

**QTP 4Y0X1-5**  
**June 2003**

# **DENTAL ASSISTANT SPECIALTY**

## **Volume 5. Patient Administration – Procedures and Programs**



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**Qualification Training**

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Volume 5, *Patient Administration*, Qualification Training Package (QTP) contains modules on verifying patient eligibility, the initiation of dental health records, preparing medical consultations, charting records, identifying types of exams and dental readiness classifications, and managing the movement of records. This volume is designed to enhance 5-, and 7-skill level OJT of dental assistant personnel. The eight volumes are intended to be used by trainees, trainers, supervisors, and task certifiers. Before initiating any training you should review your responsibilities--as a supervisor/trainer--for conducting on-the-job training (OJT) per AFI 36-2201, *Air Force Training Program*.

QTPs are designed to help you conduct and evaluate your field training. Once you begin upgrade training you're required to use the QTPs. QTPs provide continuity to the trainee's upgrade training and are divided into the following volumes: 1) *Basic Skills*; 2) *Clinical Skills - Radiology*; 3) *Clinical Skills - Chairside Assisting*; 4) *Clinical Skills - Preventive Dentistry*; 5) *Patient Administration - Procedures and Programs*; 6) *Logistics Management*; 7) *Clinic Management*, and 8) *Supervision and Training*. The QTP modules were written to assist you in preparing for and conducting training. You *must* use the QTP modules for training when either: 1) the STS task is a core task (minimum qualification for the specialty); or 2) you have identified the STS task as a requirement of the trainee's job. Each module segments the major tasks into teachable elements. Your goal is to provide enough training and guidance so trainees can do all task related steps, without assistance, while meeting local requirements for speed and accuracy. QTPs also aid OJT task certifiers in evaluating the trainee's demonstrated performance. If you have local training requirements not covered by a QTP module you *should* develop "steps in performance" and "performance checklists" that support and standardize those tasks.

Accompanying each volume of QTPs is a *qualification training progress record*. This QTP record serves as a document to record the date the trainee completes each module. Individuals in qualification/upgrade training must have this QTP progress record filed in their OJT folder. Use and annotation of this progress record are similar to current OJT documentation. When *you* are satisfied the trainee meets standards, as prescribed in the QTP performance checklist, *you* must document and initial each task completion date in column 2B of the Specialty Training Standard (STS) and the "date completed" column in the QTP progress record. If a person is being recertified on a task that is supported by a QTP you must use that module to complete the recertification process.

Typically, you will manage each module by first, training the tasks and then, evaluating performance. Your local steps in performance may vary from the method listed in the QTP module. If this is the case, you are authorized to make changes to the first half of each module, (i.e., steps in task performance); however, the "performance checklist" is considered a *standard* and cannot be altered. You may

train each QTP volume/module in any sequence; however, when conducting training use an organized and methodical approach. This will reduce your training time and enhance your efforts.

When beginning any training process you should first, review the procedures in each module with the trainee. Second, direct the trainee to review the training references listed to prepare for task performance. Third, go through the steps in task performance with the trainee, allowing enough time to adequately train each step (some modules may take longer to teach). Fourth, evaluate the trainee's work at each critical step--using the performance checklist at this point will be helpful. Fifth, evaluate the trainee's performance and provide feedback on any areas for improvement. Finally, when the trainee has successfully completed the task you must document and initial both the STS and the QTP progress record. If the trainee does not accomplish the module, conduct follow-up instruction until the trainee successfully completes the task.

The QTP project goal of the 381 TRS/XWAA, Sheppard AFB TX, is to publish a useable document for trainers and trainees. You are encouraged to write-in changes or revisions to the QTPs. A corrections/improvements letter is located on the last page of each QTP volume.

The inclusion of names of any specific commercial product, commodity, or service in this publication is for informational purposes only and does not imply endorsement by the Air Force.

<b>Module 1</b>	<b>Verify Patient Eligibility for Care and Scheduling Patient for an Appointment .....</b>	<b>1</b>
<b>Module 2</b>	<b>Initiate Dental Health Records .....</b>	<b>3</b>
<b>Module 3</b>	<b>Assist with Requests for Medical Service Consultations .....</b>	<b>6</b>
<b>Module 4</b>	<b>Identify Types and Requirements of Dental Exams.....</b>	<b>8</b>
<b>Module 5</b>	<b>Record Information in the Dental Health Records .....</b>	<b>10</b>
<b>Module 5A</b>	<b>Chart Missing Teeth and Existing Restorations .....</b>	<b>10</b>
<b>Module 5B</b>	<b>Chart Diseases and Abnormalities .....</b>	<b>14</b>
<b>Module 5C</b>	<b>Record Information on Patient Treatment Forms .....</b>	<b>17</b>
<b>Module 5D</b>	<b>Identify Personnel and Population Health Risk Factors ...</b>	<b>20</b>
<b>Module 6</b>	<b>File Dental Health Records .....</b>	<b>22</b>
<b>Module 7</b>	<b>Management of Dental Health Records.....</b>	<b>24</b>
<b>Module 7A</b>	<b>Managing the Annual Inventory of Dental Records .....</b>	<b>24</b>
<b>Module 7B</b>	<b>Managing the Transfer of Dental Records .....</b>	<b>27</b>
<b>Module 7C</b>	<b>Managing the Retirement of Dental Records.....</b>	<b>30</b>
<b>Module 8</b>	<b>Managing Aspects of Air Force Dental Readiness Assurance Program (AFDRAP) .....</b>	<b>33</b>
<b>Module 8A</b>	<b>Periodic Dental Examination .....</b>	<b>33</b>
<b>Module 8B</b>	<b>Dental Readiness Class 3 and 4 .....</b>	<b>36</b>

**Table of Contents** \_\_\_\_\_ **iv**

**Module 8C     Dental Clearances..... 39**

**Qualification Training Progress Record.....*Appendix A***

**Correction/Improvements Letter .....*Appendix B***





## **MODULE 5-1     VERIFY PATIENT ELIGIBILITY FOR CARE & SCHEDULE PATIENT FOR AN APPOINTMENT**

### **STS TASK REFERENCES:**

- 4.1.2.     Verify patient eligibility for care
- 4.3.       Schedule patients for appointments

### **TRAINING REFERENCES:**

*AFI 41-115, Authorized Health Care and Health Care Benefits in the Military Health Services System*  
*AFI 47-101, Managing Air Force Dental Services*  
*AFI 41-210, Instructions for Patient Administration Function*

### **EVALUATION INSTRUCTIONS:**

After ensuring the trainee has received sufficient supervised practice, evaluate trainee's abilities using the performance checklist

