



Abbreviations for use in AVDC Case Logs

This version is current for the 2009 Credentials and TSC cycles, and is under review by the AVDC Nomenclature Committee

Use of these abbreviations in the Diagnosis and Procedure columns of AVDC case logs is required for all AVDC cases logged after January 1, 2004 by applicants whose training program started on or after January 1st 2004. From January 1, 2004, do not use other abbreviations in the Diagnosis and Procedure columns of AVDC case log entries – additional items are to be written out.

Use by trainees whose training programs were registered prior to January 1st 2004 is strongly recommended. **Abbreviations used on AVDC case logs prior to January 1, 2004 DO NOT have to be changed.**

Changes in the approved abbreviations are made periodically, typically as a result of adoption by AVDC of definitions proposed by the Nomenclature Committee. **Trainees are NOT required to change case log entries dated prior to the notification of the change in abbreviation.**

In 2007, RL 1-5 (resorptive lesion, stage 1-5) was changed to TR and new definitions of stages 1-5 were adopted, and MAL/AXB and MAL/PXB were changed to MAL/RXB and MAL/CXB respectively because rostral and caudal were adopted for direction in the mouth in place of anterior and posterior.

In 2008, the Class of Malocclusion is to be inserted in the abbreviation of specific tooth malocclusion (e.g. MAL/1 or 2 or 3/CXB).

This file is available as a MS Word document, so that you may re-format it for your convenience. On the AVDC web site, click [Abbreviations - Word Format](#) on the [Information for Registered Applicants](#) page and then save the document on your hard drive.

You may use as many additional abbreviations on your **individual patient dental charts** as you wish. Provide a list of your additional abbreviations and their definitions when you submit your Dental Charts to AVDC for Credentials Committee review.

Tooth Identification:

Use of the Triadan tooth numbering system or anatomical description L (left), R (right), MN (mandibular), MX (maxillary), C (canine), I1-3 (incisor), M1-3 (molar), PM1-4 (premolar) is permitted in case logs.

Abbreviations for use in the case log Diagnosis column are shown in BLUE.

Abbreviations for use in the case log Procedure column are shown in RED.

For additional information on maintaining a case log in an AVDC training program, see the [Case Log Information](#) page on the AVDC web site (www.AVDC.org).

All Abbreviations, in Alphabetical Order

		Definition
AB		abrasion
APG		apexogenesis
APX		apexification
AT		attrition
B		biopsy
	B/E	biopsy excisional
	B/I	biopsy incisional
BG		bone graft (includes placement of bone substitute or bone stimulant material)
C		canine
CA		caries
CBU		core build up
CFL		cleft lip
	CFL/R	cleft lip repair
CFP		cleft palate
	CFP/R	cleft palate repair
CMO		cranio-mandibular osteopathy
CR		crown
CRA		crown amputation
	CR/M	crown metal
CRL		crown lengthening
	CR/PFM	crown porcelain fused to metal
	CR/P	crown preparation
CRR		crown reduction
CS		culture/susceptibility
DT		deciduous (primary) tooth
DTC		dentigerous cyst
E		enamel
	E/D	enamel defect
	E/H	enamel hypocalcification or hypoplasia
FB		foreign body
F		flap
	F/AR	apically repositioned periodontal flap
	F/CR	coronally repositioned periodontal flap
	F/L	lateral sliding periodontal flap
FGG		free gingival graft
FRE		frenoplasty (frenotomy, frenectomy)
FX		fracture (tooth or jaw)
		For tooth fracture abbreviations, see under T/FX
	FX/R	repair of jaw fracture
	FX/R/P	pin repair of jaw fracture
	FX/R/PL	plate repair of jaw fracture
	FX/R/S	screw repair of jaw fracture
	FX/R/WIR	wire repair of jaw fracture
	FX/R/WIR/C	cerclage wire repair of jaw fracture
	FX/R/WIR/ID	interdental wire repair of jaw fracture

	FX/R/WIR/OS	osseous wire repair of jaw fracture
G		granuloma
	G/B	buccal granuloma (cheek chewing lesion)
	G/L	sublingual granuloma (tongue chewing lesion)
	G/E/L	eosinophilic granuloma - lip
	G/E/P	eosinophilic granuloma - palate
	G/E/T	eosinophilic granuloma - tongue
GH		gingival hyperplasia/hypertrophy
GR		gingival recession
GTR		guided tissue regeneration
GV		gingivoplasty (gingivectomy)
IM		impression and model
IMP		implant
I1,2,3		Incisor teeth
IO		interceptive (extraction) orthodontics
	IO/D	deciduous (primary) tooth interceptive orthodontics
	IO/P	permanent (secondary) tooth interceptive orthodontics
IP		inclined plane
	IP/AC	acrylic inclined plane
	IP/C	composite inclined plane
	IP/M	metal (i.e. lab produced) inclined plane
LAC		laceration
	LAC/B	laceration buccal (cheek)
	LAC/L	laceration lip
	LAC/T	laceration tongue
M1,2,3		molar teeth
MAL		Malocclusion – see definitions in Nomenclature document.
	MAL/1	class 1 malocclusion (neuroclulsion - normal jaw relationship, specific teeth are incorrectly positioned)
	MAL/2	class 2 malocclusion (mandibular distoclusion - mandible shorter than maxilla)
	MAL/3	class 3 malocclusion (mandibular mesioclusion - maxilla shorter than mandible)
	MAL/1-3/BV	buccoversion
	MAL/1-3/CXB	caudal crossbite
	MAL/1-3/DV	distoversion
	MAL/1-3/LABV	labioversion
	MAL/1-3/LV	linguoversion
	MAL/1-3/MV	mesioversion
	MAL/1-3/OB	open bite
	MAL/1-3/RXB	rostral crossbite
	MAL/1-3/XB	crossbite – see CXB or RXB
		(use of the term 'wry bite' is not recommended, and WRY is not an AVDC-approved abbreviation)
MN		mandible or mandibular
	MN/FX	mandibular fracture
MX		maxilla or maxillary
	MX/FX	maxillary fracture

