

D0150/D0120 EXAM Checklist

- Chair should be set with all the Infection Control requirements. Pt arrives and is seated in the chair, student immediately puts PPE on and proceeds to get the Medical History.
- Once the Med History is completed (make sure to enter medications (name, dosage, time of the day is taken and what the med is for), vaccination info, vaccine brand, dates of doses and booster, if applies). Remember to click the CALCULATE bottom. Pt to sign the Med History.
- All consents are updated and signed to current provider.
- Student cannot touch the pts mouth until the START SWIPE.
- Student obtains a **START SWIPE** at the beginning of every appointment by the faculty that it will be working with. If you are doing an EXAM this should be obtained after the Medical History is reviewed by the PC.
- For every other procedure, BP will be entered and the summary calculated for that day.
- What to do when the BP is too high: A pt cannot be seen for any procedure (exam, perio, operative or prost) if their BP is OVER 160 (systolic) and/or 100 (diastolic).
- If it applies (especially for D0120s), review the type of radiographs you will need for your exam and chart add them.
- Make sure that you have a procedure in process at every appointment.
- Write a case note (end of the day note) for every appointment and include the expected procedure for the Next Visit.

STEPS

1) Fill out and sign Medical History

- a) D0150: Enter email, cell phone, preferred language, race/ethnicity, and patients address. Enter all the information required in the Med History Form.
- b) D0120 –Review and update the patient's demographic information: email, cell phone, preferred language, race/ethnicity, and address. Inform the registration coordinators of any changes. Review and update each line of the "Revised Health Form" tab.
- c) Populate the summary with the requested information and make sure the patient signs the Med History.
- d) Sign all consents: Covid, General, Medical, Financial, Telehealth and Privacy.
- e) Look over the radiographs. If any of the images are not diagnostic, or if any additional images are needed, plan them now. Bring radiographs up to the current standard of Panoramic and Bitewings or FMX. Use the D02EX code with attached note for any retakes to bring the radiographs to the current standard.

Stop Here and Wait for the start swipe



2) Call PC for Start Swipe

Review the Medical History with the PC. Be ready to answer questions about your patient's conditions and medications. In every single case, review the medical history with the PC before moving on to the ROE. PC will approve the Med History.

3) Assess if Med Consult is needed

Medical consult may be necessary before proceeding with the ROE. Assess with PC when reviewing Med History.

- a) Med consult required for patients on any prescribed medication and or one medical condition before initiating treatment at the completion of the examination.
- b) Change the "A" step to complete. Put the "B" step in process.
- c) Start Swipe
- d) Take patient to get radiographs. As soon as radiographs are ready mark them to complete.

4) Perio Charting

- a) Perio case note

5) ROE

- a) Head and neck exam.
- b) Use visual exam, palpation, and radiography.
- c) Page 13: Findings and suggested treatments.
- d) Record findings in the computer including ROE form, and odontogram (Caries, restorations, overhangs, open margins, PARLs, root tips, RCT, etc)prior to calling the PC.
- e) Fill out the CAMBRA form and review it with your patient. Chart add Caries Assessment code (D0601: low, D0602: moderate or D0603: high).
 - a. Add in final case note in case the pt is high caries risk (D0603) should have some additional fluoride treatment planned (recommended) (D1206, D5986, D1354, D1355 or prescription strength fluoride toothpaste).
- f) Tentative tx plan should be entered.

* If you do not have models and need a Prost consult this is the time to get your alginate impressions and bite registration for diagnostic casts.

- a) Begin this procedure at least 30 minutes before the end of the session
- b) Mount the case

6) Present ROE to the PC

Once you present, the step B can be set to complete.

7) Prosth consult

- a) Mounted cast + PA and single bitewing of less than 6 months will be needed for the consult
- b) Prosth instructor consult.
- c) Separate case note approved by Prosth faculty.

*If any crowns are recommended by the prost faculty, an endo consult will be needed before the Tx Plan is approved.

8) Endo Consult

- a) Test tooth or teeth and contra-lateral teeth as controls.
- b) Fill out the Endo tab.
- c) Do not bring the patient to the consult
- d) Go to the Endo Department located on the 3rd floor and get you consult approved.
- e) Radiographs less than 6 months unless intra- oral conditions or symptoms have changed needed for consult.

9) Obtain consults from Oral Path, TMD, and Ortho when needed

10) Discuss treatment options with the patient

- a) Enter the tentative treatment plan in axiUm.
- b) Present the Treatment Plan to the PC.
- c) Alter the treatment plan as indicated after consultation with the PC.
- d) Have the treatment plan approved by the PC.
- e) Patient signs treatment plan. Give the patient a copy of their treatment plan that shows their signature.

16) Finish exam

Set to complete all steps of the exam. Double check that all radiographs are completed and approved.

Write your Case Note and attach to Master Step of the exam.

Ask the PC for approval of all remaining unapproved codes and forms.