army Command Policy

AR 600-63

Army Health Promotion

DOD 6015.1-M

Glossary of Healthcare Terminology, 1999

DODI 6040.43

Custody and Control of Outpatient Medical Records

TB MED 148

Area Dental Laboratory Prosthodontic Service

CDT-3

American Dental Association, Current Dental Terminology (CDT-3) Users Manual and DOD Laboratory Codes

Unnumbered Publications

Implementation Guide for DENCOM Population Health Metrics – Caries & Tobacco Risk, U.S. Army Dental Command

Composite Health Care System (CHCS) Provider Outpatient Order Entry Quick Reference Guide, Brooke Army Medical Center

The Journal of the American Dental Association, Vol. 126:1S-24S, Special Supplement: Caries Diagnosis and Risk Assessment: A Review of Preventive Strategies and Management (<http://www.ada.org/prof/resources/pubs/jada/index.asp>.)

Section III

Prescribed Forms

DA Form 3984

Dental Treatment Plan. (Prescribed in para 2-4a(3).)

Section IV

Referenced Forms

American Board of Periodontology

Case Report Record

DA Label 162

Emergency Medical Identification Symbol

DA Form 3180

Personnel Screening and Evaluation Record

DA Form 3365

Authorization for Medical Warning Tag

DA Form 3444-6

Terminal Digit File for Treatment Record

DA Form 3647

Inpatient Treatment Record Cover Sheet

DA Form 3705

Receipt for Outpatient Treatment/Dental Records

DA Form 3982

Medical and Dental Appointment

DA Form 3984

Dental Treatment Plan

DA Form 4186

Medical Recommendation for Flying Duty

DA Form 4254

Request for Private Medical Information

DA Form 4515

Personnel Reliability Program Record Identifier

DA Form 4876

Request and Release of Medical Information to Communications Media

DA Form 5008

Telephone Medical Advice/Consultation Record

DA Form 5181

Screening Note of Acute Medical Care

DA Form 5303-R

Volunteer Agreement Affidavit

DA Form 5570

Health Questionnaire for Dental Treatment

TB MED 250

DA Form 8006

Pediatric Dentistry Diagnostic Form

DD Form 689

Individual Sick Slip

DD Form 877

Request for Medical/Dental Records or Information

DD Form 1289

DOD Prescription

DD Form 2005

Privacy Act Statement—Health Care Records

DD Form 2161

Referral for Civilian Medical Care

DD Form 2322

Prosthodontics Prescription and Consultation Request

DD Form 2569

Third Party Collection Program – Record of Other Health Insurance

DD Form 2808

Report of Medical Examination

DD Form 2870

Authorization for Disclosure of Medical or Dental Information

OF 275

Medical Record Report

OF 522

Medical Record-Request for Administration of Anesthesia and for Performance of Operations and Other Procedures

SF 513

Medical Record—Consultation Sheet

SF 515

Tissue Examination

SF 519B

Radiologic Consultation Request/Report

SF 557

Medical Laboratory Slip

SF 603

Health Record—Dental

SF 603A

Health Record—Dental—Continuation

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APPENDIX B COMMON DENTAL CORPS ABBREVIATIONS

B-1. General

The use of standardized abbreviations is encouraged as long as clarity of the information in the dental record is not compromised. Below is a list of commonly accepted dental abbreviations.

B-2. Noninclusive list

This list is not meant to be all-inclusive. Other standard Army, medical, or dental abbreviations may be used. If there is any doubt as to the meaning of what needs to be recorded, as in difficult or problem cases, do not abbreviate any more than absolutely necessary. Avoid making up abbreviations for your particular practice since they are not commonly known, can compromise treatment, and cause medico-legal problems.

acute bacterial endocarditis	ABE
Abrasion	abr
abscess	absc
absent	abs
abutment	abut(s)
acid etch	etch, AE
acidulated phosphate fluoride	APF
acrylic resin	acr res
adjoining	adj
adjust(ed) (ment)	adjt
AMEDD Electronic Forms Support System	AEFSS
alveolar	alv
alveolectomy	alvy
amalgam	am
amoxicillin	Amox
anesthesia(thetic)	anes
anterior	ant
apicoectomy	apico
apicocurrentage	apico cur
appliance	appl
appoint(ment)	appt
arch wire	AW
as needed	prn
assessment, plan	SOAP
auscultation	ausc
base	b
birth control pills	BCP
biopsy	Bx
bitewing(s) x-rays	BWX
Black	Bl

black silk suture	BSS
bleeding index	BI
blood; bleeding	bl; bld
blood pressure	BP
bracket	bk
bridge	br
broken appointment	BA
buccal surface	B
bupivacaine	bupiv
calcium hydroxide	CaOH
calculus	cal
cancel(lation)	canc
cardiopulmonary resuscitation	CPR
caries	car
caries prevention treatment acidulated phosphate fluoride	car prev tx APF
caries prevention treatment sodium fluoride	car prev tx NaF
caries prevention treatment stannous fluoride	car prev tx SnF
carpules	carp
Caucasian	Cau
Celsius or centigrade	C
cement	cem
centimeter	cm
centric occlusion	CO
centric relation occlusion	CRO
centric relation	CR
centric jaw relation	CJR
cephalometric	ceph
cerebrovascular accident	CVA
cervical	cerv
check	ch
Chief Complaint	CC
Citric acid	cit acid
chronic	chr
class	Cl
cleansing and shaping	C/S
complete	comp
complete denture	CD
complaint of	c/o
composite resin	comp res
computerized tomography	CT
concentration	conc
congestive failure	CHF
consult(ation)	cons
coronary artery bypass graft	CABG
cranio-facial analysis	CFA
crown	crn

cubic inch (s)	cu in
cubic millimeter (s)	cu mm
culture and sensitivity	C&S
curettage	cur
dark gray	DG
dark yellow	DY
date of birth	DOB
dated	dtd
deciduous	dec
defective; deficiency	def
demonstration	demo
dental record	dent rec
dental treatment facility	DTF
denture	dtr
deviation	dev
diabetes mellitus	DM
diagnosis (diagnostic)	Dx
direct pulp cap	DPC
directions	Sig
discontinue	dc
distal surface	D
double	dbl
drain	drn
dressing	drs
duplicate(d)	dup
each	ea
edentulous	eden
elastics	elas
electric pulp test	EPT
emergency medical service	EMS
emergency room	ER
endodontic(s)	endo
endodontic interim treatment	endo inter tx
endotracheal tube	ET
epinephrine	epi
equilibrate(ation)	equil
erythromycin	E-mycin
especially	esp
estimated	est
ethyl alcohol	ETOH
eugenol	eug
evaluate(ation)	eval
examination	exam
exposure	exp
extract(ion)	Ext
extra oral x-ray	EX

antero-posterior	EX(AP)
lateral	EX(LAT)
temporomandibular joint	EX(TMJ)
facial (in context)	F
facing	fac
family history	F Hx
family member prefix	FMP
Fahrenheit (in context)	F
female (in context)	F
frequent; frequency	freq
fixed	fxd
fixed partial denture	FPD
fluid	Fl; fl
follow-up	F/U
formocresol	fc
fracture	Fx
framework	fmwk
free gingival graft (free soft tissue autograft)	FGG
free gingival margin	FGM
frenectomy	frenmy
full cast crown	FCC
full gold crown	FGC
full mouth	FM
full mouth x-ray	FMX
gargle	garg
general(ized)	gen
gingival(itis)	ging
gingivectomy	gtmy
gingivoplasty	gplasy
gingivitis	gitis
glass ionomer cement	GIC
gram	gm
gray	G
group oral health counseling	GOHC
gutta-percha	GP
hard acrylic occlusal splint	HAOS
headache	HA or H/A
health care instructions	HCI
hemorrhage	hemo
heavy	hvy
high blood pressure	HBP
history	hx
history of	H/O
history of present illness	HPI
hospital; hospitalization	Hosp
human immunodeficiency virus	HIV

hydrochloric acid	HCL
hypertension	HTN
identification	ID
immediate	immed
impacted(ion)	imp
implant	impl
impression	impr
in accordance with	IAW
inch	in
incisal edge	I
incise; incision	incis
incision and drainage	I&D
incomplete	incom
indirect pulp cap	IPC
individual	Ind
infectious disease	Inf Dis
information	info
initial dental examination	Init Den Exam
injury	inj
inlay	inl
insert(ion) (ed)	ins
instruction	instr
insulin-dependent diabetes mellitus	IDDM
inter-maxillary fixation	IMF
Intermediate Restorative Material	IRM
International unit	IU
intravenous	IV
intra-canal medication	ic med
irrigation	irrig
isoniazid	INH
joint	jt
junction	jct
juvenile periodontitis	JP
kilogram	kg
laboratory	lab
laceration	lac
lateral	lat
lateral cephalograph	lat ceph
left	lt, L
lidocaine	lido
ligate(ure) (in context)	lig
ligament (in context)	lig
light amplification by stimulated emission of radiation	LASER
light gray	LG
light yellow	LY
line of duty	LOD

lingual surface (in context)	L
liter	L
local	loc
local anesthesia	LA
localized juvenile periodontitis	LJP
loss of consciousness	LOC
lower left	LL
lower lingual arch	LLA
lower right	LR
male	M
maintenance (maintain)	maint
malocclusion	malocc
mandible(ular)	mand
material	mat
maxilla(ry) ; maximum (in context)	max
medical evaluation board	MEB
medical history	med hx
medication(s)	med(s)
mepivacaine	mepiv
mesial surface	M
milliequivalent	mEq
milligrams	milligrams (spell out)
milliliter(s)	ml
millimeter	mm
minute	min
missing	msg
moderate	mod
month(s)	mo(s)
mucogingival junction	MGJ
mucosal	muc
myocardial infarction	MI
myofacial pain dysfunction	MPD
necrotizing ulcerative gingivitis	NUG
negative	neg
next visit	nv
nitrous oxide	N2O
no complaint	N/C
non-insulin-dependent diabetes mellitus	NIDDM
non-restorable caries	NRC
normal, normal limits	norm; nl
not applicable	N/A
not later than	NLT
number	# or No.
objective (from SOAP)	O
objective	obj
occlusal surface	O

occlusion (occlusal)	occ
open flap curettage	OFC
operating room	OR
operative	oper
oral hygiene	OH
oral hygiene instructions	OHI
oral surgery	OS
oral/maxillofacial surgery	OMFS
orthodontics	ortho
other	oth
ounce	oz
over the counter	OTC
palpation	palp
panoramic radiograph	panx
partial	pr
partial veneer crown	pr ven crn
past history	PH
past medical history	PMH
pathology	path
patient	pt
pediatric dentistry	ped dent
pedodontic	pedo
percussion	perc
periapical	PA
pericoronitis	pecor
periodontic(s) (periodontal)	perio
periodontal screening and reporting	PSR
periodontitis	pedoni
permanent	perm
Personnel Reliability Program	PRP
pharmacy; pharmaceutical	pharm; phar
physical examination	PE
Physician's Desk Reference	PDR
pit and fissure sealant	PFS
plaque	plq
plaque and tissue indices	PTI
plan (from SOAP)	P
polish	pol
polycarboxylic acid	PCA
porcelain	porc
porcelain fused to metal	PFM
positive	pos
post and core	P&C
post operative	post op or PO
post operative instructions	POI
post operative treatment	POT

posterior	post
post surgical treatment	PST
pound(s)	lb
power chain	pwr ch
pregnant; pregnancy	preg
preliminary	prelim
premedicate; premedication	Pre med
preoperative	pre-op
prepared(ation)	prep
prescription	Rx
prevention	prev
preventive dentistry counseling	PDC
primary	prim
prisoner of war	POW
prognosis	prog
prophylaxis	pro or prophy
prosthodontics	pros
(fixed)	fx pros
(removable)	rem pros
pulpcap	pc
pulpectomy	pulpect
pulpitis	pitis
pulpotomy	pulpot
quadrant	Q or quad
quarters	qtrs
range of motion	ROM
rapid palatal expander	RPE
reappoint(ment)	reappt
rebase	reb
recement(ed)	recem
recommend	rec
reconstructed	recon
red blood cells	RBC
reduce(d) (tion)	red
refer(red)	ref
reference	RE:
regional	reg
rehabilitation	rehab
reinforced acrylic resin pontic	RAP
reline	rel
removable	rmb
removable partial denture	RPD
remove(al) (able)	rem
repair(ed)	rep
replace(d) (ing)	repl
require; requirement	req

respiration	resp
resin	res
restoration	rest
retained	ret
return to clinic	RTC
right	rt or R
root canal	RC
root canal filling	RCF
root canal treatment	RCT
root plane(ing)	RP
rubber dam	RD
rule out	R/O
scaling	scal, SC
screen (ed) (ing)	scrn
second; secondary	sec
sedation(ed) (ative)	sed
service member	SM
sextant	sxt
sexually transmitted disease	STD
shade	sh
shortness of breath	SOB
significant	signif
slight	slt
small	sm
social security number	SSN
sodium fluoride	NaF
soft vinyl occlusal splint	SVOS
space available	space A
stainless steel crown	SSC
stannous fluoride	SnF
streptococcus	strep
subacute bacterial endocarditis	SBE
subgingival	subging
subjective (from SOAP)	S
subjective, objective, assessment, plan	SOAP
supernumerary	supernum
surface	sur
surgery	Surg
suture	su
symptoms; signs	sx
temperature	temp or T
temperature pulse and respiration	TPR
temporary	tem
temporary treatment	TT
temporomandibular disorders	TMD
temporomandibular joint	TMJ

thermal pulp test	TPT
times	X
topical anesthetic	top anes
topical fluoride application	TFA
training	tng
transitional	trans
treatment (s)	tx
treatment plan	tx pl
unerupted	uner
unknown	UNK or unk
unservicable	Unsvc
upper left	UL
upper lingual arch	ULA
upper right	UR
varnish	var
vasoconstrictor	vasoc
veneer	ven
venereal disease	VD
vital signs	VS
vitamin	vit
water	H2O
week (s)	wk(s)
weight	wt
well developed, well nourished black female	WD/WN/BF
well developed, well nourished black male	WD/WN/BM
well developed, well nourished white female	WD/WN/WF
well developed, well nourished white male	WD/WN/WM
with	w/ or c
within normal limits	wnl or WNL
workup	W/U
wounded in action	WIA
xylocaine	Xylo
year	yr
year old	y/o
yellow	Y
zinc oxide	ZnO
zinc oxide and eugenol	ZOE
zinc phosphate	ZnPO4

Note:

- 1. The abbreviation for micrograms is not acceptable as it has been confused with the abbreviation for milligrams. The word "micrograms" should be spelled out or the abbreviation "mcg" may be used.**
- 2. The abbreviation "cc" should not be used and is substituted with the acceptable abbreviation of "ml" or milliliters written out.**

APPENDIX C
COMMON PHARMACEUTICAL ABBREVIATIONS

C-1. General

This appendix provides guidance on common pharmaceutical abbreviations.

C-2. List

A list of common pharmaceutical abbreviations appears below.

ac	before meals
bid	twice daily
caps	capsules
Disp	dispense
gt; gtt	drop; drops
h	hours
hr	hour
hs	at bedtime
npo	nothing by mouth
Pc	after meals
po	by mouth
prn	if needed
sig	label as or write as
STAT	immediately and once only
Tab(s)	tablet(s)
tid	three times a day
tsp	teaspoon

Special Note: Per Joint Council on Accreditation of Hospital Organizations (JCAHO) recommendation.

- 1. The abbreviation "QD" or any variation is not acceptable for "daily"; the word "daily" should be written out.**
- 2. The abbreviation for micrograms is not acceptable as it has been confused with the abbreviation for milligrams. The word "micrograms" should be spelled out or the abbreviation "mcg" may be used.**
- 3. The abbreviation "cc" should not be used and is substituted with the acceptable abbreviation of "ml" or milliliters written out.**
- 4. The symbol @ is on the do not use list with the requirement that "at" be spelled out.**

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APPENDIX D
QUICK REFERENCE FOR SYMBOLS

D-1. General

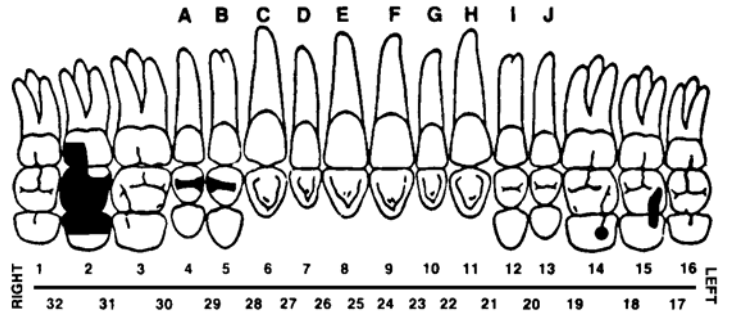
This appendix provides a quick reference for symbols for various dental conditions.

D-2. Symbols

A list of symbols for various dental conditions appears as figure D-1 Symbols below.

SYMBOL

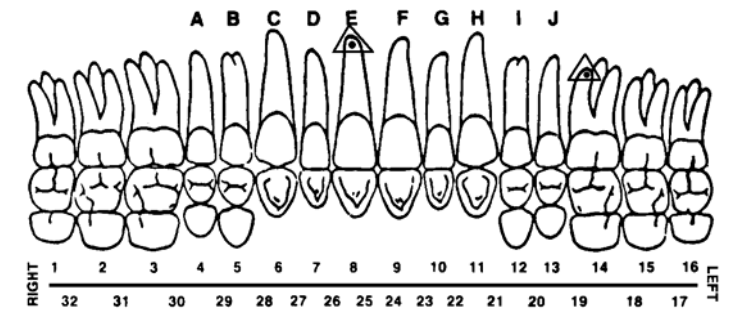
Amalgam Restorations.....
 (MODFL #2, MO #4, DO#5, L#14, OL#15:
 all in ink Block 8)



Apicoectomy
 (#27, mesial root #19: in ink Block 8; pencil
 Block 9)



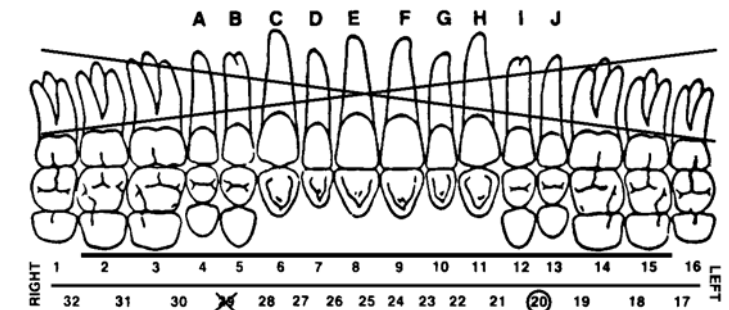
Apicoectomy with retrofilling
 (#8 and MB root #14: in ink Block 8 after
 treatment, in pencil Block 9 before tx)



Caries.....
 (MO #19, D #25, M #26, DO #28, MO #29
 B #30 in pencil Block 9)



Complete dentures
 (Maxillary arch; missing teeth in pencil
 Block 9 w/solid line indicating denture
 needed, no line if denture present and new
 denture not needed; Block 8 solid line only,
 after denture completed)



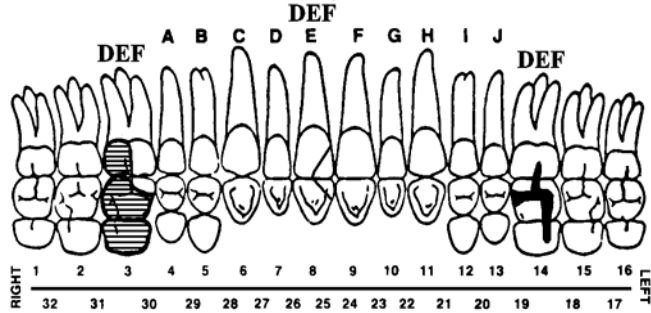
Deciduous teeth.....
 (#K retained, permanent #20 present
 both tooth numbers circled w/#K marked
 for ext by parallel lines through tooth #;
 #T retained w/tooth number circled, #29
 missing w/ an X through the number)



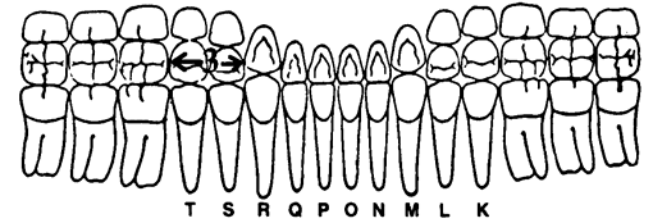
Figure D-1. Symbols

SYMBOL

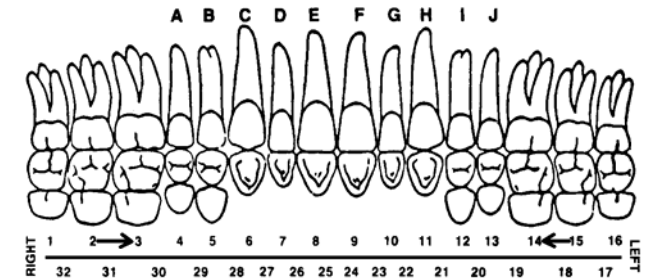
Defective
 (In pencil in Block 9 letters DEF at root apex of each involved)



Diastema.....
 (3mm diastema -29 in pencil in Block



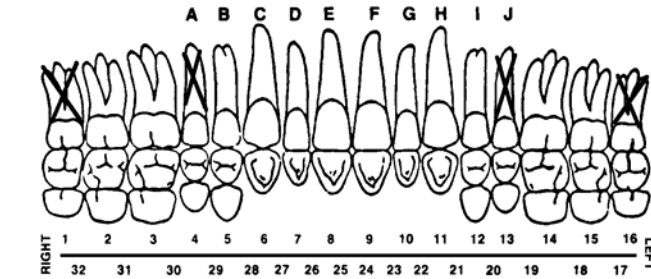
Drifted
 (In pencil in Block 9. Mesial drift #2 and)



Endodontic
 (#22 and 30. Needed tx in pencil in Block 9; completed RCF in ink, Block



Extracted (missing)
 (#1, 4, 13, and 16. Missing teeth in pencil Block 9; extracted teeth in ink Block 8 after extraction)



