Information for DS3's
JUNIOR REQUIREMENTS
FALL SEMESTER OD 8115

QUANTITY OF WORK-UPS:

100% = 8
85% = 7
75% = 6
65% = 5
60% = 4

20% Quantity of Work-ups
25% Quality of Work-ups
20% Screenings
15% Treatment Planning Seminar
20% Screening Competency Examination
100%

Work-ups are due by Friday, December 10, 2010. There are no exceptions to this date. Please plan accordingly for Clinic Operations to get the chart to OD in order for you to meet this deadline.

JUNIOR REQUIREMENTS
SPRING SEMESTER OD 8215

QUANTITY OF WORK-UPS:

100% = 10
90% = 9
85% = 8
80% = 7
75% = 6
70% = 5
65% = 4
0% = 3

40% Quantity of Work-ups
60% Quality of Work-ups

Work-ups are due the Friday before finals week begins, May 6, 2011. There are no exceptions to this date. Please plan accordingly for Clinic Operations to get the chart to OD in order for you to meet this deadline. Credit for any MTP’s graded after that day will be applied to the summer semester.
Rotation grades will be calculated into the summer grade even if the rotation is done in the Spring 2011 semester.
JUNIOR REQUIREMENTS
SUMMER SEMESTER OD 8315

QUANTITY OF WORK-UPS:

100% = 10
90% = 9
85% = 8
80% = 7
75% = 6
70% = 5
65% = 4
0% = 3

20% Quantity of Work-ups
30% Quality of Work-ups
20% Screenings
15% Emergencies
15% Treatment Planning Seminar
100%

Workups are due by Friday, July 8, 2011. There are no exceptions to this date. Any workups completed after that date will be applied to fall semester of the senior year.

Rotation grades will be calculated into the summer grade even if the rotation is done in the Spring Semester.

DS3 ORAL DIAGNOSIS GRADING SCALE (Quality Component and Overall)

90-100% = A
80 - 89% = B
70 - 79% = C
<70% = F

DS3 MTP REQUIREMENTS

The MTP must be completed in two months following the initial workup appointment. Failure to follow this guideline may result in a zero for your quality grade unless there is supporting documentation in the Treatment Progress Notes to adequately explain the length of time taken to complete the workup. This decision will be made by the faculty that approve the MTP.
ORAL DIAGNOSIS GRADE AND COMPETENCY EXAMINATIONS

Your Oral Diagnosis grade during your Junior year will be based on several different areas of performance. You will continue to work up patients and will receive credit for both the quantity and the quality of those procedures.

In addition to your workup, you will be spending one week each semester in an Oral Diagnosis rotation. You will be evaluated on a daily basis during this week. You will also participate in a Treatment Planning Seminar during your week of rotation and receive a grade based on your participate and performance.

During the fall semester you will complete a screening examination competency (20% of your fall grade). The competency must be done without assistance from other students. Minimum acceptable grade on the competency exam is 80% for the first attempt.

Screening Competency Exam Retakes:

1. Must be done after your rotation. Your retake must be done during a week you are not on rotation.
2. Highest possible grade for initial retake is 85%, second subsequent attempt, highest grade achievable is a 70%.
3. A third retake failure will be recorded as an “F.”
4. Cannot be your own prospective patient.
5. Appoint for retake with Charlene Shaw, OD Clinic Coordinator; please schedule for retake 1-2 weeks prior to your retake attempt.
ORAL DIAGNOSIS CLINIC ROTATION: DS3’s

During the junior and senior years each dental student will complete a one-week rotation in the Oral Diagnosis Clinic. The Office of the Director of Clinics is responsible for scheduling the time of your rotation.

During the one-week rotation, DS3’s and DS4’s will perform screening examinations of patients to determine their eligibility for treatment as a patient of OUCOD. DS4’s will provide urgent care treatment during the fall and spring semesters. DS3’s will provide urgent care treatment after spring break of the junior year. DS3’s and DS4’s will also participate in a treatment planning seminar at the end of their rotation week.

