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How to Document a Dental Examination and Procedure Using a Dental Chart

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Introduction

A dental chart is a permanent record of a patient’s dental care, and completion of a dental chart is the minimum standard of care for documenting any professional dental procedure. Dental charting is the process of recording the state of health or disease of the teeth and oral cavity, and it is an integral part of the examination, diagnosis, treatment planning, and monitoring of dental cases. The dental chart provides legal documentation of the procedure performed, and facilitates communication with colleagues.

The scope of this paper is limited to documenting routine equine dental care (Occlusal Adjustment, Floating, Periodontal Therapy, and Simple Extractions). Although the purpose of this paper is not to describe how to perform a dental examination, a thorough oral examination is prerequisite to completing an accurate dental chart. Additionally, in order to properly document any dental procedure and to communicate with colleagues, practitioners must have a working knowledge of dental terminology.

Standardized Terminology and Abbreviations

To facilitate communication between colleagues, the Nomenclature Committee of the American Veterinary Dental College (AVDC) reviews, clarifies, and recommends standardized terminology for dental and oral anatomical locations, pathologies, diagnoses, treatments, procedures, and dental materials. Terminology and abbreviations specific to equine dentistry have also been accepted by the Academy of Veterinary Dentistry (AVD). An extensive glossary of veterinary dental terminology can be found in veterinary dental texts. Extensive lists of the abbreviations accepted by the AVDC and the AVD are available online within the application packets for these organizations. Diagnostic and treatment abbreviations commonly used by the author are listed in Appendix A.

Although various systems for describing and numbering teeth are recognized, the Modified Triadan Tooth Numbering System is the tooth identification system of choice in veterinary dentistry. This system is applicable to most domestic animal species and provides accurate tooth identification in both written and oral communication. Each tooth is assigned a unique three digit number. The first digit designates the tooth’s quadrant and dentition, and the second and third digits designate the specific tooth. Teeth in each quadrant are numbered sequentially from the first (central) incisor (X01) distally to the third molar (X11), assuming a complete phenotypic equine dentition [I 3/3 C 1/1 P 4/4 M 3/3] x 2 = 44].
The typical domestic male horse is missing his mandibular wolf teeth, and many domestic mares are additionally missing all canine teeth; therefore, the dental formulae for male and female equids are [(I 3/3 C 1/1 P 4/3 M 3/3) x 2 = 42] and [(I 3/3 C 0/0 P 4/4 M 3/3) x 2 = 38], respectively. In the Modified Triadan System, “The Rule of Four and Nine” is used to simplify annotation among various species and variations within a species. Tooth X04 is always the canine tooth (104, 204, 304, 404), and tooth X09 is always the first molar (109, 209, 309, 409). Applying this rule, the first molarized cheek tooth (the 2nd premolar) in domestic horses is tooth X06 (106, 206, 306, 406).

**The Dental Chart**

The dental chart is a record of the condition of the patient’s dentition and oral cavity. It should include a dental history, oral examination findings, proposed and completed dental procedures, proposed future dental care, and home care instructions. Although many small animal and human dentists prefer a two chart system (one chart for recording examination findings, diagnoses, and proposed treatment planning and a second chart for recording the treatment performed), most equine dental practitioners use a combined report for both the examination and treatments. The most commonly accepted chart format is an anatomical dental diagram supplemented by brief descriptions to clarify the examination findings, diagnoses, and procedure performed. Most dental charts are designed with a fill-in-the-blank and check-off format to ensure consistent documentation. The dental chart should include a legend for nonstandardized symbols and abbreviations; however, the use of approved AVDC/AVD abbreviations should minimize this requirement. To meet the legal requirements of medical documentation, most state veterinary practice acts require that the following information be included in the medical record:

1. Date
2. Primary Complaint
3. History
4. Physical Examination Findings
5. Preliminary Diagnosis with Rule Outs
6. Tests performed and results
7. Diagnosis
8. Treatment Plan, implementation, drugs administered, and procedures performed
9. Prognosis
10. Patient Progress
Materials and Methods

The following outline describes the steps in documenting a dental procedure using the author’s combined format (examination and treatment) equine dental chart (Appendix C):

1. Documentation of all veterinary cases begins with recording the owner information, patient’s signalment, and primary complaint for the visit.
2. The patient’s history is taken with particular emphasis on the horse’s use, bit & bridle, diet, and masticatory & performance problems.
3. A thorough physical examination is performed and documented. The clinician must first rule out sources of systemic disease before any elective dental procedures is performed. Since sedative restraint is required for a thorough dental examination, emphasis during the physical examination should be placed on the horse’s body condition and cardiovascular system.
4. Once diseases of other body systems are ruled out, the horse’s head is examined and abnormalities recorded.
5. Upon completion of the external examination, the horse is sedated for oral examination. Sedative and other medications are recorded on the dental chart as they are given during the procedure.
6. Oral examination includes the examination of all tissues in the mouth. The soft tissue findings are documented in the appropriate fill-in-the-blank section of the chart. (e.g. “a cheek laceration caused by a hard enamel point on the maxillary right 1st molar” is abbreviated “LAC/B 110.”)
7. Dental abnormalities are documented on the dental diagram and explained in the Exam Findings section of the chart using the appropriate diagnostic abbreviation followed by the affected tooth’s Triadan number, and the aspect of the tooth when appropriate. The tooth aspects are Apical, Coronal, Occlusal, Mesial (M), Distal (D), Palatal (P), Lingual (L), and Vestibular (V). Rostral and caudal refer to positional and directional terms relative to the head in a sagittal plane. A “forward slash” (/) or a “space” is often used between abbreviations for clarity. For example, “a hook on the maxillary right 1st cheek tooth” is abbreviated “HK 106.”
   a. Clinically missing teeth are “circled” on the diagram and annotated by the tooth number and the abbreviation “O”. (e.g., An absent maxillary left 2nd incisor is abbreviated “0/202”). During the mixed dentition period, unerupted molars are recorded by “circling” the adult molar on the dental diagram.
   b. The presence of deciduous dentition is annotated on the dental diagram by placing a single line through the adult tooth number and writing in the appropriate deciduous tooth number. (e.g., 108 508)
   c. Supernumerary Teeth and Retained Deciduous Teeth are drawn on the diagram and appropriately annotated. (e.g. SN 111, not 112 and RD 503)
   d. An unerupted or a partially erupted tooth is usually “impacted;” therefore, “a blind maxillary right wolf tooth” is abbreviated “TI 105.”
   e. Dental malocclusions, fractures, cavities, and periodontal pockets are drawn on the chart to approximate the outline of actual finding and annotated in the Exam Findings section.
8. Malocclusions and other abnormal dental findings commonly effecting the Incisors include:

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a. Diagonal Bites are defined with respect to the mandibular incisors. DGL/3 is a diagonal bite in which the mandibular left incisors are longer than the mandibular right incisors. (Fig. 1) DGL/4 is a diagonal bite in which mandibular right incisors are longer.

b. Figure 1. Dental diagram charting a Diagonal Bite 4 (DGL/4).

c. Ventral Curvature (CV) and Dorsal Curvature Bites (CD) are the dental terms for a smile and frown bite, respectively.

d. Although Overbites and Underbites usually affect the entire dentition of a patient, these malocclusions are typically recorded in the Incisor part of the Exam Findings section as MAL2 or MAL3, respectively.

e. Hooks on the maxillary 3rd incisors are a common finding. (HK 103/203) (Fig. 2)

f. Abnormal wear patterns or “attrition” such as that seen in cribbers is recorded by describing the affected aspect of the tooth. (e.g. “cribbing attrition on the vestibular aspect of the maxillary 1st incisors” is abbreviated “AT 101V/201V”)

g. Crown fractures of the incisors should be drawn on the dental chart and described. (e.g. “a crown fracture of the maxillary right 3rd incisor” is abbreviated “T/FX 403CR”). The extent of the fracture can be further described using the tooth fracture abbreviations (“T/FX/”) in Appendix A.

h. Iatrogenic pulp damage secondary to over-reduction of the incisors with power instrumentation is a common finding. Exposed pulp is differentiated based upon its vitality and recorded. (e.g. “a living, bleeding pulp in the mandibular right 3rd
incisor” is abbreviated “T/PE/V 203;” whereas a necrotic, nonvital pulp in the same tooth is abbreviated “T/PE/NV 203.”

i. Cavities (abbreviated CA) should be staged according to severity:
   i. Stage 1: Cavities in the cementum only. (CA1)
   ii. Stage 2: Cavities through the cementum and into the enamel. (CA2)
   iii. Stage 3: Cavities involving the cementum, enamel, and dentin. (CA3)
   iv. Stage 4: Cavities exposing pulp. (CA4)

j. Tooth resorption (Equine Odontoclastic Tooth Resorption and Hypercementosis [EOTRH]) should be classified using the AVDC classification (See TR in Appendix A)

9. Dental findings commonly affecting the canine teeth include:
   a. Tartar (calculus, abbreviated CAL) that may be associated with periodontal disease (discussed below).
   b. Blind canines in young males and mares (TI).
   c. Vestigial canines commonly seen in mares. No dental abbreviation is recognized for this finding; therefore, he uses a check-the-box format in the Exam Findings section of the dental chart to record this finding.
   d. Cavities and tooth resorption is annotated as described for incisors.

10. Dental findings commonly involving the wolf teeth include missing (0) and blind teeth (TI).

11. Dental malocclusions and findings commonly affecting the cheek teeth include Hooks (HK), Ramps (RMP), Waves (WV), Steps (STP), Abnormal Transverse Ridges (ATR), Hard Enamel Points (PTS), Cupped Teeth (CUPD), and Expired Teeth (EXP). These findings are documented on the dental diagram by drawing the lateral profile of the cheek tooth arcade onto the diagram. The individual tooth malocclusions are clarified in the Exam Findings section of the dental chart (Fig. 3).

12. Dental abnormalities affecting the occlusal aspect of the cheek teeth, such as fractures and infundibular cavities are best documented on an occlusal diagram such as the Dacre Equine Endodontic Numbering System Chart (Appendix C). The lesion is drawn onto the chart and is described both in the occlusal chart margin and in the Exam Findings section of the dental chart.
   a. Occlusal fractures often fit into one of the following categories:
      i. Chip: Fracture involving only the occlusal margin. (T/FX/CHIP)
ii. Wedge: Fracture outside the infundibulae, involving one or more pulp horns. (T/FX/WDG)

iii. Sagittal: Fracture through the infundibulum. Classically, through both infundibulae. (T/FX/SAG) (Fig. 4)

iv. The AVDC has further divided tooth fractures into seven classifications. (See T/FX/ in Appendix A)

Figure 4. Dental diagram charting a sagittal fracture of tooth 109 with a missing (vestibular) buccal slab, a Grade 2 Infundibular Cavity in the mesial infundibulum of tooth 110, and cupping in tooth 111 (FX/SAG 109, 0 109/V, INF/CA2 110, CUPD 111).

b. Infundibular cavities (abbreviated INF/CA) should be staged according to severity:
   i. Stage 1: Cavities in the infundibular cementum only. (INF/CA1)
   ii. Stage 2: Cavities involving the infundibular cementum and infundibular enamel ring. (INF/CA2)
   iii. Stage 3: Cavities involving the infundibular cementum, enamel, and dentin. (INF/CA3)
   iv. Stage 4: Cavities through the infundibulae resulting in tooth fracture. (INF/CA4) This staging is rarely used since the pathology is usually documented as a sagittal fracture. (T/FX/SAG)

13. Periodontal disease should be noted on the dental diagram and described in the Examination Findings.
   a. Periodontal pockets should be probed and their depths recorded. (e.g. “a 15mm deep periodontal pocket on the distopalatal interproximal aspect of the maxillary left 4th premolar” is abbreviated “PP15 208IPD/P” (Fig. 5).
Figure 5. Dental diagram charting a diastema and periodontal pocketing between the maxillary left 3rd and 4th cheek teeth (DIA/PP15 208IPD).

b. Teeth affected by periodontal disease should be checked for Mobility and the Index recorded:
   - M1: less than 1mm movement in any direction.
   - M2: less than 2mm movement in any direction.
   - M3: movement of 3mm or more in any direction.

c. After radiographic evaluation, the Periodontal Index Stage can be determined:
   - PD1: Gingivitis only, no bony attachment loss.
   - PD2: less than 25% attachment loss.
   - PD3: 25-50% attachment loss.
   - PD4: greater than 50% attachment loss.

14. Many dental and oral pathologies can only be diagnosed with radiography. Radiographic findings should be recorded on the dental chart (preferably) or on a separate radiology report.

15. Once a complete oral examination and ancillary diagnostics have been completed, a tentative treatment plan and fee estimate is formulated. Upon approval, treatment procedures are performed and annotated on the dental chart (Figs. 6, 7, and 8).
   a. Occlusal Adjustment reductions are recorded on the dental diagram by “shading in” the portion of each tooth that has been removed and describing the procedure in the Treatment section of the chart. The appropriate dental term for the adjustment of the contour of a tooth crown is odontoplasty (OD).
   b. Floating (FLT), the reduction of sharp enamel points (PTS), is recorded in the Treatment section, but is not usually drawn on the dental diagram.

Figure 6. Dental diagram charting the correction of the DGL/4 presented in Fig. 1 (I/OD).
c. Simple extractions of retained deciduous and wolf teeth are common procedures and are recorded by drawing an “X” through the extracted tooth on the dental diagram and annotating the procedure in the Treatment section. (e.g. “Simple extraction of the maxillary right wolf tooth” is abbreviated “X105,” and “simple extraction of the mandibular left 2nd cheek tooth cap” is abbreviated “X707.”) (Fig. 9)

d. Many commonly used nerve blocks have recognized abbreviations. Practitioners who perform infiltration nerve blocks before extracting wolf teeth can abbreviate the procedure as “BUC/LIP/X 105/205” to indicate that a “Buccal Local Infiltration Anesthesia, Local Infiltration Anesthesia of the Palate, and Simple Extraction of both maxillary wolf teeth” were performed.

e. Periodontal treatments should be recorded in the Treatment section of the chart.
   i. Supragingival Calculus Scaling, Closed Root Planning (RPC) and Subgingival Curettage (SC) are procedures applicable to equine incisors and canine teeth. No standardized abbreviation for supragingival calculus scaling exists (because dental professionals assume this procedure will be performed); therefore, the author has a check-the-block format in the treatment section to record this procedure.
   ii. Although the bradydontic periodontal treatment terminology (e.g. RPC, SC) is often used to describe periodontal pocket debridement involving equine cheek teeth, clinicians must understand that current instrumentation limits our ability to perform these procedures correctly, and the use of these terms may be inappropriate. The author elects to describe the actual treatment performed.
   iii. The application of periodontic medicament (PCT), such as Doxyrobe, and bone grafting materials (BG), such as Consil, should be annotated in the treatment section of the dental chart.
Endodontic, orthodontic, oral surgery and restorative procedures can be documented on a dental chart; however, individualized case reports may be more appropriate for advanced dental procedures with preoperative diagnostic work-ups, prolonged sedative/anesthetic protocols, repeated intraoperative radiography, ancillary treatments, and extended aftercare requirements.

16. The visit is completed by prescribing necessary medications and aftercare, recording any special instructions, and scheduling the next examination, treatment, or follow-up procedure.

Results

Documentation of a dental examination and dental procedures using a dental chart:

1. Facilitates providing consistent quality dental care to patients by developing good examination habits.
2. Facilitates accurate treatment planning and fee estimation.
3. Accurately reflects the patients past and present care, as well as establishes a future treatment plan.
4. Provides legal documentation of the procedure performed.
5. Facilitates communication with colleagues.

Discussion

Until recently the horse industry and some equine practitioners have considered equine dental procedures to be nonprofessional services; therefore, the documentation of dental services has been inconsistent and nonstandardized. The recognition of dentistry as a professional veterinary discipline dictates that practitioners document these services and the Dental Chart provides equine practitioners with a concise, legally recognized format for reporting these services. During the initial period when a practitioner is learning how to use the dental chart, terminology, and abbreviations, charting can be cumbersome; however, once dental charting becomes a routine event, a case can be documented in a few minutes.

The dental chart can be either hand written or computerized, but accompanying digital photography always helps to clarify the recorded document. Several dental supply companies and printers sell equine dental charts, or a practitioner can personalize a dental chart to his/her practice, and some practitioners prefer to use a duplicate chart format so that the client receives a copy at the completion of the dental procedure. While practitioners can debate about which chart format and which abbreviations are “the best,” as long as information is completely documented in a legible manner that other colleagues can understand, the format of the report is a matter of personal preference. Whichever format a clinician chooses, dental charting will always improve the quality of care that the practitioner provides to the equine patient.

Sample dental charts are available online at www.aaep.org.

References and Footnotes


aDoxyrobe Gel. Pfizer Animal Health, Exton, PA 19341.
bConsil. Nutramax Laboratories, Edgewood, MD 21040.

Suggested Reading:

Appendices:
Appendix A: AVD Equine Dental Abbreviations Supplement.
Appendix B: The Dacre Equine Endodontic Numbering System.
Appendix C: A Completed Dental Chart.
Appendix A: Equine Dental Abbreviations

Diagnostic Abbreviations
Abbreviations in RED are recognized by the American Veterinary Dental College (AVDC).
Abbreviations in BLUE are recognized by the Academy of Veterinary Dentistry (AVD).

Tooth Aspects

V Vestibular (AVDC Preferred)
B Buccal
L Lingual
P Palatal
IPM or D Interproximal: Between teeth. Mesial or distal.

AB Abrasion (Tooth or soft tissue). Pathological wear.
AT Attrition. Physiologic wear.
ATR Abnormal Transverse Ridge.
CA Caries
INF/CA Infundibular Cavity
CAL Calculus.
CV Ventral Curvature: Maxillary central incisors extend beyond the level of the maxillary intermediate and corner incisors, “smile”.
CD Dorsal Curvature: Mandibular central incisors extend beyond the level of the mandibular intermediate and corner incisors, “frown”.
CUPD Cupped: Crown worn past infundibulum. Still has crown above gingival margin.
CWD Crowded Tooth.
DGL Diagonal: Mandibular incisors longer on either the left side or right side. Defined with respect to mandibular incisors longer on arcade number 300 or 400.
DGL/4400 arcade longer
DGL/3300 arcade longer
DIA Diastema between proximal incisor or proximal cheek teeth.
E Enamel.
E/D Enamel Defect.
EXP Expired: Attrition to gingival margin with crown connecting all roots.
EXT Extrusion.
FB Foreign Body.
FX Fracture. Tooth or Bone, Also see Tooth Fracture (T/FX).
HK Hook: Excess crown longer than wide.
GH Gingival Hyperplasia/Hypertropy.
GR Gingival Recession.
LAC Laceration.
LAC/B Laceration Cheek (Buccal)
LAC/L Laceration Lip.
LAC/T Laceration Tongue.
M Mobile Tooth.
M1 Mobile Tooth Index Stage 1. First distinguishable sign of movement.
M2 Mobile Tooth Index Stage 2. <3 mm of movement in any direction.
M3 Mobile Tooth Index Stage 3. >3 mm of movement in any direction.
MAL2 Class II malocclusion, overbite, brachygnathism, mandibular brachygnathism: Extension of maxillary teeth vertically beyond mandibular teeth. Defined by the term "distoclusion", where some or all of the mandibular teeth are distal in relationship to their maxillary counterparts.
MAL3 Class III malocclusion, underbite, prognathism, mandibular prognathism: Defined by the term "mesioclusion", where some or all of the mandibular teeth are mesial in their relationship to their maxillary counterparts.
MN Mandible.
MX Maxilla.
O Missing/Absent.
OAF Oroantral Fistula.
ONF Oronasal Fistula.
OM Oral Mass.
PDI Periodontal Disease Index
PD1 PD Stage 1: Gingivitis only.
PD2 PD Stage 1: < 25% attachment loss.
PD3 PD Stage 1: 25%- 50% attachment loss.
PD4 PD Stage 1: >50% attachment loss.
PE Pulp Exposure
PP Periodontal Pocket
PTS Sharp Enamel Points: Buccal cusps on maxillary cheek teeth and lingual cusps on mandibular cheek teeth sharpened from wear (attrition).
RAD Radiograph
RD Retained Deciduous Tooth
RMP Ramp: Excess tooth wider than long.
RRT Retained Root Tip: Portion of root or tip retained.
RTR Retained Tooth Root.
STP Step: One tooth only with excess crown.
T Tooth
T/A Avulsed Tooth.
T/FX Tooth Fracture
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.
T/FX/SAG Sagittal: Below gum line (subgingival) through infundibulum.
T/FX/WDG Wedge: Outside infundibulum.
T/FX/CHIP Chip: Occlusal margin only. Not fractured down to gingiva.
T/I "Tooth impacted", "Blind": Not completely erupted. Partially or fully covered by bone or soft tissue. Commonly seen with wolf teeth.
T/NE Near Pulp Exposure
T/NV  Non-vital Tooth
T/PE  Pulp Exposure
T/V  Vital Tooth
TR  Tooth Resorption
   TR1  TR Stage 1: Mild. Cementum +/- enamel.
   TR2  TR Stage 2: Moderate. Lesion extends into dentin, but not into pulp cavity.
   TR3  TR Stage 3: Deep. Lesion extends through dentin into pulp cavity.
   TR4  TR Stage 4: Extensive. Compromised integrity.
      TR4a  Crown and Root Equally affected.
      TR4b  Crown more severely affected than Root.
      TR4c  Root more severely affected than Crown.
   TR5  Tooth remnants radiographically. Gingival covering complete.
TO  Tooth Overlong.
WV  Wave: More than one tooth with excess crown.

