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Dental and Oral Examination
Comprehensive Worksheet

Name: _____ SSN: _____
Date of Exam: _____ C-number: _____
Place of Exam: _____

A. Review of Medical Records:

B. Medical History (Subjective Complaints):

1. Describe the circumstances and initial manifestations of the disease or injury.
2. Describe the course since onset.
3. Describe current treatment and any side effects of treatment.
4. Report history of dental-related hospitalization or surgery, including location, date, and type of surgery.
5. Report history of trauma to the teeth, with location and date.
6. If there is a history of neoplasm, provide:
 - a. Date of diagnosis, exact diagnosis, location.
 - b. Benign or malignant.
 - c. Types of treatment and dates.
 - d. Last date of treatment.
 - e. State whether treatment has been completed.
7. Report symptoms:
 - a. difficulty chewing (frequency and extent)
 - b. difficulty in opening mouth
 - c. difficulty talking
 - d. swelling (location and duration)
 - e. pain (location, frequency, and severity)
 - f. drainage (frequency)
 - g. other
8. Report other significant history.

C. Physical Examination (Objective Findings):

Address each of the following, as applicable, and fully describe:

1. Tooth loss due to loss of substance of body of maxilla or mandible (other than loss due to periodontal disease). Describe the extent and location of missing teeth and whether the masticatory surface can be restored by a prosthesis.
2. Loss of bone of the maxilla. State extent (less than 25%, 25 to 50%, more than 50%) and whether loss is replaceable by a prosthesis.

3. Malunion or nonunion of the maxilla and extent of displacement (none, mild, moderate, severe).
 4. Loss of bone of the mandible. State side or sides affected and extent:
 - complete loss, between angles
 - loss of half of mandible involving temporomandibular articulation
 - loss of half of mandible not involving temporomandibular articulation
 - loss of part or all of ramus involving loss of temporomandibular articulation
 - loss of part or all of ramus not involving loss of temporomandibular articulation
 - loss of less than one-half of ramus with loss of continuity
 - loss of less than one-half of ramus without loss of continuity
 - loss of condyloid process
 - loss of coronoid process
- State if loss is replaceable by prosthesis.
5. Nonunion of the mandible, extent of abnormal motion (none, mild, moderate, severe), and extent of interference with masticatory function (none, mild, moderate, severe).
 6. Malunion of the mandible, extent of displacement (none, mild, moderate, severe), extent of abnormal motion (none, mild, moderate, severe), and extent of interference with masticatory function (none, mild, moderate, severe).
 7. Loss of bone of hard palate. State side(s), extent of loss of the entire palate (less than half, half, more than half), and state whether loss is replaceable by prosthesis.
 8. Evidence of osteoradionecrosis of maxilla, mandible, or both.
 9. Evidence of osteomyelitis of maxilla, mandible, or both.
 10. Speech difficulty and extent.
 11. Limitation of motion at the temporomandibular articulation.
 - a. Report inter-incisal range of motion (0 to X mm.) and range of lateral excursion (0 to X mm.) on the left and right sides.
 - b. Describe objective evidence of pain in the affected joint/joints at rest and during active range of motion.
 - c. Have the veteran move the affected joint/joints through repetitive active range of motion as tolerated (at least 3 repetitions).
 - d. After repetitions, re-measure the range of motion of the affected joint/joints.
 - e. If there is additional loss of the range of motion after the repetitions, report the range of motion and state whether pain, fatigue, weakness, lack of endurance, or incoordination is the most important factor in the additional loss of motion.
 - f. If repetitive active range of motion of a joint cannot be done, state so and give the reason.

D. Diagnostic and Clinical Tests:

Provide:

1. X-ray to determine extent of bone loss.
2. Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

1. Where there is loss of teeth due to loss of substance of body of maxilla or mandible, state etiology.
2. If there is speech difficulty, state etiology.
3. State effects of the condition on occupational functioning and daily activities.

Signature:

Date: