Learning Guide

Dental records and appointments

27448 Allocate and record dental patient’s appointments, and maintain dental patient’s records

Name:

Workplace:

careerforce

Issue 2.0
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**Introduction**

Your role in the oral health care team is to provide person-centred support. Your responsibilities in managing patients’ appointments and ensuring that all their personal and dental records are correct and secure are important ways in which you can provide this support. This learning guide gives you information about some things you need to know to do this well, including learning about the FDI World Dental Federation system for tooth notation. This will help make sure you, your workmates and the people you support get the very best from you!

**How to use your learning guide**

This learning guide supports your learning and prepares you for the unit standard assessment. There are activities to do to guide your learning.

This guide relates to the following unit standard:

- 27448 Allocate and record dental patient’s appointments, and maintain dental patient’s records (level 3, 2 credits).

This learning guide is yours to keep. Make it your own by writing notes that help you remember things, or where you need to find more information.

Follow the tips in the notes column.

You may use highlighter pens to show important information and ideas, and think about how this information applies to your work.

You might find it helpful to talk to your workmates or supervisor.

Complete this learning guide before you start the assessment.

**What you will learn**

This topic will help you to:

- allocate patient appointments.
- manage appointment schedules.
- chart tooth notation using the FDI World Dental Federation system.
- maintain patient records.
Managing patients’ appointments

Allocating patients’ appointments and managing dental records is important for the effective and efficient running of a dental surgery. Your role in this is to support the dentist and the oral health care team.

This learning guide gives general information, and you will also need to refer to your workplace’s policies and procedures for the details of making patient appointments and maintaining records.

Determining the patient’s needs

Determining the patient’s needs allows you to allocate the right amount of time for the appointment. The patient may need:

- a routine appointment, such as a check-up or a specific procedure.
- an emergency appointment.

When a patient contacts the dental surgery to make an appointment there are three key skills that you will need to use:

1. listening – to understand the patient’s needs.
2. questioning – to gain more relevant information from the patient.
3. consulting – (if required) with the dentist or another member of the oral health care team to accurately determine the patient’s needs.

Remember the patient may be in pain or distressed, so it is important that you remain calm and reassure the patient if necessary.

From this information, you will be able to determine the following:

- the procedure the patient is likely to require.
- if the need is for a routine or an emergency appointment.
- the length of time that will be needed for the appointment based on the policies and guidelines of your workplace.
Your workplace should have guidelines that indicate how long a procedure should take to complete. For example, a patient who needs a regular check-up will need less time than a patient who is in pain and needs an emergency appointment.

If your workplace has guidelines that indicate the times allocated for different dental procedures, attach a copy to this workbook and highlight the relevant section. If not, complete the table below.

<table>
<thead>
<tr>
<th>Dental procedures used in your workplace</th>
<th>Approximate time needed</th>
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</thead>
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</tbody>
</table>
Allocating patients’ appointments

Once you know what procedure is required and how long it will take to perform, you can then allocate an appointment time suitable to the patient and the surgery. This appointment time will need to:

- be available.
- take into account the other appointments the surgery already has.
- be convenient for the patient.

It is also important to remember that a person for a routine appointment may not need to be seen straight away, whereas a person who has an emergency may need an appointment as soon as possible.

Allocating routine appointments

Once you have identified that the patient needs a routine procedure, the next step is to make the appointment.

The appointment may be for:

- a new patient.
- an existing patient.

You will need to know how to make an appointment for both categories of patient. New patients will require more information to be taken and recorded. Existing patients will already have information recorded in the dental surgery’s database, but it may need updating.

The following steps are a good guide to follow when making an appointment.

4. Identify the person making the appointment.
5. If the person is a new patient, enter their name, address and contact information into the surgery database. If the person is a regular patient, confirm their contact details are still correct.
6. Ask the patient for a time and day that would suit them for the appointment.
7. Look at the availability of appointments in the surgery appointments database and offer them one or two choices based on their preferences and needs. Check that the choices you offer do not conflict with any other appointment.
8. Confirm with the patient the time and day for the appointment.
9. Enter the appointment in the surgery’s database, diary or calendar.
10. Restate the date and time of the appointment with the patient if they have telephoned or give them an appointment card if they are at the dental surgery.
Allocating emergency appointments

If the patient needs an emergency appointment, they may need to see the dentist as soon as possible.

