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

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1. 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, to properly document any dental procedure and 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] × 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] × 2 = 42) and ([I 3/3 C 0/0 P 4/4 M 3/3] × 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 second 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 non-standardized 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
11. Client communication

2. 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 B):

I. Documentation of all veterinary cases begins with recording the owner information, patient’s signalment, and primary complaint for the visit.
II. The patient’s history is taken with particular emphasis on the horse’s use, bit and bridle, diet, and masticatory and performance problems.
III. A thorough physical examination is performed and documented. The clinician must first rule out sources of systemic disease before any elective dental procedure is performed. Because 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.
IV. After diseases of other body systems are ruled out, the horse’s head is examined, and abnormalities are recorded.
V. On 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.
VI. 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 first molar is abbreviated LAC/B 110).
VII. Dental abnormalities are documented on the dental diagram and explained in the examination 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). A forward slash (/) or a space is often used between abbreviations for clarity. For example, a hook on the maxillary right first cheek tooth is abbreviated HK 106.
A. Clinically missing teeth are circled on the diagram and annotated by the tooth number and abbreviation O (e.g., an absent maxillary left second incisor is ab-
breviated 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., 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 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.

VIII. Malocclusions and other abnormal dental findings commonly effecting the incisors include the following:

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. Ventral curvature (CV) and dorsal curvature bites (CD) are the dental terms for a smile and frown bite, respectively.

C. 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.

D. Hooks on the maxillary third incisors are a common finding (HK 103/203) (Fig. 2).

E. 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 first incisors is abbreviated AT 101V/201V).

F. Crown fractures of the incisors should be drawn on the dental chart and described (e.g., a crown fracture of the maxillary right third 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.

G. Iatrogenic pulp damage secondary to overreduction of the incisors with power instrumentation is a common finding. Exposed pulp is differentiated based on its vitality and recorded (e.g., a living, bleeding pulp in the mandibular right third incisor is abbreviated T/PE/V 203, whereas a necrotic, non-vital pulp in the same tooth is abbreviated T/PE/NV 203).

H. Cavities (CA) should be staged according to severity.

1. Stage 1: cavities in the cementum only (CA1).
2. Stage 2: cavities through the cementum and into the enamel (CA2).
3. Stage 3: cavities involving the cementum, enamel, and dentin (CA3).
4. Stage 4: cavities exposing pulp (CA4).

I. Tooth resorption (TR; equine odontoclastic tooth resorption and hypercementosis [EOTRH]) should be classified using the AVDC classification (see TR in Appendix A).

IX. Dental findings commonly affecting the canine teeth include:

A. Tartar (calculus [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, the author uses a check-the-box format in the exam-findings section of the dental chart to record this finding.

D. Cavities and tooth resorption are annotated as described for incisors.

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

XI. Dental maloocclusions 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 maloocclusions are clarified in the exam-findings section of the dental chart (Fig. 3).

XII. 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 DuToit Equine Endodontic Numbering System Chart (Appendix C). The lesion is drawn onto the chart and 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:
   1. Chip: fracture involving only the occlusal margin (T/FX/CHIP).
   2. Wedge: fracture outside the infundibulae, involving one or more pulp horns (T/FX/WDG).
   3. Sagittal: fracture through the infundibulum; classically, through both infundibulae (T/FX/SAG) (Fig. 4).

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

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

XIII. Periodontal disease should be noted on the dental diagram and described in the examination findings.

A. Periodontal pockets should be probed, and their depths should be recorded (e.g., a 15-mm deep periodontal pocket on the distopalatal interproximal aspect of the maxillary left fourth premolar is abbreviated PP15 208IPD/P (Fig. 5).

B. Teeth affected by periodontal disease should be checked for mobility, and the index should be recorded:
   1. M1: less than 1 mm movement in any direction.
2. M2: less than 2 mm movement in any direction.
3. M3: movement of 3 mm or more in any direction.

C. After radiographic evaluation, the periodontal index stage can be classified:
1. PD1: gingivitis only, and no bony attachment loss.
2. PD2: less than 25% attachment loss.
3. PD3: 25–50% attachment loss.
4. PD4: greater than 50% attachment loss.

XIV. 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.

XV. After a complete oral examination and ancillary diagnostics have been completed, a tentative treatment plan and fee estimate are formulated. On approval, treatment procedures are performed and annotated on the dental chart (Figs. 6–8).

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.

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 second 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.

1. 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 that this procedure will be performed; therefore, the author has a check-the-block format in the treatment section to record this procedure.

2. Although the bradydontic periodontal treatment terminology (e.g., RPC and 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.

3. The application of periocutic medication (PCT), such as doxycycline gel and bone-grafting materials (BG), such as synthetic, bioactive ceramic should be annotated in the treatment section of the dental chart.