The fall rotation accounts for 55% of your letter grade in Clinical Oral Diagnosis I; attendance is mandatory. Because some of you will complete a rotation in spring and others in the summer semester, the rotation grades for spring and summer are recorded in the summer semester and account for a total of 50% of your Clinical Oral Diagnosis III grade. You may be excused and allowed to arrange for a classmate to substitute only for the following circumstances:

- Personal illness
- Personal emergencies (does not include personal recreation time)

Sample “Rotation Substitution Form” follows and must be completed by both students, approved and signed by Dr. Settle, OD Chair, and by the Director of Clinics, Mrs. Miller. Any days missed on your Oral Diagnosis rotation must be made up during the current semester or a failing grade in the course will result.

While on rotation you are to report to clinic at 9:00 a.m. or 1:00 p.m. You are NOT to leave the clinic area until dismissed by the OD faculty member covering clinic. Aseptic protocol as stated in the “OUCOD Infection Control Manual” is to be followed at all times. This manual may be found in the Clinic Policies manual or on the OD website. Failure to follow these guidelines will result in a zero for the clinic period and possible suspension from the Oral Diagnosis and Radiology clinics.

In addition to the above graded procedures you will also be required to complete one-half day in Radiology (panoramic rotation) during your rotation. You may also have additional radiology requirements as determined by Dr. Masood; for example, full-mouth surveys or competency examinations. Failure to meet radiology requirements will result in a failing Oral Diagnosis clinical grade.
SCREENING PROTOCOL

Junior and senior dental students and senior dental hygiene students on Oral Diagnosis rotation will be screening patients to determine their eligibility for the student program at OUCOD. Factors such as time commitment, finances, and the importance of keeping appointments are discussed at this time. You will call your patient from the reception area and accompany them to your chair. Charts are placed in order of arrival of patients. Do not flip through charts looking for a “good patient.” For your information, patients have paid $25.00 for this exam and x-rays. You should review the health history briefly with the patient and then present for PTP to attending faculty. That faculty member will briefly examine the patient and then you will be asked what you consider appropriate screening radiographs. The patient will then be called to radiology from the reception area for films.

While you are waiting for a radiology technician to return the films to the clinic, you will start with another patient. You will then proceed as you did with your first patient, with a health history review, presentation to faculty, and a faculty examination. Your first patient will be re-seated in the dental chair while the second patient is in radiology.

When the radiographs are returned for your first patient, you will perform a cursory head and neck examination (to rule out pathology, basically an oral cancer screening exam), and examine the teeth and periodontium. The findings are charted on the preliminary screening examination charting sheet, adding any radiographic findings. You will then present to your original faculty member, preferably. The entire process should take no more than 30 to 45 minutes. At this time, the instructor may or may not choose to re-examine the patient. You and the instructor then determine if the patient’s oral health needs make them a suitable patient for treatment at the College of Dentistry. If the patient does not have treatment needs sufficient for student practice, or if the patient’s case is too complex, they will be rejected from the program. Refunds are generally not given to patients who are not accepted.

Specialty consultations may be considered in some instances for patients whose dental needs are too complex for the undergraduate clinics. Faculty and the Clinic Coordinator can help you with these consultations.

If you would like to screen a specific patient (i.e., family member or friend), you should make an appointment with personnel at the OD reception desk. You must perform the screening yourself independent of your scheduled rotation.
CLASSIFICATION OF PERIODONTAL DISEASE

TYPE 0 -- Healthy Periodontium
• Colored area of probe remains completely visible in the deepest crevice in the sextant. No calculus or defective margins are detected. Gingival tissues are healthy with no bleeding after gentle probing.

TYPE I – Gingivitis
• Colored area of probe remains completely visible in the deepest probing depth of the sextant. There is some bleeding after gentle probing in some areas.

TYPE II – Early Periodontitis (Corresponds with “Slight” on Screening Form)
CAL of 1-2 mm; pocket depths 3-5 mm; bone loss <20%
• Colored area of probe remains partly visible in the deepest probing depth in the sextant. Radiographic evidence of slight crestal bone loss.

