

Clinical Records – Practice Session

Required before start of Practice Session:

- Scheduled appointments for fake patients on practice session date
- One patient per trainee
 If there are no fake patients in the database, create one using your favorite rock star/actor/sports star.

Note: *Keep in mind, the data is to be entered in your live database. After the exercises have been completed, please refer to the **End of Practice Session checklist** to ensure practice data is separated or removed from your live database.*

For exercises 1 and 2, your patient may not have any of the following information in the specific windows. However, the exercise is designed to make sure you are aware of where to find the info for your patients.

1. View the patient’s Appointment Detail window to check for Notes, Medical Alerts, Related Appointments, and Patient Forms.
2. Open the “Document Manager”. This is the digital file cabinet that will contain the completed Patient Forms, Statements, and scanned/uploaded documentation for the patient.
3. Change the patient’s Appointment Card status to in Chair.
4. Open the patient’s Chart.
 - A. Age the Teeth
 - a. Permanent to Primary
 - b. Change Primary to Mixed Dentition (E, F, O, P and 3, 14, 19, 30)
 - c. Change Mixed back to Permanent
 - d. Change Tooth 28 to Primary
 - B. Record Conditions
 - a. Record absent teeth (1, 13, 16, 17,32)
 - b. Change (16) to a Distal Impacted tooth
 - c. Record a Diastema between 8 and 9
 - d. Record 18 DO Dental Caries and Periapical Abscess
 - e. Record 19 Watch Tooth for Gingival Recession
 - f. Record 21 DO Dental Caries
 - g. Record 23-26 Excessive Attrition
 - C. Record Existing Procedures
 - a. Record 2 MOD Amalgam
 - b. Record 3 Porcelain Crown/RCT/Post
 - c. Record 5 MOL and both 6, 11 with F Class 5 Resin
 - d. Record 15, 31, Sealants
 - e. Record S with a Steel Crown
 - f. Record 30 as Absent with an Implant and an Implant Supported Crown
 - g. Record 12 to 14 Bridge
 - D. Add Tx Planned Procedures
 - a. Add 18 RCT/Post and Core/Crown
 - b. Add 16 Routine Extraction
 - c. Add 21 DO Resin
 - d. Add 23-26 ILF Resin
 - e. Change 21 to DOL Resin

5. Add a "Procedure Note" to 21 Tx Plan to check mesial of tooth 20 during access.
6. Add a "Clinical Note".
7. Create Cases in the Tx Planner.
 - A. Case 1: 18 RCT/Post and Core/Crown (3 visits)
 - a. Set Duration for each visit
 - B. Case 2: 16 Exo
 - C. Case 3: all the resin fillings
 - a. Separate 23-26 procedures into a brand-new case
 - b. Add a Case Note to mention these are optional for the patient
8. If using student login, request for Faculty Approval and obtain Patient Consent.
9. Request for an Appointment Time for Case 1 Visit 1.
10. Enter Multi Code Procedure: New Patient Exam.
11. If using student login, request for Faculty Approval to complete multi code procedures.
12. Create a New Perio Exam and take measurements.
13. Add New Recare.
14. Open the "Imaging". Ensure Acquisition Agent is installed.
15. **Optional** – acquire images with your imaging device(s). Disable Apply Charges and Bill to Insurance checkboxes.
16. Move Appointment Card to Checkout.

End of Practice Session checklist:

- Delete the appointments created
- Delete the Conditions added
- Delete the Cases and Procedures added
- Delete the Clinical Note
- Delete the patient's Recare
- Update test patient status to Inactive Status
- Change patient name to indicate they are a test patient (ex. Janet Test)