



Dental Peer Review Instrument

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PATIENT RECORD NO. (From Facility Key document) _____ - _____ - _____

DENTAL REVIEWER INITIALS: _____

DENTAL REVIEWER: Complete ALL questions 1-21 for the dental visits with the provider within the prior 12 months. For any question that receives a score of “1”, please enter comments on the last page in the space provided.

1. Provider documentation is neat and legible

- 1 All/most documentation is illegible
- 3 Some documentation is illegible
- 5 Documentation is consistently legible

2. BP and pulse noted at annual exam. Vital signs noted as clinically appropriate at all subsequent appointments

- 1 None of the appropriate vital signs were recorded
- 3 Some of the appropriate vital signs were recorded
- 5 All of the appropriate vital signs were recorded
- IL Illegible

3. Health history reviewed, signed, and positive entries addressed annually or when information changes

- 1 No evidence that the health history was ever reviewed or updated as appropriate
- 3 Some evidence that the health history was reviewed and/or updated
- 5 The health history was reviewed/signed and updated as appropriate
- IL Illegible

4. SOAP format is used for all annual dental exams and dental sick call entries

- 1 SOAP format was never used
- 3 SOAP format was used for some entries
- 5 Soap format was used for all entries
- IL Illegible

5. Chief Complaint/Reason for visit was documented

- 1 Chief complaint/reason for visit was never documented in any entry
- 3 Chief complaint/reason for visit was documented in some entries
- 5 Chief complaint/reason for visit was documented in all entries
- IL Illegible



- 6. Pain control is addressed by conclusion of visit**
- 1 Pain control not addressed by end of any visit
 - 3 Pain control not consistently addressed at all visits
 - 5 Pain control addressed at all visits
 - N/A Patient not in pain in any visit
 - IL Illegible
- 7. Diagnosis is recorded for each visit**
- 1 No diagnosis documented for any visit
 - 3 Some visits had diagnosis documented
 - 5 All visits had diagnosis documented
 - IL Illegible
- 8. Treatment plan supports diagnosis (including perio)**
- 1 None of the treatment plans support the diagnosis
 - 3 Some of the treatment plans support the diagnosis
 - 5 All of the treatment plans support the diagnosis
 - IL Illegible
- 9. Appropriate diagnostic tests performed (including diagnostic quality radiographs)**
- 1 No appropriate diagnostic testing was performed
 - 3 Some appropriate diagnostic testing was performed
 - 5 All appropriate diagnostic testing was performed
 - N/A No diagnostic testing indicated
 - IL Illegible
- 10. Annual dental exam documented**
- 1 Annual dental exam was not documented
 - 5 Annual dental exam was documented
 - IL Illegible
- 11. All teeth requiring treatment diagnosed and treatment planned**
- 1 No teeth requiring treatment were diagnosed and had treatment planned
 - 3 Some teeth requiring treatment were diagnosed and had treatment planned
 - 5 All teeth requiring treatment were diagnosed and had treatment planned
 - N/A No teeth required treatment
 - IL Illegible
- 12. Procedures are documented with specific materials, type and dose of anesthetic**
- 1 No procedures were documented with specific materials, type and dose of anesthetic
 - 3 Some procedures were documented with specific materials, type and dose of anesthetic
 - 5 All procedures were documented with specific materials, type and dose of anesthetic
 - N/A No procedures were done
 - IL Illegible



- 13. Prescription drug utilization appropriate**
1 None of the prescription drugs utilized were appropriate
3 Some of the prescription drugs utilized were appropriate
5 All of the prescription drugs utilized were appropriate
N/A No prescription drugs were utilized
IL Illegible
- 14. Patient instructions, including follow-up documented**
1 No instructions or follow-up documented
3 Instructions/follow-up partially documented
5 Instructions and follow-up documented
IL Illegible
- 15. All referrals are reviewed and appropriate follow-up addressed**
1 None of the referrals were reviewed or had appropriate follow up addressed
3 Some of the referrals were reviewed or had appropriate follow up addressed
5 All of the referrals were reviewed and had appropriate follow up addressed
N/A Patient did not have referral
IL Illegible
- 16. Provider name printed or stamped and signed on health questionnaire and case notes**
1 Provider name printed or stamped and signed on none of the notes/questionnaire
3 Provider name printed or stamped and signed on some of the notes/questionnaire
5 Provider name printed or stamped and signed on all of the notes/questionnaire
- 17. Amalgams have no evidence of caries development beneath or adjacent to the restoration**
1 There is evidence of caries development beneath or adjacent to the restoration
5 No evidence of caries development
N/A Patient does not have amalgams
- 18. Amalgams have restored tooth to proper form, function and esthetics**
1 None of these elements were successfully restored
3 Some of these elements were successfully restored
5 All of these elements were successfully restored
N/A Patient does not have amalgams
- 20. Composite restorations (direct) have no evidence of caries development beneath or adjacent to the restoration**
1 There is evidence of caries development beneath or adjacent to the restoration
5 No evidence of caries development
N/A Patient does not have composites
- 21. Composite restorations have restored tooth to proper form, function and esthetics**
1 None of these elements were successfully restored
3 Some of these elements were successfully restored
5 All of these elements were successfully restored
N/A Patient does not have composites



Comments on any “1” answers:

Question #:

Deficiencies noted