



DRS Patient Record and Radiograph Assessment

Our ref:

Date of Assessment:

Performer:

A. Patient records

Category	Please tick (if satisfactory)									Comments/Actions
1. Patient identifiers										
2. Medical history Initial/full Updated										
3. Charting i) Dentition										
ii) Periodontal charting										
iii) Intraoral/ extraoral soft tissues										



Our ref:

Category	Please tick (if satisfactory)									Comments/Actions
4. Patient information Previous dental history Social history Reason for attendance Symptoms										
5. Treatment planning Treatment Options Consent										
6. Treatment provided										
7. Recall interval										
8. Administration										



Our ref:

**B. Radiographs
Conventional/digital**

Category	Please tick (if satisfactory)									Comments/Actions
1.Prescription Justification Appropriate view Frequency										
2. Clinical evaluation Treatment Options Consent										
3. Film quality										
4. Administration										