Extraction indicated.....
 (#17 and #32 in pencil Block

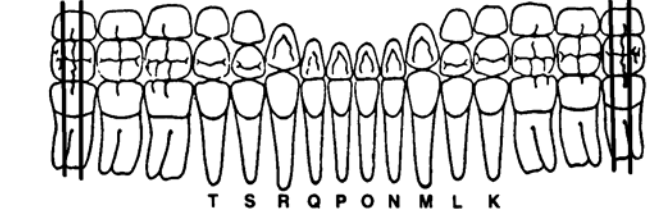


Figure D-1, Continued. Symbols

SYMBOL

Fixed partial dentures with porcelain Veneer facing
 3 unit bridge replacing #3 and Cantilever bridge replacing #10. Block 9 in pencil w/ X on roots of #3 and 10. Block 8 in ink w/ solid lines lingual of tooth numbers 3 & 10 showing teeth replaced)

Fractured tooth or root.....
 (#27 and 28 in pencil Block 9)

Free gingival margin
 (#4-8 in pencil Block 9)

Full cast crown.....
 (#19 and 30 in pencil Block 9 and ink Block 8 after tx)

Furcation involvement
 (In pencil Block 9. #2 soft tissue defect w/ no bony involvement, #3 bony defect but not through and through, #14 bony defect w/through and through invasion)

Implants
 (#20 and 31 charted by implant type. In pencil Block 9 and ink Block 8)

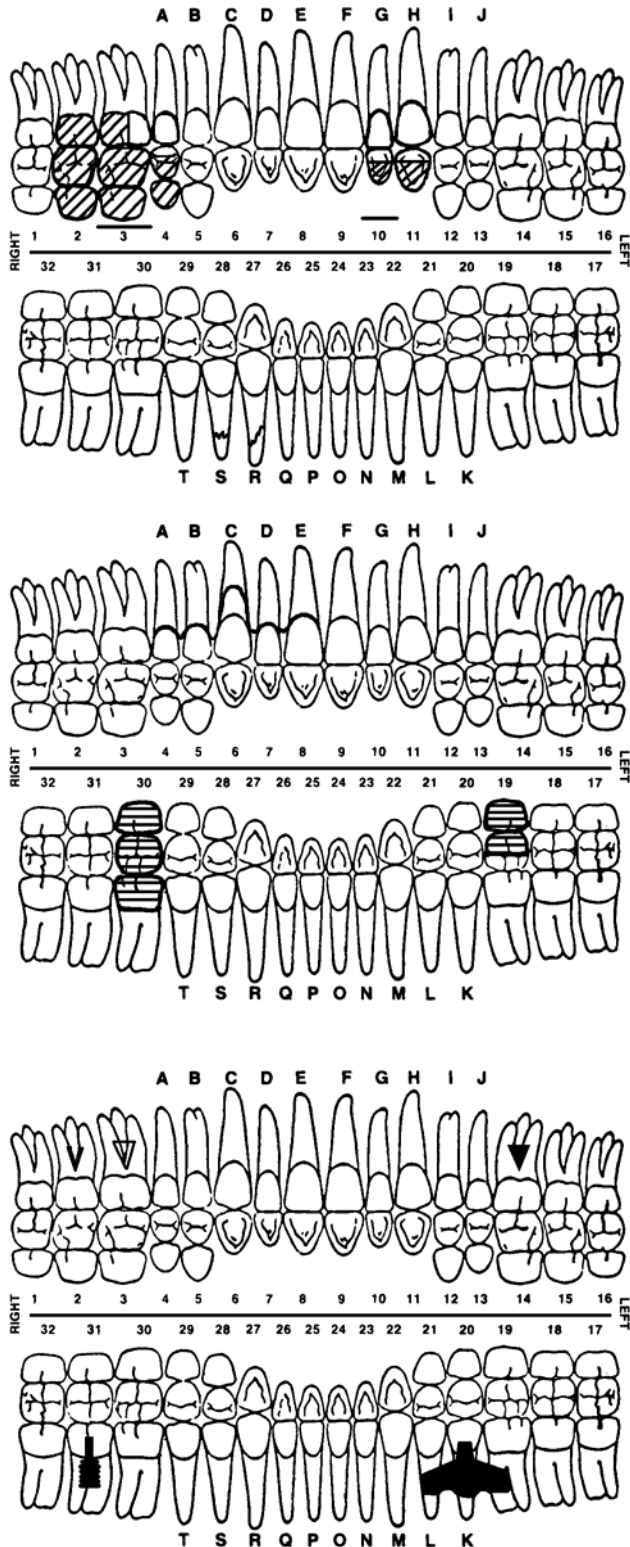


Figure D-1, Continued. Symbols

SYMBOL

Inlay
 (#3 and 14; restoration outlined w/stripes drawn within; pencil Block 9; ink Block 8 after tx)

Missing teeth
 (In pencil Block 9)

Mobility
 (In pencil Block 9; #6 Class 1-lateral movement 0.5-1mm; #3 Class 2-lateral movement >1mm; #2 Class 3-depressable; indicated by circle in crown with class)

Mucogingival junction
 (In pencil Block 9 dashed line #27- #22; Used with free gingival margin)

Non-metallic permanent restorations
 (In pencil in Block 9, outline only; in ink Block 8 after tx)

Partial veneer crown
 (In pencil Block 9 outline w/stripes within restoration; in ink Block 8 after tx)

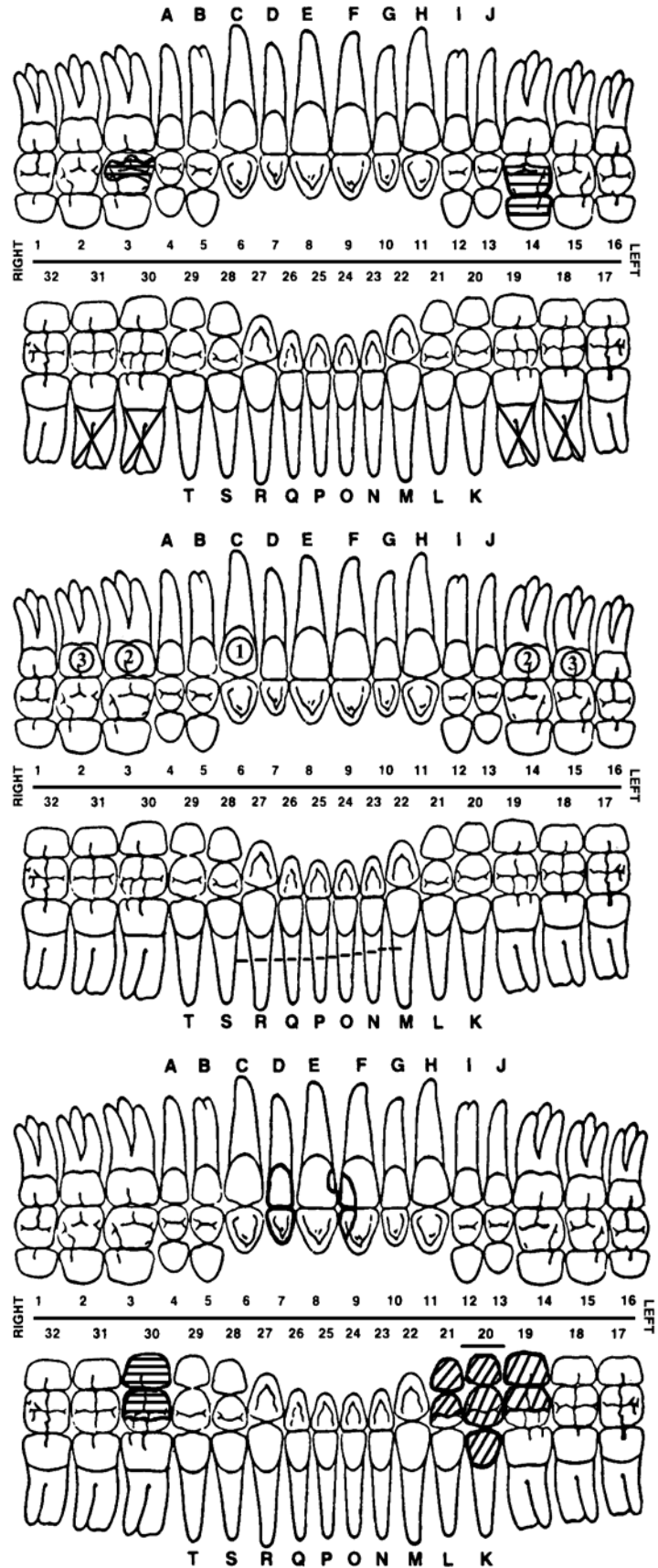
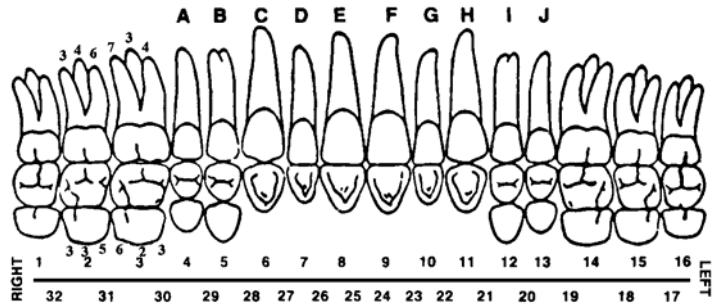


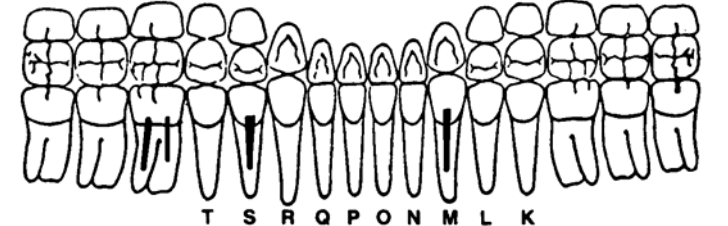
Figure D-1, Continued. Symbols

SYMBOL

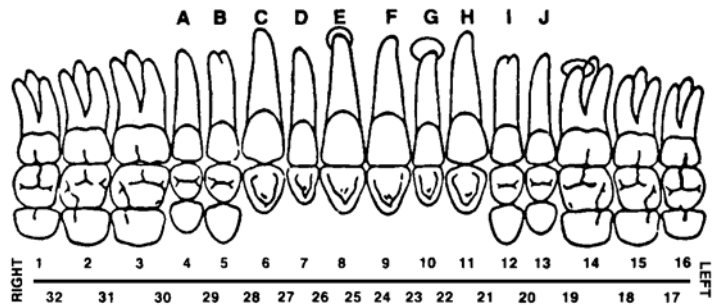
Periodontal pocket charting
 (In pencil Block 9; actual probing depth charted in 3 buccal and 3 lingual locations)



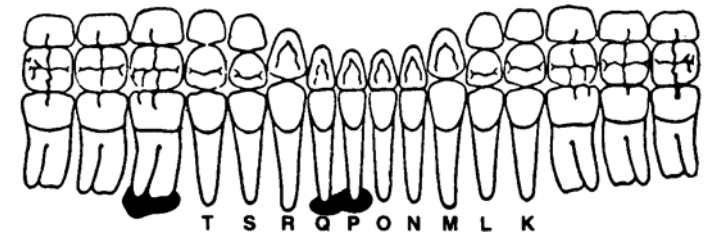
Post and core.....
 (In pencil Block 9 wide solid line in tooth half way down root; in ink Block 8 after tx)



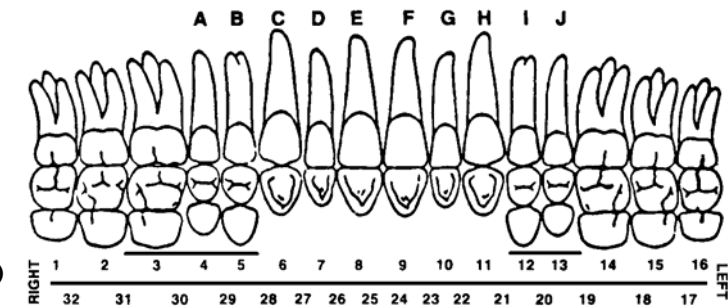
Radiolucent lesions.....
 (In pencil in Block 9 outlining shape of lesion)



Radiopaque lesions.....
 (In pencil in Block 9 outlining shape of lesion and filled in solid)



Removable partial dentures
 (In pencil Block 9 with X on root of missing teeth-if partial present solid line on lingual of teeth being replaced; in ink Block 8 with solid line on lingual of teeth replaced after tx)



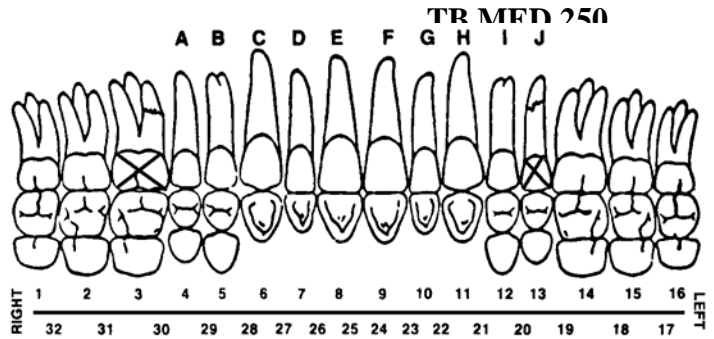
Root Resorption
 (In pencil Block 9; jagged line with X through resorbed portion of root)



Figure D-1, Continued. Symbols

SYMBOL

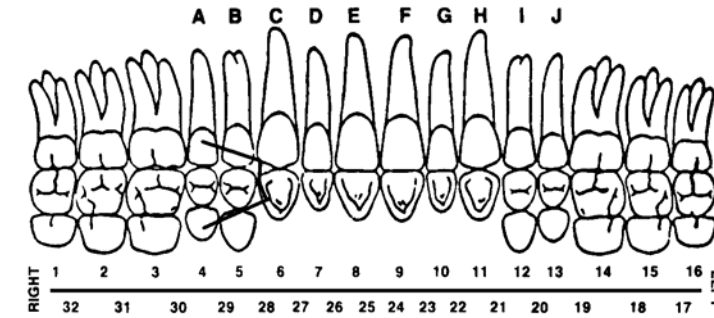
Retained root
 (In pencil Block 9 #3 and 13 w/jagged line
 in areas of resorption and an X in crowns)



Root canal filling
 (See endodontic treatment-in pencil Block 9
 indicating need and ink in Block 8 after
 tx complete)



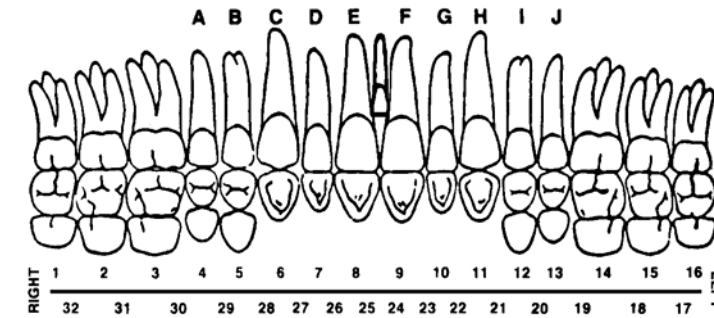
Space maintainer, simple fixed.....
 (In pencil Block 9 showing outline of wire;
 in ink Block 8 after placed on teeth)



Stainless steel crown.....
 (In pencil Block 9 indicating need-outline
 crown of involved tooth with letters SSC
 written a root apex; in ink Block 8 after
 tx completed)



Supernumerary teeth.....
 (In pencil Block 9 w/drawing of super-
 numerary tracing its location)



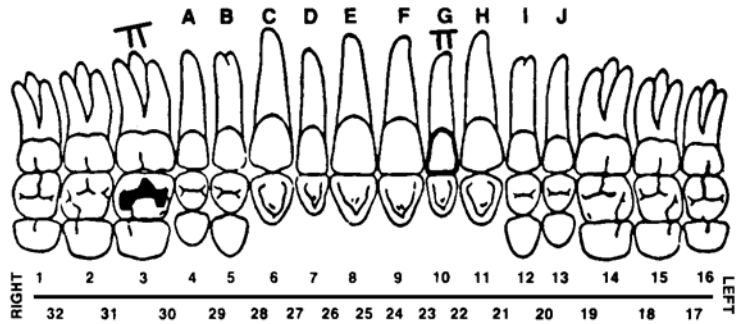
Temporary or sedative treatment.....
 (In pencil Block 9 with restoration
 outlined and filled in solid and symbol
 TT written at root apex indicating
 temporary treatment)



Figure D-1, Continued. Symbols

SYMBOL

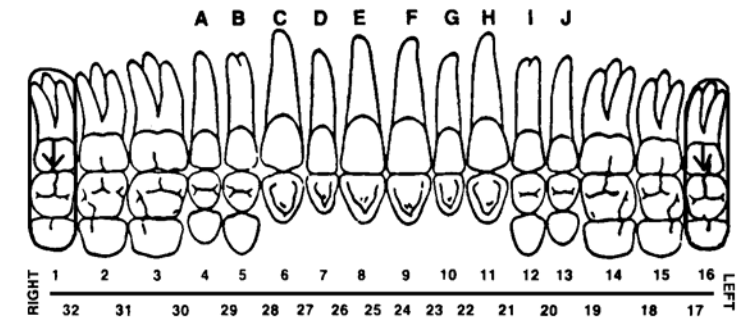
Temporary restoration
 (In pencil Block 9. # 3 outline of temporary restoration filled in solid with TT at apex of root. #10 outlined but not filled indicating temp resin crown with TT at apex)



Tooth removal or extraction.....
 (In ink Block 8 an X is placed in the roots of teeth extracted in treatment plan)



Unerupted or impacted teeth
 (In pencil Block 9. Teeth are encircled, indicating impaction or non-eruption with an arrow in each crown showing the direction of eruption)



Watch
 (In pencil Block 9, when incipient caries is discovered but not intended for tx at the present time. A line is drawn from the area of caries and a "W" is placed indicating to keep an eye on this area at each subsequent visit)

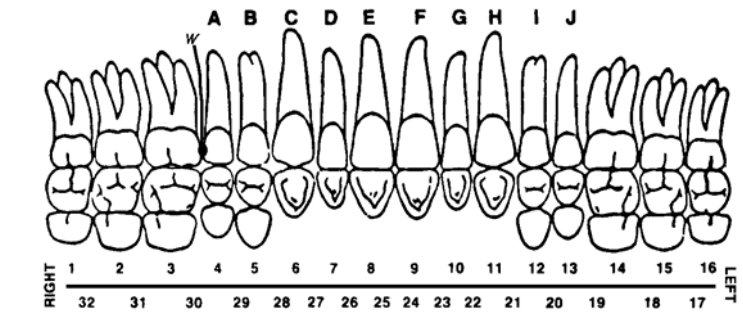
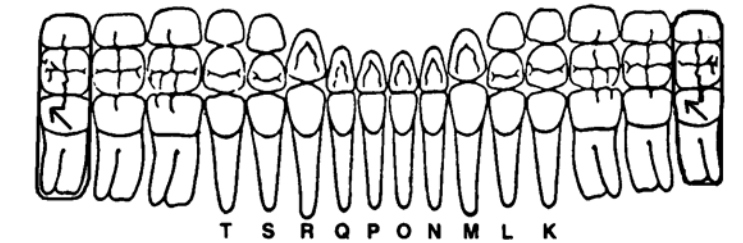


Figure D-1, Continued. Symbols

APPENDIX E ONLINE REFERENCES

E-1. General

This appendix provides guidance on useful references for the dental community.

E-2. References

A list of online references and Web sites appears below.

American Dental Association Home Page 4 Jan. 2002. American Dental Association, <http://www.ada.org/prof/prac/issues/pubs/psr/>.

Army Knowledge Online Page. 21 Jan 2002. Department of the Army, https://www.us.army.mil/portal/portal_home.jhtml.

Delta Dental Plan Home Page. 31 Jan 2002. Delta Dental Insurance, <http://www.ddpdelta.org>.

Department Of Defense Pharmacoeconomic Center Tri-service Formulary Page. 31 Jan 02, Department of Defense, <http://www.pec.ha.osd.mil/>.

Graduate Dental Education and Training Office. 21 Feb 2002, U.S. Army Medical Department, Academy of Health Sciences, Department of Health Education and Training, <http://www.cs.amedd.army.mil/dhet/start.htm>.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) <http://www.cms.hhs.gov/HIPAAGenInfo/>

Joint Council on Accreditation of Healthcare Organizations (JCAHO) <http://www.jcaho.org/>

Notice of Privacy Practices (NOPP) pamphlet <http://www-nmcp.med.navy.mil/nopp.doc>

Official Department of the Army Administration Publications 40_Series_Collection http://www.army.mil/usapa/epubs/40_Series_Collection_1.html

Office of the Secretary of Defense Tricare Home Page 31 Jan 02, Tricare Management Activity 25 Jan 02, <http://www.tricare.osd.mil>.

United Concordia Insurance Home Page. 31 Jan 2002. United Concordia Companies Incorporated <http://tricaredentalprogram.com>

U.S. Army Center for Health Promotion and Preventive Medicine Home Page. 4 Jan. 2002. U.S. Army Center for Health Promotion and Preventive Medicine <http://chppm-www.apgea.army.mil/>.

TB MED 250

U.S. Army Dental Command Home Page. 24 Jan 2002. U.S. Army Dental Command <https://www.dencom.army.mil/>.

U.S. Army Services and Installation Agency/Army Publishing Directorate Home Page. <http://www.uspa.army.mil/index.html>.

U.S. Army Human Resource Command Home Page. 21 Jan 2005, U. S. Army Human Resource Command, <http://www.hrc.army.mil>.

APPENDIX F PERIODONTAL SCREENING AND RECORDING (PSR)

Periodontal Screening and Recording (PSR) is a rapid and effective way to screen patients for periodontal diseases and summarizes necessary information with minimum documentation. PSR is an adaptation of the Community Periodontal Index of Treatment Needs (CPITN), which is endorsed by the World Health Organization (WHO) and the Federation Dentaire Internationale (FDI) for periodontal screening. The American Dental Association and the American Academy of Periodontology recommend that PSR be conducted by dentists for all patients as an integral part of oral examinations.

F-1. Benefits

- a.* Early detection: PSR includes evaluation of all sites at periodontal risk. For this reason, it is a highly sensitive technique for detecting deviations from periodontal health and a uniquely appropriate screening tool for periodontal diseases that are, by nature, site specific and episodic.
- b.* Speed: Once learned, PSR takes only a few minutes to conduct for each patient. It can be readily incorporated into routine oral examinations without lengthening appointment time.
- c.* Simplicity: PSR is easy to administer and comprehend. The simplicity of the scoring system aids in monitoring patients and helps patients understand their periodontal status.
- d.* Cost-effectiveness: PSR utilizes a simple periodontal probe designed specifically for use with this screening system. It does not require the use of expensive equipment.
- e.* Recording ease: Documentation for PSR requires the recording of six numerical scores, one for each sextant of the mouth. It does not require extensive charting or lengthy narrative explanation.
- f.* Risk management: Proper, consistent, and documented use of PSR shows that the dentist is evaluating a patient's periodontal status and satisfies dental-legal requirements in the area of monitoring and record keeping.

F-2. Limitations

- a.* PSR is a screening system designed to detect periodontal diseases. It is not intended to replace a comprehensive periodontal examination when indicated. Patients who have been treated for periodontal diseases and are in a maintenance phase of therapy require periodic comprehensive periodontal examinations. In addition, PSR is designed primarily for use with adult patients, age 18 and older, and has limited utility in screening children and adolescents. However, valuable information can be obtained in screening children and adolescents, giving due attention to pseudo-pocketing.
- b.* The objective of this screening system is to examine every tooth individually. Implants are examined in the same manner as naturally occurring teeth. For screening, the dentition is divided into sextants as shown in figure:
- c.* The use of a periodontal probe is mandatory. The recommended probe has a ball end 0.5mm in diameter. A color-coded area extends from 3.5 to 5.5mm. A gentle probing force should be used.

d. The probe tip is gently inserted into the gingival crevice until resistance is met. The depth of insertion is read against the color-coding. The total extent of the crevice should be explored by "walking" the probe around the crevice. At least six areas in each tooth should be examined: mesiofacial, midfacial, distofacial, and the corresponding lingual/palatal areas.

e. For each sextant with one or more teeth or implants, only the highest score is recorded. An X is recorded if the sextant is edentulous. A simple box chart is used to record the scores for each sextant.

f. The examiner may pass to the next sextant whenever Code 4 is recorded or the sextant is completely examined.

g. In addition to these scores, the symbol * should be added to the sextant score whenever individual findings indicate clinical abnormalities.

h. The management of patients according to their sextant scores should be at the discretion of the examining dentist. The practitioner's clinical judgment will determine the need for consultation with a periodontist. The guidelines for patient management for each code are suggested with the code descriptions.


i. The American Dental Association and the American Academy of Periodontology recommend the use of this screening system by dentists to meet the public's need for early diagnosis of periodontal disease in a convenient and cost-effective manner.

F-3. Periodontal Screening and Reporting Codes

See figure F-1 below for an explanation of periodontal screening and reporting codes.

PERIODONTAL SCREENING AND REPORTING CODES


CODE 0:



Colored area of probe remains completely visible in the deepest crevice in the sextant. No calculus or defective margins are detected. Gingival tissues are healthy with no bleeding after gentle probing.

Treatment Option: Appropriate preventive care.


CODE 1:



Colored area of probe remains completely visible in the deepest probing depth in the sextant. No calculus or margins are detected. There is bleeding after gentle probing.

Treatment Option: Oral hygiene instructions (OHI). Appropriate therapy, including subgingival plaque removal.

CODE 2:

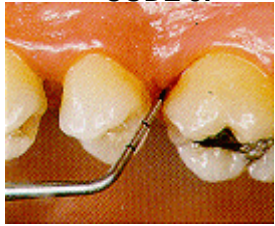


Colored area of probe remains completely visible in the deepest probing depth in the sextant. Supra- or subgingival calculus and/or defective margins are detected.

Treatment Option: OHI and appropriate therapy, including subgingival plaque removal, plus removal of calculus and correction of plaque-retentive margins of restorations.

Patients whose scores for all sextants are Codes 0, 1, and 2 should be screened in conjunction with every oral examination.

CODE 3:



Colored area of probe remains partly visible in the deepest probing depth in the sextant.

A comprehensive periodontal examination and charting of the affected sextant is necessary to determine an appropriate treatment plan. This examination should include but not be limited to identification of probing depths, mobility, gingival recession, mucogingival defects furcation invasion & radiographs. If therapy is indicated and performed, a comprehensive examination is necessary to assess therapy and need for further treatment.

Figure F-1. Periodontal Screening and Report


CODE 4:	CODE *:
 <p>Colored area of probe completely disappears, indicating probing depth greater than 5.5mm.</p> <p>Treatment Option: A comprehensive full mouth periodontal examination and charting is necessary to determine an appropriate treatment plan. This examination and documentation should include but not be limited to identification of probing depths, mobility, gingival recession, mucogingival defects, furcation invasion and radiographs. It is probable that complex treatment will be required.</p>	<p>Denotes clinical abnormalities including but not limited to: Furcation invasion, mobility, mucogingival problems, recession extending to the colored areas of the probe (3.5mm or greater).</p> <p>Treatment Option: If an abnormality exists in the presence of Codes 0, 1, or 2, specific notation and/or treatment for that condition is warranted. If an abnormality exists in the presence of Code 3 or 4, a comprehensive periodontal examination and charting are necessary to determine an appropriate treatment plan.</p>

Figure F-1. (Cont'd) Periodontal Screening and Report

APPENDIX G CARIES AND TOBACCO RISK

G-1. Caries and tobacco risk

Table G-1 below provides guidance on adult caries risk categories; table G-2 below provides guidance on tobacco risk classifications.

Table G-1. Adult caries risk

At each periodic oral examination, soldiers should be classified in one of three caries risk categories:

Adult Caries Risk Category	Criteria
Low	<ul style="list-style-type: none"> • No new carious lesions in last 3 years • Adequately restored surfaces • Good oral hygiene • Regular dental visits
Moderate	<ul style="list-style-type: none"> • One new carious lesion in the last 3 years • Exposed roots • Fair oral hygiene • White spots and/or interproximal radiolucencies • Irregular dental visits • Orthodontic treatment
High	<ul style="list-style-type: none"> • 2 or more new carious lesions in the last 3 years • Past root caries and/or exposed roots • Elevated <i>mutans streptococci</i> count • Deep pits and fissures • Poor oral hygiene • Frequent sugar intake • Inadequate use of topical fluoride • Irregular dental visits • Inadequate saliva flow

Table G-2. Tobacco risk

At each periodic oral examination, soldiers should be classified in one of four tobacco risk categories:

Tobacco Risk Classification	Criteria
No	soldier uses no forms of tobacco
Smoke	soldier smokes one or more forms of tobacco
Chew	soldier uses one or more forms of smokeless tobacco products
Both	soldier uses one or more forms of smokeless tobacco products

G-3. Modifying Factors

A history of caries is important in determining risk as studies have shown that the best indicator for future caries is past caries. The following modifying factors should be taken into account prior to a caries risk classification as some of the factors may predispose an individual for dental decay.

a. Cariogenic diet: There is strong evidence to support the relationship of dental caries and the intake of refined carbohydrates, especially sugar.

b. White Spot Lesions: These are the first visual signs of caries and indicate areas where infected plaque has accumulated and undergone demineralization and remineralization.

c. Tooth morphology: The presence of deep uncoalesced pits and fissures place individual teeth at an increased risk for caries. These surfaces are easily infected with colonies of bacteria and are nearly impossible to be cleaned with routine home care.

d. Fluoride exposure: Fluoride has been recognized as one of the best ways to prevent dental caries. Those who lack adequate exposure to fluoride may be at risk for caries.

e. Oral hygiene: Poor oral hygiene can be associated with white spot lesions. Poor oral hygiene may also be an indication that the individual is not receiving an adequate amount of topical fluoride through tooth brushing. Poor oral hygiene practices may place the individual in the next higher classification.

f. Frequency of dental visits: Patients with established routines usually are at a lower risk for future dental caries.

g. Medical Conditions: Patients with physical and mental conditions may be unable to properly perform oral hygiene procedures putting them at a higher risk for dental caries.

h. Medications: Treatment associated with some conditions alters the oral flora or the flow of saliva and can increase the risk for dental caries.

i. Systemic Conditions: Patients with systemic conditions such as diabetes, rheumatoid arthritis, AIDS, cystic fibrosis and hypertension may be increased risk for caries.

j. Orthodontics: Soldiers undergoing orthodontic treatment have more difficulty with plaque control due to the orthodontic appliances in their mouths. White spot lesions can develop in areas of poor oral hygiene.

k. Action to be taken: Classify each soldier as Low, Moderate, or High Caries Risk at each periodic oral examination. Record Risk Category in the dental record and in the tick sheet. The risk category will be input into CDA from the tick sheet or directly from the provider depending on the method of data input. Providers will utilize the classification to tailor their restorative and preventive treatments to the individual's personal level of risk.

**APPENDIX H
SAMPLE BLANK FORMS**

H-1. General

This appendix includes sample forms to be used for reference only.

H-2. Sample OF form

Sample OF 275 appears below as figure H-1.

AUTHORIZED FOR LOCAL REPRODUCTION Previous edition not usable
MEDICAL RECORD REPORT

Sample

EXPLANATIONS			
HISTORY AND PHYSICAL EXAMINATION (SF 504, SF 505, SF 506)	OPERATION REPORT (SF 516)	DATE DICT	
CONSULTATION SHEET (SF 513)	NARRATIVE SUMMARY (SF 502)		
CHRONOLOGICAL RECORD OF MEDICAL CARE (SF 600)	AUTOPSY PROTOCOL (SF 503)	DATE TYPED	
PROGRESS NOTE (SF 509)	OTHER:		
RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		SPONSOR'S ID NUMBER (SSN or Other)
LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)		REGISTER NO.	WARD NO.

MEDICAL RECORD REPORT
Medical Record

OPTIONAL FORM 275 (REV. 2/2002)
Prescribed by GSA/ICMR FMR (41 CFR) 102-194.30(i)

*Figure H -1, Example, OF 275
Medical Record Report*

H-3. Civilian forms

Figure H-2 below is a case report record (American Board of Periodontology).

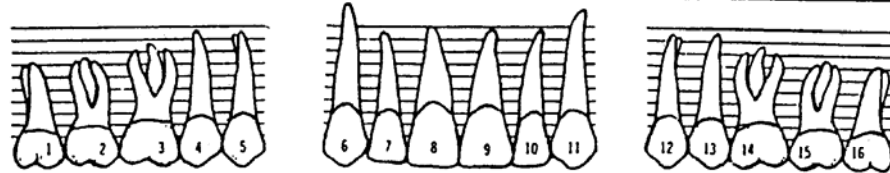
Sample AMERICAN BOARD OF PERIODONTIC DENTISTRY
CASE REPORT RECORD

Candidate Name: _____ Case Report No. _____
 Patient's Number: _____ Age _____ Sex _____ Race _____

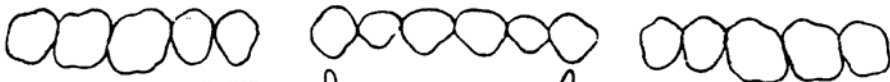
Stage of Therapy: Pre-treatment Re-evaluation Post-treatment Date of exam: _____
 (CIRCLE ONE)

CAL & BOP														
PD & Plaque														
CEJ - GM														

Mobility Scale
Used: _____



FACIAL

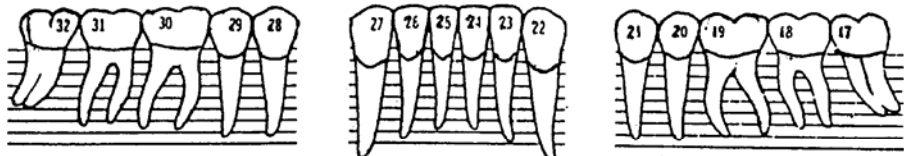


LINGUAL

CEJ - GM														
PD & Plaque														
CAL & BOP														

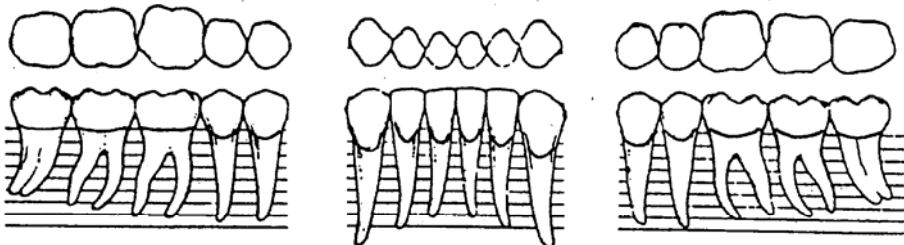
RIGHT _____ LEFT

CAL & BOP															
PD & Plaque															
CEJ - GM															



FACIAL

Furcation Grade
System Used: _____



LINGUAL

CEJ - GM															
PD & Plaque															
CAL & BOP															

Figure H - 2, Example, Case report record

TB MED 250

H-4. DA forms

Figures H-3 through H-18 are DA forms.

Sample



DA LABEL 162. 1 MAR 75

Figure H – 3, Example, DA label

PERSONNEL SCREENING AND EVALUATION RECORD			
For use of this form, see AR 50-5 and AR 50-6; the proponent agency is DCSOPS.			
PRIVACY ACT STATEMENT OF 1974			
AUTHORITY:	Internal Security Act of 1950 (<i>Pub L. 81-831</i>), 5 U.S.C., 301, 10 U.S.C., 3013, E.O. 9397 and records will be maintained under file #640-10b and 690-200a.		
PRINCIPAL PURPOSE:	To evaluate the qualifications and suitability of an individual for assignment to certain sensitive duties under the nuclear/chemical personnel reliability program.		
ROUTINE USES:	The "Blanket Routine Uses" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.		
DISCLOSURE:	Voluntary. However, failure to provide all or part of the requested information may result in nonselection for duties under the personnel reliability program.		
A. NAME OF INDIVIDUAL (<i>Last, First, MI</i>)	Sample	B. GRADE	C. SSN
PART I - INITIAL INTERVIEW			
A. The interview required by AR 50-5/50-6 has been conducted by the certifying official or designated representative. Screen per <input type="checkbox"/> AR 50-5 <input type="checkbox"/> AR 50-6			
B. NAME OF INTERVIEWER	C. GRADE	D. SIGNATURE	E. DATE (YYYYMMDD)
PART II - PERSONNEL RECORDS SCREENING			
A. Personnel records have been reviewed per AR 50-5/50-6. Information that may preclude assignment to the PRP <input type="checkbox"/> is <input type="checkbox"/> is not attached. This individual has Personal Security Investigation (PSI) completed on _____ based on a <input type="checkbox"/> ENTNAC, NACI <input type="checkbox"/> NACLIC, ACCESS NACI <input type="checkbox"/> SSBI. This individual has been issued a security clearance of <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret or <input type="checkbox"/> this individual does not have a clearance.			
B. NAME OF SCREENING OFFICIAL	C. GRADE	D. SIGNATURE	E. DATE (YYYYMMDD)
PART III - MEDICAL RECORDS SCREENING			
A. Medical records have been reviewed per AR 50-5/50-6. Information that may preclude assignment to the PRP <input type="checkbox"/> is <input type="checkbox"/> is not attached.			
B. NAME OF SCREENING OFFICIAL	C. GRADE	D. SIGNATURE	E. DATE (YYYYMMDD)
PART IV - DENTAL RECORDS SCREENING			
A. Dental records have been reviewed per AR 50-5/50-6. Information that may preclude assignment to the PRP <input type="checkbox"/> is <input type="checkbox"/> is not attached.			
B. NAME OF SCREENING OFFICIAL	C. GRADE	D. SIGNATURE	E. DATE (YYYYMMDD)
PART V - CERTIFYING OFFICIAL'S EVALUATION			
A. Individual has been screened per AR 50-5/50-6. After thorough review of information provided, I find this individual <input type="checkbox"/> suitable <input type="checkbox"/> unsuitable for the PRP. (<i>AR 600-37 complied with.</i>)			
B. NAME AND ORGANIZATION OF CERTIFYING OFFICIAL	C. GRADE	D. SIGNATURE	E. DATE (YYYYMMDD)

*Figure H – 4, Example, DA Form 3180
Personnel Screening and Evaluation Record*

PART VI - CONTINUING EVALUATION/ASSIGNMENT BRIEFING			
A. This individual is to be placed under continuing evaluation per AR 50-5/50-6. I have briefed this individual per AR 50-5/50-6 for <input type="checkbox"/> training/levy or <input type="checkbox"/> assignment to a <input type="checkbox"/> nuclear duty position. <input type="checkbox"/> chemical duty position.			
B. ORGANIZATION	C. INDIVIDUAL'S SIGNATURE	D. CERTIFYING OFFICIAL'S SIGNATURE	E. DATE (YYYYMMDD)
Sample			
PART VII - TEMPORARY DISQUALIFICATION		PART VIII - ADMINISTRATIVE TERMINATION	
THIS INDIVIDUAL WAS TEMPORARILY DISQUALIFIED ON (YYYYMMDD)		INDIVIDUAL'S PRP STATUS ADMINISTRATIVELY TERMINATED ON (YYYYMMDD)	
PART IX - PERMANENT DISQUALIFICATION <i>(This Section To Be Completed Only Upon Permanent Disqualification.)</i>			
A. Status at time of disqualification <input type="checkbox"/> 1. Being screened for PRP. <input type="checkbox"/> 2. Attending Service school or training. <input type="checkbox"/> 3. Assigned to <input type="checkbox"/> a. critical nuclear duty position. <input type="checkbox"/> b. controlled nuclear duty position. <input type="checkbox"/> c. chemical duty position.		B. Reason for permanent disqualification <input type="checkbox"/> 1. Alcohol abuse. <input type="checkbox"/> 2. Drug abuse. Type used <input type="checkbox"/> Narcotics <input type="checkbox"/> Depressants <input type="checkbox"/> Stimulants <input type="checkbox"/> Cannabis <input type="checkbox"/> Hallucinogen. <input type="checkbox"/> 3. Negligence/delinquency in duty performance. <input type="checkbox"/> 4. Court-martial/civilian convictions. <input type="checkbox"/> 5. Physical/mental condition. <input type="checkbox"/> 6. Poor attitude/lack of motivation. <input type="checkbox"/> 7. Other	
C. RATIONALE FOR DISQUALIFICATION			
D. NAME, GRADE AND ORGANIZATION OF CERTIFYING OFFICIAL	E. SIGNATURE	F. UIC	G. DATE (YYYYMMDD)

*Figure H – 4 (Cont'd), Example, DA Form 3180
Personnel Screening and Evaluation Record*

AUTHORIZATION FOR MEDICAL WARNING TAG For use of this form, see AR 40-15; the proponent agency is Office of The Surgeon General.																		
TO: <i>(Include ZIP Code)</i> <div style="text-align: center; color: red; font-size: 1.2em; font-weight: bold;">Sample</div>									FROM: <i>(Medical Treatment Facility (Specify Clinic, Ward, etc.))</i>									
TYPED NAME AND SIGNATURE OF REQUESTING MEDICAL OR DENTAL OFFICER															DATE			
TAG CONTENT																		
LINE NO.	SPACE NUMBER																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1																		
2																		
3																		
4																		
5																		
REMARKS																		
TAG DELIVERED TO PATIENT <i>(Signature of Responsible Officer)</i>															DATE DELIVERED			
PERSON TO CALL IF OTHER THAN PATIENT																		
NAME AND RELATIONSHIP TO PATIENT								ADDRESS						PHONE NUMBER				
PATIENT IDENTIFICATION																		
ORGANIZATION, UNIT, LOCATION <i>(Military Pers ONLY)</i>								HOME ADDRESS <i>(Include Zip Code)</i>						PHONE NUMBER				
PATIENT'S NAME <i>(Last, first, middle)</i>										GRADE OR STATUS				IDENTIFICATION NUMBER				

*Figure H – 5, Example, DA Form 3365
Authorization for Medical Warning Tag*

ALPHABETICAL AND
TERMINAL DIGIT FILE FOR

PATIENT IDENTIFICATION

TREATMENT RECORD

For use of this form, see AR 40-66; the proponent agency is OTSG

NOTE TO PHYSICIAN:

- Medical Condition (*Medical Warning Tag*)
- Personnel Reliability Program (*Screening*)
- Radiation Screening Program
- Flight Status
- Medical Registries
- Blood Type

TYPE OF RECORD:

- Inpatient (*Clinical*)
- Outpatient Treatment
- Health
- Health - Dental
- Dental (*Non-Military*)
- ADAOCP OMR
- Civilian Employee Medical Record

Sample

IF FOUND RETURN TO:
ANY U.S. POST OFFICE

POSTMASTER - FORWARD TO:
Department of the Army
Office of the Surgeon General
Washington, D.C. 20310-3017



DA FORM 3444-6, NOV 2005

MAY 91 WILL BE USED UNTIL EXHAUSTED

*Figure H – 6, Example, DA Form 3444-6
Alphabetical and Terminal Digit File for Treatment Record*

RECEIPT FOR OUTPATIENT TREATMENT/DENTAL RECORDS			
For use of this form see AR 40-66; the proponent agency is the Office of The Surgeon General.			
NAME OF SPONSOR		NEW UNIT OF ASSIGNMENT AND ADDRESS OF SPONSOR	
SSN OF SPONSOR		Sample	
NAME(S) OF OUTPATIENT			
		TREATMENT PERIOD COVERED BY RECORD <i>(List dates of first and last entries in appropriate column)</i>	
		MEDICAL	DENTAL
1			
2			
3			
4			
5			
6			
I acknowledge receipt of above outpatient record(s). I understand that if I lose or misplace said record(s), duplicate(s) cannot be furnished. I will deliver said record(s) to: <i>(Print name and address of medical facility or doctor)</i>		The exact destination of said record(s) is unknown at this time. Mail can be forwarded to me at the following address: <i>(Print complete name and address)</i>	
PRINTED NAME <i>(If other than patient, state relationship)</i>		SIGNATURE	DATE

DA FORM 3705, JAN 80

EDITION OF 1 MAR 71 WILL BE USED UNTIL EXHAUSTED.

USAPA V1.01

Figure H – 7, Example, DA Form 3705
 Receipt for Outpatient Treatment/Dental Record

Sample		NAME OF HOSPITAL	
		INPATIENT'S WARD NUMBER	
		CLINIC PATIENT'S ORGANIZATION	
APPOINTMENT DATA			
DATE	TIME	TYPE OF TREATMENT	
		<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL	
THE ABOVE APPOINTMENT IS WITH <i>(Individual or Place)</i>			
REMARKS			
If you are unable to keep this appointment, please call for another appointment.			

DA FORM 3982, 1 DEC 72

REPLACES DA FORM 8-97
1 MAR 63 WHICH WILL BE
USED.

MEDICAL AND DENTAL APPOINTMENT

(AR 40-3)

USAPA V1.01

Figure H – 8, Example, DA Form 3982, Medical and Dental Appointment

DENTAL TREATMENT PLAN					1. CONSULTATION DESIRED <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, complete Section III, on reverse side)</i>	
For use of this form, see TB MED 250; proponent agency is Office of TSG.						
SECTION I - PLANNED TREATMENT AND SEQUENCE OF ACCOMPLISHMENT						
Check items in Column c to indicate treatment planned. If sequence of treatment is other than that printed in column b, use numbers (1 thru 10) in column c to show desired order.						
LINE	CODE	TYPE TREATMENT	PLANNED SE- QUENCE	ACCOM- PLISHED	CHART <i>Chart ONLY missing teeth and TREATMENT TO BE ACCOMPLISHED. Do NOT chart existing Pathology or Restorations.</i>	
		b	c	d	e	
2	A	URGENT				
3	B	PERIODONTAL				
4	C	PROPHYLAXIS <input type="checkbox"/> SnF2 PASTE				
5	D	TOPICAL SnF2 REPEAT AFTER _____ MONTHS				
6	E	COUNSELING IN SELF CARE				
7	F	OCCCLUSION				
8	G	SURGERY				
9	H	RESTORATIONS				
10	I	PROSTHESES				
11	J	OTHER (specify)				
12. REMARKS OR INSTRUCTIONS Use this space for additional clarification of recommended treatment or for describing treatment which does not lend itself to charting. Indicate nature of treatment and teeth or other tissues involved. Identify entry by code letter (Column a, above).						
Sample						
13. DATE		14. TREATMENT FACILITY			15. SIGNATURE OF DENTIST RECORDING TREATMENT PLAN	
SECTION II - PATIENT IDENTIFICATION						
16. SEX	17. RACE	18. GRADE	19. ORGANIZATION			
20. PATIENT'S LAST NAME - FIRST NAME - MIDDLE INITIAL				21. DATE OF BIRTH	22. IDENTIFICATION NUMBER	

*Figure H -9, Example, DA Form 3984
Dental Treatment Plan*

TB MED 250

Circle the appropriate copy designator.

Copy 1 (Individual's Health Record)
Copy 2 (Aviation Unit Commander)

Copy 3 (Eval & Review, USAAMA)
Copy 4 (Aircrew Member's File Copy)

MEDICAL RECOMMENDATION FOR FLYING DUTY

For use of this form, see AR 40-501; the proponent agency is the Office of The Surgeon General

TO:

Sample

FROM:

1. NAME (Last, First, MI)

2. SSN

3. GRADE

4. DATE OF BIRTH

5. ORGANIZATION

6. TYPE FLYING DUTY PERFORMED

SECTION A - QUALIFYING ACTION RECOMMENDED BY MEDICAL AUTHORITY

7. MEDICAL CLEARANCE IS RECOMMENDED FOR THE FOLLOWING REASON(S): (Check one or more)

- a. TERMINATION OF TEMPORARY MEDICAL SUSPENSION
- b. MEDICAL EXAMINATION
- c. REPORTING TO NEW DUTY STATION
- d. AFTER AIRCRAFT MISHAP
- e. TERMINATION OF MEDICAL DISQUALIFICATION
- f. PENDING ISSUE OF WAIVER FOR MEDICAL DISQUALIFICATION
- g. ISSUE OF WAIVER FOR MEDICAL DISQUALIFICATION
- h. OTHER (Explain under remarks)

8. REQUIRED TO WEAR GLASSES WHILE FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY. (CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

YES NO

9. EFFECTIVE DATE

10. DATE CLEARANCE EXPIRES

SECTION B - DISQUALIFYING ACTION RECOMMENDED BY MEDICAL AUTHORITY

11. THE FOLLOWING ACTION IS RECOMMENDED:

- a. TEMPORARY MEDICAL SUSPENSION
- b. TEMPORARY MEDICAL SUSPENSION FOLLOWING A/C MISHAP
- c. PERMANENT MEDICAL DISQUALIFICATION
- d. PERMANENT MEDICAL DISQUALIFICATION FOLLOWING A/C MISHAP
- e. OTHER (Explain under remarks)

12. ESTIMATED DURATION OF INCAPACITY TO FLY

13. EFFECTIVE DATE

14. REMARKS

15. WHILE IN A DUTY NOT INVOLVING FLYING STATUS

SIMULATOR DUTIES ALLOWED YES NO

GROUND RUNUP DUTIES ALLOWED YES NO

16. DIAGNOSIS CODE

17. TYPED NAME AND GRADE OF FLIGHT SURGEON

18. FLIGHT SURGEON SIGNATURE

19. DATE

SECTION C - CERTIFICATION BY AIRCREW MEMBER

20. I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATION(S) ABOVE AND UNDERSTAND THAT I MAY OR MAY NOT PERFORM AVIATION DUTIES AS OF THIS DATE

21. SIGNATURE

22. DATE

SECTION D - ACTION TAKEN BY COMMANDER

23. THE MEDICAL RECOMMENDATION IS APPROVED DISAPPROVED

24. TYPED NAME AND TITLE OF COMMANDER

25. COMMANDER'S SIGNATURE

26. DATE

DA FORM 4186, JAN 85

Previous edition of this form is obsolete

USAPPC V2.00

Figure H-10, Example, DA Form 4186
Medical Recommendation for Flying Duty

REQUEST FOR PRIVATE MEDICAL INFORMATION For use of this form, see AR 40-66; the proponent agency is the OTSG		1. Date (YYYYMMDD)
2. Patient's Name and SSN.	Sample	3. Medical Treatment Facility (Name and Location)
4. Reason for Request.		
5. Private Medical Information Sought (Specify dates of hospitalization or clinic visits and diagnosis, if known)		
6. Requestor's Name, Title, Organization and SSN.		
<i>FOR USE OF MEDICAL TREATMENT FACILITY ONLY</i>		
7. Check applicable box.		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (State reason for disapproval)		
8. Summary of Private Medical Information Released.		
9. Signature of Approving Official.		10. Date (YYYYMMDD)

DA FORM 4254, FEB 2003

DA FORM 4254-R, NOV 91, IS OBSOLETE.

USAPA V1.01ES

Figure H-11, Example, DA Form 4254
Request for Private Medical Information

FOLD UNDER ALONG DOTTED LINE. FILE IN FOLDER BY PLACING THE TWO HOLES IN THE FASTENER OF THE FOLDER WITH FACE OF FLAP DOWN. ALL OTHER FORMS ARE PLACED ABOVE THE FLAP. CLOSE FASTENER AND FOLD BODY OF IDENTIFIER OVER FASTENER AND FORMS. ADD NEW MATERIAL WITHOUT REMOVING IDENTIFIER.

PERSONNEL RELIABILITY PROGRAM RECORD IDENTIFIER

For use of this form, see AR 50-5 and AR 50-6; the proponent agency is DCSOPS

NUCLEAR OR CHEMICAL SURETY

ATTENTION: HEALTH CARE PROVIDERS

THIS INDIVIDUAL FUNCTIONS IN A
NUCLEAR OR CHEMICAL DUTY POSITION
(circle one)

IF ANY OF THE FOLLOWING CONDITIONS ARE NOTED OR SUSPECTED DURING TREATMENT, THEY MUST BE REPORTED AT ONCE TO THE INDIVIDUAL'S COMMANDER. SPECIFIC GUIDANCE AND FURTHER DETAILS MAY BE OBTAINED FROM AR 50-5 (NUCLEAR) OR AR 50-6 (CHEMICAL).

1. ALCOHOL ABUSE.
2. DRUG ABUSE.
3. NEGLIGENCE OR DELINQUENCY IN PERFORMANCE OF DUTY.
4. PATTERN OF BEHAVIOR OR ACTIONS INDICATIVE OF A CONTEMPTUOUS ATTITUDE TOWARD THE LAW OR DULY CONSTITUTED AUTHORITY.
5. ANY PHYSICAL OR MENTAL CONDITION THAT MAY IMPAIR JUDGEMENT OR RELIABILITY.
6. POOR ATTITUDE OR LACK OF MOTIVATION.
7. USE OF PRESCRIBED MEDICATION, SHORT TERM STRESS, OR PHYSICAL CONDITION/INJURY THAT TEMPORARILY IMPAIRS THE ABILITY TO PERFORM DUTIES.

Sample

FOR ASSISTANCE IN NOTIFYING THE INDIVIDUAL'S COMMANDER OF POSSIBLE DISQUALIFYING CONDITIONS, CONTACT

Figure H-12, Example, DA Form 4515,
Personnel Reliability Program Record Identifier

REQUEST AND RELEASE OF MEDICAL INFORMATION TO COMMUNICATIONS MEDIA			
For use of this form see AR 40-66; the proponent agency is the Office of The Surgeon General.			
PRIVACY ACT STATEMENT			
<p>AUTHORITY: Section 3012, title 10, United States Code.</p> <p>PRINCIPAL PURPOSE(S): This form provides for patient/parent/guardian consent to release requested personal medical information to news publication or broadcast.</p> <p>ROUTINE USES: The requested information will be released on this form to the communications media. It will be used for news publication or broadcast.</p> <p>MANDATORY OR VOLUNTARY DISCLOSURE: The release of this information is voluntary. There is no effect on the individual not providing the requested information.</p>			
SECTION I - PATIENT IDENTIFICATION			
NAME (Last, First, Middle)		ADDRESS	
AGE	SSN	STATUS	NAME OF MEDICAL TREATMENT FACILITY
SECTION II - TO BE COMPLETED BY REQUESTOR			
<p>I certify that I represent _____ <small>(Name and Address of Communications Media)</small></p> <p>_____ and that medical information on the above identified patient is requested for news publication or broadcast.</p> <p>List specific information requested below:</p> <p style="text-align: center; color: red; font-size: 24pt;">Sample</p>			
DATE (YYYYMMDD)	SIGNATURE OF PUBLIC AFFAIRS OFFICER		SIGNATURE OF MEDIA REPRESENTATIVE
SECTION III - TO BE COMPLETED BY PATIENT/PARENT/LEGAL REPRESENTATIVE			
Authorization Date (YYYYMMDD):		Authorization Expiration: <input type="checkbox"/> Date (YYYYMMDD) _____ <input type="checkbox"/> Action Completed	
<p>I, _____, hereby request and authorize the release of the requested information concerning my illness or injury and hospital treatment (complete when other than patient gives consent the illness or injury and hospital treatment of (_____) while a patient in the medical treatment facility, to the above mentioned communications media. I hereby agree to hold the hospital, its physicians, and its staff free and harmless from any, and all liabilities or ill effects which might arise from the publication or broadcast of such information.</p> <p>I understand that:</p> <p>a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.</p> <p>b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.</p> <p>c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524.</p> <p>d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.</p>			
SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE		Relationship to Patient <i>(If applicable)</i>	DATE (YYYYMMDD)
SIGNATURE OF WITNESS		DATE (YYYYMMDD)	

DA FORM 4876, JUN 2005

DA FORM 4876-R, FEB 2003, IS OBSOLETE.

APD V1.00ES
Page 1 of 2

*Figure H-13, Example, DA Form 4876
Request for Release of Medical Information to Communications Media*

SECTION IV - TO BE COMPLETED BY ATTENDING PHYSICIAN	
Information as requested and authorized is hereby furnished:	
Sample	
DATE (YYYYMMDD)	SIGNATURE OF ATTENDING PHYSICIAN
SECTION V - TO BE COMPLETED BY PATIENT AND ADMINISTRATION DIVISION	
Section I through IV have been reviewed and is <input type="checkbox"/> approved <input type="checkbox"/> disapproved for release.	
DATE (YYYYMMDD)	SIGNATURE OF CHIEF, PATIENT ADMINISTRATION DIVISION (or designated representative)
Upon completion of this form, a copy will be placed in the patient's medical record and a copy will be returned to the Public Affairs Officer for release of the requested information to the media representative.	

Figure H-13 (Cont'd), Example, DA Form 4876
Request for Release of Medical Information to Communications Media

TELEPHONE MEDICAL ADVICE/CONSULTATION RECORD For use of form, see AR 40-66; proponent is Office of The Surgeon General		NAME <i>(Last, First, MI)</i>		TELEPHONE NO.
ORGANIZATION OF PATIENT/SPONSOR	FMP	SSN OF PATIENT/SPONSOR	LOCATION OF PATIENTS MEDICAL RECORD <input type="checkbox"/> CENTRAL FILES AREA <input type="checkbox"/> OTHER <i>(Specify)</i>	
HOSPITAL AND CLINIC IDENTIFICATION	SERVICE AFFILIATION <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER <i>(Specify)</i>			
	BENEFICIARY CATEGORY <input type="checkbox"/> AD <input type="checkbox"/> DEPN AD <input type="checkbox"/> RET <input type="checkbox"/> DEPN RET <input type="checkbox"/> DEPN RET/DECD <input type="checkbox"/> OTHER <i>(Specify)</i>			
DATE AND TIME OF CALL	PATIENT STATUS <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> EMERGENCY <input type="checkbox"/> NON-EMERGENCY			
SUMMARY <i>(Include complaint, diagnosis, instructions to patient)</i>				
<h1 style="color: red;">Sample</h1>				
(Empty row)				
(Empty row)				
(Empty row)				
<input type="checkbox"/> CHECK IF CONTINUED ON REVERSE		SIGNATURE OF PHYSICIAN/CARE PROVIDER		

DA FORM 5008, OCT 81

USAPPC V1.00

Figure H – 14, Example, DA Form 5008 Telephone Medical Advice/Consultation Record

<i>(Continuation of summary and/or follow-up note)</i>
Sample
SIGNATURE OF PHYSICIAN/CARE PROVIDER
<u>INSTRUCTIONS FOR COMPLETION AND PROCESSING OF FORM</u>
<ol style="list-style-type: none">1. The upper portion of the form, pertaining to patient information, will generally be completed by the individual responsible for screening incoming calls.2. The entire set will be provided the physician/care provider for documenting the conversation.3. The duplicate of the form will be retained for processing in accordance with local policy for medical summary reporting purposes.4. For outpatient calls, the original form will be forwarded to the custodian of the patient's outpatient treatment record/HREC for attaching to a SF 600 therein.5. For inpatient calls, the original form is forwarded to the custodian of the patient's inpatient treatment record.

USAPPC V1.00

*Figure H – 14 (Cont'd), Example, DA Form 5008
Telephone Medical Advice/Consultation Record*

SCREENING NOTE OF ACUTE MEDICAL CARE			
For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.			
TIME PATIENT DEPARTS UNIT <i>(From DD Form 689)</i>	SCREENER LOCATION		
	TIME PATIENT ARRIVES	TIME ENCOUNTER BEGINS	TIME PATIENT LEAVES
DATE (YYYYMMDD)	SCREENER LOCATION	CHIEF COMPLAINT	DURATION
PATIENT RESIDENCE <input type="checkbox"/> BARRACKS <input type="checkbox"/> POST HOUSING <input type="checkbox"/> OFF POST <input type="checkbox"/> TRANSIENT		VITAL SIGNS TEMPERATURE _____ ALLERGIES _____ PULSE _____ BP _____ RESP _____	
FIRST VISIT FOR THIS COMPLAINT <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WAS RETURN SCHEDULED/REQUESTED BY CARE PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ALGORITHM/CODE		ALGORITHM/CODE	
ALGORITHM SUMMARY		ALGORITHM SUMMARY	
Sample			
COMMENTS <i>(Reasons for referral, method of referral, hospital appointments, self-care protocols, and patient instructions/precautions)</i>			
PATIENT'S IDENTIFICATION <i>(Use mechanical imprint if available, for typed or written entries give: Name, SSN, Unit, Sex, Birthdate and Duty Phone)</i>		FINAL DISPOSITION <input type="checkbox"/> I - PHYSICIAN STAT <input type="checkbox"/> IV - SELF CARE PROTOCOL <input type="checkbox"/> II - PA STAT <input type="checkbox"/> V - HOSP CLINIC REFERRAL <input type="checkbox"/> III - PA	
		AIDMAN'S SIGNATURE & CODE	AUDITOR'S INITIALS & DATE (YYYYMMDD)

DA FORM 5181, FEB 2003

DA FORM 5181-R, OCT 86, IS OBSOLETE.

USAPA V1.06ES
Page 1 of 2

*Figure H – 15, Example, DA Form 5181
Screening Note of Acute Medical Care*

VOLUNTEER AGREEMENT AFFIDAVIT	
For use of this form, see AR 70-25 or AR 40-38; the proponent agency is OTSG.	
PRIVACY ACT OF 1974	
Authority:	10 USC 3013, 44 USC 3101, and 10 USC 1071-1087.
Principle Purpose:	To document voluntary participation in the Clinical Investigation and Research Program. SSN and home address will be used for identification and locating purposes.
Routine Uses:	The SSN and home address will be used for identification and locating purposes. Information derived from the study will be used to document the study; implementation of medical programs; adjudication of claims; and for the mandatory reporting of medical conditions as required by law. Information may be furnished to Federal, State and local agencies.
Disclosure:	The furnishing of your SSN and home address is mandatory and necessary to provide identification and to contact you if future information indicates that your health may be adversely affected. Failure to provide the information may preclude your voluntary participation in this investigational study.
PART A(1) - VOLUNTEER AFFIDAVIT	
Volunteer Subjects in Approved Department of the Army Research Studies	
<p>Volunteers under the provisions of AR 40-38 and AR 70-25 are authorized all necessary medical care for injury or disease which is the proximate result of their participation in such studies.</p> <p>I, _____, SSN _____,</p> <p>having full capacity to consent and having attained _____ birthday, do hereby volunteer/give consent as legal representative _____ to participate _____</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">Sample</p> <p style="text-align: center; font-size: small;">(Research study)</p> <p>_____</p> <p>under the direction _____</p> <p>conducted at _____</p> <p style="text-align: center; font-size: small;">(Name of Institution)</p> <p>The implications of my voluntary participation/consent as legal representative; duration and purpose of the research study; the methods and means by which it is to be conducted; and the inconveniences and hazards that may reasonably be expected have been explained to me by _____</p> <p>I have been given an opportunity to ask questions concerning this investigational study. Any such questions were answered to my full and complete satisfaction. Should any further questions arise concerning my rights/the rights of the person I represent on study-related injury, I may contact _____</p> <p>_____</p> <p>at _____</p> <p style="text-align: center; font-size: small;">(Name, Address and Phone Number of Hospital (Include Area Code))</p> <p>I understand that I may at any time during the course of this study revoke my consent and withdraw/have the person I represent withdrawn from the study without further penalty or loss of benefits; however, I/the person I represent may be required (military volunteer) or requested (civilian volunteer) to undergo certain examination if, in the opinion of the attending physician, such examinations are necessary for my/the person I represent's health and well-being. My/the person I represent's refusal to participate will involve no penalty or loss of benefits to which I am/the person I represent is otherwise entitled.</p> <p>_____</p>	
PART A(2) - ASSENT VOLUNTEER AFFIDAVIT (MINOR CHILD)	
<p>I, _____, SSN _____, having full capacity to assent and having attained _____ birthday, do hereby volunteer _____ to participate _____</p> <p style="text-align: center; font-size: small;">(Research Study)</p> <p>_____</p> <p>under the direction of _____</p> <p>conducted at _____</p> <p style="text-align: center; font-size: small;">(Name of Institution)</p> <p style="text-align: center; font-size: small;">(Continue on Page 2)</p>	

Figure H – 16, Example, DA Form 5303-R
Volunteer Agreement Affidavit

PART A(2) - ASSENT VOLUNTEER AFFIDAVIT (MINOR CHILD) (Cont'd.)		
<p>The implications of my voluntary participation; the nature, duration and purpose of the research study; the methods and means by which it is to be conducted; and the inconveniences and hazards that may reasonably be expected have been explained to me by</p> <hr/> <p>I have been given an opportunity to ask questions concerning this investigational study. Any such questions were answered to my full and complete satisfaction. Should any further questions arise concerning my rights I may contact</p> <hr/> <p>at _____</p> <p style="text-align: center; font-size: small;">(Name, Address and Phone Number of Hospital (Include Area Code))</p> <p>I understand that I may at any time during the course of this study revoke my consent and withdraw from the study without further penalty or loss of benefits; however, I may be requested to undergo certain examination if, in the opinion of the attending physician, such examinations are necessary for my health and well-being. My refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled.</p> <hr/>		
PART B - TO BE COMPLETED BY INVESTIGATOR		
<p>INSTRUCTIONS FOR ELEMENTS OF INFORMED CONSENT: (Provide a detailed explanation in accordance with Appendix C, AR 40-38 or AR 70-25.)</p> <div style="text-align: center; font-size: 2em; color: red; font-weight: bold; margin-top: 20px;">Sample</div>		
<p>I do <input type="checkbox"/> do not <input type="checkbox"/> (check one & initial) consent to the inclusion of this form in my outpatient medical treatment record.</p>		
SIGNATURE OF VOLUNTEER	DATE	SIGNATURE OF LEGAL GUARDIAN (If volunteer is a minor)
PERMANENT ADDRESS OF VOLUNTEER	TYPED NAME OF WITNESS	
	SIGNATURE OF WITNESS	DATE

Figure H – 16 (Cont'd), Example, DA Form 5303-R, Volunteer Agreement Affidavit

HEALTH QUESTIONNAIRE FOR DENTAL TREATMENT For use of this form, see AR40-66; the proponent agency is the Office of The Surgeon General			
NAME		SSN	
UNIT	HOME TELEPHONE	OFFICE TELEPHONE	
<i>PLACE A CHECK IN THE YES OR NO COLUMN</i>		YES	NO
1. Have you been under a physician's care in the last 2 years?			
2. Have you had any serious illness, operation or hospitalization in the past?			
3. Are you allergic to any drugs or medicines (novocain, penicillin, others)?			
4. Are you presently taking any drugs or medicines (to include birth control pills)?			
5. Have you ever had hepatitis or yellow jaundice?			
6. Has there been a change in your health in the last 2 years?			
7. Do you smoke cigarettes?			
8. Do you drink alcoholic beverages?			
9. Have you ever been sick because of dental treatments?			
10. Are you a "bleeder" or have you had excessive bleeding following dental treatment?			
11. Do you get short of breath after climbing 1 flight of stairs?			
12. (Female only) Are you pregnant?			
<i>CHECK CONDITIONS IF THEY APPLY TO YOU</i>			
<input type="checkbox"/> Heart Trouble/Chest Pain	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Hives or Skin Rash	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Asthma/Hay Fever	<input type="checkbox"/> Ulcers/Stomach
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Sugar Diabetes	<input type="checkbox"/> Anemia (Thin Blood)
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Arthritis/Rheumatism	<input type="checkbox"/> Venereal Disease (VD)
<input type="checkbox"/> Stroke	<input type="checkbox"/> Sinus Disease	<input type="checkbox"/> Tuberculosis (TB)	<input type="checkbox"/> Cancer
<i>Explain any unusual medical problems:</i>			
Sample			
DATE	SIGNATURE OF PATIENT		
DATE	SIGNATURE OF DOCTOR		
<i>RECHECK</i>			
DATE	DOCTOR'S SIGNATURE	REMARKS	

DA FORM 5570, OCT 86

Figure H – 17, Example, DA Form 5570
Health Questionnaire for Dental Treatment

PEDIATRIC DENTISTRY DIAGNOSTIC FORM			*All caries are to be noted on SF 603 (Diseases, Abnormalities, and X-rays chart).		
For use of this form, see AR 40-66; the proponent agency					
1. Medical Alert Sample			2. Chief Complaint		
3. Age (yrs, mos)			4. Weight (Lbs/KG)		
5. Occlusion:		6. Overjet mm.	11. Abnormalities		14. Behavior Assessment
Primary Molar Terminal Plane:		7. Overbite %.	a. Missing Teeth		Cooperative
R L		8. Openbite mm.	b. Supernumeraries		Noncooperative
() Flush ()		9. Midline: U L	c. Eruption Sequence		15. FRANKL Behavior Scale
() Mesial Step ()		On			++
() Distal Step ()		Shift to Right			+
Permanent Molar:		Shift to Left			-
R L		mm	12. Soft Tissue		16. Habits
() Class I ()		10. Crossbite:	WNL		
() Class II ()		None	Abnormality *		
() End-on ()		Unilateral R <input type="checkbox"/> L <input type="checkbox"/>	* Note:		17. Facial Features
() Class III ()		Bilateral			Concave
Cuspid Relationship:		Anterior			Convex
R L		Space Loss #	13. Oral Hygiene		Straight
() Class I ()		Anterior Crowding	Excellent		18. Mandibular Plane
() Class II ()		Max	Good		Average
() End-on ()		Mand	Fair		Steep
() Class III ()		mm	Poor		Flat
19. Date TX Initiated (YYYYMMDD)			20. Proposed Length		
21. Appliances in Use			22. Other Observations, Comments		
23. Planned Treatment & Sequence of Accomplishment					
24. Prepared by (Signature & Title)			25. Department/Service/Clinic		26. Date (YYYYMMDD)
27. Patient's Identification (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility):			<input type="checkbox"/> Panograph <input type="checkbox"/> Ortho Consult <input type="checkbox"/> Cephalometrics <input type="checkbox"/> Photos <input type="checkbox"/> Study Models <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Mixed Dentition Analysis		
PCS Date		Phone Number			

Figure H – 18, Example, DA Form 8006
Pediatric Dentistry Diagnostic Form


28. Tooth Size														
29. Sum of widths of mandibular incisors Sample														
30. Mandibular		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center; border-right: 1px solid black;">R</td> <td style="text-align: center;">L</td> </tr> <tr> <td style="padding: 2px;">Space available for cuspid and bicuspid</td> <td colspan="2" style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="padding: 2px;">Predicted size of cuspid and bicuspid</td> <td colspan="2" style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="padding: 2px;">Space left for molar adjustment</td> <td colspan="2" style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> </table>		R	L	Space available for cuspid and bicuspid	_____		Predicted size of cuspid and bicuspid	_____		Space left for molar adjustment	_____	
	R	L												
Space available for cuspid and bicuspid	_____													
Predicted size of cuspid and bicuspid	_____													
Space left for molar adjustment	_____													
31. PROBABILITY CHART -- 75% LEVEL														
A. Sum Width 26,25 24, 23 19.5 20.4 20.5 21.0 21.5 22.0 22.5 23.0 23.5 24.0 24.5 25.0														
B. Sum Width of Unerupted Permanent Cuspids and Bicuspid														
MAX	20.6	20.9	21.2	21.5	21.8	22.0	22.3	22.6	22.9	23.1	23.4	23.7		
MAND	20.1	20.4	20.7	21.0	21.3	21.6	21.9	22.2	22.5	22.8	23.1	23.4		
32. Approximate decrease in arch length due to mesial migration of the first permanent molars taking up "ieeway space" during replacement of the deciduous molars by the bicuspid:														
Mandible	=	1.7 mm. per quadrant or 3.4 mm total												
Maxilla	=	.9 mm. per quadrant or 1.8 mm total												
33. CEPHALOMETRICS														
A. TWEED ANALYSIS														
(1) FMA														
(2) IMPA														
(3) FMIA														
B. STEINER ANALYSIS														
Ref. Norm.														
(1) SNA	(angle)	82°												
(2) SNB	(angle)	80°												
(3) ANB	(angle)	2°												
(4) SND	(angle)	76° or 77°												
(5) 1 to NA	(mm)	4												
(6) 1 to NA	(angle)	22°												
(7) I to NB	(mm)	4												
(8) I to NB	(angle)	25°												
(9) Po to NB	(mm)	not est.												
(10) Po & I to NB	(Difference)													
(11) 1 to I	(angle)	131°												
(12) Occl to SN	(angle)	14°												
(13) GoGn to SN		32°												
(14) Arch length discrepancy														

Figure H – 18 (Cont'd), Example, DA Form 8006, Pediatric Dentistry Diagnostic Form

H-5. DD forms

Figures H-19 through H-27 are DD forms, Figure H-28, is an Example policy statement #24, dental appointment policy.

INDIVIDUAL SICK SLIP		DATE
<input type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY		
LAST NAME-FIRST NAME-MIDDLE INITIAL OF PATIENT		ORGANIZATION AND STATION
SERVICE NUMBER/SSN	GRADE/RATE	
UNIT COMMANDER'S SECTION		MEDICAL OFFICER'S SECTION
IN LINE OF DUTY		IN LINE OF DUTY
REMARKS <b style="color: red; font-size: 2em;">Sample		DISPOSITION OF PATIENT <input type="checkbox"/> DUTY <input type="checkbox"/> QUARTERS <input type="checkbox"/> SICK BAY <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NOT EXAMINED <input type="checkbox"/> OTHER (<i>Specify</i>):
		REMARKS
SIGNATURE OF UNIT COMMANDER		SIGNATURE OF MEDICAL OFFICER

DD FORM 689, MAR 63

PREVIOUS EDITIONS ARE OBSOLETE.

USAPPC V2.00

*Figure H – 19, Example, DD Form 689
Individual Sick Slip*

REQUEST FOR MEDICAL/DENTAL RECORDS OR INFORMATION		REQUESTING ACTIVITY - Complete Items 1 through 10 (Except 8b); also complete Item 19.		DATE	
ADDRESSEE - Complete Items 8b, 11 to 14 or 15 to 18, as appropriate, final referrer shall return to requester.					
1. PATIENT (Last Name - First Name - Middle Name)			3. STATUS <input type="checkbox"/> MILITARY <input type="checkbox"/> VA BENEFICIARY <input type="checkbox"/> DEPENDENT <input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> OTHER (Specify)		
2. ORGANIZATION AND PLACE OF TREATMENT			3a. NAME OF SPONSOR (If dependent)		
4. TO (Include ZIP Code)				5. IDENTIFYING INFORMATION	
Sample				a. SERVICE NUMBER	
				b. GRADE/RATE	
				c. SOCIAL SECURITY ACCOUNT NO.	
				d. VA CLAIM NUMBER	
				e. DATE OF BIRTH (If Federal employee)	
6. DATES OF TREATMENT (Inclusive)			7. DISEASE OR INJURY		
8. a. RECORDS REQUESTED		b. RECORDS FORWARDED		9. REMARKS	
<input type="checkbox"/> MIL <input type="checkbox"/> VA CLINICAL		<input type="checkbox"/> MIL <input type="checkbox"/> VA			
<input type="checkbox"/> OUTPATIENT		<input type="checkbox"/>			
<input type="checkbox"/> HEALTH RECORD		<input type="checkbox"/>			
<input type="checkbox"/> DENTAL RECORD		<input type="checkbox"/>			
<input type="checkbox"/> X-RAY		<input type="checkbox"/>			
<input type="checkbox"/> MEDICAL REPORT CARDS, EMERGENCY MEDICAL TAGS, FIELD MEDICAL CARDS		<input type="checkbox"/>			
<input type="checkbox"/> ABSTRACT OF RATING SHEET		<input type="checkbox"/>			
<input type="checkbox"/> REPORT OF PHYSICAL EXAMINATION		<input type="checkbox"/>			
<input type="checkbox"/> ALL AVAILABLE RECORDS (Except X-rays unless specifically requested)		<input type="checkbox"/>			
<input type="checkbox"/> OTHERS (List under remarks)		<input type="checkbox"/>		10. SIGNATURE	
REPLY/REFERRAL					
11. TO:			12. REMARKS		
13. SIGNATURE			14. DATE		
			<input type="checkbox"/> RECORDS CHECKED IN 8b FORWARDED. <input type="checkbox"/> NO RECORDS FOUND FOR PATIENT DURING ABOVE PERIOD. <input type="checkbox"/> MORE INFORMATION NEEDED. FURNISH FOLLOWING:		
REPLY/SECOND REFERRAL					
15. TO:			16. REMARKS		
17. SIGNATURE			18. DATE		
			<input type="checkbox"/> RECORDS CHECKED IN 8b FORWARDED. <input type="checkbox"/> NO RECORDS FOUND FOR PATIENT DURING ABOVE PERIOD. <input type="checkbox"/> MORE INFORMATION NEEDED. FURNISH FOLLOWING:		
19. RETURN TO: (Include ZIP Code)				← REQUESTING ACTIVITY WILL ENTER COMPLETE ADDRESS TO WHICH RECORDS OR FINAL REPLY SHOULD BE MAILED.	

DD FORM 877, SEPT 67

REPLACES EDITION OF 1 JAN. 60. WHICH MAY BE USED.

USAPPC V1.00

Figure H – 20, Example, DD Form 877 Request for Medical/Dental Records or Information

DD ^{FORM} 1289 <small>1 NOV 71</small> DOD PRESCRIPTION				
FOR (Full name, address & phone number.) (If under 12 years, give age.)				
_____ _____ _____ _____				
MEDICAL FACILITY	DATE			
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%; text-align: center; vertical-align: top;"><i>R_x</i></td> <td style="width: 80%; text-align: center; vertical-align: middle; font-size: 2em; color: red;">Sample</td> <td style="width: 10%; text-align: right; vertical-align: top;"><i>Gm. or ml.</i></td> </tr> </table>		<i>R_x</i>	Sample	<i>Gm. or ml.</i>
<i>R_x</i>	Sample	<i>Gm. or ml.</i>		
MFGR:	EXP DATE:			
LOT NO:	FILLED BY:			
<i>R_x</i> NUMBER	SIGNATURE, RANK AND DEGREE			
EDITION OF 1 JAN 60 MAY BE USED.				

Figure H – 21, Example, DD Form 1289
 DOD Prescription

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS		
<i>THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.</i>		
<p>1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)</p> <p style="padding-left: 40px;">Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.</p>		
<p>2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED</p> <p style="padding-left: 40px;">This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.</p> <p style="text-align: center; color: red; font-size: 1.2em; font-weight: bold; margin: 20px 0;"><i>Sample</i></p>		
<p>3. ROUTINE USES</p> <p style="padding-left: 40px;">The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.</p>		
<p>4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION</p> <p style="padding-left: 40px;">In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.</p> <p style="padding-left: 40px;">This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.</p> <p style="padding-left: 40px;">Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.</p>		
SIGNATURE OF PATIENT OR SPONSOR	SSN OF MEMBER OR SPONSOR	DATE

DD FORM 2005, FEB 76

PREVIOUS EDITION IS OBSOLETE.

USAPPC V1.00

*Figure H – 22, Example, DD Form 2005
Privacy Act Statement – Health Care Records*

REFERRAL FOR CIVILIAN MEDICAL CARE

SUBMIT CHARGES TO: REFERRING UNIFORMED SERVICES FACILITY CHAMPUS

MEDICAL RECORD	CONSULTATION SHEET	
REQUEST		
TO:	FROM: <i>(Requesting physician or activity)</i>	DATE OF REQUEST

REASON FOR REQUEST *(Complaints and findings)*

Sample

ANTICIPATED LENGTH OF TREATMENT

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED *	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> TODAY
		<input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> 72 HOURS	<input type="checkbox"/> EMERGENCY

CONSULTATION REPORT

(Continued on reverse side)

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade, rank: rate; hospital or medical facility)*

DD FORM 2161, 1 OCT 78

USAPPC V1.00

PATIENT RESPONSIBLE FAMILY MEMBER SIGNATURE _____
 SPONSOR'S FULL SSAN _____

IMPORTANT INFORMATION *(on reverse side)*

*Figure H – 23, Example, DD Form 2161
 Referral for Civilian Medical Care*

CONSULTATION REPORT (Continued)

Sample

APPROVAL

* Signature of Commander or designated representative must appear in "approved" block on front of form.

PATIENT INFORMATION

As you have been advised, your physician has determined that you require the medical services shown in the front of this form. These specific services are not available at this medical facility. After considering other sources of care available for you, your physician has recommended that you get the medical services you need from local civilian sources. The Uniformed Services regulation covering payment for civilian medical care requires that claims for the civilian care recommended by your physician be sent to:

- a. THIS MEDICAL FACILITY. Charges to you will be the same as if you received the care in this facility.
b. CHAMPUS. Charges to you will be as prescribed under current terms of the CHAMPUS program.

The Health Benefits Coordinator at this facility will answer any questions you have concerning this determination.

If the charges are being submitted for CHAMPUS consideration, insure that the Health Benefits Coordinator fully explains program cost-sharing provisions. Allowable charges, provider participation, and claim filing procedures for your particular case. You should also:

- a. Make arrangements to see the type of civilian provider recommended by your physician at this facility.
b. File your CHAMPUS claims regularly (every 30 days). Attach a copy of this form with each CHAMPUS claim submitted for care recommended.
c. Your signature on the front of this form indicates your understanding of how payment will be made for the medical services recommended on the front of the form.

INFORMATION FOR CIVILIAN PROVIDERS ON CARE

This patient is being referred to you for the services indicated on the front of this consultation sheet. Your charges should be submitted to:

NAME OF THE UNIFORMED SERVICES MEDICAL FACILITY Please send your itemized bill with this completed consultation sheet to:

Complete mailing address of referring medical facility

NOTE: Use provided pre-addressed envelope for return of consultation report.

- CHAMPUS. (1) Conditions for participation in the CHAMPUS program are described on the CHAMPUS claim form. We encourage provider participation. Participating providers should send properly completed claims to:

Address of CHAMPUS Contractor for your area

Send completed consultation report to:

NOTE: Use provided pre-addressed envelope for return of consultation report.

If you elect not to participate in the CHAMPUS program, please give the patient an itemized statement of your services, including diagnostic information (ICDA or DSM II is acceptable). The patient is responsible to you for payment arrangements. CHAMPUS payment will be made to the patient.

Health Benefits Advisor signature

PLEASE INCLUDE A COPY OF THIS COMPLETED CONSULTATION SHEET WITH EACH CHAMPUS CLAIM YOU SUBMIT TO THE CONTRACTOR.

USAPPC V1.00

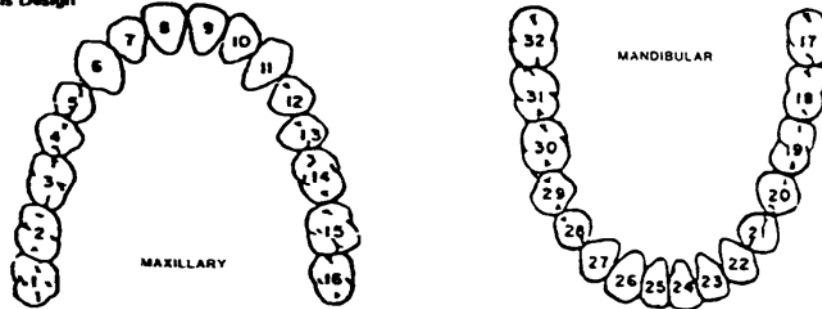
Figure H - 23, (Cont'd), Example, DD Form 2161, Referral for Civilian Medical Care

U.S. GPO: 1991-300-779

Sample

1. Local Case No.		2. Name of Treatment Facility, Mailing Address & Autovon No.				3. ADL Case No.	
4. Patient's Name (Last, First, Middle Initial)			5. SSN		6. Grade	7. Age	8. Date Initiated
9. Beneficiary Type		10. Organization, Duty and Home Telephone Nos.				11. Date Forwarded	
12. Type of Prosthesis or Restoration			13. Shade and Mold by Guide			14. Date Delivered	

15. Prosthesis Design



Request(s) (Check appropriate box(es))

16. <input type="checkbox"/> Framework Only	17. <input type="checkbox"/> Set-up		
18. <input type="checkbox"/> Process	19. <input type="checkbox"/> Fully Fabricate	20. <input type="checkbox"/> Bisque Bake	21. <input type="checkbox"/> Consultation

Inclosed Items

22. <input type="checkbox"/> Diagnostic Casts	23. <input type="checkbox"/> Jaw Relation Record	24. <input type="checkbox"/> Radiographs	25. <input type="checkbox"/> Other (See remarks)
---	--	--	--

26. Clinician's Remarks/Instructions

27. Typed Name and Grade of Dental Officer	28. Signature
--	---------------

DD Form 2322, 83 Oct Replace DA Form 2868, Oct 64, which is obsolete. Dental Laboratory Work Authorization
 (PRESS HARD IF HANDFILLED)

Figure H – 24, Example, DD Form 2322
 Dental Laboratory Work Authorization

THIRD PARTY COLLECTION PROGRAM - RECORD OF OTHER HEALTH INSURANCE						OMB No. 0704-0323 OMB approval expires Dec 31, 2006	
<i>(Read Privacy Act Statement before completing this form.)</i>							
<p>The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0323). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO REQUESTING MILITARY TREATMENT FACILITY.</p>							
PRIVACY ACT STATEMENT							
<p>AUTHORITY: Title 10 USC, Sec. 1095; EO 9397. PRINCIPAL PURPOSE(S): Information will be used to collect from private insurers for medical care provided to the Military Treatment Facility (MTF) patient. Such monetary benefits accruing to the MTF will be used to enhance health care delivery in the MTF. ROUTINE USE(S): The information on this form will be released to your insurance company. DISCLOSURE: Voluntary; however, failure to provide complete and accurate information may result in disqualification for health care services from facilities of the uniformed services.</p>							
1. PATIENT NAME (Last, First, Middle Initial)		2. SSN		3. DATE OF BIRTH (YYYYMMDD)		4. MARITAL STATUS (X) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED/WIDOWED	
5a. STREET ADDRESS (Include apartment number)			b. CITY		c. STATE	d. ZIP CODE	6. HOME TELEPHONE NO. ()
7. SPONSOR'S BRANCH OF SERVICE		8. SPONSOR FAMILY MEMBER PREFIX/SSN		9a. SPOUSE NAME (Last, First, Middle Initial)			
10a. PATIENT'S EMPLOYER NAME		b. TELEPHONE NUMBER ()		b. SPOUSE'S EMPLOYER (Name, Address and Telephone No.)			
c. EMPLOYER ADDRESS (Include ZIP Code)				Sample			
11. IS PATIENT'S CONDITION/APPOINTMENT RELATED TO AN ACCIDENT (X one)		<input type="checkbox"/> YES <input type="checkbox"/> NO	a. DATE OF INJURY/ACCIDENT (YYYYMMDD)		b. CITY AND STATE WHERE ACCIDENT OCCURRED		
c. TYPE OF ACCIDENT (X)	<input type="checkbox"/> AUTO	<input type="checkbox"/> BOAT	<input type="checkbox"/> HOME	<input type="checkbox"/> AIRPLANE	<input type="checkbox"/> WORKERS' COMPENSATION	<input type="checkbox"/> SLIP & FALL	<input type="checkbox"/> OTHER
d. BRIEFLY DESCRIBE HOW INJURY/ACCIDENT OCCURRED							
e. INSURANCE COMPANY NAME			f. POLICY NUMBER		g. COMPANY ADDRESS (Include ZIP Code)		
h. TELEPHONE NUMBER ()		i. NAME OF POLICY HOLDER/INSURED			j. CLAIM NUMBER		
12. DO YOU HAVE MEDICARE/MEDICAID (X one)							
a. MEDICARE PART A NUMBER		b. MEDICARE PART B NUMBER		c. MEDICAID NUMBER		d. ISSUING STATE	
13. ARE YOU COVERED UNDER ANY OTHER HEALTH INSURANCE POLICY? (Other than Medicare, Medicaid, TRICARE or TRICARE/CHAMPUS Supplement)						<input type="checkbox"/> YES	<input type="checkbox"/> NO
14.a. PRIMARY MEDICAL INSURANCE COMPANY NAME				15.a. SECONDARY MEDICAL INSURANCE COMPANY NAME			
b. ADDRESS (Include ZIP code)				b. ADDRESS (Include ZIP code)			
c. TELEPHONE NUMBER ()		d. IDENTIFICATION NUMBER/GROUP NUMBER		c. TELEPHONE NUMBER ()		d. IDENTIFICATION NUMBER/GROUP NUMBER	
e. POLICY HOLDER'S NAME (Last, First, Middle Initial)				e. POLICY HOLDER'S NAME (Last, First, Middle Initial)			
f. SSN		g. DATE OF BIRTH (YYYYMMDD)		f. SSN		g. DATE OF BIRTH (YYYYMMDD)	
h. POLICY HOLDER'S EMPLOYER NAME, ADDRESS AND TELEPHONE NO.				h. POLICY HOLDER'S EMPLOYER NAME, ADDRESS AND TELEPHONE NO.			
i. EFFECTIVE DATE OF POLICY (YYYYMMDD)				i. EFFECTIVE DATE OF POLICY (YYYYMMDD)			
16. FAMILY MEMBERS COVERED BY ABOVE POLICIES (Use additional pages if necessary)							
a. NAME (Last, First, Middle Initial)		b. SSN	c. DATE OF BIRTH (YYYYMMDD)	a. NAME (Last, First, Middle Initial)		b. SSN	c. DATE OF BIRTH (YYYYMMDD)
17. CERTIFICATION. I certify that the above information on this form is true and accurate to the best of my knowledge. Falsification of information is covered by 18 USC 1001, which provides for a maximum fine of \$10,000 or imprisonment for five years, or both. For non-DoD beneficiaries, the below signature authorizes and requests that the proceeds of any and all benefits be paid directly to the Military Treatment Facility (MTF) for health care services provided me and/or my minor dependents. This signature authorizes Medical Service Account (MSA) patients' release of medical information (medical records) for claims.							
a. SIGNATURE						b. DATE (YYYYMMDD)	

DD FORM 2569, JAN 2004

PREVIOUS EDITION IS OBSOLETE.

Figure H – 25, Example, DD Form 2569
Third Party Collection Program – Record of Other Health Insurance

REPORT OF MEDICAL EXAMINATION				1. DATE OF EXAMINATION (YYYYMMDD)		2. SOCIAL SECURITY NUMBER		
PRIVACY ACT STATEMENT								
<p>AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397. PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p>								
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)			4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)			5. HOME TELEPHONE NUMBER (Include Area Code)		
Sample								
6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX	10.a. RACIAL CATEGORY (X one or more)			b. ETHNIC CATEGORY	
			Female <input type="checkbox"/> Male <input type="checkbox"/>	American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/>	Black or African American <input type="checkbox"/> White <input type="checkbox"/>	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/>	
11. TOTAL YEARS GOVERNMENT SERVICE		12. AGENCY (Non-Service Members Only)			13. ORGANIZATION UNIT AND UIC/CODE			
a. MILITARY		b. CIVILIAN						
14.a. RATING OR SPECIALTY (Aviators Only)			b. TOTAL FLYING TIME			c. LAST SIX MONTHS		
15.a. SERVICE		b. COMPONENT		c. PURPOSE OF EXAMINATION			16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)	
<input type="checkbox"/> Army <input type="checkbox"/> Coast Guard	<input type="checkbox"/> Navy	<input type="checkbox"/> Active Duty	<input type="checkbox"/> Reserve	<input type="checkbox"/> Enlistment	<input type="checkbox"/> Medical Board	<input type="checkbox"/> Other		
<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Air Force	<input type="checkbox"/> National Guard	<input type="checkbox"/> Separation	<input type="checkbox"/> Commission	<input type="checkbox"/> Retirement	<input type="checkbox"/> U.S. Service Academy		
				<input type="checkbox"/> Retention	<input type="checkbox"/> ROTC Scholarship Program			
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)								
				Normal	Ab-normal	NE	44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)	
17. Head, face, neck, and scalp								
18. Nose								
19. Sinuses								
20. Mouth and throat								
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)								
22. Drums (Perforation)								
23. Eyes - General (Visual acuity and refraction under items 61 - 63)								
24. Ophthalmoscopic								
25. Pupils (Equality and reaction)								
26. Ocular motility (Associated parallel movements, nystagmus)								
27. Heart (Thrust, size, rhythm, sounds)								
28. Lungs and chest (Include breasts)								
29. Vascular system (Varicosities, etc.)								
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)								
31. Abdomen and viscera (Include hernia)								
32. External genitalia (Genitourinary)								
33. Upper extremities								
34. Lower extremities (Except feet)								
35. Feet (See Item 35 Continued)								
36. Spine, other musculoskeletal								
37. Identifying body marks, scars, tattoos								
38. Skin, lymphatics								
39. Neurologic								
40. Psychiatric (Specify any personality deviation)								
41. Pelvic (Females only)								
42. Endocrine								
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in item 44.)				44. FEET (Continued) (Circle category)				
<input type="checkbox"/> Acceptable				Normal Arch	Mild	Asymptomatic		
<input type="checkbox"/> Not Acceptable Class				Pes Cavus	Moderate	Symptomatic		
				Pes Planus	Severe	Symptomatic		

DD FORM 2808, OCT 2005

DoD exception to SF 88 approved by ICMR, August 3, 2000. PREVIOUS EDITION IS OBSOLETE.

Page 1 of 3 Pages APD V1.00

Figure H – 26, Example DD Form 2808 Report of Medical Examination

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)										SOCIAL SECURITY NUMBER							
LABORATORY FINDINGS																	
45. URINALYSIS				a. Albumin		46. URINE HCG				47. H/H		48. BLOOD TYPE					
				b. Sugar													
TESTS				RESULTS				HIV SPECIMEN ID LABEL				DRUG TEST SPECIMEN ID LABEL					
49. HIV								Sample									
50. DRUGS																	
51. ALCOHOL																	
52. OTHER																	
a. PAP SMEAR																	
b.																	
c.																	
MEASUREMENTS AND OTHER FINDINGS																	
53. HEIGHT		54. WEIGHT		55. MIN WGT - MAX WGT				MAX BF %		56. TEMPERATURE		57. PULSE					
		lbs.															
58. BLOOD PRESSURE						59. RED/GREEN (Army Only)				60. OTHER VISION TEST							
a. 1ST		b. 2ND		c. 3RD													
SYS.		SYS.		SYS.													
DIAS.		DIAS.		DIAS.													
61. DISTANT VISION				62. REFRACTION BY AUTOREFRACTION OR MANIFEST				63. NEAR VISION									
Right 20/		Corr. to 20/		By		S.		CX		Right 20/		Corr. to 20/		by			
Left 20/		Corr. to 20/		By		S.		CX		Left 20/		Corr. to 20/		by			
64. HETEROPHORIA (Specify distance)																	
ES °		EX °		R.H.		L.H.		Prism div.		Prism Conv CT		NPR		PD			
65. ACCOMMODATION				66. COLOR VISION (Test used and result)				67. DEPTH PERCEPTION (Test used and score) AFVT									
Right		Left		PIP				/14		Uncorrected		Corrected					
68. FIELD OF VISION				69. NIGHT VISION (Test used and score)				70. INTRAOCULAR TENSION									
								O.D.		O.S.							
71a. AUDIOMETER		Unit Serial Number				71b. Unit Serial Number		72a. READING ALOUD TEST									
Date Calibrated {YYYYMMDD}						Date Calibrated {YYYYMMDD}											
HZ		500		1000		2000		3000		4000		6000		SAT		UNSAT	
Right																	
Left																	
72b. VALSALVA																	
SAT														UNSAT			
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																	

Figure H – 26, (Cont'd) Example DD Form 2808 Report of Medical Examination

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)							SOCIAL SECURITY NUMBER						
74.a. EXAMINEE/APPLICANT (check one) <input type="checkbox"/> IS QUALIFIED FOR SERVICE <input type="checkbox"/> IS NOT QUALIFIED FOR SERVICE							Sample				75. I have been advised of my disqualifying condition. a. SIGNATURE OF EXAMINEE b. DATE (YYYYMMDD)		
b. PHYSICAL PROFILE													
P	U	L	H	E	S	X	PROFILER INITIALS		DATE (YYYYMMDD)				
76. SIGNIFICANT OR DISQUALIFYING DEFECTS													
ITEM NO.	MEDICAL CONDITION/DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DIS-QUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED					
								SERVICE	DATE (YYYYMMDD)				
77. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers) (Use additional sheets if necessary.)													
78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) (Use additional sheets if necessary.)													
79. MEPS WORKLOAD (For MEPS use only)													
WKID	ST	DATE (YYYYMMDD)	INITIAL	WKID	ST	DATE (YYYYMMDD)	INITIAL						
80. MEDICAL INSPECTION DATE		HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	PHYSICIAN'S SIGNATURE				
81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER					b. SIGNATURE								
82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER					b. SIGNATURE								
83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)					b. SIGNATURE								
84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY					b. SIGNATURE								
85. This examination has been administratively reviewed for completeness and accuracy.													
a. SIGNATURE					b. GRADE			c. DATE (YYYYMMDD)					
86. WAIVER GRANTED (If yes, date and by whom)									87. NUMBER OF ATTACHED SHEETS				
<input type="checkbox"/> YES <input type="checkbox"/> NO													

Figure H – 26, (Cont'd) Example DD Form 2808
Report of Medical Examination

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION		
PRIVACY ACT STATEMENT		
<p>In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.</p> <p>AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.</p> <p>PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.</p> <p>ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.</p> <p>DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.</p> <p>This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.</p>		
SECTION I - PATIENT DATA		
1. NAME (Last, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. SOCIAL SECURITY NUMBER
4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD)	5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH	
SECTION II - DISCLOSURE		
6. I AUTHORIZE _____ TO RELEASE MY PATIENT INFORMATION TO: (Name of Facility/TRICARE Health Plan)		
a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN	b. ADDRESS (Street, City, State and ZIP Code)	
c. TELEPHONE (Include Area Code)	d. FAX (Include Area Code)	
7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable)		
<input type="checkbox"/> PERSONAL USE	<input type="checkbox"/> CONTINUED MEDICAL CARE	<input type="checkbox"/> SCHOOL
<input type="checkbox"/> INSURANCE	<input type="checkbox"/> RETIREMENT/SEPARATION	<input type="checkbox"/> OTHER (Specify)
8. INFORMATION TO BE RELEASED		
<h2 style="color: red;">Sample</h2>		
9. AUTHORIZATION START DATE (YYYYMMDD)	10. AUTHORIZATION EXPIRATION <input type="checkbox"/> DATE (YYYYMMDD) <input type="checkbox"/> ACTION COMPLETED	
SECTION III - RELEASE AUTHORIZATION		
I understand that: a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization. b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected. c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524. d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization. I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.		
11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT (If applicable)	13. DATE (YYYYMMDD)
SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)		
14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE (YYYYMMDD)
17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE	SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:	

DD FORM 2870, DEC 2003

*Figure H – 27, Example DD Form 2870
 Authorization for Disclosure of Medical or Dental Information*



DEPARTMENT OF THE ARMY
UNITED STATES ARMY DENTAL ACTIVITY
2410 STANLEY ROAD, BLDG-1029
FORT SAM HOUSTON, TEXAS 78234-6200

REPLY TO
ATTENTION OF
MCDS-NK-CO

13 September 2001

MEMORANDUM FOR DENTAL PATIENTS

SUBJECT: Policy Statement #24 – Dental Appointment Policy

1. "Thank you" in advance for keeping your dental appointments. The demand for dental care far exceeds the dental capabilities at the Fort Sam Houston Dental Activity. Failed appointments are a waste of our most precious resource, i.e. TIME! When you are late for an appointment, or fail to show up, it means someone else won't receive care they need or will wait longer to have it provided. All appointments, especially restorative services and dental hygiene (teeth cleaning) are very limited due to the size of our staff. Please help us work as efficiently as possible.
2. If there is any reason that you need to reschedule or cancel an appointment, please let our front desk staff know at least 24 hours in advance. A cancellation shortly before the appointment time does not give us the opportunity to fill the vacancy.
3. Please arrive about 10 minutes before your appointment time. If 5 or more minutes have elapsed beyond the appointment time, the doctors have been asked to fill these times immediately with a patient waiting for an examination and/or routine dental care.
4. With your help we will be able to deliver the highest quality dental care to the greatest number of patients. However, if you neglect to cancel appointments in advance, or fail more than one appointment, it will be necessary for you to speak with the clinic NCOIC or OIC before obtaining any additional appointments.
5. The entire staff looks forward to keeping you dentally fit by providing the highest quality oral health care.

Colonel, DC
Commanding

I have read and understand the contents of this memorandum.

Patient Signature

Date



TB MED 250

H-6. SF and OF forms

Figures H-29 through H-35 are Example Standard Forms (SF) and Optional Forms (OF).

AUTHORIZED FOR LOCAL REPRODUCTION			
MEDICAL RECORD	CONSULTATION SHEET		
REQUEST			
TO:	FROM: <i>(Requesting physician or activity)</i>	DATE OF REQUEST	
REASON FOR REQUEST <i>(Complaints and findings)</i>			
Sample			
PROVISIONAL DIAGNOSIS			
DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY
		<input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	
CONSULTATION REPORT			
RECORD REVIEWED	<input type="checkbox"/> YES <input type="checkbox"/> NO	PATIENT EXAMINED	<input type="checkbox"/> YES <input type="checkbox"/> NO
		TELEMEDICINE	<input type="checkbox"/> YES <input type="checkbox"/> NO

(Continue on reverse side)

SIGNATURE AND TITLE		DATE
HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	DEPARTMENT/SERVICE OF PATIENT
RELATION TO SPONSOR	SPONSOR'S NAME <i>(Last, first, middle)</i>	SPONSOR'S ID NUMBER <i>(SSN or Other)</i>
PATIENT'S IDENTIFICATION <small><i>(For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)</i></small>	REGISTER NO.	WARD NO.

CONSULTATION SHEET
 Medical Record
STANDARD FORM 513 (REV. 4-98)
 Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)
 USAPA V1.00

MEDICAL RECORD	TISSUE EXAMINATION
-----------------------	---------------------------

SPECIMEN SUBMITTED BY	DATE OBTAINED
-----------------------	---------------

SPECIMEN

BRIEF CLINICAL HISTORY *(Include duration of lesion and rapidity of growth, if a neoplasm)*

Sample

PREOPERATIVE DIAGNOSIS

OPERATIVE FINDINGS

POSTOPERATIVE DIAGNOSIS	SIGNATURE
	NAME OF SIGNER
	TITLE OF SIGNER

PATHOLOGICAL REPORT

NAME OF LABORATORY	ACCESSION NO(S).

GROSS DESCRIPTION, HISTOLOGIC EXAMINATION AND DIAGNOSES

SIGNATURE OF PATHOLOGIST	NAME OF PATHOLOGIST	DATE
--------------------------	---------------------	------

HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	DEPARTMENT/SERVICE OF PATIENT
------------------------------	-----------------------	-------------------------------

RELATION TO SPONSOR	SPONSOR'S NAME <i>(Last, first, middle)</i>	SPONSOR'S ID NUMBER <i>(SSN or Other)</i>
---------------------	---	---

PATIENT'S IDENTIFICATION <i>(For typed or written entries, give: Name--last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)</i>	REGISTER NO.	WARD NO.
--	--------------	----------

TISSUE EXAMINATION

Medical Record

STANDARD FORM 515 (REV. 8-97)
Prescribed by GSA/ICMR FPMR 101-11.203(b)(10)

*Figure H-30, Example, SF Form 515
Tissue Examination*

RADIOLOGIC CONSULTATION REQUEST/REPORT
(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

Sample

DATE OF EXAMINATION <i>(Month, day, year)</i>	DATE OF REPORT <i>(Month, day, year)</i>	DATE OF TRANSCRIPTION <i>(Month, day, year)</i>
RADIOLOGIC REPORT		

PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name - last, first, middle, Medical Facility)</i>	LOCATION OF MEDICAL RECORDS
	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

RADIOLOGIC CONSULTATION
 REQUEST/REPORT
 1 - MEDICAL RECORD

STANDARD FORM 519-B (8-83)
 Prescribed by GSA/ICMR
 FPMR (41 CFR) 101-11.806-8

Figure H-31, Example, SF Form 519-B
 Radiologic Consultation Request/Report

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES				
A. IDENTIFICATION					
1a. <i>(Check all applicable boxes)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">OPERATION OR PROCEDURE</td> <td style="width: 50%; text-align: center;">SEDATION</td> </tr> <tr> <td style="text-align: center;">ANESTHESIA</td> <td style="text-align: center;">TRANSFUSION</td> </tr> </table>	OPERATION OR PROCEDURE	SEDATION	ANESTHESIA	TRANSFUSION	1b. DESCRIBE <div style="text-align: center; font-size: 2em; color: red; font-weight: bold;">Sample</div>
OPERATION OR PROCEDURE	SEDATION				
ANESTHESIA	TRANSFUSION				
B. STATEMENT OF REQUEST					
2. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be (describe operation or procedure in layman's language) _____ _____ _____ which is to be performed by or under the direction of Dr. _____					
3. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure. 4. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility. 5. Exceptions to surgery or anesthesia, if any are: _____ <div style="text-align: right; font-size: small;"><i>(If "none", so state)</i></div> 6. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove. 7. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions: a. The name of the patient and his/her family is not used to identify said pictures. b. Said pictures be used only for purposes for medical/dental study or research.					
<i>(Cross out any parts above which are not appropriate)</i>					
C. SIGNATURES <i>(Appropriate items in parts A and B must be completed before signing)</i>					
8. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above. I have also discussed potential problems related to recuperation, possible results of non-treatment, and significant alternative therapies. <div style="text-align: right;">_____ <i>(Signature of Counseling Physician/Dentist)</i></div>					
9. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed. <div style="display: flex; justify-content: space-between; font-size: small;"> _____ <i>(Signature of Witness, excluding members of operating team)</i> _____ <i>(Signature of Patient)</i> _____ <i>(Date and Time)</i> </div>					
10. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed. <div style="display: flex; justify-content: space-between; font-size: small;"> _____ <i>(Signature of Witness, excluding members of operating team)</i> _____ <i>(Signature of Sponsor/Legal Guardian)</i> _____ <i>(Date and Time)</i> </div>					
PATIENT'S IDENTIFICATION <i>(For typed or written entries, give: Name -- last, first, middle; ID no./SSN or other; hospital or medical facility)</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">REGISTER NO.</td> <td style="width: 50%; padding: 2px;">WARD NO.</td> </tr> </table>	REGISTER NO.	WARD NO.		
REGISTER NO.	WARD NO.				

**REQUEST FOR ADMINISTRATION OF ANESTHESIA
AND FOR PERFORMANCE OF OPERATIONS AND
OTHER PROCEDURES**

Medical Record

OPTIONAL FORM 522 (REV. 8/2003)
Prescribed by GSA/ICMR FMR (41 CFR) 102-119.30(i)

*Figure H-32, Example, OF Form 522
Medical Record – Request for Administration of Anesthesia and
for Performance of Operations and Other Procedures*

Sample

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

PREVIOUS EDITION USABLE

SPECIMEN/LAB RPT. NO.

MISC

URGENCY
 ROUTINE
 TODAY
 PRE-OP
 STAT

PATIENT STATUS
 BED
 OUTPATIENT
 NP
 AMB
 DOM

SPECIMEN SOURCE
 (Specify)

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD

DATE

TECH

LAB ID NO.

REMARKS

TEST(S)	SPECIMEN TAKEN	DATE	TIME	A.M.	P.M.	REQUESTED	RESULTS

557-107
MISCELLANEOUS
 STANDARD FORM 557 (Rev. 3-77)
 Prescribed by GSA - ICMR
 FPMR (41 CFR) 201-45.505

PATIENT'S MED. RECORD

*U.S. GPO 1989-234-020

NSN 7540-00-181-8344

Figure H-33, Example, SF Form 557
 Miscellaneous

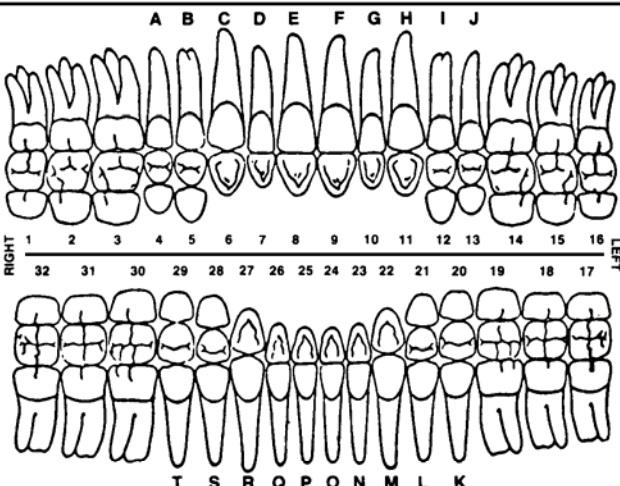
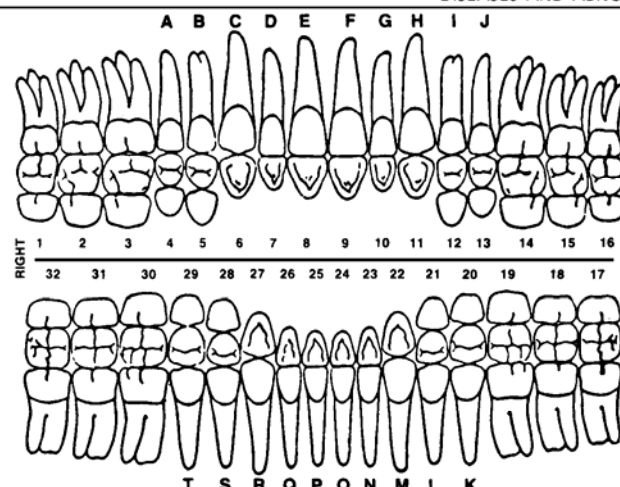
HEALTH RECORD			DENTAL															
SECTION I. PRESENTING DENTAL STATUS															PAGE: 1			
1. PURPOSE OF EXAMINATION										2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION				
INITIAL			SEPARATION			OTHER (Specify)				1	2	3	4	1	2	3	4	
4. MISSING TEETH, EXISTING RESTORATIONS, AND PROSTHETIC APPLIANCES																		
															REMARKS			
5. DISEASES AND ABNORMALITIES																		
															REMARKS			
6. INDICATE X-RAYS USED IN THIS EXAMINATION																		
<input type="checkbox"/> PANORAMIC RADIOGRAPHS	<input type="checkbox"/> FULL MOUTH PERIAPICAL	<input type="checkbox"/> POSTERIOR BITE-WINGS	OTHER:	<input type="checkbox"/> NONE TAKEN	SIGNATURE OF DENTIST													
PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)																		
PATIENT'S NAME (Last, First, Middle Initial)													SEX					
DATE OF BIRTH			RELATIONSHIP TO SPONSOR			COMPONENT/STATUS			DEPART/SERVICE									
SPONSOR'S NAME										RANK/GRADE								
SSN OR IDENTIFICATION NO.										ORGANIZATION								
EXCEPTION TO SF 603 APPROVED BY GSA/IRMS 1-91																		
DENTAL Standard Form 603 (Rev. 10-75)																		

Figure H-34, Example, SF Form 603 Health Record

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**APPENDIX I
POLICY ON
TAPING DENTAL RECORDS
(31 MARCH 1999)**

I-1. General

This appendix provides guidance on the taping of dental records.

I-2. Taping dental treatment records

Refer to figure I-1 below for a memorandum regarding the taping of dental treatment records. Figure I – 2 below is an example of DA Form 3444-6, the dental treatment record jacket.

MCDS

31 March 1999

MEMORANDUM FOR Commander U. S. Army Dental Activity (DENTAC)

SUBJECT: Taping Dental Treatment Records

1. Streamlining the management of dental records can save activities valuable administrative time. Facilities that have successfully transitioned to clinic management software have found these automated systems provide a viable alternative to taping dental treatment records (DTR) as a means to identify dental classification.
2. Effective immediately, DENTAC commanders may waive the requirement to tape DTRs for dental classification when an automated clinic management system has proven equally effective in providing an accurate and timely accounting of dental readiness. Commanders who exercise this waiver will:
 - a. Maintain the capability to provide current readiness data during periods of computer failure or when a knowledgeable computer operator is not immediately available. A non-automated backup system is suggested (e.g. weekly printouts of readiness data).
 - b. Continue to tape DTRs for dental classification when the soldier out processes to another installation. This will maintain a continuity of process between automated and non-automated locations.
3. All dental treatment facilities will continue the current procedure of taping DTRs for terminal digit SSN and beneficiary category as a method to identify misfiled DTRs.
4. All active duty DTRs must contain a diagnostic quality panograph. However, the requirement to tape DTRs to indicate the presence of the panograph (Memorandum, MCDS, 18 Feb 1997, Subject: Taping Dental Records is rescinded.

Figure I - 1. Example Memorandum for Taping Dental Treatment Records

ALPHABETICAL AND
TERMINAL DIGIT FILE FOR

PATIENT IDENTIFICATION

TREATMENT RECORD

For use of this form, see AR 40-66; the proponent agency is OTSG

NOTE TO PHYSICIAN:

- Medical Condition (*Medical Warning Tag*)
- Personnel Reliability Program (*Screening*)
- Radiation Screening Program
- Flight Status
- Medical Registries
- Blood Type

TYPE OF RECORD:

- Inpatient (*Clinical*)
- Outpatient Treatment
- Health
- Health - Dental
- Dental (*Non-Military*)
- ADAOCP OMR
- Civilian Employee Medical Record

Sample

IF FOUND RETURN TO:
ANY U.S. POST OFFICE

POSTMASTER - FORWARD TO:
Department of the Army
Office of the Surgeon General
Washington, D.C. 20310-3017

DA FORM 3444-6, NOV 2005

MAY 91 WILL BE USED UNTIL EXHAUSTED

Figure I - 2. Taping Dental Treatment Records

APPENDIX J
TREATMENT PLANNING WITH
DA FORM 3984

J-1. General

This appendix provides guidance on caries diagnosis and risk assessment.

J-2. Figures

Figure J-1 below is a sample DA Form 3984. Figure J-2 below is an excerpt from The Journal of the American Dental Association (JADA) regarding caries risk classification guidelines and prevention modalities.

DENTAL TREATMENT PLAN				1. CONSULTATION DESIRED <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, complete Section III, on reverse side)</i>		
For use of this form, see TB MED 250; proponent agency is Office of TSG.						
SECTION I - PLANNED TREATMENT AND SEQUENCE OF ACCOMPLISHMENT						
Check items in Column c to indicate treatment planned. If sequence of treatment is other than that printed in column b, use numbers (1 thru 10) in column c to show desired order.						
LINE	CODE	TYPE TREATMENT <i>b</i>	PLANNED SE- QUENCE <i>c</i>	ACCOM- PLISHED <i>d</i>	CHART <i>Chart ONLY missing teeth and TREATMENT TO BE ACCOMPLISHED. Do NOT chart existing Pathology or Restorations.</i>	
2	A	URGENT				
3	B	PERIODONTAL				
4	C	PROPHYLAXIS <input type="checkbox"/> SnF2 PASTE				
5	D	TOPICAL SnF2 REPEAT AFTER _____ MONTHS				
6	E	COUNSELING IN SELF CARE				
7	F	OCLUSION				
8	G	SURGERY				
9	H	RESTORATIONS				
10	I	PROSTHESES				
11	J	OTHER (specify)				
12. REMARKS OR INSTRUCTIONS Use this space for additional clarification of recommended treatment or for describing treatment which does not lend itself to charting. Indicate nature of treatment and teeth or other tissues involved. Identify entry by code letter (Column a, above).						
Narrative: Subjective Findings: the patient's chief complaint, medical history, past dental history, level of oral hygiene and oral hygiene habits, dietary items of significance; tobacco usage, etc.						
Objective Findings: periodontal status, level of plaque control/index (e.g., Modified O'leary), radiographic findings, problem list, ADA risk assessment level for caries, periodontal status/PSR; problem list						
NOTE: In the phases listed below, the most efficient treatment plan lists what will be accomplished at each appointment.						
Phases of treatment: (1) Systemic phase; Medical risk status of patient (ASA I - IV)						
(2) Urgent Phase: (a) Class 3 conditions; (b) infection, pain, bleeding, swelling; (c) Esthetics (e.g., anteriors)						
(3) Disease Control Phase: treat active oral disease; Note: In patients with extensive disease, initial treatment plan may only be determined through this phase; patient must demonstrate that an acceptable level of oral health can be maintained.						
(4) Re-evaluation Phase: (a) Specific phase in treatment when patient should be healthy and free of active disease; (b) corrective treatment to restore function & esthetics has favorable long-term prognosis only in compliant patients.						
(5) Corrective phase: Greatest investment of resources - prosth, ortho, surgical periodontics, etc. Again, if patient cannot demonstrate acceptable level of oral hygiene and oral health, do not go into this phase - ADA risk assessment.						
(6) Maintenance Phase: Final phase of initial treatment plan and the initial phase of treatment ensuring the long-term success of the treatment plan.						
13. DATE		14. TREATMENT FACILITY <b style="color: red; font-size: 1.5em;">Sample		15. SIGNATURE OF DENTIST RECORDING TREATMENT PLAN		
SECTION II - PATIENT IDENTIFICATION						
16. SEX	17. RACE	18. GRADE	19. ORGANIZATION			
20. PATIENT'S LAST NAME - FIRST NAME - MIDDLE INITIAL			21. DATE OF BIRTH	22. IDENTIFICATION NUMBER		

*Figure J - 1 Example, DA Form 3984
Dental Treatment Plan*

JADA, Vol 126:1S-24S, June 1995, Special Supplement: "Caries Diagnosis and Risk Assessment: A Review of Preventive Strategies and Management."

Caries Risk Classification Guidelines and Prevention Modalities

AGE CATEGORY FOR RECALL PATIENTS

Risk Category	CARIES RISK CLASSIFICATION GUIDELINES	CARIES PREVENTION MODALITIES BY RISK STATUS
Low	No carious lesions in last 3 years Adequately restored surfaces Good oral hygiene Regular dental visits	Educational reinforcement re: good oral hygiene and use of fluoride dentrifice One year recall
Moderate	One carious lesion in last 3 years Exposed roots Fair oral hygiene White spots &/or interproximal radiolucencies Irregular dental visits Orthodontic treatment	Pit and Fissure Caries: sealants Smooth Surface, Recurrent & Root Caries Educational reinforcement Dietary counseling Fluoride mouthrinse Professional topical fluoride Sealants Brush w/fluoride dentrifice Six month recall
High	≥ 2 carious lesions in last 3 years Past root caries; or large # of exposed roots Elevated mutans streptococci count Deep pits & fissures Poor oral hygiene Inadequate use of topical fluoride Irregular dental visits Inadequate saliva flow	Pit & Fissure Caries: sealants Smooth Surface, Root & Recurrent Caries: Educational reinforcement Brush w/fluoride dentrifice Sealants Home fluoride (mouthrinse/ 1.1 % sodium fluoride gel) Professional topical fluoride each visit 3-6 month recall Monitoring S. mutans count Antimicrobial agents Dietary counseling

Figure J - 2 Example, Caries Risk Classification Guidelines and Prevention Modalities

**APPENDIX K
HA POLICY 02-11
STANDARDIZATION OF ORAL HEALTH
AND
READINESS CLASSIFICATIONS
(04 JUN 2002)**

K-1. General

This appendix provides guidance on the standardization of oral health and readiness classifications.

K-2. Oral Health and Readiness Classification System

For HA Policy 02-11, DOD Oral Health and Readiness Classification System see figure K-1 below.

Department of Defense Oral Health and Readiness Classification System

The oral health status of uniformed personnel shall be classified as follows:

- a. **Class 1 (Oral Health):** Patients with a current dental examination, who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.
- b. **Class 2:** Patients with a current dental examination, who require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable. Patients in dental class 2 may exhibit the following:
 - (1) Treatment or follow-up indicated for dental caries or minor defective restorations that can be maintained by the patient.
 - (2) Interim restorations or prostheses that can be maintained for a 12-month period. This includes teeth that have been restored with permanent restorative materials for which protective cuspal coverage is indicated.
 - (3) Edentulous areas requiring prostheses but not on an immediate basis.
 - (4) Periodontium that:
 - (a) requires oral prophylaxis.
 - (b) requires maintenance therapy.
 - (c) requires treatment for slight to moderate periodontitis and stable cases of more advanced periodontitis.
 - (d) requires removal of supragingival or mild to moderate subgingival calculus.
 - (5) Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.
 - (6) Active orthodontic treatment. The provider should consider placing the patient in passive appliances for deployments up to six months. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.
 - (7) Temporomandibular disorder patients in remission. The provider anticipates the

*Figure K – 1, Oral Health and readiness
Classification System*

patient can perform duties while deployed without ongoing care and any medications or appliances required for maintenance will not interfere with duties.

c. **Class 3:** Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

- (1) Treatment or follow-up indicated for dental caries, symptomatic tooth fracture or defective restorations that cannot be maintained by the patient.
- (2) Interim restorations or prostheses that cannot be maintained for a 12-month period.
- (3) Patients requiring treatment for the following periodontal conditions that may result in dental emergencies within the next 12 months.
 - (a) Acute gingivitis or pericoronitis.
 - (b) Active progressive moderate or advanced periodontitis.
 - (c) Periodontal abscess.
 - (d) Progressive mucogingival condition.
 - (e) Periodontal manifestations of systemic disease or hormonal disturbances.
 - (f) Heavy subgingival calculus.
- (4) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication, or acceptable esthetics.
- (5) Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.
- (6) Chronic oral infections or other pathologic lesions including:
 - (a) Pulpal, periapical, or resorptive pathology requiring treatment.
 - (b) Lesions requiring biopsy or awaiting biopsy report.
- (7) Emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections, or provide timely follow-up care (e.g., drain or suture removal) until resolved.
- (8) Acute temporomandibular disorders requiring active treatment that may interfere with duties.

d. **Class 4.** Patients who require periodic dental examinations or patients with unknown dental classifications. Class 4 patients normally are not considered to be worldwide deployable.

Figure K – 1, (Cont'd) Oral Health and readiness Classification System

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GLOSSARY

Section I **Abbreviations**

AD
Active duty

ADM
Active duty member

ADT
Active duty for training

ARNG
Army National Guard

ARPERCEN
U.S. Army Reserve Personnel Center

AT
Annual training

AWOL
Absent without leave

CDT3
Current Dental Terminology (3rd Edition)

CAPMI
Computer assisted postmortem identification

CDA
Certified Dental Assistant

CDA
Corporate Dental Application

CHAMPUS
Civilian Health and Medical Program of the Uniformed Services

CHCS
Composite Health Care System

TB MED 250

CHCS II

Composite Health Care System II

CONUS

Continental United States

CPO

Civilian Personnel Office

CPR

Cardiopulmonary Resuscitation

DA

Department of the Army

DC

Dental Corps

DD

Department of Defense (for forms identification)

DDM

Doctor of Dental Medicine

DDS

Doctor of Dental Surgery

DEERS

Defense Enrollment/Eligibility Reporting System

DENTAC

United States Army Dental Activity

DDP

Delta Dental Plan

DEROS

Date eligible to return from overseas

DH

Dental hygienist

OD

Department of Defense (used in correspondence)

DODD

Department of Defense Directive

DODI

Department of Defense Instruction

DTA

Dental therapy assistant

DTF

Dental Treatment Facility

DTR

Dental Treatment Room

DWV

Dental Weighted Value

EFDA

Expanded Functions Dental Assistant

ETS

Expiration term of service

FMP

Family member prefix

FTE

Full time equivalent

FY

Fiscal year

GDE

Graduate Dental Education

GME

Graduate Medical Education

HMO

Health Maintenance Organization

HRC

Human Resource Command

HREC

Health Record

TB MED 250

ICD-9-CM

International Classification of Diseases (ICD)-Ninth Revision-Clinical Modification

ID

Identification

IDT

Inactive duty training

IRR

Individual Ready Reserve

ITR

Inpatient treatment record

MACOM

Major Army Command

MC

Medical Corps

MDRTS

Medical and Dental Record Tracking System

MEDCEN

United States Army Medical Center

MEDDAC

Medical Department Activity

Medicaid

Social security health Insurance Program for the Aged

MEPRS

Medical expense and Performance Reporting System

MILPO

Military Personnel Office

MOA

Memorandum of Agreement

MOU

Memorandum of Understanding

MTF

Medical Treatment Facility

NG

National Guard

NATO

North Atlantic Treaty Organization

NLD

Not in the line of duty

NPRC

National Personnel Records Center

NOAA

National Oceanic and Atmospheric Administration

O (in SOAP)

Objective findings

OASD (HA)

Office of the Assistant Secretary of Defense (Health Affairs)

OCONUS

Outside the Continental United States

OF

Optional Form

OFMDP

OCONUS Family Member Dental Program

OHFP

Oral Health Fitness Program

OHMP

Oral Health Maintenance Program

OTAD

Other than active duty

OTJAG

Office of the Judge Advocate General

OTR

Outpatient treatment record

TB MED 250

OTSG

Office of the Surgeon General

PASBA

Patient Administration Systems and Biostatistics Activity

PCM

Primary care manager

PCS

Permanent change of station

PDA

Personal Digital Assistant

PDS

Preventive dentistry specialist

PHS

Public Health Service

POR

Preparation of replacements for overseas movement

PRP

Personnel Reliability Program

QA

Quality assurance

QA/RM

Quality Assurance/Risk Management

QI

Quality Improvement

RC

Reserve Components

REFRAD

Release from active duty.

REFRADT

Release from active duty for training

RDH

Registered Dental Hygienist

RET

Retire(ed)

ROTC

Reserve Officers' Training Corps

SF

Standard form

SNODENT

The American Dental Association's Systemized Nomenclature for Dentistry

SOFA

Status of Forces Agreement

SOP

Standing operating procedure

SRP

Soldier Readiness Program

SSN

Social security number

TB Med

Technical Bulletin, Medical

TDA

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United Concordia Companies Incorporated

USACHPPM

U.S. Army Center for Health Promotion and Preventive Medicine

USAREUR

U.S. Army Europe

USAF

U.S. Air Force

USAFA

U.S. Air Force Academy Cadet

USAR

U.S. Army Reserve

USC

United States Code

USCG

U.S. Coast Guard

USMA

U.S. Military Academy Cadet

USMC

U.S. Marine Corps

USN

U.S. Navy

USNA

U.S. Navy Academy Midshipman

VA

Veterans Administration or Department of Veterans Affairs

WWU

Weighted Work Unit

Section II

Terms

Accreditation

A formal process by which an Agency or organization evaluates and recognizes an institution or program of study as meeting certain predetermined criteria or standards.

Active duty

Full-time duty in the active military of the United States, including Federal duty on the active list (for National Guard personnel), full-time training duty, annual training, and attendance, while in the active military Service, at a school designated as a service school by law or the Secretary of the Military Department concerned. As it relates to medical care, the term Active Duty does not include Active Duty for Training.

Active Duty for Training

A tour of active duty that is used for training members of the Reserve components to provide trained units and qualified persons to fill the needs of the Armed Forces in time of war or national emergency and such other times as the national security requires. The tour of duty is under orders, which provide for return to non-active status when the period of active duty for training is completed. It includes annual training, special tours of active duty for training, school tours, and the initial tour performed by non-prior service enlistees.

Active Duty Member

A person appointed, enlisted, inducted, or called, ordered, or conscripted into a military service. Active duty members include members of the National Guard or Reserve who are ordered to active duty or active duty for training.

Armed Forces Institute of Pathology

A Tri-Service Agency with a mission of consultation and research in the field of pathology for the Department of Defense.

Armed Forces of the United States

A term used to denote collectively all components of the Army, Navy, Air Force, Marine Corps, and Coast Guard.

Assigned

The state of belonging to a unit and being counted as part of that unit's assigned strength.

Authenticate

A method to denote authorship of an entry made in a patient's medical or dental record by means of a written signature, identifiable initials, a computer key, or a personally-used rubber stamp; also refers to the process of certifying copies as genuine.

Beneficiary

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Defined for purposes of 10 USC 1095, the Third Party Collection Program, any person determined to be eligible for benefits and authorized treatment in an MTF, covered by 10 USC 1074(b), 1076(a) or 1076(b). These are retirees, family members of retirees, and family members of AD; for purposes of automobile insurance, authority extends to AD members of the Uniformed Services.

Board-Certified

A term that describes a physician or other health professional who has passed an examination given by a professional specialty board and has been certified by that board as a specialist in that subject.

Branch of Service

Army, Navy, Air Force, and Marine Corps.

Cardiopulmonary Resuscitation (CPR)

A lifesaving technique that provides artificial circulation and breathing to a person whose heart and lungs have stopped functioning because of a heart attack, shock, drowning, or other cause.

Catchment Area

The defined geographic area served by a hospital, clinic, or dental clinic and delineated on the basis of such factors as population distribution, natural geographic boundaries, and transportation accessibility. For the DoD Components, those geographic areas are determined by the Assistant Secretary of Defense (Health Affairs) and are defined by a set of 5-digit zip codes, usually within an approximate 40-mile radius of military inpatient treatment facilities.

Certification

The process by which a Governmental or non-Governmental Agency or association evaluates and recognizes a person who meets predetermined standards; it is sometimes used with reference to materials or services. "Certification" is usually applied to individuals and "accreditation" to institutions.

Charge

The dollar amount charged by a hospital, physician, or other healthcare provider for a unit of service, such as a stay in an inpatient unit or a specific medical or dental procedure.

Civilian Health and Medical Program of the Uniformed Services CHAMPUS)

An indemnity-like program called TRICARE standard that is available as an option under DoD's TRICARE program. There are deductibles and cost shares for care delivered by civilian healthcare providers to active duty family members, retirees and their family members, certain survivors of deceased members and certain former spouses of members of the seven Uniformed Services of the United States.

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)

A program administered by the Department of Defense for the Department of Veterans Affairs that cost-shares for care delivered by civilian health providers to family members of totally disabled veterans that are eligible for retirement pay from a Uniformed Service of the United States.

Claim

Any request for payment for services rendered related to care and treatment of a disease or injury that is received from a beneficiary, a beneficiary's representative, or an in-system or out-of-system provider by a CHAMPUS FI/Contractor on any CHAMPUS-approved claim form or approved electronic media. Types of claims and/or data records include Institutional, Inpatient Professional Services, Outpatient Professional Services (Ambulatory), Drug, Dental, and Program for the Handicapped.

Clinical Privileges

The permission to provide medical, dental, and other patient care services in the granting institution, within defined limits, based on the individual's education, professional license, experience, competence, ability, health, and judgment.

Clinical Support Staff

Personnel who are required to be licensed but are not included in the definition of healthcare Practitioners. This category includes dental hygienists and non-privileged nurses.

Clinician

A "clinician" is defined as a physician or dentist practitioner normally having admitting privileges and primary responsibility for care of inpatients. Interns and resident physicians and dentists are considered clinicians only for purposes of meeting the requirements of the Manual and NOT for the purposes of JCAHO accreditation, credentialing, etc. A physician or dentist assigned to and/or working at a clinic with no inpatient capability will still be considered a clinician on the premise that if assigned to a hospital, he or she would have admitting privileges. For manpower purposes, all physicians and dentists are considered clinicians. For expense purposes, clinician salary expenses are processed in a manner that will align inpatient expenses to permit comparison between civilian facility and military facility inpatient care costs. Salary expenses to be accounted for separately will be for those clinicians whose services are normally provided in the civilian sector by clinicians not employed by the hospital and who bill the patient directly.

Clinician, MEPRS

A physician or dentist practitioner normally having admitting privileges and primary responsibility for care of inpatients. Intern and resident physicians and dentists are considered to be clinicians as far as the reporting categories only for the purposes of meeting the requirements for MEPRS.

Coinsurance

A provision in a member's coverage that limits the amount of coverage by the plan to a certain percentage, commonly 80 percent. Any additional costs are paid by the member out of pocket.

Combat Service Support

The essential capabilities, functions, activities and tasks necessary to sustain all elements of operating forces in theater at all levels of war. (See Joint Pub 4-02)

Command and Control

The exercise of authority and direction by a properly designated commander over assigned forces in the accomplishment of the mission.

Communications Zone

The rear part of a theater of operations (behind but contiguous to the combat zone) that contains the lines of communication, establishments for supply and evacuation and other agencies required for immediate support and maintenance of the field forces.

Composite Health Care System (CHCS)

A medical AIS that provides patient facility data management and communications capabilities. Specific areas supported include: MTF healthcare (administration and care delivery), patient care process (integrates support--data collections and one-time entry at source), ad hoc reporting, patient registration, admission, disposition, and transfer, inpatient activity documentation, outpatient administrative data, appointment scheduling and coordination (clinics, providers, nurses, and patients), laboratory orders (verifies and processes), drug and lab test interaction, quality control and test reports, radiology orders (verifies and processes), radiology test result identification, medication order processing (inpatient and outpatient), medicine inventory, inpatient diet orders, patient nutritional status data, clinical dietetics administration, nursing, order-entry, eligibility verification, provider registration, and the Managed Care Program.

Composite Lab Value (CLV)

A weighted time factor for dental laboratory procedures.

Computer assisted postmortem identification (CAPMI)

The CAPMI is a computer program that uses an electronic dental profile of an individual to rapidly sort for possible identification matches in the event of mass casualty situations. It relies on accurate dental examination data to improve both the speed and accuracy of the forensic identification process.

Consultant

An expert in a specific medical, dental, or other health services field who provides specialized professional advice or services upon request.

Consultation

A deliberation with a specialist concerning the diagnosis or treatment of a patient. To

qualify as a consultation (for statistical measure) a written report to the requesting healthcare professional is required.

Continental United States (CONUS)

United States territory, including the adjacent territorial waters located within the North American continent between Canada and Mexico. Alaska and Hawaii are not part of the CONUS (The 48 contiguous States and the District of Columbia).

Continuing Education

Officers, equivalent civilians, and selected enlisted personnel working in a medical specialty, have a responsibility to maintain their knowledge within their professional discipline. Often this responsibility has been codified into a professional requirement either by nationally recognized certifying associations and/or boards, State licensure bodies, or military medical departments. This type of training requirement has become known as continuing education. The salary expenses of military and civilian personnel meeting these requirements shall be included. It is education beyond initial professional preparation that is relevant to the type of patient care delivered in the organization, and/or provides current knowledge relevant to the individual's field of practice, and/or healthcare delivery in general.

Continuum of Care

A way of looking at the level and type of care provided to individuals from the most acute and intensive to the least acute and least intensive. The concept of the continuum is important because integrated health networks of the future will be expected to provide the entire range of services contained on the continuum.

Contractor (TRICARE/GOVERNMENT CONTRACTOR).

A Government-selected civilian healthcare organization designated on a region by region and/or area by area bid-price contractual basis. Each TRICARE contractor supplements all tri-Service military direct care for beneficiaries in the applicable geographical area. The Contractor provides managed care support to TRICARE Prime enrollees and organizes the Preferred Provider Network (PPN) for beneficiaries in TRICARE Prime and those utilizing TRICARE Extra.

Co-payment

That portion of a claim or medical expense that an individual must pay out of pocket. It is usually a fixed amount, such as \$5 in many HMOs.

Cost Assignment

MEPRS uses a standard cost assignment methodology to distribute expense from MEPRS cost pool accounts, MEPRS ancillary accounts, and MEPRS support service accounts to other MEPRS accounts (i.e., inpatient, outpatient, dental specialty programs and readiness accounts). "Cost distribution" is often used as a synonym for cost assignment.

Credentialing

The most common use of the term refers to obtaining and reviewing the documentation of

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professional providers. Such documentation includes licensure, certifications, insurance, evidence of malpractice insurance, malpractice history, and so forth. It generally includes both reviewing information provided by the provider as well as verification that the information is correct and complete. A much less frequent use of the term applies to closed panels and medical groups and refers to obtaining hospital privileges and other privileges to practice medicine.

Credentials

The documents that constitute evidence of qualifying education, training, licensure, certification, experience and expertise of healthcare providers. It includes professional qualifications such as a professional degree, post-graduate training and education, board certification, and licensure, etc.

CREDENTIALS PROCESS AND REVIEW

The application and screening process whereby healthcare providers have their credentials evaluated before being granted clinical privileges or assigned patient care responsibility.

Deductible

That portion of a subscriber's (or member's) healthcare expenses that must be paid out-of-pocket before any insurance coverage applies: It is commonly \$100 to \$300 in insurance plans and PPOs but uncommon in HMOs. It may apply only to the out-of-network portion of a point-of-service plan.

DEERS Registration

The process whereby a potentially eligible DOD healthcare beneficiary presents documentation that establishes his or her eligibility for healthcare in the MHS system, and that fact is documented in the Defense Enrollment Eligibility Reporting System (DEERS).

Defense Dental Standard System (DDSS)

As the standard DOD Dental AIS, will provide comprehensive dental service capabilities to the entire DOD medical community. It will support clinical laboratory management, including field offices. Projected functional requirements include patient appointing and scheduling, management reports (workload, expenses, and personnel), enrollment eligibility verification, electronic healthcare record imaging, care documentation (POS), requirements collection (dental treatment), periodic dental exam program, workload capture (clinics and laboratories), interactive logistics management, order entry (prosthetics and oral pathology labs, and imaging services), case design support (prosthetic labs), interactive consultation (teleradiology), forensic dentistry support, personnel fitness classifications for readiness reporting, theater support, and patient registration.

Defense Enrollment Eligibility Reporting System-Deoxyribonucleic Acid (DEERS-DNA).

A medical AIS that provides centralized, automated support to the Army, Navy and Air

Force medical departments in the tracking of DNA samples.

Defense Enrollment Eligibility Reporting System-Enrollment (DEERS-Enrollment)

A medical AIS that provides enrollment verification information for individuals entitled to Uniformed Services benefits.

Defense Enrollment Eligibility Reporting System Registration-(DEERS-Registration).

The process whereby a potentially eligible DOD health care beneficiary presents documentation that establishes his or her eligibility for healthcare in the MHS system, and that fact is documented in the Defense Enrollment Eligibility Reporting System (DEERS).

Defense Medical Information System (DMIS).

A medical AIS that supports the collection, integration, validation, analysis, and reporting of data related to MHS. Functions include: analyses (budget formulation, resource allocation, utilization management, and quality improvement), catchment area directory, CHAMPUS use and expense, MEPRS-based use and expense, inpatient biometrics, outpatient biometrics, facilities data (MTF and higher), and MIS/Micro DMIS (summary of inpatient and outpatient utilization data).

Defense Medical Information System (DMIS) Identification Code (ID).

The Defense Medical Information System identification code for fixed medical and dental treatment facilities for the tri-Services, the U.S. Coast Guard, and USTFs. In addition, DMIS IDs are given for non-catchment areas, administrative units such as the Surgeon General's office of each of the tri-Services, and other miscellaneous entities.

Deferred Non-Emergency Care

Medical or dental care (such as eye refraction, immunizations, dental prophylaxis, and so on) that can be delayed without risk to the patient.

Dental

Of, pertaining to, or dealing with the healing art and science of dentistry.

Dental Assistant

A person trained to assist the dentist in all phases of dental treatment.

Dental Care, Adjunctive

The care provided to dental and oral tissue that is necessary to improve or ameliorate systemic medical or surgical conditions. Adjunctive care includes oral examination and diagnosis at the request of a physician. When a dentist and physician certify that they are essential to the control of the primary conditions, adjunctive care includes procedures for the treatment of infection, lesions, or fractures of oral and maxillofacial tissues; and surgical correction of developmental or acquired oral and facial deformities. Restoration of dental, oral and maxillofacial tissues or prosthesis is considered adjunctive when injured, affected or fractured during the medical or surgical management at a Uniformed

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Services Military Treatment Facility.

Dental Care, Emergency

The care provided for the purpose of relief of oral pain, elimination of acute infection, control of life-hazardous oral conditions (e.g., hemorrhage, cellulitis, or respiratory difficulties) and treatment of trauma to teeth, jaws, and associated facial structures.

Dental Care, Preventive

The care provided for the purpose of promoting oral health and preventing oral disease and injury. Military dental organizations provide or assist other organizations in providing primary preventive measures: systemic fluorides, topical application of fluorides, plaque control education, dietary counseling, oral prophylaxis, protective mouth guards, pit and fissure sealants, tobacco risk education, and preventive orthodontics. Secondary preventive measures such as periodic examination or screening and referral are considered to be preventive dental care.

Dental Clinic

A healthcare treatment facility appropriately staffed and equipped to provide outpatient dental care that may include a wide range of specialized and consultative support. Postgraduate education in the arts and sciences of dentistry may be conducted in this facility based upon the requirements of each Service.

Dental health record

A properly marked DA Form 3444 and all enclosed forms and radiographs. It must contain, as a minimum, SF 603 with Section II completed and a properly identified pantographic radiograph of diagnostic quality. In situations where a record is made and it is impossible to include a pantograph, Section I, part 4, must be completed. A panograph must be added to the record at the earliest convenience. Outpatient dental treatment records including summaries of dental treatment from inpatient medical records and dental radiographs.

Dental Hygienist

A person who, under the supervision of a dentist, assumes delegated responsibility for providing preventive and therapeutic dental services for patients.

Dental Management Information System

The Navy automated dental workload reporting system used on personal computers.

Dental Officer

A dentist with officer rank.

Dental screening examination

A dental screening examination is a survey of the oral cavity to detect gross pathological conditions and identify patients requiring early treatment of potential emergency conditions.

Dental Service

The provision of services providing preventive care, diagnosis, and treatment of patients to promote, maintain, or restore dental health.

Dental Treatment Facility (DTF). See Dental Clinic

Dental Treatment Facilities Afloat

The facilities described in General Specifications for Ships of the Navy and Authorized Dental Allowance Lists (ADALs).

Dental Treatment Room (DTR).

A properly outfitted room including a dental chair, dental unit, and dental light where clinical dental procedures are performed.

Dental Weighted Value (DWV)

A weighted workload factor for clinical dental procedures.

Dentist

A person qualified by a degree in dental surgery (DDS) or dental medicine (DMD).

Dentist, Contract

A member of a hospital medical staff or dental clinic staff who, under a full-time or part-time contract, provides care in the hospital or dental clinic, and whose payment as defined in the contract may be an institutional responsibility, on a fee basis, or on another agreed upon basis.

Department

An organizational unit of the Military Treatment Facility or of the medical staff.

Dependent

A person who is eligible for care because of his or her relationship to a member or former member of a Uniformed Service.

Deployable Medical System (DEPMEDS)

Contingency medical treatment facilities that are capable of being transported and located in a desired or required area of operation during a contingency, war, or national emergency. Deployable medical systems are composed of fixed contingency hospitals and other than fixed contingency hospitals, which are not normally used for patient care during peacetime.

Diagnosis

A word or phrase used to identify a disease or problem from which an individual patient suffers or a condition for which the patient needs, seeks, or receives healthcare.

Disease

An illness; sickness; and interruption, cessation, or disorder of body functions, systems,

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or organs due to an entity characterized usually by at least two of these criteria: a recognized etiologic agent (or agents), an identifiable group of signs and symptoms, or consistent anatomical alterations.

Disease Non-Battle Casualty

A person who is not a battle casualty but who is lost to the organization by reason of disease or injury, including persons dying of disease or injury, or by reason of being missing where the absence does not appear to be voluntary or due to enemy action or to being interned.

Disease Non-Battle Injury (DNBI)

An accident or injury that is not the direct result of hostile action by or against an organized enemy. This includes injuries due to the elements, self-inflicted wounds, and in most cases, wounds or death inflicted by a friendly force while the individual is absent without leave or in a dropped-from-rolls status or is voluntarily absent from a place of duty. It includes all injuries during peacetime.

Elective Care

Medical, surgical, or dental care that, in the opinion of professional authority, could be performed at another time or place without jeopardizing the patient's live, limb, health, or well-being. Examples are: surgery for cosmetic purposes, vitamins without a therapeutic basis, sterilization procedures, elective abortions, procedures for dental prosthesis, prosthetic appliances, and so on.

Eligible Beneficiaries

For purposes of the managed care (TRICARE) program, eligible beneficiaries include: active duty personnel and their family members, Reserve component personnel when on active duty, family members of Reserve component personnel when their sponsor's active duty orders are for more than 30 days, retirees and their family members, and survivors from the seven Uniformed Services.

Encounter

A face-to-face contact between a patient and a provider who has primary responsibility for assessing and treating the patient at a given contact, exercising independent judgment.

End Strength

The number of personnel actually assigned as of the last day of the reporting period.

Enrollment

The process by which participation status in the MHS Managed Care Program (TRICARE) is established.

Executive Committee of the Dental Staff

A committee of the treatment facility professional staff that provides a mechanism for dental staff involvement in the credentials review and privileging process.

Facility

A separate individual building, structure, utility system, or other item of real property improvement, each item of which is subject to separate reporting and recording, in accordance with DoD Instruction 4165.14.

Family Member Prefix (FMP)

A two-digit number used to identify a sponsor or prime beneficiary or the relationship of the patient to the sponsor.

Fellowship

A Graduate Medical Education experience following residency, often not in continuity, which is formally structured and focused on a specialty area. It usually involves investigative commitment and achievement of specific technical or clinical skill. It can result in specified certification.

Fiscal Year (FY)

The 12-month accounting period used by the Federal Government (currently from 1 October to the next 30 September).

Fixed military treatment facility

An established land-based medical center, hospital, clinic or other facility that provides medical, surgical or dental care and does not fall within the definition of Non-fixed Military Treatment Facility.

Formulary

A listing of drugs that a privileged healthcare provider may prescribe. The provider is requested or required to use only formulary drugs unless there is a valid medical reason to use a non-formulary drug.

Full-Time Equivalent (FTE)

A work force equivalent of one individual working full-time for a specific period, which may be made up of several part-time individuals or one full-time individual.

Health Care Professional

An individual who has received special training or education in a health-related field. This may include administration, direct provision of patient care, or ancillary services. Such a professional may be licensed, certified, or registered by a Government Agency or professional organization to provide specific health services in that field as an independent practitioner or employee of a healthcare facility.

Health Care Provider

A healthcare professional who provides health services to patients; examples include a physician, dentist, nurse, or allied health professional.

Health maintenance organization (HMO)

An organization that has management responsibility for providing comprehensive

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healthcare services on a prepayment basis to voluntarily enrolled persons within a designated population.

Health Promotion

Any combination of health information, education, diagnostic screening and healthcare interventions designed to facilitate behavioral alterations that will improve or protect health. It includes those activities intended to influence and support individual lifestyle modification and self-care.

Health Record

A document that records the provision of health services to an individual patient. Health records include both outpatient treatment and dental record of a military member. It excludes the inpatient treatment record but may contain a summary of inpatient care.

Health Services

The services intended to directly or indirectly contribute to the health and well-being of patients.

Hostile Casualty

A person who is the victim of a terrorist activity or who becomes a casualty "in action."
(See the Joint Publication 4-02)

Immediate Non-Emergency Care

The medical, surgical, or dental care for other than an emergency condition, which is necessary at the time and place for the health and well being of the member.

Incidence

An expression of the rate of which a certain event occurs, such as the number of new cases of a specific disease occurring during a certain period.

Infection Control Program

The policies and procedures followed by a medical or dental treatment facility to minimize the risk of infection to patients and staff.

Infection Control Committee

A military Treatment Facility committee composed of medical, dental, nursing, laboratory, and administrative staff members (and occasionally others, such as dietary or housekeeping staff members) whose purpose is to oversee infection control activities.

Informed Consent

A legal principle requiring that the patient must be informed of all proposed medical or surgical procedures, the material risks of these procedures, alternative courses of action, and the material risks attendant to the alternatives prior to consenting to the receipt of the recommended treatment.

Initial dental processing

The initial dental processing consists of exposing and developing an original pantographic radiograph, and a dental screening examination.

Inpatient treatment record

The medical record that is used by hospitals to document inpatient medical or dental care. The inpatient treatment record is initiated on admission and completed at the end of hospitalization. This record applies to all beneficiaries.

Initial dental examination

The initial dental examination is performed after the initial dental processing at a time when definitive care is contemplated, or as part of the Dental Fitness Program.

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

A coding system for classifying diseases and operations to facilitate collection of uniform and comparable health information.

Intravenous Conscious Sedation

The sedation for which there is a reasonable expectation that the sedation may result in the loss of protective reflexes in a significant percentage of patients.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

A private, not-for-profit organization composed of representatives of the American College of Surgeons, American College of Physicians, American Hospital Association, American Medical Association, and American Dental Association whose purpose is to establish standards for the operation of health facilities and services, conduct surveys, and determine accreditation status of Military Treatment Facilities medical treatment facilities.

Lead Agent

The office responsible for administering a TRICARE Health Service Region. The Lead Agent may also be the commander of a major medical facility located in the area. The office functions as the focal point for health services and collaborates with the other military treatment facility commanders within the region to develop an integrated plan for the delivery of healthcare for beneficiaries.

Licensure

The granting of permission by an official agency of a State, the District of Columbia, or a Commonwealth, territory, or possession of the United States to provide healthcare independently in a specified discipline in that jurisdiction. It includes, in the case of such care furnished in a foreign country by any person who is not a national of the United States, a grant of permission by an official agency of that foreign country for that person to provide healthcare independently in a specified discipline.

Maintenance

The recurring day-to-day, periodic, or scheduled work required to preserve or restore a

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facility to such condition that it may effectively be used for its designated purpose. It includes work undertaken to prevent damage to a facility that otherwise would be more costly to restore.

Managed care

A system in which the patient's health care is managed by a single provider or group of providers. Primary care managers act as patient advocates, monitoring all care, avoiding needless care and referring patients to economical care sources. Such systems negotiate discount fees with providers, and stress keeping people healthy through health promotion and preventive medicine.

Man Day

A unit of work equal to the productive effort of one person working one 8-hour workday.

Man Hour

A unit of measuring work. It is equivalent to one person working at a normal pace for 60 minutes, two people working at a normal pace for 30 minutes, or a similar combination of people working at normal pace for a period of time equal to 60 minutes.

Man Year

A unit of work equal to the productive effort of one person working 8 hours per day, 5 days per week for a period of one year, adjusted to include paid leave.

Manning

The specific inventory of people currently assigned to an activity in terms of numbers, grades, and occupational groups.

Medical Evaluation Board (MEB)

A medical report about the current state of health and physical status of a member of the Armed Forces that includes recommendations about further evaluation and treatment and that, as appropriate, may render opinion concerning future health status and related needs.

Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (MEPRS)

A uniform reporting methodology designed to provide consistent principles, standards, policies, definitions, and requirements for accounting and reporting of expense, manpower, and performance data by DoD fixed military medical and dental treatment facilities. Within these specific objectives, the MEPRS also provides, in detail, uniform performance indicators, common expense classification by work centers, uniform reporting of personnel utilization data by work centers, and a cost assignment methodology. (The two-digit MEPRS code identifies departments and the three-digit MEPRS code identifies clinic services.)

Medical officers

A physician with officer rank.

Memorandum of Understanding (MOU)

A written record or communication; a statement outlining terms of an agreement, transaction, or contract.

Military personnel

Persons on active duty or active duty for training in the U.S. Armed Forces, including cadets, and midshipmen of the Armed Forces Academies.

Military treatment facility

A military facility established for the purpose of furnishing medical and/or dental care to eligible individuals.

Next of Kin (NOK)

An individual authorized as a primary point of contact for an individual. A NOK may participate in decision making regarding medical treatment and/or disposition of remains.

Non-available Time

Those hours expended in support of activities unrelated to the healthcare mission. These activities include, but are not limited to, official leave, PCS processing, medical visits or treatments, change of quarters, parades, formations, details, and non-healthcare-related training.

Non-battle Casualty

A person who is not a battle casualty, but who is lost to his organization by reason of disease or injury, including persons dying from disease or injury, or by reason of being missing where the absence does not appear to be voluntary or due to enemy action or to being interned.

Non-fixed Military Treatment Facility

Medical facilities for field service, such as aid stations, clearing stations, and division, field and force combat support and evacuation hospitals; medical facilities afloat, such as hospital ships and sick bays aboard ships; and tactical casualty staging facilities and medical advance base components contained within mobile-type units.

Non-hostile Casualty

A person who becomes a casualty due to circumstances not directly attributable to hostile action or terrorist activity.

Outpatient

An individual receiving healthcare services for an actual or potential disease, injury, or lifestyle-related problem that does not require admission to a medical treatment facility for inpatient care.

Patient

A sick, injured, wounded, or other person requiring medical or dental care or treatment.

Preferred Provider Organization (PPO).

A term applied to a variety of direct contractual relationships between hospitals, physicians, insurers, employers, or third-party administrators in which providers negotiate with group purchasers to provide health services for a defined population, and which typically share three characteristics: a negotiated system for payment for services that may include discounts from usual charges or ceilings imposed on a charge, per diem, or per discharge basis; financial incentives for individual subscribers (insured) to use contracting providers, usually in the form of reduced co-payments and deductibles, broader coverage of services, or simplified claims processing; and an extensive utilization review program.

Prevalence

The total number of cases of a disease in existence at a certain time in a designated area.

Primary care manager (PCM)

An individual (military or civilian) primary care provider, a group of providers, or an institution (clinic, hospital, or other site) who or which is responsible for assessing the health needs of a patient, and scheduling the patient for appropriate appointments (example: pediatric family practice, ob-gyn) with a primary healthcare provider within the local MHS network.

Protocol

A written procedure providing basic guidelines for the management (diagnosis and treatment) of specific types of medical or dental patient care in specified circumstances.

Provider

A healthcare professional or facility or group of healthcare professionals or facilities that provide healthcare services to patients.

Provider ID

An identification code for the source of care professional services provider. The code is usually a 9-digit IRS taxpayer number or the social security number issued to a provider or facility.

Quality Assurance (QA).

The formal and systematic monitoring and reviewing of medical care delivery and outcome; designing activities to improve healthcare and overcome identified deficiencies in providers, facilities, or support systems; and carrying out follow-up steps or procedures to ensure that actions have been effective and no new problems have been introduced.

Quality Improvement Program

Any activity carried out by or for the Department of Defense to monitor, assess, and improve quality of healthcare. This includes activities conducted by individuals, military medical and/or dental treatment facility committees, contractors, military medical departments, or DOD Agencies responsible for quality assurance, credentials review and clinical privileging, infection control, patient care assessment including review of treatment procedures, blood use, medication use, review of healthcare records, health

resources management review, and risk management review.

Quarters

Disposition of a military patient when the patient is returned to his or her unit or home for medically directed self-treatment and is not to perform military duty until a medical officer indicates that he or she may perform such duties. The quarters patient is treated on an outpatient basis and normally will be returned to duty within a seventy-two hour period. The quarters patient is excused from duty past 2400 hours of the current day while under medical or dental care and is permitted to remain at home, in quarters or in clinic observation beds.

Referral

The practice of sending a patient to another program or practitioner for services or advice that the referring source is not prepared or qualified to provide.

Resident

A person engaged in residency training.

Retired member

A member or former member of a Uniformed Service who is entitled to retired, retainer, or equivalent pay, and other benefits based on duty in a Uniformed Service.

Safety Committee

A committee composed of medical, dental, nursing, engineering, administrative, and other staff members whose purpose is to oversee safety practice.

Self-care

A patient performance for himself or herself of healthcare activities of limited scope, such as the self-administration of oral medication.

Space-available Care

Any outpatient or inpatient care provided by an MTF for a Medicare dual-eligible beneficiary, who is not enrolled in TRICARE Prime; also called fee-for-service care in the private sector (pending negotiations or legislation, "credit" will not be given to MTFs by the Health Care Financing Administration HCFA) for pharmacy prescriptions to be considered as space-available care, within the parameters of the Medicare Demonstration for DOD).

Specialist

A physician, dentist, or other healthcare professional, usually with special advanced education and training.

Specialty Care

The provision by a specialist of specialized healthcare services.

Sponsor

TB MED 250

The prime beneficiary who derives his or her eligibility based on individual status rather than dependence of another person.

Support Services

Those services other than medical, dental, nursing, and ancillary services that provide support in the delivery of clinical services for patient care, including laundry service, housekeeping, purchasing, maintenance, central supply, materials management, and security.

Telemedicine/Teledentistry

An umbrella term that encompasses various technologies as part of a coherent health service information resource management program. Telemedicine is the capture, display, storage and retrieval of medical images and data towards the creation of a computerized patient record and managed care. Advantages include: move information, not patients or providers; enter data ONCE in a healthcare network; network quality specialty healthcare to isolated locations; and build from hands-on experience.

TRICARE

A tri-Service managed care program that provides all healthcare for DoD beneficiaries within a DOD geographical region. The program utilizes capitation budget management. It integrates MTF direct care and CHAMPUS civilian provider resources by forming partnerships with military medical personnel and civilian contractors.

TRICARE-Active Duty Family Member Dental Plan

A dental plan offered by DOD through the TRICARE Support Office.

Uniformed Services

The term includes personnel serving in the Army, Navy, Marine Corps, Air Force; the Coast Guard when operating as a Service of the Navy; the Commissioned Corps of the National Oceanic and Atmospheric Administration; and the Commissioned Corps of the Public Health Service.

Visit

Healthcare characterized by the professional examination and/or evaluation of a patient and the delivery or prescription of a care regimen.

Workload

An expression of the amount of work, identified by the number of work units or volume of a workload factor, that a work center has on hand at any given time or performs during a specified period of time.

WinID

WinID is a dental computer system that matches missing persons to unidentified human remains. WinID makes use of dental anthropometric characteristics to rank possible matches.

By Order of the Secretary of the Army:

Official:



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Secretary of the Army*

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*General, United States Army
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