**Treatment Abbreviations**

B  Biopsy
   B/E  Biopsy Excisional.
   B/I  Biopsy Incisional.
BG  Bone Graft.
DB  Dentin Bonding
FLT  Float: Reduction of lingual and buccal enamel points.
GV  Gingivectomy/ Gingivoplasty.
OC  Orthodontic Consultation.
OD  Odontoplasty: Reduction of excessive crown of occlusal surface.
PCT  Perioceutic Therapy
R  Restoration
   R/C  Restoration with Composite
   R/I  Restoration with Glass Ionomer.
SC  Subgingival Curettage
TP  Treatment Planning
VP  Vital Pulpotomy
X  Extraction, simple
   XS  Extraction, Tooth sectioned
   XSS  Surgical extraction

**Nerve Blocks**

IFA  Inferior Alveolar NB (Mandibular Nerve).
IFO  Infraorbital NB.
MAX  Maxillary NB.
MEN  Mental NB.

BUC  Buccal Local Nerve Block
LIP  Local Infiltration of Palate
Appendix B: The Dacre Equine Endodontic Numbering System
Appendix C: A Completed Dental Chart

Equine Dental Examination / Treatment Record

Horse: Wind Owner: Sue Day Barn: Sunshine Hill Trainer: RDVM: CE
Breed: Arab Age: 12 Sex: F Color / Markings: Chestnut History: Pasture Graze (hrs/day): 18+ 12+
Use: Pleasure Breeding Retired Performance: Other: Complaint: Routine Dental Care Dental Recheck

Current Medications: O TMP/SMZ O Bute O Other: Broomstick Hol Ez Strategy, Alfalfa pellets
Wt. Loss O Dropping Feed O Abnormal Chewing O Quidding O Performance Problems: Head Tossing Head Tit Resisting

Physical Examination: O Digital Pictures O Radiography: UI L/C 100s 200s 300s 400s
Condition: BCS: 5/9 O Underweight O Normal O Overweight O Obese T = P = R = GI = 4
Head: O Normal O Abnormal: Feces: O Not Examined O Normal O Large Stems
Poll Sensitivity: O Normal O Mild O Moderate O Severe Oodor: O Normal O Oral O Nasal
TMJ Sensitivity: O Normal O Mild O Moderate O Severe O Dissymmetry: L R Larger
Cheeks: O Normal O Buccal Laceration / Ulcer O Ulcer O Callous O Tongue: O Normal O Lingual Laceration / Ulcer O Ulcer O Callous
Gums: O Normal O Other Findings / Rads: O Other:

Sedation: 1.5 cc / 14.42 cc
Given IV, (CCs per drug / Time) & Repeat Sedation:
Dormosedan (10mg/ml) 0.5 cc / 14.41 cc
Torbugeste (10mg/ml) cc / cc
Diapam (5mg/ml) cc / cc
Reversal Agents: Yohimbine (5mg/ml) cc / cc, Atapamazole (5mg/ml) cc @ 0.5 cc @ 0.5 cc
Examination & Treatments: (All Measurements are in mm.)
Molar Table Angles: Right: A: 10-15 Degrees L: 10-15 Degrees
Rostral Caudal Mobility (mm): B: A: C: L:
Occlusal Equilibration and Hard Enamel Points Float: 100s 200s 300s 400s

Incisors
Wear: Under Jet 3mm
Canines
Partur Long Sharp Vestigial

Wolf
100 Molars
200 Molars
300 Molars
400 Molars

Prescriptions: O TMP / SMZ 960mg: Give _ pills twice daily for _ days.
Recommended Procedures: O X-rays O Extractions O Other
Special Instructions:
Recheck / Next Dental Appointment: 1 week 1 month 3 months 6 months 1 year O Other
Please Call if You have any Questions or Concerns!!!

Stephen S. Gullapally, DVM
DC (email Address) Case Log
ComSub Log Invoice Recall

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