### **PERFORMANCE RESOURCES:**

AF Form 490, Medical/Dental Appointment  
AF Forms 1223/1223a, Dental Appointment Register  
CHCS Appointment system (if applicable)  
Government Appointment book  
Dental Health Record  
DEERS System  
Patient Military Identification card

### **STEPS IN TASK PERFORMANCE:**

1. Verify patient eligibility by inspecting patient's ID card expiration date
2. Verify family member and retiree eligibility with ID card and the Defense Eligibility and Enrollment Reporting System (DEERS) check
3. Annotate appointment on CHCS, AF Forms 1223/1223a, or government appointment book
4. Complete AF Form 490
5. Instruct patient to sign AF Form 490
6. Provide patient with copy of AF Form 490
7. Inform patient of clinic's cancellation policy
8. Attach remaining AF Form 490 into patient's dental health record

**MODULE 5-1    VERIFY PATIENT ELIGIBILITY FOR CARE & SCHEDULE  
PATIENT FOR AN APPOINTMENT****PERFORMANCE CHECKLIST****INSTRUCTIONS:**

The trainee must satisfactorily perform all parts of the task without error or assistance.  
Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Request patient's ID card to check expiration date and verify eligibility (DEERS check if applicable)		
2. Correctly annotate appointment on CHCS, AF Forms 1223/1223a, or government appointment book		
3. Complete AF Form 490 and have patient sign		
4. Provide patient with copy of AF Form 490		
5. Place remaining AF Form 490 in patient's dental health record		

**FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)



## **MODULE 5-2 INITIATE DENTAL HEALTH RECORDS**

### **STS TASK REFERENCE:**

4.1.3. Initiate records

### **TRAINING REFERENCES:**

CDC 4Y051B

AFI 37-138, *Records Disposition--Procedures and Responsibilities*

AFMAN 37-139, *Disposition of Air Records--Records Disposition Schedule*

AFI 47-101, *Managing Air Force Dental Services*

AFI 41-210, *Patient Administration Functions*

Local Instructions

### **EVALUATION INSTRUCTIONS:**

After ensuring the trainee has received sufficient supervised practice, evaluate trainee's abilities using the performance checklist

### **PERFORMANCE RESOURCES:**

AF Form 490, Medical/Dental Appointment

AF Form 570, Notification of Patient's Medical Status

AF Form 696, Dental Patient Medical History

AF Form 745, Sensitive Duties Program Record Identifier

AF Form 966, Tumor Registry

AF Form 1418; Recommendation for Flying or Special  
Operational Duty – Dental

AF Form 2100B-2190B, Health Record-Dental Folder

Authorized Stamps, i.e. (FLY, Date, Base)

Black Felt-Tipped Marker

DD Form 2005, Privacy Act Statement-Health Record

Dental Radiograph

Filing System

Identification Card

Marking Tape

Standard Form 513, Medical Record – Consultation

Standard Form 603, Health Record-Dental

Pencil

X-Ray Envelope

**STEPS IN TASK PERFORMANCE:****AF Form 2100 Series, Health Record-Dental**

1. Verify patient's SSAN using identification card
2. Check DEERS eligibility for non-military
3. Direct patient to complete an AF Form 696 and DD Form 2005
4. Select correct AF Form 2100B, Health Record-Dental folder based on terminal digit filing
5. Use a black pen or felt-tip marker to write in the following information
  - a) Two-digit family member prefix code inside the preprinted circles at top, center of cover
  - b) Sponsor's SSAN in blocks at upper right-hand corner of the record cover
  - c) Create a pseudo-social security number(SSN) for individuals without a SSN
  - d) Patient's first name, middle initial, and last name in the Patient Identification block; a computer generated label with the information is also acceptable
6. Blacken out or place black tape over the last digit of patient's SSAN on right edge of folder (apply to front and back cover)
7. Place black tape over the "S" on right edge of folder for each active duty Air Force member (apply to front and back cover)
- 6) Blacken out current year of treatment for retirees/non-military near the right edge folder
- 7) Blacken out appropriate patient status block (i.e. military, retired military, or non-military)
8. Use a pencil to write the following information into the respective places on the front cover
  - a) Service and grade of active duty and retired military members
  - b) Date individual was placed into the Personnel Reliability Program (PRP)
  - c) Date of last exam for Food Handlers
  - d) Date DD Form 2005 was signed by the patient
  - e) DEERS eligibility/insurance coverage for non-military patients IAW local policy
9. Records of flying personnel must be identified with a strip of black tape on the right edge of the record, extending immediately below block "9" to the bottom of the record. If tape is unavailable, use black ink as an interim measure
10. Write or stamp the word "FLY" in 2-inch block letters on the upper left-hand corner of the front cover

**Putting the record together**

1. Verify that the patient has completed forms correctly/completely
2. Attach DD Form 2005, SF 603/603A, AF Form 570, Standard Form 513, AF Form 1418, then AF Form 490, on left inside leaf of record
3. Attach x-ray envelope, dental radiographs, AF Forms 966, 696, and 745, on right inside leaf
4. Complete Section I and the Patient Identification block of the SF 603. Use a pencil to make entries in the following three blocks; Component/Status, Rank/Grade, and Organization. Type or annotate in pen the remaining entries

**MODULE 5-2 INITIATE DENTAL HEALTH RECORDS****PERFORMANCE CHECKLIST****INSTRUCTIONS:**

The trainee must satisfactorily perform all parts of the task without error or assistance.  
Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Select required AF Form 2100 series folder		
2. Correctly complete all required areas of 2100 series		
3. State steps for verifying and annotating DEERS eligibility and insurance coverage for family members and retirees		
4. State steps for identifying the record as Flyer		
5. Verify the all forms are correctly and completely filled out		
6. Place all forms in record (correct side and order)		
7. Complete required entries on AF Form 603		

**FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)



## **MODULE 5-3 ASSIST WITH REQUESTS FOR MEDICAL SERVICE CONSULTATIONS**

### **STS TASK REFERENCE:**

- 4.1.4.1. Assist with written requests for medical service consultations

### **TRAINING REFERENCES:**

CDC 4Y051B

AFI 47-101, *Managing Air Force Dental Services*

### **EVALUATION INSTRUCTIONS:**

After ensuring the trainee has received sufficient supervised practice, evaluate trainee's abilities using the performance checklist

### **PERFORMANCE RESOURCES:**

AF Form 2100B Series, Health Record-Dental

AF Form 696, Dental Patient Medical History

SF 513, Medical Record Consultation Form

### **STEPS IN TASK PERFORMANCE:**

1. Transcribe patient information onto SF 513
2. Record initiation of consult in the consult log or use local method monitor consult progress
3. Instruct patient on proper procedure
4. Forward SF 513 to appropriate clinic for continuation of care
5. Retain one copy in patient's record

**MODULE 5-3 ASSIST WITH REQUESTS FOR MEDICAL SERVICE  
CONSULTATIONS****PERFORMANCE CHECKLIST****INSTRUCTIONS:**

The trainee must satisfactorily perform all parts of the task without error or assistance.  
Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Accurately transcribe patient information onto SF 513		
2. Document consult log or utilized local auditing method		
3. Forward SF 513 to appropriate clinic for continuation of care		

**FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)

**MODULE 5-4 IDENTIFY TYPES AND REQUIREMENTS OF DENTAL EXAMS****STS TASK REFERENCES:**

- 4.2.1. Identify types and requirements of exams
- 4.2.3.1. Identify dental readiness classifications

**TRAINING REFERENCES:**

CDC 4Y051B  
AFI 47-101, *Managing Air Force Dental Services*  
*DENTAL DATA SYSTEM-WEB (DDS-Web), User's Guide*

**EVALUATION INSTRUCTIONS:**

After ensuring the trainee has received sufficient supervised practice, evaluate trainee's abilities using the performance checklist.

**PERFORMANCE RESOURCES:**

Dental Health Record  
AF Forms 644 and 644B

**STEPS IN TASK PERFORMANCE:**

1. Identify purpose of exam
2. Annotate purpose of exam on appropriate forms
3. Route patient through appropriate area(s) of clinic
4. Identify dental class based on dentist's exam findings
5. Indicate when dental class requires updating
6. Annotate dental class on appropriate forms
7. Identify process for treating patients in Class 3 and 4



**MODULE 5-4 IDENTIFY TYPES AND REQUIREMENTS OF DENTAL EXAMS****PERFORMANCE CHECKLIST****INSTRUCTIONS:**

The trainee must satisfactorily perform all parts of the task without error or assistance.  
Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Identify purpose for exam and explain different types		
2. Annotate type of exam on appropriate forms		
3. Identify dental class based on dentist's exam findings		
4. Indicate when patient's dental class requires updating		
5. Route patient through appropriate section(s) of clinic after exam		
6. Identify steps for scheduling patients in class 3		

**FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)

**MODULE 5-5 RECORD INFORMATION IN THE DENTAL HEALTH RECORD****MODULE 5-5A CHART MISSING TEETH AND EXISTING RESTORATIONS****STS TASK REFERENCES:**

- 4.1.4.2. Use correct diagnostic nomenclature, abbreviations and charting symbols
- 4.1.4.3. Review and make entries on patient treatment forms

**TRAINING REFERENCES:**

CDC 4Y051B  
AFI 47-101, *Managing Air Force Dental Services*

**EVALUATION INSTRUCTIONS:**

After ensuring the trainee has received sufficient supervised practice, evaluate trainee's abilities using the performance checklist.

**PERFORMANCE RESOURCES:**

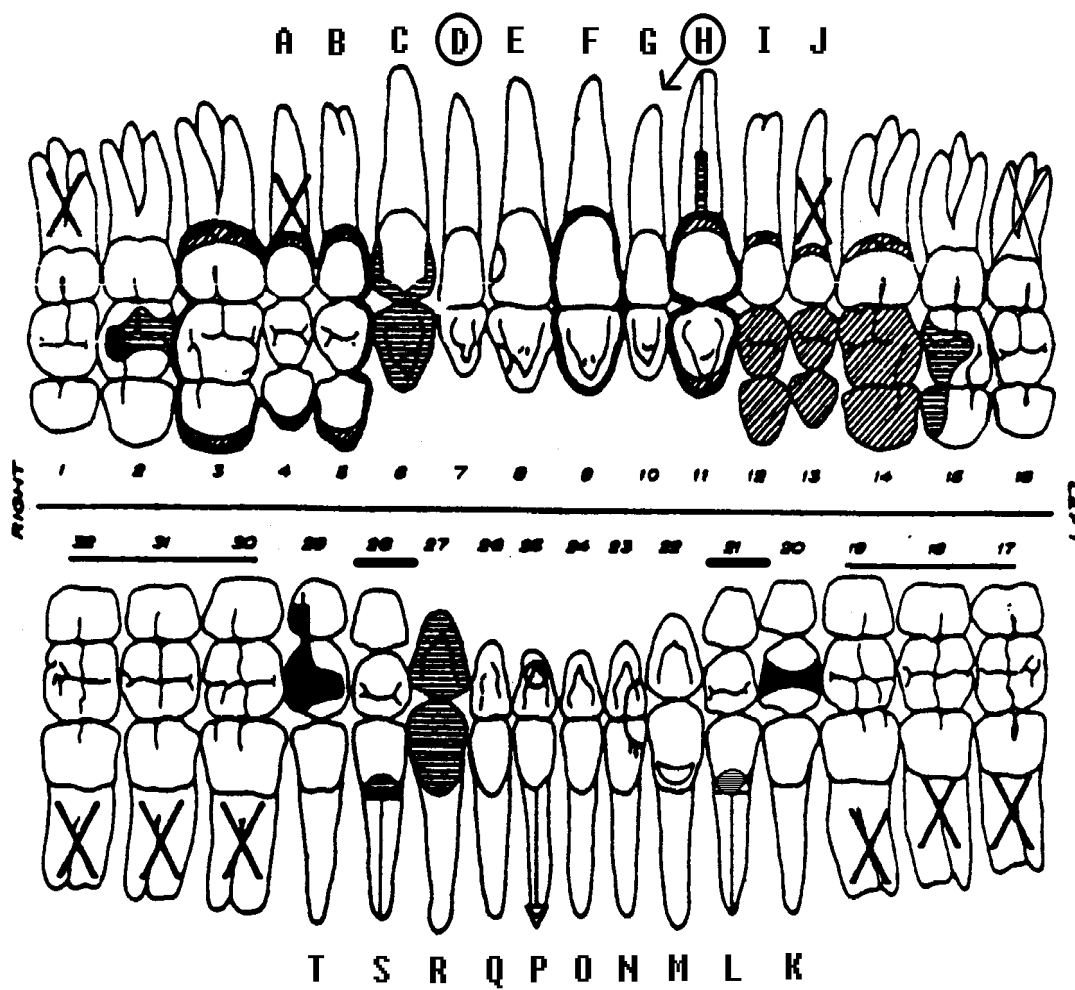
Pen  
SF Form 603  
AF Form 2100 Series, Health Record-Dental

**STEPS IN TASK PERFORMANCE:**

1. Instruct the trainee to chart the following missing teeth and existing restorations using black or blue-black ink in Section 4 of SF 603
  - #1 Missing tooth
  - #2 Mesio-Occlusal Combination restoration, AM, Gold
  - #3-5 Porcelain-fused-to-metal fixed partial denture, complete
  - #6 3/4 Gold Crown
  - #7 Primary tooth D present
  - #8 Distal non-metallic restoration
  - #9 Non-metallic Jacket Crown
  - Retained Primary cuspid H between #10 & #11
  - #11 Root Canal, Porcelain-fused-to-metal crown complete ceramic Coverage, Cast Gold Post and Core
  - #12-14 Porcelain-fused-to-metal Fixed Partial Denture, Porcelain facings only
  - #15 Mesio-Occlusal-Lingual Gold Inlay
  - #16 Missing tooth
  - #17-19, 30-32 Extracted replaced by removable partial denture
  - #20 Mesio-Occlusal-Distal amalgam (MOD)
  - #21 Root Canal and Overdenture with Gold Coping
  - #22 Facial non-metallic restoration
  - #23 Disto-Incisal non-metallic restoration with pins
  - #25 Root Canal and apicoectomy with lingual nonmetallic restoration
  - #27 Complete Gold Crown
  - #28 Root Canal and Overdenture Abutment with gold coping
  - #29 Distal-Occlusal-Lingual amalgam restoration with pins



2. Check charting against the following figure:





**MODULE 5-5A CHART MISSING TEETH AND EXISTING RESTORATIONS**

**PERFORMANCE CHECKLIST**

**INSTRUCTIONS:**

The trainee must satisfactorily perform all parts of the task without error or assistance.  
Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Chart findings in Section 4 of SF 603		
2. Use accurate charting symbols		
3. Use black or blue-black ink		

**FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)

**MODULE 5-5B CHART DISEASES AND ABNORMALITIES****STS TASK REFERENCES:**

- 4.1.4.2. Use correct diagnostic nomenclature, abbreviations and charting symbols
- 4.1.4.3. Review and make entries on patient treatment forms

**TRAINING REFERENCES:**

CDC 4Y051B  
AFI 47-101, *Managing Air Force Dental Services*

**EVALUATION INSTRUCTIONS:**

After ensuring the trainee has received sufficient supervised practice, evaluate trainee's abilities using the performance checklist

**PERFORMANCE RESOURCES:**

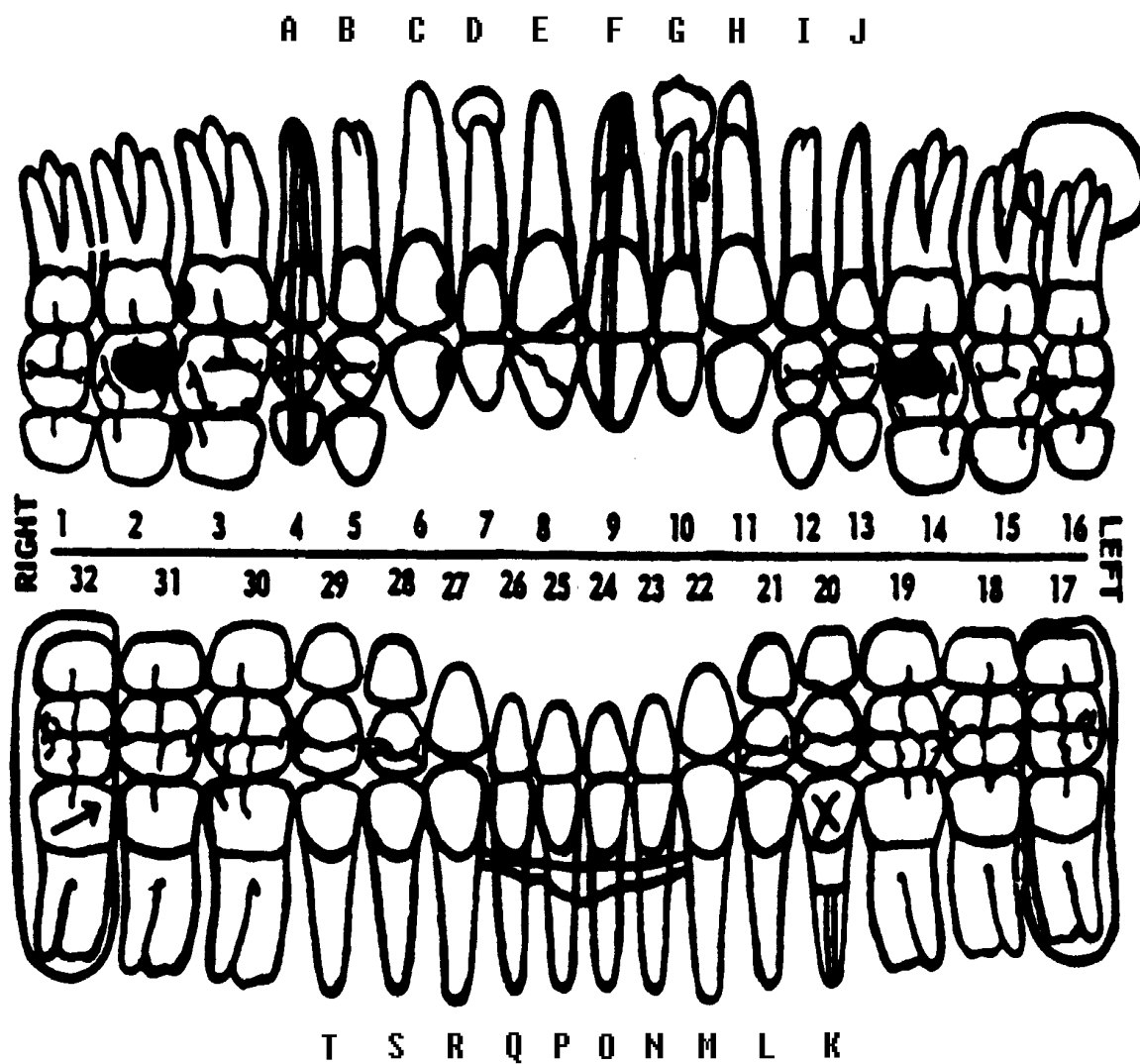
Pen  
SF Form 603  
AF Form 2100 Series, Health Record-Dental

**STEPS IN TASK PERFORMANCE:**

1. Instruct the trainee to chart the following diseases and abnormalities using black or blue-black ink in Section 5 of SF 603:
  - #2 Mesio-occlusal caries
  - #3 Distal caries
  - #4 Extraction indicated
  - #6 Mesial caries
  - #7 Periapical Abscess
  - #8 Fractured crown
  - #9 Vertical fractured root-extraction indicated
  - #10 Abscess and fistula, underfilled root canal filling
  - #11 Resorbed root
  - #14 Defective Mesial-occlusal restoration (outline area of restoration to be replaced)
  - #15 & #16 Cyst involving both teeth
  - #17 Unerupted tooth
  - #20 Residual root requiring removal
  - #23 - 26 Gingival crest-continuous line
  - #23 - 26 Alveolar crest-continuous line
  - #32 Impacted tooth with mesial inclination