TYPE III – Moderate Periodontitis (Corresponds with “Moderate” on Screening Form)
CAL 3-4 mm; pocket depths 5-7 mm; bone loss 20-50%
• Colored area of probe completely disappears, indicating probing depth of greater than 5.5 mm. Radiographic evidence of moderate crestal bone loss.

TYPE IV – Advanced Periodontitis (Corresponds with “Severe” on Screening Form)
CAL ≥ 5 mm; pocket depths > 7 mm; bone loss >50%
• Probing depths extend well beyond the colored area indicating depths greater than 7 mm. Radiographic evidence of severe crestal bone loss. Increased tooth mobility.

SUPERSSCRIPTS

F = Furcation
M = Mobility
R = Recession (3.5 mm or greater)
G = Mucogingival Defect

Acceptable Periodontal Patients: Department Of Periodontics:

At least two or more sextants of Type II disease or use of one sextant of Type III or IV disease.

*Teeth to be extracted should be omitted from periodontal classification.*
GUIDELINES FOR ACCEPTANCE OF PATIENTS INTO THE UNIVERSITY OKLAHOMA COLLEGE OF DENTISTRY CLINICAL PROGRAM FOR COMPREHENSIVE CARE

The University of Oklahoma College of Dentistry has the responsibility to educate students in the care of patients of all types. Part of this responsibility includes the practical experience of treating such patients. At the same time, certain patients might not be good candidates for teaching purposes and a teaching setting may not be best for the patient.

The following guidelines serve to assess the prospective patient requesting comprehensive care. These guidelines are not intended as rigid rules because many factors must be considered to exercise the clinical judgment necessary to accept and manage such patients or refer them to a private dental office for care. Please note that these guidelines do not refer to patients needing emergency care.

I. Medical Considerations

A. Infectious Diseases
   1. The University of Oklahoma College of Dentistry is non-discriminatory with regards to treating patients with infectious diseases.
   2. If infectious disease risk is present, the patient may be referred for further evaluation that may involve serologic testing. Because of the informed consent law, HIV testing is referred to appropriate test sites.
   3. Patients with active infectious diseases will be assigned to the appropriate clinic or program based on the patient's medical condition, the experience level of the student or resident, and the need for or availability of dental allied personnel.

B. Cardiovascular Disease
   Not suitable or Questionable
   1. Patients with extensive cardiovascular disease such as severe uncontrolled hypertension whose dental treatment needs to be performed in a hospital setting.
   2. Patients with heart valvular disease or prosthesis that will require frequent administration of antibiotic premedication.
   3. Patients who have cerebral vascular disease that will make management or successful dental treatment very difficult.

C. Renal Disease
   Questionable Acceptance
   1. Patients receiving hemodialysis
   2. Patients in varying stages of renal failure.
D. Endocrine Diseases  
Questionable Acceptance

1. Patients who have uncontrolled or difficult to control diabetes mellitus.

E. Blood Dyscrasias  
Not Suitable

1. Patients with bleeding disorders which are not controlled or which will lead to management problems in trying to provide treatment within the constraints of controlling the primary disease.

F. Joint Diseases  
Questionable Acceptance

1. Patients with prosthetic joints which will require antibiotic premedication and who require dental treatment that will necessitate multiple visits with premedication.

G. General Medical Considerations

1. Patients with any chronic systemic disease or psychiatric problem which may make it difficult for them to keep appointments or be able to sit through long appointments. This would also include patients who do not have the ability to cooperate or comprehend their dental treatment. Patients whose medical problems require coordinating dental care with ongoing medical care, such as chemotherapy, etc.

H. Medications and Allergies  
Questionable Acceptance

1. Patients on anticoagulant therapy who will present management problems in providing dental treatment while maintaining optimal anticoagulant status.

2. Patients who present with a history of multiple drug allergies, perhaps including dental anesthetics.

3. Patients who are chemically dependent and are not successfully involved in a recovery program.

I. Pregnancy  
Not Suitable

1. Patients who are pregnant and their stage of pregnancy and their oral status suggest that private care or deferral of care would be best.

II. Dental Considerations

A. Periodontal Treatment Needs

In general, type III periodontal patients can be treated in the undergraduate clinic. Type IV periodontal patients will be referred to the periodontal graduate program.
B. Endodontic Treatment Needs

Class I (simple, straightforward) cases are acceptable; Class II (some aspect of difficulty) cases may be acceptable for experienced seniors or may be unacceptable; Class III (very difficult, endodontist required) cases are unacceptable. In addition, the patients’ non-endodontic needs must be considered. Patients requiring more than 3 endodontic procedures are not acceptable.

C. Operative Dentistry Needs

Patients with rampant caries are not acceptable. Patients with more than 3 (three) difficult to restore teeth (pins required, core amalgams required, etc.) are not acceptable. Patients who require multiple E and E’s (excavate and evaluate) are not acceptable. Patients with multiple, extensive cervical carious lesions are not acceptable. In addition, the patients’ other treatment needs must be considered.

D. Fixed Prosthodontic Needs

Patients who require more than 8 (eight) units of FPD are not acceptable. Patients who require difficult to provide FPD (poor tooth position, unfavorable crown/root ratio, severe occlusal problems including deep, impinging bites and/or irregular occlusal planes, severe attrition, etc.) are not acceptable. In addition, the patients’ other treatment needs should be considered. Patients whose fixed needs are dependent on endodontic retreatment should not be considered.

E. Removable Prosthodontic Needs

Removable partial denture patients who present with difficult cases (severe occlusal problems, poor arrangement of remaining teeth, etc.) are not acceptable. Patients who exhibit the following should not be accepted:

1. Lack of inter-occlusal space
2. Deep Vertical Overlap (deep, impinging bites)
3. Extreme maxillary alveolar resorption
4. Chronic pain
5. Heavy wear
6. Pre-prosthetic surgery
7. Irregular occlusal plane

F. Orthodontic Treatment Needs

1. In general, only limited orthodontic cases are acceptable in conjunction with other therapy. Comprehensive cases are not acceptable but may be referred to graduate orthodontics for screening.

G. Oral Surgery Needs

1. Most oral surgery cases are acceptable at least on a limited treatment basis if not under a comprehensive plan. Difficult cases (impacted third molars, etc.) may be referred to graduate oral surgery residents. Patients with moderate to severe TMJ are not acceptable.

H. Oral Pathology Treatment Needs

1. No patient presenting with lesions of the oral cavity which require treatment will be denied treatment.
I. Pediatric Dentistry Treatment Needs - the following child patients will not be acceptable for care:

1. A child younger than 3 years (36 months) or older than 12 years of age.

2. Children, irrespective of age, with severe emotional, physical or mental disabilities. The undergraduate training program cannot adequately serve these children with special needs.

3. Children who need conscious sedation or hospitalization to complete the dental care; primarily the young child with "Nursing Bottle Caries."

III. Other Considerations

The following patients are unacceptable:

A. Patient with inadequate funds to pay the College of Dentistry fees.


C. Patients who are unavailable for at least two, three-hour appointments per week.

D. Patients who are excessively apprehensive or exhibit bizarre behavior during screening appointment.

E. Patients who give a history of unsatisfactory treatment by two or more dentists.

F. Patients without a telephone.

G. Patients whose mental state makes communication difficult.

H. Patients who exhibit signs of current alcohol or recreational drug use.
EMERGENCY PROTOCOL

New Patients

Priority in urgent care is given to patients assigned to students (particularly DS I and DS II) and dental hygiene recall patients. Any “open” appointments may then be given to patients who are currently not patients of record at OUCOD. Senior students and second semester junior students on Oral Diagnosis rotation provide treatment for urgent care patients. This service is for patients experiencing dental pain and/or infection. (These patients are encouraged to seek follow-up care in the private sector.)

Patients scheduled for an emergency visit will be charged **$25.00 for an emergency oral examination and an additional fee for any radiographs taken.** If treatment is rendered, an additional fee is charged for the service rendered. Patients who need extractions are referred to Oral Surgery (the patient’s chart and radiographs are forwarded to Oral Surgery upon referral). If the patient is in pain and Oral Surgery is unable to see the patient, Oral Diagnosis may send a student who is on O.D. rotation to extract the tooth in Oral Surgery.