F. 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.

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

3. 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.

4. Discussion

Until recently, the horse industry and some equine practitioners have considered equine dental procedures to be non-professional services; therefore, the documentation of dental services has been inconsistent and non-standardized. 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, after 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; some practitioners prefer to use a duplicate chart format so that the client receives a copy at the completion of the dental procedure. Although practitioners can debate about which chart format and abbreviations are best, the format of the report is a matter of personal preference as long as information is completely documented in a legible manner that other colleagues can understand. 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

**Suggested Reading**


**References and Footnotes**


a Doxyrobe Gel, Pfizer Animal Health, Exton, PA 19341.

b Consil, Nutramax Laboratories, Edgewood, MD 21040.
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. Physiological 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/4 400 arcade longer
  - DGL/3 300 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.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>OM</td>
<td>Oral Mass.</td>
</tr>
<tr>
<td>PDI</td>
<td>Periodontal Disease Index</td>
</tr>
<tr>
<td>PD1</td>
<td>PD Stage 1: Gingivitis only.</td>
</tr>
<tr>
<td>PD2</td>
<td>PD Stage 2: &lt; 25% attachment loss.</td>
</tr>
<tr>
<td>PD3</td>
<td>PD Stage 3: 25%- 50% attachment loss.</td>
</tr>
<tr>
<td>PD4</td>
<td>PD Stage 4: &gt;50% attachment loss.</td>
</tr>
<tr>
<td>PE</td>
<td>Pulp Exposure</td>
</tr>
<tr>
<td>PP</td>
<td>Periodontal Pocket</td>
</tr>
<tr>
<td>PTS</td>
<td>Sharp Enamel Points: Buccal cusps on maxillary cheek teeth and lingual cusps on mandibular cheek teeth sharpened from wear (attrition).</td>
</tr>
<tr>
<td>RAD</td>
<td>Radiograph</td>
</tr>
<tr>
<td>RD</td>
<td>Retained Deciduous Tooth</td>
</tr>
<tr>
<td>RMP</td>
<td>Ramp: Excess tooth wider than long.</td>
</tr>
<tr>
<td>RRT</td>
<td>Retained Root Tip: Portion of root or tip retained.</td>
</tr>
<tr>
<td>RTR</td>
<td>Retained Tooth Root.</td>
</tr>
<tr>
<td>STP</td>
<td>Step: One tooth only with excess crown.</td>
</tr>
<tr>
<td>T</td>
<td>Tooth</td>
</tr>
<tr>
<td>T/A</td>
<td>Avulsed Tooth.</td>
</tr>
<tr>
<td>T/FX</td>
<td>Tooth Fracture</td>
</tr>
<tr>
<td>T/FX/EI</td>
<td>Enamel Infraction.</td>
</tr>
<tr>
<td>T/FX/EF</td>
<td>Enamel Fracture.</td>
</tr>
<tr>
<td>T/FX/UCF</td>
<td>Uncomplicated Crown Fracture.</td>
</tr>
<tr>
<td>T/FX/CCF</td>
<td>Complicated Crown Fracture.</td>
</tr>
<tr>
<td>T/FX/UCRF</td>
<td>Uncomplicated Crown-Root Fracture.</td>
</tr>
<tr>
<td>T/FX/CCRF</td>
<td>Complicated Crown-Root Fracture.</td>
</tr>
<tr>
<td>T/FX/RF</td>
<td>Root Fracture.</td>
</tr>
<tr>
<td>T/FX/SAG</td>
<td>Sagittal: Below gum line (subgingival) through infundibulum.</td>
</tr>
<tr>
<td>T/FX/WDG</td>
<td>Wedge: Outside infundibulum.</td>
</tr>
<tr>
<td>T/FX/CHIP</td>
<td>Chip: Occlusal margin only. Not fractured down to gingiva.</td>
</tr>
<tr>
<td>T/I</td>
<td>&quot;Tooth impacted&quot;, &quot;Blind&quot;: Not completely erupted. Partially or fully covered by bone or soft tissue. Commonly seen with wolf teeth.</td>
</tr>
<tr>
<td>T/NE</td>
<td>Near Pulp Exposure</td>
</tr>
<tr>
<td>T/NV</td>
<td>Non-vital Tooth</td>
</tr>
<tr>
<td>T/PE</td>
<td>Pulp Exposure</td>
</tr>
<tr>
<td>T/V</td>
<td>Vital Tooth</td>
</tr>
<tr>
<td>TR</td>
<td>Tooth Resorption</td>
</tr>
<tr>
<td>TR1</td>
<td>TR Stage 1: Mild. Cementum +/- enamel.</td>
</tr>
<tr>
<td>TR2</td>
<td>TR Stage 2: Moderate. Lesion extends into dentin, but not into pulp cavity.</td>
</tr>
<tr>
<td>TR3</td>
<td>TR Stage 3: Deep. Lesion extends through dentin into pulp cavity.</td>
</tr>
<tr>
<td>TR4</td>
<td>TR Stage 4: Extensive. Compromised integrity.</td>
</tr>
<tr>
<td>TR4a</td>
<td>Crown and Root Equally affected.</td>
</tr>
<tr>
<td>TR4b</td>
<td>Crown more severely affected than Root.</td>
</tr>
<tr>
<td>TR4c</td>
<td>Root more severely affected than Crown.</td>
</tr>
<tr>
<td>TR5</td>
<td>Tooth remnants radiographically. Gingival covering complete.</td>
</tr>
<tr>
<td>TO</td>
<td>Tooth Overlong.</td>
</tr>
<tr>
<td>WV</td>
<td>Wave: More than one tooth with excess crown.</td>
</tr>
</tbody>
</table>
### Treatment Abbreviations

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

#### Nerve Blocks:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IFA</td>
<td>Inferior Alveolar NB (Mandibular Nerve).</td>
</tr>
<tr>
<td>IFO</td>
<td>Infraorbital NB.</td>
</tr>
<tr>
<td>MAX</td>
<td>Maxillary NB.</td>
</tr>
<tr>
<td>MEN</td>
<td>Mental NB.</td>
</tr>
<tr>
<td>BUC</td>
<td>Buccal Local Nerve Block</td>
</tr>
<tr>
<td>LIP</td>
<td>Local Infiltration of Palate</td>
</tr>
</tbody>
</table>
Appendix B: A Completed Dental Chart

EQUINE DENTAL CARE
ANIMAL CARE HOSPITAL, 8565 Hwy 64, Somerville, TN 38068, (901) 466-9224

Equine Dental Examination/Treatment Record

Horse: Wind
Owner: Sue Best
Barn: Surrie Hill
 Trainer: RDVM

Breed: Pleasure
Age: 12
Sex: F
Color/Markings: Chestnut

Use: Pleasure
Bred: Retired
Performance: Other

Complaint: Routine Dental Care
Dental Recheck

History: Last Dental Work (Date/Dentist): Pasture Graze (hrs/day): 18
Other: Bernard Hy, Strategy: Affixte, poly

Current Medications: TMP/SMZ
Bute
Other: 

Wt. Loss: Dropping Feed
Abnormal Chewing
Quidding
Performance Problems: Head Tossing
Head Tilt
Resisting

Physical Examination: Digital Pictures
Radiography: Ul L1 C 100s 200s 300s 400s

Condition: BCS: 5
Underweight
Obese

T: 39
R: 20
G: 14

Feces: Not Examined

Pall Sensitivity: Normal
Moderate
Severe
Odor: Normal
Oral
Nasal

TMJ Sensitivity: Normal
Mild
Moderate
Severe

Dissection: L/R Larger

Cheeks: Normal
Buccal Laceration/Ulcer

Tongue: Normal
Lingual Laceration/Ulcer

Palate: Normal

Gums: Normal

Other Findings/ Rads:

Sedation:
Sedivet (10mg/ml)
Dormoresan (10mg/ml)
Torbugesic (10mg/ml)
Diazepam (5mg/ml)

Given IV, (CCs per drug/ Time) & Repeat Sedation.

1.5 cc 14:12
cc
cc
cc
cc

Reversal Agents: Yohimbine (5mg/ml)
Atipamezole (5mg/ml)

Local Anesthetic: Lidocaine 2%

Examination & Treatments:

% Molar Occlusion: Right: Before: After: 10

Molar Table Angles: Right: A: 20-15 Degrees

Rostr caudal Mobility (mm): B

Occlusal Equilibration and Hard Enamel Points Floraed:

Cusps: 100s 200s 300s 400s

Teeth

Incisors
Canines
Wolves

100 Molars
200 Molars
300 Molars
400 Molars

Treatment
Prev. Reduced
Sealed

Prescriptions: TMP/SMZ 960mg: Give pills twice daily for days

Recommended Procedures: X-rays
Extractions
Other

Special Instructions:

Recheck: Next Dental Appointment: 1 week
1 month 3 months 6 months 1 year Other

Please Call if You have any Questions or Concerns!!!

Stephen S. Galloway, DVM

DC emailed: 3/14/2010
Case Log
Cont Sub Log
Invoice
Recall
Appendix C: DuToit Endodontic Numbering System

ANIMAL CARE HOSPITAL, 8565 Hwy 64, Somerville, TN 38068, (901) 466-9224
Date: ___________  Owner: ________________  Patient: ___________

DuToit Endodontic Numbering System