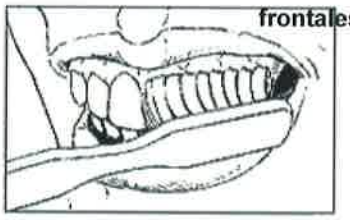
CCS
CORRECT CARE
SOLUTIONS

Brushing...Step by Step

Cepillarse lo dientes...Paso a paso

1. Place toothbrush bristles at the gum line at a 45-degree angle to the gums. Press gently and use short strokes vibrating back and forth, or light scrubbing motion.

Reposition brush vertically to clean inside upper and lower surfaces of front teeth.



2. Start with upper teeth, brushing outside, inside, and chewing surfaces. Do the same for lower teeth. Be sure to brush each tooth.

To have fresh breath, brush the tongue too, since it can harbor many bacteria.

1. Colocar las cerdas del cepillo de dientes en la línea de la encía formando un ángulo de 45-grados con las encías. Presionar suavemente y producir golpecitos que causen breves vibraciones hacia atrás y adelante o movimientos leves de cepillado.

Reubicar el cepillo de dientes de forma vertical para limpiar la superficie interior inferior y superior de los dientes frontales incisivos.

2. Comenzar con los dientes ubicados en la parte superior, cepillar las superficies externas, internas y las zonas en donde se produce la masticación. Repetir lo mismo con los dientes de la parte inferior. Asegúrese de cepillar cada diente.

Para lograr un aliento fresco, también cepille la lengua, porque se pueden esconder muchas bacterias.

Dental Informed Consent

Patient Name	*Patient Number*	*Date of Birth*	*Today's Date*

This is my consent for (procedure) : ☐Diagnostic X-Ray ☐Oral Examination ☐Scaling
☐Restorations ☐Extractions-Tooth Number _____
Patient Initial _____

☐Other, as deemed necessary by the dentist: _____

_____

I agree to the use of local anesthesia.

The frequency of complications associated with oral surgery is very low. However, with any surgical procedure there are certain post-operative occurrences, which you may or may not experience depending upon the nature of the procedure to be performed.

These may include, but are not limited to:

COMMON	INFREQUENT
* DRY SOCKET	* INFECTION
* PAIN	* PROLONGED SWELLING
* SWELLING	* HEAVY BLEEDING
* TEMPORARY MILD OOZING OF BLOOD	* TEMPORARY OR PERMANENT NUMBNESS OF LIPS AND/OR TONGUE
* SLIGHT ELEVATION IN TEMPERATURE	
* SKIN DISCOLORATIONS	* ORAL SINUS OPENING AFTER EXTRACTION OF UPPER TEETH
* LIMITED MOUTH OPENING	
*NAUSEA	* BROKEN FILLING IN ADJACENT TOOTH
* DIFFICULTY	* BROKEN ADJACENT DECAYING TOOTH

Under certain Circumstances, special X-rays may be required.

Medications and anesthetics may cause drowsiness.

I understand that I may ask any questions about my surgery and alternatives, arid will be given a detailed explanation before the procedure.

I acknowledge that all the information given in my medical history is correct.

NAME OF INMATE (PRINT)_____

_____ _____
Inmate Date Witness to Signature Only Date Time

I have explained the matters indicated above relating to the operation and/or procedure and the risks, consequences and alternatives. The inmate appeared to understand and consented to the procedures described.

_____ _____
Physician's Signature Date

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Refusal of Treatment

Patient Name	*Patient Number*	*Booking Number*	*Date of Birth*	*Today's Date*

I, _____ have, this day, knowing that I have a condition requiring
(Name of Patient)

medical care as indicated below:

_____ A. Refused medication
_____ B. Refused dental care
_____ C. Refused an outside medical appointment
_____ D. Refused laboratory services
_____ E. Refused X-Ray service
_____ F. Refused other diagnosis services
_____ G. Refused physical exam
_____ H. Other (Please specify)

_____

_____

Reason for Refusal _____

_____

_____

Potential Consequences Explained:

_____A. Worsening Of Medical Conditions
_____B. Death
_____C. Permanent Disability
_____D. Other _____

I acknowledge that I have been fully informed of and understand the above refused treatment and the risks involved in refusing. I hereby release and agree to hold harmless CCS and correctional personnel from all responsibility and any ill effects which may result from this refusal.

