



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6600.20
BUMED M3/5
23 Aug 2010

BUMED INSTRUCTION 6600.20

From: Chief, Bureau of Medicine and Surgery

Subj: NAVMED 6600/16, ORAL PROBLEM LIST

Encl: (1) Sample Completion of NAVMED 6600/16

1. Purpose. To issue guidance for use of NAVMED 6600/16, Oral Problem List.
2. Scope. This instruction applies to dental health care providers in all naval medical and dental treatment facilities (MTFs and DTFs) ashore and afloat.
3. Background. Many patients have oral problems that must be tracked over an extended period of time. Documentation of the diagnosis, follow-up, and date resolved helps ensure appropriate continuity of care and is an important part of the medical-legal record of dental care.

4. Policy and Procedures

a. All providers of dental treatment in naval MTFs and DTFs must ensure that each patient presenting for dental treatment has a NAVMED 6600/16 in the dental record beginning with the first annual dental examination following release of this instruction. The form is placed in the record as a fold-up chart behind NAVMED 6600/14, Current Status and should be reviewed at the beginning of every patient visit. This form is to remain in the dental record for the entire service career of the patient.

b. Steps to complete NAVMED 6600/16. Enclosure (1) is an example.

(1) Caries Status/Risk: To document a caries risk status, enter the date of the assessment, indicate the risk or diagnosis, and annotate the requirement and interval for follow-up. Upon resolution of the diagnosis, indicate the date resolved under the Date Resolved column.

(2) Periodontal Status/Risk: This section is completed in the same manner as the Caries Risk Status section.

(3) Oral Cancer/Oral Mucosa/Oral Radiology Status/Risk: Use this section to document high and moderate Oral Cancer Risk, if applicable. This section is also helpful to document the presence of oral soft tissue lesions or radiological abnormalities requiring follow-up only.

(4) Tobacco Use Assessment: While querying tobacco use is an annual requirement, a full assessment, including prior use, cessation history, etc., should be made at initial accession and whenever tobacco use is initiated. This section is used to make this full assessment.

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(5) Other/Medical/Systemic Disease Issues: This section will be used to document medical diagnoses that impact the provision of safe dental care.

(6) Learning Needs Assessment: Learning needs assessment is a requirement of the Joint Commission and has been shown to promote patient safety. Document the date of the assessment and indicate any barriers or special considerations that exist for the patient.

(7) Patient Identification: Complete as indicated.

5. Form. NAVMED 6600/16 (01-2010), Oral Problem List is a specialty form. It is ordered using stock number 0105-LF-128-5100 from Naval Forms Online at: <https://navalforms.daps.dla.mil/web/public/home>. This form is not authorized for local reproduction.

A handwritten signature in black ink that reads "A. M. Robinson, Jr." in a cursive style.

A. M. ROBINSON, JR.

Distribution is electronic only via the Navy Medicine Web Site at:
<http://www.med.navy.mil/directives/Pages/default.aspx>

ORAL PROBLEM LIST

Date placed in use: 11 Dec 09 Date Discontinued: _____

Caries Status / Risk

Date	Diagnosis / Finding	Need for Follow-up / Interval	Date Resolved
11 Dec 09	High Caries Risk	Per ODRMP	14 OCT 2010
23 Dec 13	High Caries	Per ODRMP	

Periodontal Status / Risk

Date	Diagnosis / Finding	Need for Follow-up / Interval	Date Resolved

Oral Cancer / Oral Mucosa / Oral Radiology Status / Risk

Date	Diagnosis / Finding	Need for Follow-up / Interval	Date Resolved
11 Dec 09	Mucous Cyst - Lt Max Sinus	q/Year at Annual Exam	

Tobacco Use Assessment:	None /	<input type="checkbox"/> Smoking Tobacco	Packs / Day _____	Year Started _____
		<input checked="" type="checkbox"/> Smokless (Spit) Tobacco	Dips / Day <u>5</u>	Year Started <u>2007</u>
	Prior Tobacco Use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Cessation Intervention?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cess. Date <u>OCT 2013</u>

Other / Medical / Systemic Disease Issues

Date	Diagnosis / Issues
11 Dec 09	Hx SBE Prophylaxis Not req per SF 513 dTD 11 Dec 09
11 Dec 09	Traumatic Avulsion #8, Jun 09. Treated by Civ Dentist. Follow-up every year until Dec 2014
14 Jan 10	#7 RCT completed with PA Radiolucency. F/U every year.

Learning needs assessment date(s) 11 Dec 09. List barriers if any: none

Patient's Last Name:	First Name:	MI:	FMP / SSN:	Date of Birth: