

Quality Assurance Review
Record Audit

	Yes	No	N/A & Comments
DH 1224A Part I – Patient Information			
1. All key information, i.e. name, date of birth and sex, is properly completed where indicated on all portions of the form.	_____	_____	_____ _____ _____
2. All information requested under Part I - General Information is properly completed.	_____	_____	_____ _____ _____
DH 1224A Part III - Consent			
3. All information requested under A Part III - Permission is properly completed.	_____	_____	_____ _____ _____
4. Information as indicated is noted under remarks or additional information.	_____	_____	_____ _____ _____
DH 1224A Part II - Medical History			
5. All information requested under A Part II – Medical History is completed.	_____	_____	_____ _____ _____
5a. All questions are marked either Yes or No.	_____	_____	_____ _____ _____

	Yes	No	N/A & Comments
5b. If question is checked Yes, explanation is noted under remarks or additional information taken are noted.	_____	_____	_____ _____ _____
5c. Consent and medical history are reviewed, dated and signed.	_____	_____	_____ _____ _____
DH 1224B Part IV - Existing Oral Condition			
6. All information requested under Part IV - Existing Oral Conditions is completed.	_____	_____	_____ _____ _____
6a. All existing oral conditions are charted and noted correctly.	_____	_____	_____ _____ _____
6b. All normal or abnormal oral conditions are noted under appropriate column.	_____	_____	_____ _____ _____
6c. Calculus and oral debris are checked in appropriate box.	_____	_____	_____ _____ _____
6d. Medical Alert is noted as indicated by medical history. Medical Alert is sufficiently noted on record so as to alert all persons treating client.	_____	_____	_____ _____ _____
6e. Blood Pressure reading is recorded for all clients 18 years of age and older. Subsequent blood pressures are noted at least annually under Service Treatment provided.	_____	_____	_____ _____ _____

6f. Type of client is noted.	_____	_____	<hr/> <hr/> <hr/>
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	Yes	No	N/A & Comments
6g. Attitude of client is noted.	_____	_____	<hr/> <hr/> <hr/>
6h. Status of oral hygiene is noted.	_____	_____	<hr/> <hr/> <hr/>
6i. Chief complaint has been noted.	_____	_____	<hr/> <hr/> <hr/>
6j. Radiographs appropriate for an accurate diagnosis and treatment are exposed, dated and maintained with the permanent record comments.	_____	_____	<hr/> <hr/> <hr/>
Part V - Treatment Plan/Referral			
7. Type and order of treatment based on existing oral conditions is indicated under Treatment Plan.	_____	_____	<hr/> <hr/> <hr/>
8. Patient referred and parent/notified of any treatment that cannot be provided or conditions that exist that cannot be corrected and so noted on permanent record.	_____	_____	<hr/> <hr/> <hr/>
Part VI - Services/Treatment Provided			
9. All appropriate services provided are recorded on the chart accurately and complete.	_____	_____	<hr/> <hr/> <hr/>

9a. Tooth number is recorded.	_____	_____	<hr/> <hr/> <hr/>
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	Yes	No	N/A & Comments
9b. Type of restoration is noted, i.e. MO, MOD, etc.	_____	_____	<hr/> <hr/> <hr/>
9c. Materials used to restore tooth are noted.	_____	_____	<hr/> <hr/> <hr/>
9d. Description of caries, if notable, i.e. deep pulp exposure, pulp cap, caries remains, are noted.	_____	_____	<hr/> <hr/> <hr/>
9e. Type of extraction is noted.	_____	_____	<hr/> <hr/> <hr/>
9f. Type and number of sutures.	_____	_____	<hr/> <hr/> <hr/>
9g. Post-operative instructions given are noted.	_____	_____	<hr/> <hr/> <hr/>
10. Treatment proceeds as indicated under Treatment Plan/Referral.	_____	_____	<hr/> <hr/> <hr/>

11. Appointments are scheduled on a regular basis to complete treatment within a reasonable period of time.	_____	_____	_____ _____ _____
12a. Canceled or broken appointments are noted.	_____	_____	_____ _____ _____

	Yes	No	N/A & Comments
13. Prescriptions and drugs dispensed are noted along with name of drug, amount and recommended dosage prescribed.	_____	_____	_____ _____ _____
14. All pre-medications and local anesthetic used are recorded as to the type, amount and concentration used.	_____	_____	_____ _____ _____
15. Signature of the dentist or dental hygienist performing the service is recorded.	_____	_____	_____ _____ _____
16. Final appointments are noted as such and appropriate recall date is noted.	_____	_____	_____ _____ _____
17. Records are legibly written, kept in an orderly fashion and maintained in file for five years after the client's 18th birthday.	_____	_____	_____ _____ _____

DH 1224D Informed Consent

1. Use as required for endodontics and oral surgery	_____	_____	
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