OA		orthodontic appliance
OAA		adjust orthodontic appliance
	OA/BKT	bracket orthodontic appliance
	OA/BU	button orthodontic appliance
	OA/EC	elastic (power chain) orthodontic appliance
	OA/WIR	wire orthodontic appliance
OAI		install orthodontic appliance
OAR		remove orthodontic appliance
OC		orthodontic/genetic consultation
OM		oral mass
	OM/AD	adenocarcinoma
	OM/EPA	acanthomatous ameloblastoma (epulis)
	OM/EPF	fibromatous epulis
	OM/EPO	osseifying epulis
	OM/FS	fibrosarcoma
	OM/LS	lymphosarcoma
	OM/MM	malignant melanoma
	OM/OS	osteosarcoma
	OM/PAP	papillomatosis
	OM/SCC	squamous cell carcinoma
ONF		oronasal fistula
	ONF/R	oronasal fistula repair
OR		orthodontic recheck
OST		osteomyelitis
PC		pulp capping
	PC/D	direct pulp capping
	PC/I	indirect pulp capping
PDI		periodontal disease index
	PD0	normal periodontium
	PD1	gingivitis only
	PD2	< 25% attachment loss
	PD3	25-50% attachment loss
	PD4	>50% attachment loss
PE		pulp exposure
PM1,2,3,4		premolar teeth
PRO		periodontal prophylaxis (examination, scaling, polishing, irrigation)
R		restoration of tooth
	R/A	restoration with amalgam
	R/C	restoration with composite
	R/CP	restoration with compomer
	R/I	restoration with glass ionomer
RAD		radiograph
RC		root canal therapy
	RC/S	surgical root canal therapy
RD		retained deciduous (primary) tooth
		RL is no longer used for resorptive lesion. See TR for tooth resorption.
RPC		root planing - closed

RPO		root planing - open
RRX		root resection (crown left intact)
RR		internal root resorption
RRT		retained root tip
RTR		retained tooth root
S		surgery
	S/M	mandibulectomy
	S/P	palate surgery
	S/X	maxillectomy
SC		subgingival curettage
SN		supernumerary
SPL		splint
	SPL/AC	acrylic splint
	SPL/C	composite splint
	SPL/WIR	wire reinforced splint
ST		stomatitis
	ST/CU	stomatitis – contact ulcers
	ST/FFS	stomatitis – feline faucitis-stomatitis
SYM		symphysis
	SYM/S	symphyseal separation
	SYM/WIR	wire repair of symphyseal separation
T		tooth
	T/A	avulsed tooth
	T/FX	fractured tooth (see next seven listings for fracture types)
	T/FX/EI	Enamel infraction
	T/FX/EF	Enamel fracture
	T/FX/UCF	Uncomplicated crown fracture
	T/FX/CCF	Complicated crown fracture
	T/FX/UCRF	Uncomplicated crown-root fracture
	T/FX/CCRF	Complicated crown-root fracture
	T/FX/RF	Root fracture
		For further information on the tooth fracture definitions, see the Tooth Fracture section in the Nomenclature web page.
	T/I	impacted tooth
	T/LUX	luxated tooth
	T/NE	near pulp exposure
	T/NV	non-vital tooth
	T/PE	pulp exposure
	T/V	vital tooth
TMJ		temporomandibular joint
	TMJ/C	temporomandibular joint condylectomy
	TMJ/D	TMJ dysplasia
	TMJ/FX	TMJ fracture
	TMJ/LUX	TMJ luxation
	TMJ/R	reduction of TMJ luxation
TP		treatment plan
TR		Tooth resorption
	TR1	TR Stage 1: Mild dental hard tissue loss (cementum or cementum and enamel).

	TR2	TR Stage 2: Moderate dental hard tissue loss (cementum or cementum and enamel with loss of dentin that does not extend to the pulp cavity).
	TR3	TR Stage 3: Deep dental hard tissue loss (cementum or cementum and enamel with loss of dentin that extends to the pulp cavity); most of the tooth retains its integrity.
	TR4	TR Stage 4: Extensive dental hard tissue loss (cementum or cementum and enamel with loss of dentin that extends to the pulp cavity); most of the tooth has lost its integrity. (TR4a) Crown and root are equally affected; (TR4b) Crown is more severely affected than the root; (TR4c) Root is more severely affected than the crown.
	TR5	TR Stage 5: Remnants of dental hard tissue are visible only as irregular radiopacities, and gingival covering is complete.
TRX		tooth partial resection (e.g. hemisection)
VP		vital pulp therapy
X		simple closed extraction of a tooth
XS		extraction with tooth sectioning, non-surgical
XSS		surgical (open) extraction of a tooth