2. Check charting against the following figure:



**MODULE 5-5B CHART DISEASES AND ABNORMALITIES****PERFORMANCE CHECKLIST****INSTRUCTIONS:**

The trainee must satisfactorily perform all parts of the task without error or assistance.  
Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Chart findings in Section 5 of SF 603		
2. Use accurate charting symbols		
3. Use black or blue-black ink		

**FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)



**MODULE 5-5C RECORD INFORMATION ON PATIENT TREATMENT FORMS****STS TASK REFERENCES:**

- 4.1.4.2. Use correct diagnostic nomenclature, abbreviations and charting symbols
- 4.1.4.3. Review and make entries on patient treatment forms

**TRAINING REFERENCES:**

CDC 4Y051B  
AFI 47-101, *Managing Air Force Dental Services*

**EVALUATION INSTRUCTIONS:**

After ensuring the trainee has received sufficient supervised practice, evaluate trainee's abilities using the performance checklist

**PERFORMANCE RESOURCES:**

AF Form 644, Record of Dental Attendance  
AF Form 644B, Dental Officer of the Day/Dental Charge of Quarters Patient Log  
Pen/marker

**STEPS IN TASK PERFORMANCE:**

1. Document treatment provided on appropriate form (AF Form 644, 644B)
2. Using ink or felt-tip marker make entries in appropriate blocks:
  - a. *Name of Patient* - Enter the patient's last name, first name, and middle initial
  - b. *Rank* - Enter the sponsor's rank
  - c. *Organization or Home Address* - If the sponsor is active duty (AD), enter sponsor's organization, otherwise enter patient's home address
  - d. *Name of Sponsor* - Enter sponsor's last name, first name, and middle initial. If patient is military, leave blank
  - e. *Sponsor's SSN* - Enter the sponsor's social security number
  - f. *Date* - Enter the date the services are rendered
  - g. *Time* - Use military time to annotate time of day services are rendered
  - h. *Clinic* - Enter the appropriate number (main base facility is coded "1")
  - i. *Beneficiary Type* - Enter beneficiary type as shown on form
  - j. *Encounter Type* - Enter primary reason for patient's visit. Enter letter as shown on form
  - k. *Appointment Use* - Enter letter of how appointment was used; follow preprinted guide
  - l. *Provider Code* - Enter the numeric code for the provider who treated the patient
  - m. *Radiographic Prescription* - Enter type of radiograph requested, and whether it is routine or STAT; circle a number to indicate tooth requested for periapical radiographs



- n. *Treatment Narrative* - Enter treatment narrative for transcription to SF Form 603/603A. Use only approved nomenclature and abbreviations
- o. *Complete* “SDP Notification Required” or “Notification Not Required” box for PRP personnel
- p. *Dental Class* - Enter patient’s current dental classification after treatment
- q. *Name/Rank of Provider/Assistant* – Provider signs/stamps here to indicate review and acceptance of the accuracy and completeness of the AF Form 644. The assistants signs/stamps alongside the provider
- r. *Dental Procedures and Services* - Code procedures for this patient visit
- s. *Dental Class* – Must complete dental classification for active duty members
- t. *Date of Update* - Enter the periodic dental examination date as YYMMDD
- u. *Caries* – Enter number that best describes patient’s caries risk
- v. *Perio-0* – Number of sextants (0-6) which patient has a PSR (periodontal screening and recording)
- w. *Perio-4* – Number of sextants (0-6) which the patient has a PSR of 4
- x. *Tobacco Use* – Enter number (0-4) that best describes patient’s tobacco use
- y. *Other* – Number that corresponds to the patient’s tobacco use

**MODULE 5-5C RECORD INFORMATION ON PATIENT TREATMENT FORMS****PERFORMANCE CHECKLIST****INSTRUCTIONS:**

The trainee must satisfactorily perform all parts of the task without error or assistance.  
Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Choose appropriate form (AF Form 644, or 644B)		
2. Document patient identification		
3. Identify and explain proper documentation for treatment provided		
4. Identify and explain use of approved nomenclature		
5. Identify and explain use of only approved abbreviations		

**FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)



## **MODULE 5-5D IDENTIFY PERSONAL AND POPULATION HEALTH RISK FACTORS**

### **STS TASK REFERENCES:**

- 4.2.4.1. Identify Status
- 4.2.4.2. Record Status
- 10.2.1. Personal
- 10.2.2. Population Health

### **TRAINING REFERENCES:**

American Dental Association Special Supplement “Caries Diagnosis and Risk Assessment” (JADA Vol.126, June 1995)  
HQ USAF/SGD INFOLTR, 7 June 1999, “Implementation of Dental Population Health Metrics”  
USAF Preventive Dentistry Newsletter, Update #19, 31 August 2001  
USAF Preventive Dentistry Newsletter, Update #20, 27 February 2003  
*DENTAL DATA SYSTEM-WEB (DDS-Web), User’s Guide*  
AFI 47-101, *Managing Air Force Dental Services*

### **EVALUATION INSTRUCTIONS:**

Trainee will properly document appropriate forms in response to dentist’s clinical findings of patient’s risk factors during the periodic dental examination (PDE). After ensuring the trainee has received sufficient supervised practice, evaluate trainee’s abilities using the performance checklist

### **PERFORMANCE RESOURCES:**

Dental Health Record  
AF Form 603/603a, Health Record-Dental  
AF Form 644, Record of Dental Attendance  
AF Form 696, Dental Patient Medical History

### **STEPS IN TASK PERFORMANCE:**

1. Select and arrange instruments for periodic examination
2. Review patient’s current and past AF Forms 696 for positive entries, refer changes to attending dentist
3. Assist dentist during examination of patient’s soft and hard tissues of the intra-oral cavity
4. Record patient’s caries risk assessment on appropriate treatment form
  - a. Low risk: No carious lesions in last three years, adequately restored surfaces, good oral hygiene, regular dental visits



