



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

IN REPLY REFER TO
BUMEDINST 6670.3
BUMED M3/5
6 Oct 2011

BUMED INSTRUCTION 6670.3

From: Chief, Bureau of Medicine and Surgery

Subj: ENDODONTIC TREATMENT FORMS

Ref: (a) SECNAV M-5210.1 of November 2007

Encl: (1) Endodontic Treatment Forms

1. Purpose. To issue guidance to aid in the completion of NAVMED 6670/ 1, Endodontic Evaluation; NAVMED 6670/2, Non Surgical Endodontic Treatment; and NAVMED 6670/3, Endodontic Surgery.
2. Scope. This instruction applies to dental health care providers in all naval medical treatment facilities (MTFs) and dental treatment facilities (DTFs) ashore and afloat.
3. Background. Complete documentation of the findings observed during endodontic evaluation is an essential element in determining a proper diagnosis. Equally important is the need to fully document the procedures performed during non surgical and surgical endodontic treatment: methods, materials, medication dosages, and findings. NAVMED 6670/ 1, Endodontic Evaluation; NAVMED 6670/2, Non Surgical Endodontic Treatment; and NAVMED 6670/3, Endodontic Surgery provide a concise, comprehensive, and reliable means of accurately documenting endodontic treatment procedures that help to ensure continuity of dental care.
4. Procedure. Enclosure (1) provides guidance for the completion of NAVMED 6670/1, NAVMED 6670/2, and NAVMED 6670/3.
5. Records Management. Reference (a) outlines disposition requirements for these forms.
6. Forms. The following specialty forms are not authorized for local reproduction. They are available for order from Naval Forms Online at <https://navalforms.daps.dla.mil/web/public/home>:
 - a. NAVMED 6670/1 (7-2011), Endodontic Evaluation; S/N 0105-LF-128-1600.
 - b. NAVMED 6670/2 (7-2011), Non Surgical Endodontic Treatment; S/N 0105-LF-128-2800.
 - c. NAVMED 6670/3 (7-2011), Endodontic Surgery; S/N 0105-LF-128-4000.

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d. NAVMED 6600/14 (1-2010), Dental Treatment; S/N 0105-LF-128-2700

A handwritten signature in cursive script that reads "A. M. Robinson, Jr.".

A. M. ROBINSON, JR.

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

ENDODONTIC TREATMENT FORMS

General Guidelines

1. All entries are to be printed in black ink except as noted. The Medical alerts section at the top of each page is to be printed in red ink.
2. All providers of dental treatment may complete NAVMED 6670/ 1, Endodontic Evaluation; NAVMED 6670/2, Non Surgical Endodontic Treatment; and NAVMED 6670/3, Endodontic Surgery following release of this instruction.
3. These forms will be placed chronologically in the treatment notes section of the military dental treatment record with page 1 facing up and become a permanent part of the full record.
4. The endodontic treatment forms are specialty forms and are not authorized for local reproduction. They are available for order from Naval Forms Online at <https://navalforms.daps.dla.mil/web/public/home>:
 - a. NAVMED 6670/1 (7-2011), Endodontic Evaluation; stock number S/N 0105-LF-128-1600.
 - b. NAVMED 6670/2 (7-2011), Non Surgical Endodontic Treatment; S/N 0108-LF-128-2800.
 - c. NAVMED 6670/3 (7-2011), Endodontic Surgery; S/N 0105-LF-128-4000.
5. The endodontic treatment forms follow the SOAP (Subjective, Objective, Assessment, Plan) standard for diagnosis and treatment planning.
6. The general procedure for completing the various sections of these forms is largely self-explanatory due to their prescriptive nature. All sections should be filled out completely by the treating dental provider and signed and stamped at the bottom of each page. If no stamp is available the provider shall print their name, rank, and clinic location next to their signature at the bottom of the page.
7. A single form can be used to document treatment on more than one tooth.
8. Page 2 of NAVMED 6670/1, NAVMED 6670/2 and NAVMED 6670/3 is a modified NAVMED 6600/14, Dental Treatment, S/N 0105-LF-128-2700. Page 2 is for endodontic treatment notes concerning the tooth or teeth listed on page 1 only; it is not to be used to document treatment for other procedures or teeth. After the final endodontic treatment note is entered on page 2, draw a diagonal line from the bottom of that treatment note to the bottom of the page in a left to right direction. The words "NFE" should be written in capital letters above

this line to indicate that no further entries will be made on this page for that specific endodontic treatment procedure. If it becomes necessary to document subsequent treatment or follow-up care for the tooth or teeth listed on page 1, it should be done on a new NAVMED 6600/14.

9. When these forms are used for the treatment of non-beneficiaries or in humanitarian care for those without military dental treatment records, a copy of the forms may be provided to the patient for inclusion in their private records. The original forms shall be maintained at the medical/dental treatment facility and disposed of per reference (a).

Definition of key abbreviations

1. Adjust - Adjustment
2. Anesth - Anesthetic
3. BP - Blood Pressure
4. CC - Chief Complaint
5. DFDBA- Demineralized Freeze-dried Bone Allografts
6. Epi - Epinephrine
7. EPT - Electronic Pulp Tester
8. FDBA- Mineralized Freeze-dried Bone Allografts
9. HQR - Health Questionnaire
10. Hx - History
11. I & D - Incision and Drainage
12. L - Lingering
13. MAF- Master Apical File
14. Med- Medicament
15. N - No; Normal (tooth mobility classification)
16. NL - Non-Lingering
17. NR - Non-Responsive
18. NS - Non-Sensitive
19. NS Retreatment - Non Surgical Root Canal Retreatment
20. NSRCT - Non Surgical Root Canal Treatment
21. Palp - Palpation
22. Perc - Percussion
23. Perio - Periodontal
24. R - Responsive
25. RCF - Root Canal Filling
26. RD - Rubber Dam
27. Resp - Respirations
28. Rx - Prescription
29. S - Sensitive

- 30. SRCT - Surgical Root Canal Treatment
- 31. Temp (°F) - Body Temperature in Degrees Fahrenheit
- 32. Temp Material - Temporary Material
- 33. WNL - Within Normal Limits
- 34. Y - Yes

Tooth Mobility Classification

N- Normal or physiologic movement

- 1- First distinguishable sign of movement greater than normal
- 2- Movement of 1 millimeter from normal position in any direction
- 3- Movement greater than 1mm from normal position in any direction; teeth that can be rotated or depressed in the alveoli.

Pulpal Diagnosis

- 1. Normal - A clinical diagnosis category in which the pulp is symptom free and normally responsive to pulp testing.
- 2. Reversible Pulpitis - A clinical diagnosis based upon subjective and objective findings indicating that the present inflammation should resolve and the pulp should return to normal.
- 3. Symptomatic Irreversible Pulpitis - A clinical diagnosis based on subjective and objective findings indicating that the vital inflamed pulp is incapable of healing. Additional descriptors: lingering thermal pain, spontaneous pain, or referred pain.
- 4. Asymptomatic Irreversible Pulpitis - A clinical diagnosis based on subjective and objective findings indicating that the vital pulp is incapable of healing. Additional descriptors: no clinical symptoms, inflammation produced by caries, caries excavation, or trauma.
- 5. Pulp Necrosis - a clinical diagnostic category indicating death of the dental pulp. The pulp is usually nonresponsive to pulp testing.
- 6. Previously Treated - A clinical diagnostic category indicating that the tooth has been endodontically treated and the canals are obturated with various filling materials other than intracanal medicaments.
- 7. Previously Initiated Therapy - A clinical diagnostic category indicating that the tooth has been previously treated by partial endodontic therapy: pulpotomy or pulpectomy.
- 8. Pulpal Canal Obliteration - A radiographic diagnostic category presenting as an uncontrolled hard tissue deposition along the pulp chamber and root canal walls that partially or completely obscures the canal space.

Apical Diagnosis

1. Normal Apical Tissues - Teeth with normal periradicular tissues that are not sensitive to percussion or palpation testing. The lamina dura surrounding the root is intact, and the periodontal ligament space is uniform.
2. Symptomatic Apical Periodontitis - Inflammation, usually of the apical periodontium, producing clinical symptoms including a painful response to biting and/or percussion or palpation. This might not be associated with an apical radiolucent area.
3. Asymptomatic Apical Periodontitis - Inflammation and destruction of apical periodontium that is of pulpal origin, appears as an apical radiolucent area, and does not produce clinical symptoms.
4. Acute Apical Abscess - An inflammatory reaction to pulpal infection and necrosis characterized by rapid gradual spontaneous pain, tenderness of the tooth to pressure, pus formation, and swelling of associated tissues.
5. Chronic Apical Abscess - An inflammatory reaction to pulpal infection and necrosis characterized by gradual onset, little or no discomfort, and the intermittent discharge of pus through an associated sinus tract.
6. Condensing Osteitis - Diffuse radiopaque lesion representing a localized bony reaction to a low-grade inflammatory stimulus, usually seen at the apex of the tooth.

Periodontal Diagnosis

1. Primary Endo Secondary Perio - Chronic apical lesion of pulpal origin which subsequently results in damage to the supporting periodontal structures
2. Primary Perio Secondary Endo - Apical progression of a periodontal pocket resulting in pulpal necrosis from infection entering lateral or apical canals
3. True Combined- Endodontic disease progressing coronally joined with an infected periodontal pocket progressing apically.
4. Primary Perio - Chronic marginal periodontitis progressing apically along the root surface. Pulp testing indicates a clinically normal pulpal reaction.
5. Concomitant - Two separate and distinct lesions (one of endodontic origin and one of periodontal origin) occurring on the same tooth.