Dental students who have patients assigned for limited treatment endodontic procedures may complete pulpal debridement procedures in O.D. in accordance with the Department of Endodontics. Patients who have had endodontic emergency treatment are informed of the possibility of assignment to a student for completion of the pulpectomy, but are told there is no guarantee of assignment. Patients must seek definitive post-endodontic restorative care from a private dentist.

Assigned Patients

When patients assigned to DS IIIs and DS IVs have emergent problems, the student must treat their own patients. An exception is if a student is on an externship, the patient will be treated by students on OD rotation or on a limited treatment basis as assigned by Clinic Operations. DS IIIs and IVs may bring their assigned patients into Oral Diagnosis Clinic. If the problem is related to endodontics, please consult with the Department of Endodontics prior to scheduling your patient in OD Clinic.
EMERGENCY ORIENTATION

Clinic hours
9:00 to 12:00

Bring your own Restorative kit, Endo kit, hand pieces, burs and curing light.

NO AUTOMATIC BLOOD PRESSURE CUFFS: Sphygmomanometer and stethoscope to be used.

Do not promise patient desired treatment can be done at the COD.

**BE SURE ARM REST IS DOWN** before sitting or dismissing the patient**
Settings on patient chairs are as follows:
0 is down for patient to be seated and dismissed
1 MAXILLARY
2 MANDIBULAR
3 When removing the water bottles to fill, please make sure the unit is turned off.

Patients being seen on an emergency basis are considered “limited treatment” patients.

LATEX FREE ZONE SIGNS ARE HANGING ON THE WALL BY THE DISPENSARY

Students are to stay until everyone on rotation is through with their patients unless dismissed by faculty.

FLUSH EVACUATION LINES AND AIR/WATER SYRINGES FOR 20 – 30 SECONDS.

When wiping down the units always spray or squirt solutions into paper towel.

Never wear your gloves when coming to the dispensary to get your supplies, because you should remove your gloves and wash hands after wiping down the unit.
Remember to put on your mask, glasses, and gown before your gloves. Once you have the gloves on do not touch your mask, glasses and/or hair.

Paper towels, instrument bags, blue or clear barriers, headrest covers and patient napkins go into the trashcan.

EXAM KITS AND AIR/WATER TIPS are by the phone in the dispensary.

SAFETY GLASSES: please clean and place back on tray in dispensary after using.

Patients only in clinic if possible, due to HIPPA and to cut down on traffic flow. Do not discuss any health history or treatment in the waiting area.

Patients are seen in the order in which they arrive in clinic. That is the order in which they are brought back to the dispensary from the OD front desk. Take the chart that is on top of Charlene’s desk. Do not go through the charts!

YOU MUST BE READY TO PRESENT WITHIN 30 MINUTES OF SEATING THE PATIENT.

When needing to speak with a Faculty member remove exam gloves before leaving the unit area, even if you have just put them on, because people will not know if they are clean or dirty. Do not place your mask under your chin. Please do not talk across the clinic. If you must inform the faculty of something, please walk over to the faculty table. If they are with another student please wait for them at the faculty table. Remember HIPPA.

After seating the patient, go over the health history, blood pressure, fill out paper work, ask what the problem is, do exam (we will only work on the tooth causing the most pain and patient will only get the one emergency appointment). If patient has more than one tooth with pain,
they will need to speak with a representative from Clinic Operations about another emergency appointment. You will then present to Faculty. Faculty will then sign for radiographs. The patient will return to the waiting area. You will then check in with Radiology techs. **NEVER TAKE THE PATIENT THROUGH THE VIEW ROOM IN RADIOLOGY, EVEN IF YOU NEED TO TAKE A WORKING LENGTH FILM.** After x-rays are taken the patient will return to the waiting area or to your unit. After developing the x-rays please write the patient’s name and date on the mount and present to Faculty. You and Faculty will decide what, if any procedure is to be done. If patient is interested in being screened for the undergrad program and if Faculty approves that, make a notation in the chart. However, the patient’s emergency treatment must be finished before the screening appointment may be scheduled. For patients referred to the Department of Endodontics for definitive endo treatment, that means that the endo treatment must be completed prior to being screened.

When on rotation, you will not need to sign the encounter form. But if you are seeing a patient that is assigned to you and your name has not been printed on it, please sign it at the top.

Always make sure when writing treatment progress notes that you note everything that was discussed; what treatment options, cost of treatment, patient’s decision on what type of treatment they desire, if medications were discussed, if referred, etc. Make sure that you or the Faculty always write the **tooth #** on the encounter form along with the procedure code, description of procedure and cost. Even if no procedure is done make sure that the **tooth #** is written beside the 140, 120 or 110. Do not mark through the 110 codes.

If endodontic treatment is needed please give an estimate of the cost to restore the tooth, including ideal prosthodontic treatment (although that may not be rendered at OU). This total could be more than $1,000.00. For “emergency only” patients the crown will not be placed at OUCOD. Before starting the pulpal debridement you will need to fill out the **Endo consent form**, you will put the tooth number and the location of the tooth, patient must read and print name on the first line and sign their name with the date at the bottom of the form, Next you will need three more signatures, Student, Faculty and witness. The patient will get the yellow copy. If you are the student who does the exam or starts the
pulpal debridement, you may request the patient by noting in the chart (it should be the last sentence in the notes) “**Place on Endo list #25 and John Smith would like to complete the Endo or would like to do the Endo.**” Keep in mind that it is **not a guarantee** that Clinic Operations will assign the patient to you. It is also the Endo department’s final decision whether or not treatment can be done at the school. Please make sure the patient understands that there is a possibility treatment cannot be rendered here and the patient might have to see a private dentist. Patient will be notified if treatment cannot be done at the school. Patient cannot pay for the endo treatment before Endo Faculty has evaluated the x-rays.

If referred to Oral Surgery, and if Faculty request that you walk the patient to Oral Surgery to check on the next available appointment, leave the white copy of the encounter form at the OD dispensary. Make sure that the encounter form has been filled out correctly before you hand it in and make sure that you have made all your notes with your signature and OD Faculty has signed in the chart. You will then check with the OS Faculty and/or the OS assistant to see if the patient can be seen that morning. If patient can be seen that morning, you will need to stop at the cashier so patient can pay for the extraction. When you take the patient back to OS stop at the receptionist’s desk and give her the patient information that needs to be entered into the computer.

If patient is to be referred to the Graduate programs, we must inform the patient that the cost is a little over half of private practice fees and payment is due at the time of the visit. AEGD has no **payment plans.** If that is acceptable to the patient we will call to see if Faculty from AEGD is available to come to OD to see the patient. If a resident from Grad Perio comes to OD they will bring with them a card they will complete. If no one is available we will fill out the same **Referral Form** that we complete for AEGD. Regardless if someone from AEGD does come down, we fill out a **Referral form.** The student will walk the patient to AEGD’s office with the referral letter. **The chart and x-rays must stay in OD.**

While you are completing your notes please have the patient complete the satisfaction survey.
Walk patient to cashier with the yellow copy of the encounter slip if any treatment was rendered. Be sure that you and the faculty have put the tooth #, procedure code, description of procedure, faculty signature and cost.

Gloves, suction tips, gauze, and anything else that has been in the patient’s mouth will go into the RED BIO BAG.

After you have finished treatment (if any) and dismissed the patient please place the exam cassette on the cart and the treatment tray on the table.

If the patient would like a copy of x-rays and/or paperwork, you will need to take them to Clinic Operations for payment and to fill out a request form for copies.

At the end of the day please place rheostat back in chair. Thank you

FALL SEMESTER ONLY
DS IV will do Emergency Competency exam, two students on Tuesday AM and two on Wednesday AM.
Competency exams cannot be done on Monday AM.

Revised 8-12-10
CASE COMPLETE EXAMINATIONS

Once all treatment has been completed for an assigned patient, the student must schedule an appointment for the patient in Oral Diagnosis to perform a “Case Complete” examination. **Patients that are Type I perio may be Case Completed as early as the Fall semester of your Junior year.** During this appointment any necessary radiographs are taken, the existing oral condition is documented, and the patient will fill out a confidential questionnaire.

Patients with account balances must meet with a financial representative in the Central Business Office prior to the student starting a Case Complete Examination.

Schedule your Case Complete examinations with staff at the front desk in Oral Diagnosis. If the patient is a Type I patient and has had a recent prophylaxis in the Department of Periodontics, or if the patient is a Type II or above perio patient and has been case completed in perio, the Case Complete appointment should be completed within 30 minutes, with allowances for faculty involvement. Students with a patient for a Case Complete exam and prophy must complete the procedure in 1 hour and 30 minutes, again with allowances for faculty involvement.

It is your responsibility to inform the OD faculty member working with you if the patient is a “Third Type I” patient per the Department of Periodontics. This must be noted for you to receive credit in the Department of Periodontics.

In the event there is needed restorative work indicated at the time of the Case Complete exam, the student who is doing the Case Complete exam is responsible for completing the indicated procedure(s) unless otherwise determined by the Assistant Dean for Clinics or the Director of Clinics.

All treatment indicated on the treatment plan must be completed prior to scheduling a Case Complete examination unless otherwise determined by the Assistant Dean for Clinics or the Director of Clinics (Dr. Panza or Mrs. Miller). This means there are no “Case Complete Pending” examinations.

Graduation requirement as of 8/10: Seven Case Completes (decreased from eight)
If all treatment has been completed, a faculty member will sign off the following on your Master Treatment Plan and the fees listed applied to the patient’s account:

- **0120 00** Periodic exam $25.00
- **0274 00** 4 Bitewing X-rays Included
- **1110** Prophylaxis (if done in OD) $34.00
- **5 or 6** Case Complete $ 0.00
  (5 – type I periodontitis; 6 – type II, III, IV periodontitis)

The student will also have the following completed:

- Post-Treatment Record of Oral Conditions (Form HSC 6479)
- Necessary Radiographs
- Case Complete Examination (Outcomes Assessment Report)
- Recall Record (if patient is to be placed on recall)
- OD Grade slip (mark the # case complete this is for you in “comments”)

A clean, healthy mouth is defined as one having teeth that are free of plaque and calculus, and gingival tissues that are free of disease. **If the patient is Type II, III, or IV perio, the prophylaxis must be completed in the Perio Clinic.** The Department of Periodontics must sign the patient as completed before a Case Complete can be scheduled in Oral Diagnosis. If it has been some time since the prophy was completed in Perio, you should have OD faculty review the oral health status to determine if limited scaling and/or polishing are necessary (an additional fee may apply at the discretion of the faculty member).

Evaluations of the Case Complete are Satisfactory/Unsatisfactory. The following may result in receiving an Unsatisfactory evaluation:

Incorrect interpretation of radiographs
Failure to diagnose caries
Failure to diagnose unsatisfactory restorations
Inappropriate use of time

If you receive an Unsatisfactory evaluation, your Case Complete credit may be voided and you will need to perform another Case Complete examination to meet your clinical requirements.

After the Case Complete appointment is finished, the student will leave the chart (with all completed forms) with Charlene Shaw, Clinic Coordinator in Oral Diagnosis.
Dental Hygiene Recall Information

If patient is being placed on Dental Hygiene recall, statement in chart should read as follows:
Treatment essentially completed. Please remove from my list and place patient on Dental Hygiene recall.

If additional treatment is indicated, and you will be the student providing that care (this is determined by OD/Clinic Operations):
Case pending completion of tooth # 28 MOD (for example).

If patient is type I perio:
Treatment essentially completed please remove from my list and release patient from the program. The patient is not eligible for the Dental Hygiene recall program.

If patient does not wish to continue with the program:
Treatment essentially completed. Please remove from my patient family. Patient does not wish to continue with the program. Patient, student and faculty signature.