



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMEDINST 6670.3A
BUMED-N10C2
28 Oct 2024

BUMED INSTRUCTION 6670.3A

From: Chief, Bureau of Medicine and Surgery

Subj: ENDODONTIC TREATMENT FORMS

Encl: (1) Instructions for Completing Navy Medicine Forms 6670/1, 6670/2, and 6670/3

1. Purpose. To update guidance for completing Navy Medicine (NAVMED) Forms: NAVMED 6670/1 Endodontic Evaluation; NAVMED 6670/2 Non-Surgical Endodontic Treatment; and NAVMED 6670/3 Endodontic Surgery. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 6670.3.

3. Scope. This instruction applies to all Navy Medicine commands, units, and operational activities, regardless of platform.

4. 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, NAVMED 6670/2 and NAVMED 6670/3 provide a concise, comprehensive, and reliable means of accurately documenting endodontic treatment procedures and help to ensure continuity of dental care.

5. Action. In operational settings or other situations where the electronic record is unavailable, NAVMED 6670/1, NAVMED 6670/2, and NAVMED 6670/3 should be utilized as appropriate to document diagnostics performed or treatment rendered. Forms utilized are then incorporated into the paper dental record in chronological order. Enclosure (1) provides guidance for the completion of NAVMED 6670/1, NAVMED 6670/2, and NAVMED 6670/3.

6. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

7. Review and Effective Date. Per OPNAVINST 5215.17A, Secondary and Specialty Care (BUMED-N10C2) will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense (DoD), Secretary of the Navy and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

8. Forms. The forms listed in subparagraphs 8a through 8c are available in electronic format at <http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.

- a. NAVMED 6670/1 Endodontic Evaluation.
- b. NAVMED 6670/2 Non-Surgical Endodontic Treatment.
- c. NAVMED 6670/3 Endodontic Surgery.



D. K. VIA

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/Directives/>

INSTRUCTIONS FOR COMPLETING NAVY MEDICINE
FORMS 6670/1, 6670/2, and 6670/3

1. General Guidelines

a. When access to the electronic dental record is not available and the paper NAVMED form will be utilized as formal documentation:

(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) These forms will be placed chronologically in the treatment notes section of the paper military dental treatment record with page 1 facing up and become a part of the full record.

(3) 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 will print their name, rank, and clinic location next to their signature at the bottom of the page.

(4) A single form can be used to document evaluation or treatment on more than one tooth.

(5) Page 2 of NAVMED 6670/1, NAVMED 6670/2, and NAVMED 6670/3 is to be utilized for endodontic diagnosis or treatment notes concerning the tooth or teeth listed on page 1 of the corresponding form 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 letters "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 entered into the electronic health record if access is available or written on a Department of Defense approved dental treatment form such as SF 603 Health Record: Dental; NAVMED 6600/14 Dental Treatment if the setting or situation requires paper record documentation.

b. The endodontic treatment forms follow the Subjective, Objective, Assessment, Plan (SOAP) standard for diagnosis and treatment planning.

2. Definitions of Key Abbreviations. Abbreviations utilized on NAVMED 6670/1, NAVMED 6670/2, and NAVMED 6670/3 and common abbreviations utilized in endodontic treatment notes are listed and defined in the table provided in this paragraph.

ABBREVIATION	DEFINITION
1°	Primary
2°	Secondary
Adjust	Adjustment
Anesth	Anesthetic
BP	Blood Pressure
Ca(OH) ₂	Calcium Hydroxide
CC	Chief Complaint
DFDBA	Demineralized Freeze-dried Bone Allografts
EDTA	Ethylenediaminetetraacetic acid
Epi	Epinephrine
EPT	Electronic Pulp Tester
FDBA	Mineralized Freeze-dried Bone Allografts
HQR	Health Questionnaire
Hx	History
I & D	Incision and Drainage
L	Lingering
MAF	Master Apical File
Med(s)	Medicament(s)/Medication(s)
mg	Milligrams
N	No; Normal (tooth mobility classification)
NaOCl	Sodium Hypochlorite
NL	Non-Lingering
NR	Non-Responsive
NS	Non-Sensitive
NS Retreatment	Non-Surgical Root Canal Retreatment
NSRCT	Non-Surgical Root Canal Treatment
Palp	Palpation
PDL	Periodontal Ligament Space
Perc	Percussion
Perio	Periodontal
R	Responsive
RCF	Root Canal Filling
RD	Rubber Dam
Resp	Respirations
Rx	Prescription
S	Sensitive
Temp	Patient Temperature
VPT	Vital Pulp Therapy
WNL	Within Normal Limits

3. Tooth Mobility Classifications. Utilized on NAVMED 6670/1 and in endodontic treatment notes include:

- a. N - Normal or physiologic movement
- b. 1 - First distinguishable sign of movement greater than normal
- c. 2 - Movement of 1 millimeter from normal position in any direction
- d. 3 - Movement greater than 1 millimeter from normal position in any direction; teeth that can be rotated or depressed in the alveoli.

4. Pulpal Diagnosis. Utilized on NAVMED 6670/1 and in endodontic treatment notes include:

- a. Normal - A clinical diagnosis category in which the pulp is symptom free and normally responsive to pulp testing.
- b. 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.
- c. 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.
- d. 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.
- e. Pulp Necrosis - a clinical diagnostic category indicating death of the dental pulp. The pulp is usually nonresponsive to pulp testing.
- f. 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.
- g. Previously Initiated Therapy - A clinical diagnostic category indicating that the tooth has been previously treated by partial endodontic therapy: pulpotomy or pulpectomy.
- h. 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.

5. Apical Diagnosis. Utilized on NAVMED 6670/1 and in endodontic treatment notes include:

a. 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.

b. Symptomatic Apical Periodontitis - Inflammation, usually of the apical periodontium, producing clinical symptoms including a painful response to biting or percussion, or palpation. This might not be associated with an apical radiolucent area.

c. 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.

d. 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.

e. 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.

f. Condensing Osteitis - Diffuse radiopaque lesion representing a localized bony reaction to a low-grade inflammatory stimulus, usually seen at the apex of the tooth.

6. Periodontal Diagnosis. Utilized on NAVMED 6670/1 and in endodontic treatment notes include:

a. Primary Endo Secondary Perio - Chronic apical lesion of pulpal origin which subsequently results in damage to the supporting periodontal structures.

b. Primary Perio Secondary Endo - Apical progression of a periodontal pocket resulting in pulpal necrosis from infection entering lateral or apical canals.

c. True Combined - Endodontic disease progressing coronally joined with an infected periodontal pocket progressing apically.

d. Primary Perio - Chronic marginal periodontitis progressing apically along the root surface. Pulp testing indicates a clinically normal pulpal reaction.

e. Concomitant - Two separate and distinct lesions (one of endodontic origin and one of periodontal origin) occurring on the same tooth.