The Oral-Dental Record Forms (“dental charts”) used by pre-2014 Alternate Pathway trainees and by 2014 Part-time Residents for canine patients and feline patients must be reviewed and approved by the Credentials Committee. Submission during the first year of the training program is required for residents whose training program was registered on or after January 1st 2013. Review will be via the Pre-Approval process.

**Note:** Approval of Dental Charts is not required if the resident is a full-time resident registered in an AVDC-approved residency site, because review of dental charts is included in the Residency Site review and approval process.

**Format and Content:**

1. A dental chart must be completed for all cases logged.
2. Examples of dental charts used by AVDC Diplomates are shown below. No chart is perfect for all patients. Develop a format that works for you, and have your Supervisor review it.
3. Abbreviated charts such as DentaLabels® are not sufficiently detailed for AVDC case-log purposes.
4. Use of AVDC abbreviations in dental charts is encouraged. If you use additional abbreviations that are not included in the AVDC Abbreviation List, provide definitions of your abbreviations on a cover page.
5. A dental chart is to include a place to record periodontal scoring information for individual teeth.

The examples currently available on the AVDC web site are currently under review by the Credentials Committee.

**Submission:**

Submit the files electronically via DMS as a Dental Charts document. If the charts are used clinically in printed format and electronic versions of the charts are not available, scan or photograph the charts to create images for electronic submission. Name the files: Your_LastName, FirstName Dental Chart Dog or Cat or Horse

Remember to complete the Dental Chart Submission Form and to upload it to the Specialty Hours document before submitting the document – the document will not be reviewed if this form is not attached to the DMS document. The blank Submission Form is available via a link in the Information for Registered Residents web page and via a link above the wide blue line in the Specialty Hours document.
Examples of Dental Charts
The example charts shown below are provided courtesy of several AVDC Diplomates.

<table>
<thead>
<tr>
<th>CANINE RECORD</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
</tr>
<tr>
<td>OFF. TEL#</td>
</tr>
<tr>
<td>CASE #</td>
</tr>
<tr>
<td>CHIEF COMPLAINT</td>
</tr>
<tr>
<td>OCLUSION</td>
</tr>
<tr>
<td>SKULL TYPE</td>
</tr>
<tr>
<td>SALIVARY FLOW</td>
</tr>
</tbody>
</table>

TEMPOROMANDIBULAR PALPATION

<table>
<thead>
<tr>
<th>Mobility/Furcation</th>
<th>Perio Pocket</th>
<th>Attachment Loss</th>
<th>PDI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buccal/Labial</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MAXILLA
Right
Palatal

MANDIBLE
Right
Lingual

<table>
<thead>
<tr>
<th>Mobility/Furcation</th>
<th>Perio Pocket</th>
<th>Attachment Loss</th>
<th>PDI</th>
</tr>
</thead>
</table>

X-Ray Results
Assessment
Medication
Feeding Instructions
Special Instructions
Re-Checks

Dear Doctor,
We thank you for this interesting referral and hope that we have been helpful. If you have any questions, or we can be of any further assistance, please don't hesitate to phone us.
KEY

E  External root resorptive lesion
C  Caries
•  Missing
  )  Pocket (list depth in mm)
  #  Fractured crown

CANINE ORAL EXAMINATION RECORD
[Note teeth and grade (if applicable).]
- General Comments
  - Saliva
  - Breath
  - Tonsils
  - Lips
  - Regional Lymph Nodes
- SKULL TYPE
  □  Brachycephalic
  □  Mesocephalic
  □  Dolichocephalic
- OCCLUSION
  □  Normal (scissors) bite
  □  Level bite
  □  Prognathic
  □  Brachygnathic
  □  Anterior crossbite
  □  Posterior crossbite
  □  Wry mouth
  □  Attrition/Abrasion
- GINGIVA-PERIODONTAL DISEASE
  (Grading* see back of first sheet)
  □  None
  □  Hyperplasia
  □  Gingivitis*
  □  Plaque*
  □  Calculus*
  □  Pockets > 3mm
  □  Pockets > 5mm
  □  Recession/root exposure
  □  Furcation exposure*
  □  Mobility*
- DENTAL ABNORMALITIES
  □  Retained deciduous
  □  Crowding
  □  Rotation
  □  Malpositioned teeth
  □  Missing teeth
  □  Supernumerary teeth
  □  Fractures
  □  Pulp exposure
  □  External root resorptive lesion
  □  Caries
  □  Pulp hemorrhage

❗️ Canine chart Examination

Page one of a two-page Canine chart Examination
KEY
GV-Gingivectomy
FT-Fluoride Treatment
V-Varnish
X - Extraction
• - Missing
P - Pulpotomy
CR - Conventional root canal therapy

CANINE DENTAL TREATMENT

- □ RADIOLOGY

- PERIODONTICS
  □ Ultrasonic scaling
  □ Subgingival curettage/root planing
  □ Polishing
  □ Gingivectomy
  □ Flap
  □ Fluoride treatment
  □ Varnish

- ORAL SURGERY
  □ Exodontia
    □ Routine extraction
    □ Sectioning
    □ Buccal cortical bone removal
  □ Mucoperiosteal flap
  □ Oronasal fistula repair
  □ Gingival biopsy
  □ Tumor removal
  □ Mandible fracture repair
  □ Other

- ENDODONTICS
  □ Vital Pulpotomy
  □ Conventional root canal
  □ Surgical root canal therapy
  □ Other

- RESTORATIONS
  □ Amalgam
  □ Composite
  □ Glass ionomer
  □ Crown
  □ Flap
  □ Crown Lengthening

- ORTHODONTICS
  □ Impression/model
  □ Bracket/button, elastics/chain
  □ Acrylic splint
  □ Incline plane
  □ Other

- PERIOPERATIVE THERAPY
  □ Antibiotic-Name-Dosage-Route
    1. Pre-op
    2. Post-op
  □ Chlorhexidine
  □ Local/Regional Anesthesia
  □ Other

- OTHER PROCEDURES
# Feline Dental Form

**Owner:**

**Pet Name:**

**Date:**

**DOB:**

**Sex:**

**NM Fe SF**

**Species:**

**Breed:**

**Chief Complaint:**

**Past Dental History:**

**Last Prophy:**

**Pertinent Medical History:**

**Diet:**

**Chew Toys:**

**Home Dental Care:**

**Brush:**

**Rinse:**

**Meds:**

**Other:**

**Case #:**

**MRCL cross Reference #:**

## Initial Exam

### Skull Type
- Brachycephalic
- Mesoecephalic
- Dolichocephalic
- Other:

### Occlusion
- Normal Scissors

#### Class I:
- PM Shift
- Anterior Crossbite
- Posterocoronal
- Rostrally deviated max. Canine
- Base narrow lower canines

#### Class II (subclass I)
- Brachygnathic/Over

#### Class III (subclass II)
- Prognathic/Undershot
- Level/ reverse scissor/undershot

### Other:
- Wry
- Occlusal wear: I C P M

### Ret. Deciduous
- Missing
- Supernumerary
- Caries
- Broken
- Carious
- Discolored
- Gingival recession
- Gingival hyperplasia
- Tooth mobility
- Furcation exposure
- Other

## Pre-Anesthetic Exam
- Auscultation:
- MM/CRT:
- Weight (Kg):
- **Agent**
- **Dose (mg) / route**
- **Time**
- **PA**
- **Induc.**
- **Maint.**
- E.T. tube size:
- Time Finished:
- Pulse Ox Reading:
- Doppler Pressure:
- Referred by:
- **Contact #:**
- Contact made on __/__/__ at __ AM PM
- Spoke with:
- Referral Letter sent on __/__/__
- To:
- Documentation:
  - Rads / Polaroid Photos / Digital Photos
- Misc. Notes:

## Medications
- **Type / route / volume**
- **Fluids:**
- **Meds administered:**
- **Meds dispensed:**
- **Recommended Followup:**

## Indexes
- **Overall calculus index (CI):**
  - (0) None
  - (1) Supragingival
  - (2) Subgingival
  - (3) Abundant supra and/or Subgingival

- **Overall Gingivitis index (GI):**
  - (0) None
  - (1) mild/ no bleeding
  - (2) moderate/ bleeding on probing
  - (3) severe/ spontaneous bleeding

## Misc.
- Oral Enlargements
- Pharynx
- TMJ
- Other
General Remarks:

Radiographic Evaluation/Assessment:

Treatment Summary and Plan: