



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

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December 27, 1996

ADMINISTRATIVE ORDER
NO. 44, s. 1996

SUBJECT : Revised Standard Individual Patient Dental Health Record (DHS Form I)

For effective dental health program implementation, monitoring and evaluation, the Standard Individual Dental Health Record prescribed under Section 7 of Administrative Order No. 255 s, 1975, for rural, hospital, private school and occupational dental services and Section 6 of Administrative Order No. 8, s. 1978, amending the Standards for Hospital Dental Services is hereby amended, revised and promulgated to read as follows:

I. TITLE : Revised Individual Patient Dental Treatment Record (DHS Form I)

II. SCOPE : The Revised Individual Patient Treatment Record shall apply to all dental services in rural and hospital, retained and devolved, private schools and occupational establishments in the Philippines.

III. USAGES OF REVISED INDIVIDUAL PATIENT TREATMENT RECORD (DHS FORM I)

1. To record the findings of the oral examination done on each new patient and of the subsequently yearly oral examination given to registrant of dental health program.
2. To record preventive, restorative, surgical procedures and other services given to the patient.
3. To serve as baseline in identification and monitoring of the quality of treatment and services rendered.

IV. MAIN FEATURES OF FORM I
(Refer to Annex A)

1. Personal Identification
2. Oral Health Status
3. Oral Health Condition
4. Treatment/Services Rendered
5. Monitoring Chart

* The FDI (Federation Dentaire International) numbering system (two-digit) is adopted in permanent dentition and Palmer's notation for temporary teeth for easy distinction and identification.

V. GUIDELINES FOR ACCOMPLISHING THE REVISED INDIVIDUAL
PATIENT DENTAL HEALTH RECORD

A. Personal Identification

1. Province - The name of the province where the examination was conducted must be written in the space provided for.
2. City/Municipality - The city or municipality where the examination was conducted must be written in the space provided for.
3. File Number - Each patient registered and examined shall be given a file number in chronological order in the space provided for. This is to facilitate locating his record when he comes back for another treatment.
4. Date - The month, day and year of examination shall be written in the space provided for.
5. Name - The name of the patient shall be written in block letters, beginning with the surname (family name) first name and middle name in the space provided for.
6. Date of Birth - The month, day and year when the patient was born shall be written in the space provided for. You may get this information from the patient, or if the patient is a child, from the parent or gurdian accompanying child.

7. Sex - The sex status of the patient shall be written in the space provided for.
8. Population Age Group - The acronyms that indicate the population group the patient belongs should be encircled. This is done after computing age on his last birthday and classified as follows:
 - PS - (Pre-schoolers) 2-5 years old
 - S - (schoolers) 6-14 years old
 - PM - (Pregnant Mothers) 15 - 44 yrs. old
 - OA - (Other Adults) 15 - 65 and above
9. Address - The number of the house, the name of the street, barrio and municipality where the patient resides must be written in the space provided for.
10. Parent/Guardian - The name of parent/guardian if patient is of minor age (below 18 years old) shall be written in the space provided for.
11. Medical History - The past and present illnesses of the patient which can be related to the dental treatment shall be noted and written in the space provided for to serve as a background.

B. Oral Health Condition

The specific dental diseases and conditions included in this record are dental caries, periodontal diseases, calculus, neoplasm and handicapping dento-facial anomalies. The following are the specific guidelines.

1. Date of examination - On the first column, the month, day and year when first oral examination was performed shall be recorded at the space provided for. Dates of subsequent examinations shall be recorded on the next column.
2. Presence/Absence of Dental Caries - If the patient has one or more decayed teeth, the square opposite the word "caries" shall be checked. Leave blank if negative.
3. Presence/Absence of Gingivitis - If there is evidence of any one or more of the following signs: redness, swelling, ulceration and bleeding of the gums or gingiva surrounding one or more teeth, the square opposite the word "gingivitis" shall be checked. Leave blank if negative.

4. Presence/Absence of Periodontal Pocket - If periodontal pocket is present affecting one or more teeth as evidenced by destruction of the epithelial attachment, the square opposite the word "P. Pocket" shall be checked. Leave blank if negative.
5. Presence/Absence of Oral Debris- If oral debris is present as evidenced by soft foreign matter consisting of mucin, bacteria and food and varying in color from grayish to gray/orange on the surfaces of one or more teeth, the square opposite the word "debris" shall be checked. Leave blank if negative.
6. Presence/Absence of Calculus - If definite hard deposits are found on one or more teeth, the square opposite the word "calculus" shall be checked. Leave blank if negative.
7. Presence/Absence of neoplasm - If any sign and significant feature of oral cancer is present in the oral cavity, the square opposite the word "neoplasm" shall be checked. Leave blank if negative.
8. Presence/Absence of dento Facial Anomaly such as cleft lip and cleft palate - If cleft-lip or cleft palate is present, the square opposite the word "cleft-lip" or "cleft palate" shall be checked. Leave blank if negative.

