

Periodic Patient Review System

The purpose of this system is to make sure that treatment is progressing as planned and to let the patient/family and family dentist how treatment is progressing. Many practices only give a patient review when something is going wrong, ignoring the benefits of reporting that everything is going well. Patients want to know what is going well and what they need to do to complete their treatment on time. Some practices do a review and report every six months, which is best, but can be imposing, on the practice if very large. Periodic reviews should be done *at least* half-way through treatment.

There are many ways to identifying that the patient needs a periodic review and whatever works...works. Some computer systems can be programmed to notify you (the best way). Some paper Tx Charts can be color coded at the top for the month of the review if done yearly (or use a more complicated color coding if done every six months). And some practices just take a guess when that review will be needed and yellow highlights the paper Tx Chart at that line down the chart. Whatever you do to notify yourself of a review make sure your team is aware of it throughout the day as they treat patients.

In order to do a periodic review, you need information—statistics. When the patient is seated at treatment visit you usually do a “cooperation check” including: whether they were late or missed their last appointment, their tooth brushing, taking care of their appliances, wearing elastics or wearing a removable appliance. While doing this cooperation check, the DA can grade the patient on their efforts. A simplistic system is to give them a—**3 if doing very well**—**2 if they could do better** or—**1 if unsatisfactory** (similar to the Good, Fair, Poor grading, but doesn't imply a “bad person” instead of someone trying and having difficulty).

APPT. DATE	COOPERATION			
	F, C, E, S	H Y G	E L	Appl. Wear
01-05-15	2	3	3	
02-16-15	2	3	2	
03-30-15	1	2	2	
05-11-15	2	3	2	
06-22-15	1	2	3	

FCES: Failed, Cancelled, Emerg., SOS

As you treat the patient at each visit and enter their cooperation statistics you end up with a bunch of statistics that you can quickly average to get a grade for their review report. For example: if for tooth brushing they had 3, 3, 2, 3, 2 as scores, the average is 13/5 or 2.6. The same averaging holds for all cooperation areas. Once you have these averages fill in the review report as shown:

3 = **Doing Very Well**

2 = **Could Be Better**

1 = **A Satisfactory Treatment Result may be compromised** unless improvement is shown.

3	2	1.6	1	Keeping Scheduled Appointments	<input checked="" type="checkbox"/> Improving
3	2		1	Arriving on Time for All Appointments	<input type="checkbox"/> Improving
3	2.6	2	1	Toothbrushing and keeping the braces clean and free from tartar	<input checked="" type="checkbox"/> Improving
3	2		1	Taking Care Not To Break the braces and removable appliances	<input type="checkbox"/> Improving
3	2		1	Wearing the Headgear the required _____ hours per day	<input type="checkbox"/> Improving
3	2.4	2	1	Wearing Rubber Bands the required _____ hours per day	<input checked="" type="checkbox"/> Improving
3	2		1	Wearing the _____ the required _____ hours per day	<input type="checkbox"/> Improving

It is always helpful to cross “☐ Improving” to give them hope if they are struggling.

At the top of the review report you give the progress of treatment (not cooperation) and some clarifying comments noting:

- ☐ Treatment is progressing well and is **On Schedule**.
- ☐ Treatment may be getting **A Little Behind Schedule**
- ☐ Treatment is **Behind Schedule**.

COMMENTS: _____

At the bottom of the report note any treatment required with that dentist:

Treatment Request of Dr. _____

In order to maintain this patient's oral health, please provide him or her with the following:

- ☐ Routine Cleaning and Examination ☐ Fluoride Treatment ☐ Other _____
- ☐ This patient has an appointment with you on: _____
- ☐ This patient reports having had an appointment with you within the last six months.
- ☐ Please contact this patient for an appointment if they are due for their normal cleaning.

Signature: _____

Since this review report serves many purposes, give a copy to the appropriate people:

1st Copy: Patient **2nd Copy:** Family Dentist **3rd Copy:** File in patient's folder

See below for a copy of the review.

If you want to have feedback (a report on YOU) you can give them a "Periodic Review Pt. Questionnaire" to fill out and give to the receptionist; see attached Word® file and adapt it to your practice.

Your Letterhead

Patient Progress Report

Family: _____

Patient: _____

This report gives us an opportunity to tell you how well this patient is doing to support a successful treatment outcome. It also gives us an opportunity to evaluate our treatment goals and modify them as needed to provide you with the best possible care. Thus far:

☐ Treatment is progressing well and is On Schedule _____

☐ Treatment may be getting A Little Behind Schedule _____

☐ Treatment is Behind Schedule _____

3 = **Doing Very Well**

2 = **Could Be Better**

1 = **A Satisfactory Treatment Result may be compromised** unless improvement is shown.

Practice/Patient Teamwork

_____ **Keeping Scheduled Appointments** ☐ Improving

_____ **Tooth Brushing** and keeping the braces clean and free from tartar ☐ Improving

_____ **Taking Care Not To Break** the braces and removable appliances ☐ Improving

_____ **Wearing the Headgear** the required _____ hours per day ☐ Improving

_____ **Wearing Rubber Bands** the required _____ hours per day ☐ Improving

_____ **Wearing the** _____ the required _____ hours per day . .. ☐ Improving

Comment: _____

Thank you for the opportunity to report on the progress of your orthodontic treatment. A copy of this report has been forwarded to your family dentist. Please note; our practice can only provide you with a periodic evaluation of the progress of orthodontic treatment, your family dentist must provide you with your routine cleaning and dental examination. If you have not had a dental examination and cleaning in the past six months, you are probably due.

Treatment Request of Dr. _____

In order to maintain this patient's oral health, please provide him or her with the following:

☐ Routine Cleaning and Examination ☐ Fluoride Treatment ☐ Other _____

☐ This patient has an appointment with you on: _____

☐ This patient reports having had an appointment with you within the last six months.

☐ Please contact this patient for an appointment if they are due for their normal cleaning.

Signature: _____

Date: _____