- b. Moderate caries risk: One carious lesion in the last three years, exposed roots, fair oral hygiene, white spots and/or incipient interproximal radiolucencies, irregular dental visits, orthodontic treatment
- c. High caries risk: History of 2 or more carious lesions in the past 3 years, past root caries/large number of exposed roots, elevated mutan streptococci count, deep pits and fissures, poor oral hygiene, frequent sugar intake, inadequate use of topical fluoride, irregular dental visits, inadequate saliva flow
- 5. If a high caries risk patient declines enrollment in the “high caries risk prevention program”, a notation should be placed in the patient’s dental health record
- 6. Record patient’s periodontal screening (PSR) on appropriate treatment form
  - a. Each sextant is screened for periodontal disease, only the highest identified code for each sextant is recorded on the treatment form
  - b. This dictates which sextant to begin recording, typically moves from maxillary right toward the left, and then from mandibular left to the right
  - c. Code 0: No calculus or defective margins are detected, gingival tissue is healthy and no bleeding is present after probing
  - d. Code 1: No calculus or defective margins are detected, bleeding after probing is present
  - e. Code 2: Supra- or subgingival calculus and/or defective margins are detected
  - f. Code 3: Probing depth 3.5 mm to 5.5 mm is the deepest probing depth in the sextant
  - g. Code 4: Probing depth greater than 5.5 mm
  - h. Code \*: Add to the sextant code when clinical abnormalities exist
- 7. Record patient’s tobacco use information on appropriate treatment form
  - a. 0: No tobacco use
  - b. 1: Smokes tobacco products only
  - c. 2: Uses smokeless tobacco products only
  - d. 3: Uses both smoking and smokeless tobacco
- 8. Following provider’s tobacco cessation counseling, document that provider recommended member cease use of tobacco products



## **MODULE 5-5D IDENTIFY PERSONNEL AND POPULATION HEALTH RISK FACTORS**

### **PERFORMANCE CHECKLIST**

#### **INSTRUCTIONS:**

The trainee must satisfactorily document patient treatment forms regarding personal and population health risk factors error free. Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Record patient's caries risk assessment correctly on appropriate treatment form(s)		
2. Record patient's periodontal screening (PSR) indices correctly on appropriate treatment form(s)		
3. Record patient's tobacco use information correctly on appropriate treatment form(s)		
4. Document patient's declination (if applicable) to enroll in the "high caries risk prevention program"		
5. Document provider's recommendation for the patient to cease tobacco use (if applicable)		

#### **FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)



## MODULE 5-6 FILE DENTAL HEALTH RECORDS

### STS TASK REFERENCE:

- 4.1.5. File records

### TRAINING REFERENCES:

CDC 4Y051B

AFI 37-138, *Records Disposition--Procedures and Responsibilities*

AFMAN 37-139, *Disposition of Air Records--Records Disposition Schedule*

AFI 47-101, *Managing Air Force Dental Services*

Local Instructions

### EVALUATION INSTRUCTIONS:

After ensuring the trainee has received sufficient supervised practice, evaluate trainee's abilities using the performance checklist

### PERFORMANCE RESOURCES:

Dental Health Records

Record Filing System

### STEPS IN TASK PERFORMANCE:

1. Determine which section the dental health record will be filed into, i.e. Fly, SDP, foreign national, active duty, or family member/retiree
2. File dental record in terminal digit sequence
  - a. File records according to groups of digits, working from right to left through the social security number and the family member prefix code
  - b. File the record in numerical sequence starting with the last two digits
  - c. A record labeled "03-149-68-4238" would be filed as follows:
    - 1) File first under 38 and then within that group, under 42
    - 2) Work left through digit groups 68, 149, and 03, until there are no duplications
    - 3) Remove AF Form 250, Charge-Out from file after placing record

**MODULE 5-6 FILE DENTAL HEALTH RECORDS****PERFORMANCE CHECKLIST****INSTRUCTIONS:**

The trainee must satisfactorily perform all parts of the task without error or assistance.  
Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Determine filing section prior to filing		
2. File the dental record in terminal digit sequence order		

**FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)





**MODULE 5-7     MANAGEMENT OF DENTAL HEALTH RECORDS**

**MODULE 5-7A    MANAGING THE ANNUAL INVENTORY OF DENTAL RECORDS**

**STS TASK REFERENCE:**

4.1.6. Inventory records

**TRAINING REFERENCES:**

AFI 47-101, *Managing Air Force Dental Services*

AFI 37-139 (AFR 4-20), *Records Disposition Schedule*

AFI 37-138, *Records Disposition--Procedures and Responsibilities*

AFI 41-210, *Patient Administration Functions*

CDC 4Y051A, Volume 1

**EVALUATION INSTRUCTIONS:**

After ensuring the trainee has received sufficient practice, evaluate his/her abilities using the performance checklist

**PERFORMANCE RESOURCES:**

15 Dental Records, At Least One From Each Patient Category

Automated Dental Record Accounting System Or Logbook

Filing System

SSAN Roster

**STEPS IN TASK PERFORMANCE:**

1. Request Dental Class Roster (sorted by terminal digit) from Dental Data Manager
2. Review all records to determine proper custody, correct dental classification, and status of non-active duty personnel against the Dental Class Roster
  - a. Records of active duty Air Force personnel not assigned must be matched to Worldwide Locator and forwarded to the gaining dental facility
  - b. Refer to AFI 37-139 for disposition of other services records
  - c. Retired/Separated records are forwarded IAW AFI 37-139, Table 47
  - d. Records of undetermined status - HQ AFMPC/RQMIL  
550 C Street West St. 50  
Randolph AFB, TX 78150-6001
  - e. Refer to AFI 41-210 for remaining records
3. Annotate logbook or update dental records accounting system to reflect each record's destination
4. Following review of each active duty Air Force record, document the correct dental classification on the Dental Class Roster. Updates will be completed by the Dental Data Manager after completion of inventory
5. Retained records of non-active duty family members may be forwarded to sponsor's gaining facility
6. Records that have a retention period of 2 years or more may be removed to a staging area until they can be destroyed or forwarded to the repository (IAW AFIs 41-210, 37-133, and 37-138)



## **MODULE 5-7A    MANAGING THE ANNUAL INVENTORY OF DENTAL HEALTH RECORDS**

### **PERFORMANCE CHECKLIST**

#### **INSTRUCTIONS:**

Ensure proper safety precautions are followed. The trainee must satisfactorily perform all parts of the task without assistance. Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Request Dental Class Roster from Dental Data Manager		
2. Identify retained dental records of departed military personnel		
3. Forward records of departed military personnel IAW AFIs 37-139, 37-138		
4. Annotate logbook or update dental records accounting system to reflect each record's destination		
5. Document correct dental classification of active duty Air Force personnel and forward to the Dental Data Manager		
6. Forward records of non-active duty family members and retirees IAW established guidance		

#### **FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)



## MODULE 5-7B MANAGING THE TRANSFER OF DENTAL RECORDS

### STS TASK REFERENCE:

4.1.7. Transfer records

### TRAINING REFERENCES:

AFI 37-133, *Disposition of Air Force Records--Records Disposition Schedule*

AFI 37-138, *Records Disposition--Procedures and Responsibilities*

AFI 41-210, *Patient Administration Functions*

AFI 47-101, *Managing Air Force Dental Services*

CDC 4Y051B

### EVALUATION INSTRUCTIONS:

After ensuring the trainee has received sufficient practice, evaluate his/her abilities using the performance checklist