When the patient first contacts the surgery, they may be in pain or even distressed. When talking to the person, it is important you follow the steps below.

1. Remain calm and reassure the patient if necessary.
2. Find out if they are a new patient or an existing patient.
3. Find out their symptoms and determine how long the problem has been occurring.
4. Tell the patient the first appointment time that is available.
5. If the patient accepts this time, make the appointment in the normal way.

If you are unsure, or if there is no appointment time available that day, ask the dentist. The dentist may decide to make a referral, change another appointment or offer other assistance.

Some dentists keep an ‘emergency’ slot which can be allocated, for example immediately before a lunch break. If this time is not booked by a patient, the team can then put it to other use.

Do contact the patient as quickly as possible with an appointment time or other solution.

Allocating appointments using different communication methods

When allocating appointments, it is important to adjust to the form of communication being used. It may be, for example:

- in person (face-to-face).
- over the telephone.
- via email or text message.

Allocating appointments in person (face-to-face)

A patient may come into the surgery to make an appointment or they may need to make a follow-up appointment after a procedure. When allocating appointments face-to-face, it is important to make the patient feel welcome and at ease. Your attitude and helpfulness can have a powerful effect on how the patient feels and the service you are providing. Some tips to remember are:

- smile and show an interest in the patient.
- make eye contact.
Allocating appointments over the telephone

When speaking on the telephone, it is important to remember that it may be the first impression the caller has of your workplace. Being professional is very important. You should speak in a warm and friendly tone that is loud enough to be easily heard but not too loud to be uncomfortable. When speaking, you should:

• speak clearly and use words that are easy to understand.
• be calm and helpful.
• listen carefully and do not interrupt the patient. Do not make assumptions.

When answering the telephone you should:

• try and answer the telephone as soon as possible. It is preferable to answer after the first or second ring.
• identify the surgery and yourself.
• ask how you can help the caller.

For example: “Kia ora, Estuary Road Dental Service. You’re speaking with Sarah. How can I help you?”

It’s important that your greeting reassures the patient so they feel they are contacting a professional, friendly and caring place. It can be helpful to take notes of information the patient gives you, so keep a pen and notepad handy to write down important details.

Allocating appointments using email or text messages

Emails and text messages are often used to remind patients that they are due to book a dental check-up. They are also often used to confirm the appointment time that you have allocated.

It’s important that emails and text messages are clear and concise (short). They should give the details of the patient’s appointment and include the dental surgery contact details, in case the patient needs to get in touch to change the appointment.

This email or text is a formal message from your workplace, just like a written letter. The spelling should be correct. You are not emailing or texting a friend, so do not use abbreviated text or informal language.
Recording the appointment

Once you’ve allocated the appointment, it needs to be correctly recorded. Your workplace will have a system for recording this information. It might be an online booking system. You may enter the appointment details and any other relevant patient information onto a computer database, or into a book or both.

If you’re using a computer system, type into all the appropriate fields. If you’re recording the appointment in a book, write clearly with handwriting that is easy to read.

Patients may need an appointment card that records the details of their appointment. This should include the following information:

- the day of the appointment.
- the date.
- the time.
- where there is more than one dentist working at the surgery, the name of the dentist the patient will see.
- the address and telephone number of the surgery.

Confirming the appointment

Your workplace may have a policy of confirming the appointment with the patient the day before. This helps to reduce the amount of cancelled or missed appointments. It also means that a cancelled appointment can be allocated to another patient.

Appointments may be confirmed by:

- telephoning the patient.
- sending the patient a text message.
- emailing the patient.

If there is enough time, a letter may be posted to the person to confirm the appointment.
Managing appointment schedules

It’s important that appointment schedules are kept up-to-date. If an appointment is cancelled, it is your responsibility to:

• notify the oral health care team of the change.
• notify the patient of the change.

Notifying the oral health care team

If a patient contacts the surgery and has to change an appointment, you’ll need to notify the oral health care team. This is to prevent that time from being wasted. Another patient could be booked into that time or the team may use that time to complete another task.

Your workplace may have policies and procedures about when answer phones and emails are checked to determine if patients have contacted the office regarding appointments. For example, emails and/or answer phones may need to be checked:

• at the start of the day.
• before lunch.
• at the end of the day.

Notifying the patient of a change

There may be times when appointments made for patients need to be changed. This may be due to:

• unforeseen circumstances (eg adverse weather, staff illness).
• an emergency case that had to take priority and be seen immediately.
• delay in supplies or materials.
• equipment faults or breakdowns.

When notifying a patient of a change in an appointment, it is important to:

• make sure you speak to them in person (and not just leave a message).
• explain why a change is necessary.
• apologise briefly for the inconvenience.
• try to meet their needs when rescheduling the appointment.
Recalling patients

Your workplace will have a system in place for recalling patients. The dentist may ask to see the patient within a certain period of time, for example, every six months. You should record this information in the patient’s dental records, along with their name and contact details on a recall list for the appropriate date.

Patients should be telephoned, written to, emailed or texted to remind them to book a recall appointment several weeks before it is due.

Write

Find out what your workplace’s policies and your procedures are around changing patient appointments. Then answer the questions below.

My workplace’s policies and procedures for notifying the oral health care team of a change in a patient’s appointment are:

My workplace’s policies and procedures for notifying the patient of a change to their appointment time are:
Maintaining patients’ records

The Dental Council of New Zealand’s *Patient Information and Records Practice Standard* defines a patient’s treatment record as:

“an account in any permanent form collected methodically and preserving information of oral health and any associated financial transactions that serve as legal evidence of that information.”

It is a legal requirement that appropriate dental records are maintained. These records contain the patient’s dental history, with information about the patient’s dental treatment, any relevant communication with the patient, instructions for home care and consent to treatment.

Dental records ensure that the patient receives high quality dental care. The records can be used to improve diagnosis and treatment planning. Records also form the basis of self-protection if the patient disputes the treatment provided. If a patient transfers to another dentist, the patient’s dental records enable the new dentist to gain an understanding of the patient’s dental history.

Patient records are extremely important and must be accurately maintained. The records may be used for forensic purposes, for forensic personnel to make an accurate identification of a person, for example, in a death such as a car accident or earthquake.

**Health information**

The information in patients’ records is personal information and legally regarded as health information. This means the information must be handled under the requirements of the Health Information Privacy Code 1994 and the Privacy Act 1993.

More info

The Dental Council’s Standards are available at www.dcnz.org.nz Search for practice standards.
Patient records

A patient’s treatment record has two parts:

- treatment information about the dental services and care provided.
- information about financial payments.

It is important that all patient records have information that is accurate, factual and consistent. Patient records include:

- **physical records**, such as written dental notes and copies of x-rays.
- electronic records, with information held in a database.

The patient’s treatment record is built up over time. Each time the patient receives treatment or a service, information about it is entered into their records. Each record should be accurate, clear and concise.

The patient’s treatment record should hold all the relevant information relating to that patient and their care. Their record is likely to include:

- their personal details, such as name and contact information.
- place of employment and contact numbers.
- completed medical history questionnaires.
- consent forms.
- copies of correspondence, either to the patient or about the patient, for example, referral letters to other dentists or doctors.
- records of discussions over treatment options, including benefits and risks of different treatment options (including no treatment).
- radiographs (x-rays) and tracings or measurements relating to these.
- study models.
- clinical photographs or digital images.
- digital information, eg computer-assisted restoration design.
- progress and treatment notes and plans.
- diagnostic records, including any special tests such as blood tests, CAT or MRI scans; medications, including dose, amount, directions for use and number of refills.
- any complaints and resolutions.
- records of financial transactions.

