

RYAN WHITE PART B PEER REVIEW
Virginia Department of Health
Division of Disease Prevention
HIV Care Services
Chart Review
Oral Health Care

ID Number _____

Service Standard	YES	NO	NA	COMMENTS
1. Is there referral in the client record?				
2. Is there documentation in the client's record encouraging the client to seek routine dental care as recommended by the American Dental Association?				
3. Is there appropriate dental education material apparent in the waiting room or noted in the client's record that materials were offered?				
4. Is there documentation that the Ryan White overseeing agency has given consent for the dental services?				
5. Is treatment priority given to pain, infection, traumatic injuries, or other emergency conditions documented in the client's record signed and dated for each appropriate visit?				
6. Is there documentation in the client's record signed and dated of a baseline evaluation that consists of a completed medical history?				
7. Is there documentation in the client's record signed and dated of a baseline evaluation that consists of existing oral conditions?				
8. Is there documentation in the client's record signed and dated of a baseline evaluation that consists of patient's chief complaint?				
9. Is there documentation in the client's record signed and dated of a baseline evaluation that consists of a medical alert, if appropriate?				
10. Is there documentation in the client's record signed and dated of a baseline evaluation that consists of radiographs appropriate for an accurate diagnosis and treatment?				
11. Is there documentation in the client's record signed and dated of a baseline evaluation that consists of drug history?				
12. Is there documentation of a treatment plan in the client's record showing concurrence with the dentist and client to address cavities?				
13. Is there documentation of a treatment plan in the client's record showing concurrence with the dentist and client to address missing teeth?				

14. Is there documentation of a treatment plan in the client's record showing concurrence with the dentist and client to address periodontal conditions?				
a. Are diagnoses made for each quadrant or sextant to address periodontal conditions?				
b. If periodontal disease exists, has a full mouth probing been performed every six months?				
c. Has a full mouth series of radiographs been conducted to substantiate periodontal disease?				
15. Did the client have extractions in the previous 12 months?				
a. Does the client have a need for replacement teeth?				
b. Has a removable prosthesis for tooth replacement been considered?				
c. Has a fixed prosthesis for tooth replacement been considered?				
d. If implants are needed, has a cone beam analysis performed?				
16. Is there signed and dated documentation that the treatment plan was reviewed and updated as needs are identified or at least every 6 months?				
17. Has the treatment plan been evaluated by another dental provider to address the necessity for treatment?				
18. Is there documentation signed and dated that all services provided are recorded?				
19. Is there signed and dated documentation in the client's record of prescriptions and drugs dispensed?				
20. Is there signed and dated documentation in the client's record that post operative instructions were given for surgical procedures?				
21. Is there documentation signed and dated in the client's record of all pre-medications and local anesthetic used?				
22. Is this provider a Third party payer?				
23. Is there documentation signed and dated on the client's record of <ul style="list-style-type: none"> • Medical history • Physical examination • Laboratory reports • Medications • Treatment plan of care • Interim progress notes • Laboratory reports • Referrals and follow-ups 				
For Qualifications and Training, see Universal Administrative module.				

Reviewer: _____ Date: _____

Provider Staff(s) interviewed: _____