DENTAL QUALITY ASSURANCE
CHART REVIEW AUDIT FORM – 1

Date: _______________ Clinic: ___________________ Reviewer: __________________________________

Patient Name: ______________________________  Identification #: _______________________________

A. Radiographic Assessment
Review all radiographs taken during the last two years, check all criteria using the definitions in the manual.

1. Sufficient quantity of films taken

2. All film mounts and packets dated

3. All film mounts and packets have patient identification number

4. All film mounts and packets have patient name

5. Quality - check problem areas
   - Insufficient contrast
   - Overlapping images
   - Distortion (elongation)
   - Apex not shown
   - Cone cut
   - Poor developing
   - Other__________________________

   SPECIFY

   NOT

   ACCEPTABLE

   ACCEPTABLE

Overall estimation of quality of radiographs

B. Dental Record Assessment
Check if all criteria are present or absent. If present, check if acceptable or not acceptable using definitions in the manual.

1. Patient identification

2. Dental consent

3. Medical history

4. Extraoral/intraoral examination

5. Dental charting

6. Problem list/treatment plan

7. Progress notes

COMMENTS:
DENTAL QUALITY ASSURANCE
CHART REVIEW AUDIT FORM - 2

Patient Name_________________________________ Identification #__________________________

C. Assessment of Treatment
Review the record for the first four criteria. Use judgment for the overall assessment of each of these criteria using the explanations in the manual as a guide. All criteria deemed not acceptable must have an explanation in the COMMENTS section.

1. Completeness of Diagnosis
Check problems overlooked or not noted in treatment.

<table>
<thead>
<tr>
<th>Caries</th>
<th>Gingivitis</th>
<th>Periodontitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing teeth</td>
<td>TMD/facial pain</td>
<td>Oral pathology</td>
</tr>
<tr>
<td>Periapical pathology</td>
<td>Malocclusion</td>
<td>Space maintenance</td>
</tr>
</tbody>
</table>

Assessment of Diagnosis: Acceptable Not Acceptable

______________________________________________________________________________________

2. Integration of Non-dental Considerations
Check areas not appropriately considered in treatment.

<table>
<thead>
<tr>
<th>Medical</th>
<th>Emotional</th>
<th>Medications</th>
<th>Lifestyle</th>
</tr>
</thead>
</table>

Assessment of Non-dental Considerations:
Acceptable Not Acceptable Not Applicable

______________________________________________________________________________________

3. Appropriateness of Treatment
a. Appropriateness of Curative Treatment
Check services considered inappropriate.

<table>
<thead>
<tr>
<th>Restorative</th>
<th>Periodontics</th>
<th>Endodontics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removable prosthetics</td>
<td>Fixed prosthetics</td>
<td>Pulp protection</td>
</tr>
<tr>
<td>Oral surgery</td>
<td>Orthodontics</td>
<td>Space maintenance</td>
</tr>
<tr>
<td>Medication prescribed</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

SPECIFY

Assessment of Appropriateness of Curative Treatment:
Acceptable Not Acceptable

b. Appropriateness of Preventive Care
Review preventive care in record.

Assessment of Preventive Care:
Acceptable Not Acceptable

______________________________________________________________________________________

4. Logical Sequence of Treatment
Check areas that are not judged to be in proper sequence.

<table>
<thead>
<tr>
<th>Pain control</th>
<th>Caries control</th>
<th>Pulpal therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive care</td>
<td>Orthodontics</td>
<td>Periodontal therapy</td>
</tr>
<tr>
<td>Space maintenance</td>
<td>Oral surgery</td>
<td></td>
</tr>
<tr>
<td>Restoration of missing teeth</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

SPECIFY

Assessment of Logical Sequence of Treatment:
Acceptable Not Acceptable

______________________________________________________________________________________

5. Summary of Case Management
Indicate the overall quality of the total management of patient care.

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Above Standard</th>
<th>Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Standard</td>
<td>Substandard</td>
<td></td>
</tr>
</tbody>
</table>