### Key words

| physical records | any record that is kept on some form of paper or printout |
All records should be filed in the correct order so the dentist and team can easily access the information. Physical patient records must be kept in appropriate files for protection and security. These records are usually labelled with the patient’s surname and initials and filed in a way that lets them be easily retrieved. Some patient files may be colour coded and may be grouped into active and inactive files.

Patient records should only contain facts regarding the patient’s dental care and financial transactions. Personal opinions or criticisms are not appropriate and should not be entered.

**Patient confidentiality**

The health information you collect will be given in a situation of confidence and trust. The patient will be relying on you and your workplace to respect the personal nature of that information and to always treat that information in a professional and confidential way.

All patient records are confidential. Any information in the patient’s file should be treated with great care. Remember not to discuss information about a patient with their family members without first having the permission of the patient.

Be careful that you do not:

- write or leave patient records where others may see them.
- discuss patient records in public areas such as waiting rooms where others can overhear the information.

If the patient needs assistance, for example, because they have a hearing or vision impairment or English is not their first language, take the patient somewhere more private if they need to advise you of personal information relating to their health.

If you are using a computer, be careful about where you are saving or sending information when you are putting it online or sending emails. If sending a fax, attach a cover letter to state that the information is confidential.
Write

What does your workplace do to protect patient confidentiality?
Write down three methods your workplace uses.

1

2

3

Discussing enquiries with the team

A patient may ask you questions or give you information that means you need to consult with the dentist or other members of the oral health care team. It is important that you refer any issues that are outside your role to the correct member of the dental team. This will help to make sure you give accurate information to the patient.

If the patient wishes to speak to a particular team member but that team member is busy, you should take a message. Explain to the patient that the team member cannot speak with them right now but you will pass on a message and they will be in touch as soon as possible.

You should record the following information:

- the date and time of the phone call.
- the person’s full name and telephone number.
- the person’s company name, if relevant.
- a clear message.
- your name or initials to show you took the call.
Retrieving a patient’s records before treatment

Before an appointment, you will need to retrieve the patient’s dental records. Your workplace may have physical records, electronic records or both. These will have been filed according to your workplace’s policies and procedures.

If the patient is new to the surgery, you will need to create a patient record with all the relevant information. If the patient is an existing patient, their records will need to be updated. For example you may need to collect information or update existing information on the patient’s personal information, medical history and dental history.

Personal information

Personal information will include the patient’s:

- name and contact details.
- doctor’s name and contact details.
- emergency contact details, for example, next of kin.

Medical history

A patient’s medical history should always be kept up-to-date. It records information about current and past injuries, disease, and medical conditions. These conditions may affect the dental treatment. For example, allergies and some medications may determine the choice of medications, anaesthetic or other drugs the dentist prescribes.

A medical history is usually gathered through a patient questionnaire which should be completed by the patient when they become a new patient, or before a particular procedure. If a patient does not understand the questionnaire or any of the questions, you should encourage the patient to discuss it with you or the dentist. Any questions the patient answers “yes” to should also be followed up to make sure that enough relevant information is recorded.

Dental history

The dental history should include any concerns the patient has about their previous or current dental health. It will include information on:

- the treatment given at the patient’s last appointment.
- how often they seek treatment.
- how they maintain their teeth and general dental health.

After updating or obtaining this information, the patient should sign and date any forms they complete.
Tooth notation using the FDI World Dental Federation system

The FDI World Dental Federation notation system is a standardised way of recording information about teeth and the procedures or treatments given. Having a standardised system means that every oral health care worker will be able to understand the information recorded.

When the patient is seated in the dental surgery, notes will be taken by the dentist on the current condition of the patient’s teeth and gums. From this the dentist may decide what treatment is needed. The dentist will record information about each tooth and the location of the tooth in the patient’s mouth, using this system.

Understanding FDI notation

The FDI notation system uses two numbers: the quadrant number and the tooth number. It describes the mouth and teeth as follows:

- a quadrant is the name given to each of the quarters in the mouth.
- ‘adult’ or permanent teeth are called secondary dentition.
- ‘baby’ or deciduous teeth are called primary dentition.

