

RECORDKEEPING CHECKLIST

PATIENT #2: Adult Anterior Composite Class III

Dental Therapist:

Dates of Service Reviewed:

Patient Initials:

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|---|----------------|--------------------|-----------------------|-----------------|
| 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. Maintain dental records on each patient. <i>Patient information:</i> | <i>Present</i> | <i>Not Present</i> | <i>Not Applicable</i> | <i>Comments</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. | | | | |