



**CHART AUDIT FORM
PREDOCTORAL AND INTERNATIONAL
PARNASSUS DENTAL CLINIC**

School of Dentistry

Date:

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Chart #:

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Student Name:

Student Number:

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Acceptable Unacceptable NA

Acceptable Unacceptable NA

1. MEDICAL HISTORY (Including Medical Consult)

- a. Vital signs Acceptable Unacceptable NA
- b. Patient signature Acceptable Unacceptable NA
- c. Faculty signature and number Acceptable Unacceptable NA
- d. Student signature and number Acceptable Unacceptable NA

2. CLINIC'S FINANCIAL POLICIES

- a. Patient's signature and date Acceptable Unacceptable NA

3. CONDITIONS OF TREATMENT

- a. Patient's signature and date Acceptable Unacceptable NA

HIPPA Y N

Dental Material Fact Sheet Y N

4. EMERGENCY CARE

- a. Triage
 - (1) Document chief complaint Acceptable Unacceptable NA
 - (2) Tooth number - Area Acceptable Unacceptable NA
 - (3) Referral Acceptable Unacceptable NA
 - (4) Student name and number Acceptable Unacceptable NA
 - (5) Faculty name and number Acceptable Unacceptable NA
- b. Emergency Treatment
 - (1) Radiograph mounted Acceptable Unacceptable NA
 - (2) Diagnosis, Tooth # - Area Acceptable Unacceptable NA
 - (3) Documented discussion Acceptable Unacceptable NA
 - (4) Treatment description Acceptable Unacceptable NA
 - (5) Follow-up or next visit described Acceptable Unacceptable NA
 - (6) Student name and number Acceptable Unacceptable NA
 - (7) Faculty name and number Acceptable Unacceptable NA

5. NEW PATIENT VISIT

- a. Date of screening Acceptable Unacceptable NA
- b. Reason for seeking care Acceptable Unacceptable NA
- c. Past dental experience Acceptable Unacceptable NA
- d. Patient expectations Acceptable Unacceptable NA
- e. Medical history considerations Acceptable Unacceptable NA
- f. Availability Acceptable Unacceptable NA
- g. Predoctoral program explained Acceptable Unacceptable NA
- h. Limited Oral exam Acceptable Unacceptable NA
- i. Refer or transfer noted Acceptable Unacceptable NA
- j. Types of Radiographs requested Acceptable Unacceptable NA
- k. Faculty signature & number Acceptable Unacceptable NA
- l. Student signature & number Acceptable Unacceptable NA

6. PROGRESS NOTES

- a. Date of procedure Acceptable Unacceptable NA
- b. Tooth # or Area Acceptable Unacceptable NA
- c. Procedure description
 - (1) Anesthesia Acceptable Unacceptable NA
 - (2) Next appointment description/ referral Acceptable Unacceptable NA
- d. Student signature and number Acceptable Unacceptable NA
- e. Faculty signature and number Acceptable Unacceptable NA

7. BASELINE EXAMINATION

- a. Radiography record Acceptable Unacceptable NA
 - (Progress Notes stamped) Acceptable Unacceptable NA
 - (1) Completed Acceptable Unacceptable NA
- b. Case Report
 - (1) Student's name and number Acceptable Unacceptable NA
 - (2) Faculty's name and number Acceptable Unacceptable NA
 - (3) Date Acceptable Unacceptable NA
- c. Comp. Diagnoses & Treatment Plan
 - (1) Student's name and number Acceptable Unacceptable NA
 - (2) Faculty's name and number Acceptable Unacceptable NA
 - (3) Date Acceptable Unacceptable NA
- d. Dental & Periodontal Charting Record
 - (1) Student's name and number Acceptable Unacceptable NA
 - (2) Faculty's name and number Acceptable Unacceptable NA
- e. Initial Periodontal Examination
 - (1) Periodontal diagnosis Acceptable Unacceptable NA
 - (2) Faculty's signature and date Acceptable Unacceptable NA
- f. Comprehensive Oral Examination
 - (1) Student's name Acceptable Unacceptable NA
 - (2) Faculty's name and number Acceptable Unacceptable NA
 - (3) Date of record Acceptable Unacceptable NA
- g. Radiographic Interpretation
 - (1) Type of radiographic survey taken Acceptable Unacceptable NA
 - (2) Date of survey Acceptable Unacceptable NA
 - (3) Student signature and number Acceptable Unacceptable NA
 - (4) Faculty signature and number Acceptable Unacceptable NA

8. TX/PROCEDURE PLAN

- a. Treatment plan entered in AxiUm Acceptable Unacceptable NA
- b. Treatment plan phased Acceptable Unacceptable NA
- c. Outcome Assessment Exam Acceptable Unacceptable NA
- d. Patient signature and date Acceptable Unacceptable NA
- e. Faculty's signature and number Acceptable Unacceptable NA
- f. Student's signature and number Acceptable Unacceptable NA
- g. Procedure Plan
 - (1) Tooth #s - Areas entered Acceptable Unacceptable NA
 - (2) Procedure descriptions Acceptable Unacceptable NA
 - (3) Procedure codes entered Acceptable Unacceptable NA
 - (4) Procedure fees entered Acceptable Unacceptable NA
 - (5) Division signatures Acceptable Unacceptable NA
 - (7) Date procedures started Acceptable Unacceptable NA
 - (8) Faculty signatures Acceptable Unacceptable NA
 - (9) Date procedures completed Acceptable Unacceptable NA
 - (10) Faculty signatures Acceptable Unacceptable NA
 - (11) Student number Acceptable Unacceptable NA
 - (12) Total Treatment Plan fee Acceptable Unacceptable NA
 - (13) Patient signature Acceptable Unacceptable NA
 - (14) Future POE entered Acceptable Unacceptable NA
 - (15) Future Perio Tx entered Acceptable Unacceptable NA