### PERFORMANCE RESOURCES:

15 Dental Health Records Listed On The Departure Notification Roster

Automated Dental Record Accounting System

Departure Notification Roster

Filing System

### STEPS IN TASK PERFORMANCE:

1. Obtain current Departure Notification Roster from outprocessing section of the Military Personnel Flight (MPF)
2. Pull dental records of departing personnel and applicable family members; prepare records to transfer to the appropriate MPF section
  - a. Review and correct dental record administrative discrepancies
  - b. Identify patients requiring a dental clearance exam
  - c. Identify patients requiring a dental separation exam
  - d. Identify patients with pending dental appointments
4. Schedule dental clearance or separation exams as needed
5. Maintain custody of dental records until all appointments are completed
6. Perform a final quality control check on each dental record prior to transmittal
7. Annotate status of each record on the Departure Notification Roster and/or update the Automated Dental Record Accounting System
8. Forward dental records to the MPF no later than seven days prior to departure date
9. Ensure MPF representative signs to accept possession of dental records
10. File annotated Departure Notification Roster

**MODULE 5-7B MANAGING THE TRANSFER OF DENTAL RECORDS****PERFORMANCE CHECKLIST****INSTRUCTIONS:**

Ensure proper safety precautions are followed. The trainee must satisfactorily perform all parts of the task without assistance. Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Obtain current Departure Listing from the MPF		
2. Retrieve dental records of departing personnel from the filing system		
3. Identify dental records requiring administrative action		
4. Maintain records until appointments are completed		
5. Perform a final quality control check on each dental record		
6. Forward dental records to the MPF IAW local policy		

**FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)

**MODULE 5-7C MANAGING THE RETIREMENT OF DENTAL RECORDS****STS TASK REFERENCE:**

4.1.8. Retire records

**TRAINING REFERENCES:**

AFI 47-101, *Managing Air Force Dental Services*

AFI 37-139, *Disposition of Air Force Records--Records Disposition Schedule*

AFI 37-138, *Records Disposition--Procedures and Responsibilities*

AFI 41-210, *Patient Administration Functions*

**EVALUATION INSTRUCTIONS:**

After ensuring the trainee has received sufficient practice, evaluate his/her abilities using the performance checklist

**PERFORMANCE RESOURCES:**

A Minimum Of 15 Dental Records

Automated Dental Record Accounting System

Filament Or Gum Tape

Filing System

SF 135/135A

Record Box

**STEPS IN TASK PERFORMANCE:**

1. Collect records identified for retirement during the Annual Records Inventory
2. Process dental health records of retired persons 3 years after year of last treatment for removal to repository
3. Records of military and retirees family members may be removed from the record files and placed in staging areas pending destruction IAW AFI 37-139
4. Process dental records identified for retirement of nonmilitary personnel "other than family members"; i.e., retirees, American Red Cross, Coast Guard, Peace Corp, State Department, USAF Cadets, and foreign nationals IAW AFI 33-139
5. Prepare records for shipment IAW AFI 37-138
  - a. Box records
  - b. Seal and mark boxes
  - c. Complete SF 135/135A
  - d. Contact Base Records Custodian for coordination of records movement

**MODULE 5-7C MANAGING THE RETIREMENT OF DENTAL RECORDS****PERFORMANCE CHECKLIST**

**INSTRUCTIONS:**

The trainee must satisfactorily perform all parts of the task without assistance. Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Collect dental records identified for retirement		
2. Process dental records of military and retiree family members		
3. Process dental records identified for retirement of nonmilitary personnel "other than family members"		
4. Prepare identified records for shipment		

**FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)



## **MODULE 5-8    MANAGING ASPECTS OF AIR FORCE DENTAL READINESS ASSURANCE PROGRAM (AFDRAP)**

### **MODULE 5-8A   PERIODIC DENTAL EXAMINATIONS**

#### **STS TASK REFERENCE:**

4.15.1.      Periodic Dental Examinations

#### **TRAINING REFERENCES:**

*AFI 47-101, Managing Air Force Dental Services*

*DENTAL DATA SYSTEM-WEB (DDS-Web), User's Guide*

#### **EVALUATION INSTRUCTIONS:**

After ensuring the trainee has received sufficient practice, evaluate his/her abilities using the performance checklist

#### **PERFORMANCE RESOURCES:**

Dental Data System-Web (DDS-W)

Dental Records





**STEPS IN TASK PERFORMANCE:**

1. Perform a Edit RIP (Report on Individual Personnel) Text
2. Have dental management review prior to selecting "Submit Edited RIP Text" option
3. Open AFDRAP Month
4. Print AFDRAP Roster, and give to AFDRAP monitor for screening
5. Print AFDRAP Rip/Rosters to be sent to organizational units
6. Perform a minimum of ten updates in the DDS-W, AF Form 644, Data Entry section:
  - a. Complete 3 updates based on last 4 of SSAN
  - b. Complete 3 updates by full SSAN
  - c. Complete 3 updates by last name
  - d. Complete one with erroneous information
8. Verify update input with Dental Transaction Listing (DTL)
9. View a patient's AFDRAP History
10. Request a combined Patient Status Roster prior to closing the AFDRAP Month
11. Screen dental records against this Patient Status Roster
12. Enter updates from the screening process
13. Request another Patient Status Roster by unit
14. Determine status of "unknowns" through the unit health monitors
15. Close out (complete) the AFDRAP Month
16. Request a combined Dental Class Count Roster

**MODULE 5-8A PERIODIC DENTAL EXAMS****PERFORMANCE CHECKLIST****INSTRUCTIONS:**

Ensure proper safety precautions are followed. The trainee must satisfactorily perform all parts of the task without assistance. Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Perform a Edit RIP Text, and have dental management review prior to submitting in system		
2. Open AFDRAP Month		
3. Print AFDRAP Roster		
4. Print AFDRAP RIP/Rosters to be sent to organizational units		
5. Perform a minimum of ten updates in the DDS-W		
6. Verify update input with DTL		
7. Request a combined Patient Status Roster prior to closing the AFDRAP Month		
8. Screen dental records against this Patient Status Roster		
9. Enter updates from screening process and request another Patient Status Roster by unit		
10. Determine status of "unknowns" through the unit health monitors		
11. Close out AFDRAP Month		
12. Request a combined Dental Class Count Roster		

**FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)



**MODULE 5-8B DENTAL READINESS CLASS 3 AND 4**

**STS TASK REFERENCE:**

4.15.2. Dental Readiness Class 3 and 4 Monitoring

**TRAINING REFERENCES:**

*DENTAL DATA SYSTEM-WEB (DDS-Web), User's Guide*

*AFI 47-101, Managing Air Force Dental Services*

**EVALUATION INSTRUCTIONS:**

After ensuring the trainee has received sufficient practice, evaluate his/her abilities using the performance checklist

**PERFORMANCE RESOURCES:**

Class 3 Roster

Class 4 Roster

Dental Records

**STEPS IN TASK PERFORMANCE:**

1. Manage Dental Readiness Class 3s
  - a. Request a current Class 3 roster from Dental Data Manager
  - b. Review the dental record for each patient listed on the roster
  - c. Review the dental records to verify current class
  - d. Annotate roster with “AFDRAP update” information for patients with class changes in the last 12 months or IAW clinic policy
  - e. Submit updates to the Dental Data Manager
  - f. Schedule each class 3 patient who does not have an appointment
  - g. Conduct follow-up action for patients who “break” or consistently reschedule
  - h. Determine total percentage of class 3 patients
  - i. Report percentage of class 3 patients to Dental Squadron management personnel as required by local guidance
2. Manage Dental Readiness Class 4s
  - a. Request a current Class 4 roster from Dental Data Manager
  - b. Review the dental record for each patient listed on the roster
  - c. Review the dental records to verify current class
  - d. Annotate roster with “AFDRAP update” information of patients with class changes in the last 12 months or IAW clinic policy
  - e. Submit updates to the dental data manager
  - f. Schedule remaining class 4 patients for a PDE
  - g. Conduct follow-up action for patients who “break” or consistently reschedule

**MODULE 5-8B      DENTAL READINESS CLASS 3 AND 4****PERFORMANCE CHECKLIST****INSTRUCTIONS:**

The trainee must satisfactorily perform all parts of the task without assistance. Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Verify the dental readiness classification for patients listed on Class 3 and 4 rosters		
2. Submit updates for members with incorrect update information		
3. Appoint members requiring exams or treatment		
4. Conduct follow-up action for no-shows and chronic "re-schedulers"		

**FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)



## **MODULE 5-8C DENTAL CLEARANCES**

### **STS TASK REFERENCE:**

4.15.3. Dental Clearance Program

### **TRAINING REFERENCES:**

AFI 47-101, *Managing Air Force Dental Services*

### **EVALUATION INSTRUCTIONS:**

After ensuring the trainee has received sufficient practice, evaluate his/her abilities using the performance checklist

### **PERFORMANCE RESOURCES:**

Clearance Letters from Outbound Assignments  
Overseas Clearance Letter

### **STEPS IN TASK PERFORMANCE:**

1. Review dental records of personnel listed on the Overseas Clearance Letter provided by MPF Assignments office
2. Ensure proper signature is on the clearance letter and returned to Outbound Assignments, if a Type 2 Exam has been performed within the last 90 days
3. Schedule member for dental exam, if a Type 2 Exam has not been performed within the last 90 days, per guidance in AFI 47-101
4. Upon completion of dental exam:
  - a. Ensure proper signature is on the clearance letters and return to Outbound Assignments for members not requiring dental treatment
  - b. Forward completed AF Form 422, Physical Profile Serial Reports to the Physical Examination for members disqualified for overseas clearance
  - c. Ensure proper signature is on the clearance letters and return to Outbound Assignments after necessary treatment has been completed
  - d. Report the estimated date of dental qualification to Outbound Assignments for members whose dental treatment is expected to exceed 30 days

**MODULE 5-8C DENTAL CLEARANCES****PERFORMANCE CHECKLIST****INSTRUCTIONS:**

The trainee must satisfactorily perform all parts of the task without assistance. Evaluate the trainee's performance using this checklist.

DID THE TRAINEE...?	YES	NO
1. Review record for last Type 2 exam and take appropriate action		
2. Schedule dental exams		
3. Identify steps for forwarding an AF Form 422, Physical Profile Serial Report		
4. Identify steps for forwarding signed Clearance letters to Outbound assignments		

**FEEDBACK:**

Provide trainee with appropriate feedback. (Refer to Introduction)



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## Dental Assistant Qualification Training Progress Record

Rank/Name \_\_\_\_\_

Qualification Upgrade Training to:      5-Skill Level      7-Skill Level

<i>Volume 5. Patient Administration - Procedures and Programs</i>					
<i>Core Task</i>	<i>Module Number</i>	<i>Page Number</i>	<i>Module Title</i>	<i>Date Completed</i>	<i>Trainer's Initials</i>
⑤	1	1	Verify Patient Eligibility for Care & Scheduling Patient For an Appointment		
⑤	2	3	Initiate Dental Health Records		
	3	6	Assist with Requests for Medical Service Consultations		
⑤	4	8	Identify Types & Requirements of Dental Exams		
⑤	5	10	Record Treatment in the Dental Health Records		
	5A	10	Chart Missing Teeth and Existing Restorations		
	5B	14	Chart Diseases and Abnormalities		
	5C	17	Record Information on Patient Treatment Forms		
⑤	5D	20	Identify Personnel and Population Health Risk Factors		
⑤	6	23	File Dental Health Records		
	7	25	Management of Dental Records		
⑦	7A	25	Managing the Annual Inventory of Dental Records		
	7B	28	Managing the Transfer of Dental Records		
	7C	30	Managing the Retirement of Dental Records		
⑦	8	32	Managing Aspects of Air Force Dental Readiness Assurance Program		
	8A	32	Periodic Dental Examination		
	8B	35	Dental Readiness Class 3 and 4		
	8C	38	Dental Clearances		

If Module does not have a Core Task listed, it is not mandatory for a 5-level. Example is Module 3. The trainee can be signed off on these items, however they are not required for upgrade to a 5-level.



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## VOLUME 5

## Appendix B

MEMORANDUM FOR 381 TRS/XWAA (CDC Manager)  
917 Missile Rd  
Sheppard AFB TX 76311-2246

FROM:

SUBJECT: Qualification Training Package Improvement

1. Identify volume and module.

Volume # \_\_\_\_\_

Module # and title \_\_\_\_\_

2. Identify improvement/correction section(s)

_____ STS Task Reference	_____ Performance Checklist
_____ Training Reference	_____ Feedback
_____ Evaluation Instructions	_____ Format
_____ Performance Resources	_____ Other
_____ Steps in Task Performance	

3. Recommended changes--use a continuation sheet if necessary.

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4. You may choose to call in your recommendations to DSN 736-7722 or FAX DSN/Commercial 736-2781 or (940) 676-2781.

5. Thank you for your time and interest.

YOUR NAME, RANK, USAF  
Title/Position