<table>
<thead>
<tr>
<th>Key words</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>deciduous teeth</td>
<td>the first teeth that humans have. Also called ‘baby teeth’ and ‘primary dentition’</td>
</tr>
<tr>
<td>permanent teeth</td>
<td>the teeth that replace deciduous teeth. Also called ‘adult teeth’ and ‘secondary dentition’</td>
</tr>
<tr>
<td>primary dentition</td>
<td>the first teeth that humans have. Also called ‘baby teeth’ and ‘deciduous teeth’</td>
</tr>
<tr>
<td>quadrant</td>
<td>the name the FDI notation system gives to each of the quarters in the mouth</td>
</tr>
<tr>
<td>secondary dentition</td>
<td>the teeth that replace deciduous teeth. Also called ‘adult teeth’ and ‘permanent teeth’</td>
</tr>
</tbody>
</table>
Table 1 – Quadrant numbers

Numbers 1 to 4 are for adult teeth, and 5 to 8 for baby teeth.

<table>
<thead>
<tr>
<th>Quadrant numbers</th>
<th>Teeth description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>upper right permanent teeth</td>
</tr>
<tr>
<td>2</td>
<td>upper left permanent teeth</td>
</tr>
<tr>
<td>3</td>
<td>lower right permanent teeth</td>
</tr>
<tr>
<td>4</td>
<td>lower left permanent teeth</td>
</tr>
<tr>
<td>5</td>
<td>upper right deciduous teeth</td>
</tr>
<tr>
<td>6</td>
<td>upper left deciduous teeth</td>
</tr>
<tr>
<td>7</td>
<td>lower right deciduous teeth</td>
</tr>
<tr>
<td>8</td>
<td>lower left deciduous teeth</td>
</tr>
</tbody>
</table>

Table 2 – Teeth numbers

This table shows the numbers that are used for each tooth.

<table>
<thead>
<tr>
<th>Teeth codes</th>
<th>Teeth description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>central incisors</td>
</tr>
<tr>
<td>2</td>
<td>lateral incisors</td>
</tr>
<tr>
<td>3</td>
<td>canines</td>
</tr>
<tr>
<td>4</td>
<td>first premolars (permanent) and first molar (deciduous)</td>
</tr>
<tr>
<td>5</td>
<td>second premolars (permanent) and second molar (deciduous)</td>
</tr>
<tr>
<td>6</td>
<td>first molars (permanent teeth)</td>
</tr>
<tr>
<td>7</td>
<td>second molars (permanent teeth)</td>
</tr>
<tr>
<td>8</td>
<td>third molars (permanent teeth)</td>
</tr>
</tbody>
</table>
### Table 3 – Tooth notation for permanent and deciduous teeth

#### Permanent (adult) teeth and quadrants

<table>
<thead>
<tr>
<th>Upper right</th>
<th>Upper left</th>
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<tbody>
<tr>
<td>18</td>
<td>21</td>
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<td>17</td>
<td>22</td>
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<td>42</td>
<td>37</td>
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<tr>
<td>41</td>
<td>38</td>
</tr>
<tr>
<td>Lower right</td>
<td>Lower left</td>
</tr>
</tbody>
</table>

#### Deciduous (baby) teeth and quadrants

<table>
<thead>
<tr>
<th>Upper right</th>
<th>Upper left</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td>61</td>
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<tr>
<td>54</td>
<td>62</td>
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<td>53</td>
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<td>74</td>
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<tr>
<td>81</td>
<td>75</td>
</tr>
<tr>
<td>Lower right</td>
<td>Lower left</td>
</tr>
</tbody>
</table>

In the FDI notation system, the first number shows the quadrant that the particular tooth is in. The second number identifies the number of the actual tooth in that quadrant. The numbers are recorded side by side, for example:

- 23 = upper left permanent tooth (2), canine (3).
- 72 = lower right deciduous tooth (7), lateral incisor (2).
Diagram 1
Tooth notation for permanent teeth

Diagram 2
Tooth notation for deciduous teeth
Maintaining dental treatment records

Using the FDI system for tooth notation correctly and consistently ensures the correct tooth is treated during the dental procedure.

Every time a patient is treated, their dental record must be updated with the details of that treatment or service. Your workplace will have policies and procedures about:

- what amount of information is recorded.
- who records that information about the patient.
- how that information is recorded.
- the information you are responsible for recording.

Details of the treatment or service that must be recorded as part of maintaining the patient’s record should include:

- date of the appointment.
- any appointments not attended.
- reason for the appointment.
- estimates or quotes for any fees involved.
- details of any complaint.
- relevant history, clinical findings, treatment options given and the final treatment plan that is agreed with the patient.
The records should include a concise description of any and all treatments or services provided, including:

- any materials used.
- any variation from standard procedure or usual technique.
- any general comments on the procedure.
- any medicines prescribed, including quantity, dose and instructions.
- any treatment recommended but declined by the patient.

Records should include any other care and any concerns after treatment, for example:

- advice given to the patient on any pre- or post-operative instructions and any likely treatment outcomes or complications or both.
- unusual responses to treatment reported by the patient.
- concerns the patient has about the treatment offered.
- any complaints made about the treatment.

When maintaining a patient’s treatment record, entries made in the record must:

- be completely accurate.
- be entered at the end of the patient’s treatment or straight after the patient’s appointment.
- have the initials or name of the person who entered the record.
- If they are written by hand, be written in pen.

**Maintaining other records**

All other documents relating to the patient and their dental care also need to be maintained and filed. These may include:

- x-rays.
- photographs of the mouth and teeth.
- diagnostic models.
- referrals.
- patient consent forms.
- completed medical questionnaires.
- financial records.

After treatment all records should be filed correctly. There will be a specific and safe place in the surgery for storing dental treatment records. You should always return records to this place when they are not in use, so they can be found.
Describe how ‘other’ dental records, such as x-rays and photographs, are maintained and filed in your workplace. Complete the table below.

<table>
<thead>
<tr>
<th>Record</th>
<th>How is the record labelled?</th>
<th>Where is the record filed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photographs of mouth and teeth</td>
<td></td>
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<td>Diagnostic models</td>
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<td>Referrals</td>
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<td>Consent forms for treatment</td>
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<tr>
<td>Completed medical questionnaires</td>
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<td>Financial information</td>
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</tbody>
</table>
Using records to assist with patient recall

The dentist may request that the patient needs to return after a certain period of time. This may be routine, for example every six months for a routine check-up. Or it may be related to the dental procedure. For example, after an extraction, the recall is to ensure that the gum has healed and the patient is feeling no discomfort.

Patient recall information should be included in the recall list so that the patient will be contacted closer to the time to make an appointment.
## Glossary

<table>
<thead>
<tr>
<th>Key words</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>deciduous teeth</td>
<td>the first teeth that humans have. Also called ‘baby teeth’ and ‘primary dentition’</td>
</tr>
<tr>
<td>permanent teeth</td>
<td>the teeth that replace deciduous teeth. Also called ‘adult teeth’ and ‘secondary dentition’</td>
</tr>
<tr>
<td>primary dentition</td>
<td>the first teeth that humans have. Also called ‘baby teeth’ and ‘deciduous teeth’</td>
</tr>
<tr>
<td>physical records</td>
<td>any record that is kept on some form of paper or printout</td>
</tr>
<tr>
<td>quadrant</td>
<td>the name the FDI notation system gives to each of the quarters in the mouth</td>
</tr>
<tr>
<td>secondary dentition</td>
<td>the teeth that replace deciduous teeth. Also called ‘adult teeth’ and ‘permanent teeth’</td>
</tr>
</tbody>
</table>

The names of types of teeth are explained in more detail in the learning guide for 29453, Tooth notation, anatomy and diseases. See the Glossary in that learning guide.