

RECORDKEEPING CHECKLIST

PATIENT #4: Deciduous or Permanent Molar Stainless Steel Crown Completion

Dental Therapist:

Dates of Service Reviewed:

Patient Initials:

Subpart 1. DEFINITIONS.

For the purposes of this part, "patient" means a natural person who has received dental care services from a provider for treatment of a dental condition. In the case of a minor who has received dental care services pursuant to Minnesota Statutes, sections 144.341 to 144.347, patient includes a parent or guardian, or a person acting as a parent or guardian in the absence of a parent or guardian.

Subp. 2. DENTAL RECORDS.	<i>Present</i>	<i>Not Present</i>	<i>Not Applicable</i>	<i>Comments</i>
Maintain dental records on each patient. <i>Patient information:</i>				
Subp. 3. PERSONAL DATA.				
A. Name				
B. Address				
C. Date of birth				
D. If minor, name of parent or guardian				
E. Name/Phone of contact for an emergency				
F. Name of insurance carrier / insurance ID #				
Subp. 4. REASON FOR VISIT.				
Subp. 5. DENTAL HISTORY. Information must include a sufficient amount of data to support the recommended treatment plan. The dental and medical history must be updated to reflect the current status of the patient.				
Subp. 5. MEDICAL HISTORY. Information must include a sufficient amount of data to support the recommended treatment plan. The dental and medical history must be updated to reflect the current status of the patient.				
Subp. 6. CLINICAL EXAM INFORMATION:				
A. Record of existing oral health status				
B. Radiographs used				
C. Facsimiles or results of other diagnostic aids				
Subp. 7. DIAGNOSIS.				
Subp. 8. TREATMENT PLAN.				
• Agreed upon				
• Dated (when <u>non</u> -routine/preventive visit)				
• Updated to reflect current status of patient's oral health / treatment				
Subp. 9. INFORMED CONSENT.				
A. Dentist discussed treatment options, prognosis, risks, and benefits				
B. The patient consented to treatment chosen				

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continued, RECORDKEEPING CHECKLIST	<i>Present</i>	<i>Not Present</i>	<i>Not Applicable</i>	<i>Comments</i>
Subp. 10. PROGRESS NOTES				
<ul style="list-style-type: none"> Legible Chronology of treatment / visits 				
A. All treatment provided				
B. All medications used and materials placed				
C. the treatment provider by license number, name, <u>or</u> initials				
D. when applicable, identity of collaborating dentist authorizing treatment by license number				
E. administration information for nitrous oxide inhalation analgesia, including indication for use, dosage, duration of administration, post treatment oxygenation period prior to discharge, and patient status at discharge.				
Subp. 11. CORRECTIONS OF RECORDS.				
<ul style="list-style-type: none"> legible written in ink no erasures or "white-outs." correction crossed-out w/ one single line & initialed 				
Subp. 12. RETENTION OF RECORDS.				
<ul style="list-style-type: none"> A dentist shall maintain a patient's dental records for at least seven years beyond the time the dentist last treated the patient. In the case of a minor patient, a dentist shall maintain a patient's dental records for at least seven (7) years past the age of majority, 18 = patient age of 25 years. 				
Subp. 13. TRANSFER OF RECORDS.				
<ul style="list-style-type: none"> Transfer in compliance with Minn. Stat. 144.291 to 144.298 irrespective of status of patient's account. Digital radiographs on compact or optical disc, electronic communication, or printing on high-quality photographic paper. All transferred film or digital radiographs must reveal images of diagnostic quality using proper exposure settings and processing procedures. Radiographs and photographs used must include <u>date the image was taken and patient's name.</u> 				
Subp. 14. ELECTRONIC RECORDKEEPING				
<ul style="list-style-type: none"> The requirements of subparts 1 to 13 apply to electronic record keeping as well as to record keeping by any other means. When electronic records are kept, a dentist must keep either a duplicate hard copy record or use an unalterable electronic record. 				