An anomaly is regarded as requiring treatment if the disfigurement or functional defect is or likely to be an obstacle to the patient's physical or emotional well being.

9. Number of Teeth Present - The total number of teeth present shall be counted separately for temporary and permanent teeth and noted at the space provided for. A tooth shall be considered present when a portion of the crown can be seen and detected.
10. Number of DMF Teeth - The total number of decayed, missing and filled permanent teeth shall be added and recorded at the square provided for.
11. Number of df teeth - The total number of decayed and filled temporary teeth shall be added and recorded at the square provided for.

12. Others - The presence of any dental diseases and conditions that are deemed necessary to be recorded under the Oral Health Condition shall be specified at the space provided for.

C. Oral Health Status

In recording the oral health status of the patient, the symbols listed in the legend located at the forefoot of the form shall be used. The following specific guidelines should be followed:

1. Caries Free Teeth (/) - If the tooth shows no sign of clinical caries eventhough it shows signs of destruction of the epithelial attachment, it shall be regarded as caries-free tooth. The sign of a check(/) shall be placed on or opposite the diagram of the tooth examined.

2. Filled (●) - If the tooth is found to be filled either with temporary or permanent filling material, the appropriate symbol located in the legend shall be placed on the diagram of the tooth examined. The exact location should be noted by outlining the exact tooth surface or surfaces involved. The kind of filling material used shall be represented by recording the initial of the filling material opposite the diagram of the tooth examined. (e. g. Am for Amalgam, Com for Composite, etc.). Inlays and onlays are considered as filled tooth.

3. Caries Indicated for Extraction (\) - If the tooth is found to have extensive dental caries and can no longer be restored because of badly broken down surfaces and involvement of the pulp, the appropriate symbol located in the legend shall be placed on or opposite the diagram of the tooth examined. Root fragments are considered as caries indicated for extraction.

4. Extracted (X) - If the tooth to be examined is missing due to caries or other causes, the appropriate symbol located in the legend shall be placed on the diagram of the tooth. Unerupted tooth is not considered as missing.

5. Pontics (▼) - The presence of prosthetic appliance/unit in the oral cavity should be noted. The appropriate symbol located in the legend shall be placed on or opposite the diagram of the tooth examined if the natural tooth is replaced by an artificial one. Jacket crowns is considered a pontic. To specify the type of prosthesis, you can indicate by outlining it outside the diagram.

6. Sealant (S) - If the tooth is filled with pit and fissure sealant, the appropriate symbol located in the legend shall be placed on or opposite the diagram of the tooth examined.

7. Temporary Filling (T.F.) - If the tooth is filled with any temporary filling, the appropriate symbol located in the legend shall be placed on the diagram of the tooth examined.

8. Cavity (O) - If the tooth examined is found with clinical caries but not filled or restored, the appropriate symbol located in the legend shall be placed on the diagram of the tooth examined. The exact location of the carious lesion is noted by outlining the surface or surfaces involved with the symbol. Clinical caries is defined, for purpose of recording, as a cavity positively diagnosed by mouth mirror and sharp explorer during examination.

9. Unerupted (UN) - If the tooth to be examined is diagnosed to be unerupted or the crown is not yet visible though clinical examination, the appropriate symbol located in the legend shall be placed on the diagram of the tooth.

D. Record of Treatment/Services Rendered

All dental services given to the patients shall be recorded at the back of Form I. The date and tooth provided with treatment/services shall be written in chronological order with the recognition of treatment/services rendered by putting a check corresponding to the column of the type of treatment/services given, the date of treatment and the tooth number.

Any important information that needs documentation during and after the treatment/services shall be written under the column of "REMARKS". These also include schedule of re-appointments, medicines prescribed and etc.

For every treatment/services rendered, the signature of the operator shall appear on the indicated column.

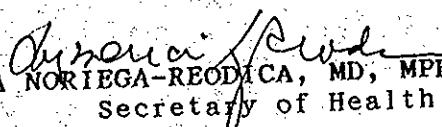
At anytime during inspection, the forms should be available for checking by the superior officers.

E. Monitoring Chart

This chart will serve as a record to enable the dentist and supervisors monitor the quality of treatment/services given to a patient. This will also guide the dentist to track down the oral condition and status of individual patient. With this monitoring chart, a treatment plan for each patient is very necessary and highly recommended.

Treatment/Services provided to the patient and for every visit of the patient to the dentist particularly for the sealant, filling and extraction shall appear in this monitoring chart. To fill up the chart, record the date of the treatment/service rendered and check the corresponding number of the tooth where treatment/service is provided. This shall be done in chronological order and also all repeated treatment/services (refilling or resealing).

All other previous Orders inconsistent with the provision of this order are hereby rescinded, or otherwise amended accordingly.


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Secretary of Health

DHS / OPHS