I have read this form and certify that I understand its contents.

_____
Witness Signature

_____
Witness Signature

_____
Patient Signature

_____
Date

_____
Time

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CCS-CT02 (formerly CCS-009)
revised 04.16.2012

Dental Exam

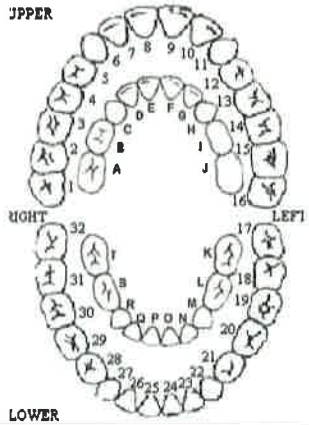
CCS CORRECT CARE SOLUTIONS

Patient Name	*Patient Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Health Questionnaire:

YES	NO		YES	NO	
[ ]	[ ]	Rheumatic Fever	[ ]	[ ]	Anemia or Bleeding Problems
[ ]	[ ]	Allergy (Novocain, penicillin, etc.)	[ ]	[ ]	Heart Disease
[ ]	[ ]	Present Medication	[ ]	[ ]	High Blood Pressure
[ ]	[ ]	Epilepsy	[ ]	[ ]	Heart Murmur
[ ]	[ ]	Asthma	[ ]	[ ]	Mitral Valve Prolapse
[ ]	[ ]	HIV	[ ]	[ ]	Kidney Disease
[ ]	[ ]	Hepatitis	[ ]	[ ]	Joint Replacement
[ ]	[ ]	Diabetes	[ ]	[ ]	Pregnant or might be Pregnant
[ ]	[ ]	Other Conditions_____			

Indicate missing teeth with an "X"



Date Health History Obtained: _____ Signature: _____

Oral Pathology:

Gingivitis _____

Stomatitis _____

Occlusion _____

Periapical _____

Other _____

Results:

Roentgenograms _____

Bitewing _____

Other Results _____

New Admission Charting: Dental Classification: _____ Oral Hygiene Instructions [ ] Yes [ ] No

Treatment Plan: _____

SERVICES RENDERED

Date	Tooth No. or Letter	DX	Description of Service (Including x-rays, prophylaxis materials used, etc.)	Initials

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CCS-DT01 (formerly CCS-038)
Revised 1/1/09

Dental Instructions

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

PATIENT'S INSTRUCTIONS AFTER DENTAL TREATMENT

- Do not rinse mouth until the next day.
- The morning after surgery, rinse mouth with water. Repeat several times during the day.
- Do not touch hole (from tooth extraction) with fingers or tongue.
- Bleeding - It is normal for saliva to have streaks of blood for 1 – 2 days. If bleeding is more than normal, place wet gauze over the hole and bite down on it for 30 – 45 minutes.
- Swelling and stiffness is normal, do not be alarmed by this.

INSTRUCCIONES PARA EL PACIENTE UNA VEZ RECIBIDO EL TRATAMIENTO DENTAL

- No se enjuague la boca hasta el próximo día.
- La mañana siguiente a la intervención quirúrgica, enjuáguese la boca con agua. Repita el proceso varias veces durante el día.
- No toque la apertura (originada por la extracción de la pieza dental) con los dedos o con la lengua.
- Sangrado – Es normal que la saliva contenga líneas de sangre durante 1 – 2 días. Si el sangrado supera al normal, coloque una gasa húmeda sobre la apertura y muerda presionándola hacia abajo durante 30 – 45 minutos.
- Es normal que tenga hinchazón y rigidez, no se asuste.

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CCS-DT02es
revised 1/1/08

Dental Progress Note

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

ALLERGIES _____

Time	Comments:

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Ccs-TX02

Dental Provider Order

CCS CORRECT CARE SOLUTIONS

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

ALLERGIES ______________________________

Physician:		☐ Telephone/Verbal Order
Date & Time:	Another brand of drug identical in content may be ☐dispensed unless checked.	

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CCS-TX01

D8675DP30960P

Dental Treatment Plan

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Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

PSI

Periodontal Classification

1 2 3 4

Existing Prosthesis

F / F P / P

Oral Hygiene_____

TMJ_____

Soft Tissue_____

Treatment Plan

_____

_____

_____

_____

_____

_____

_____

_____

Dentist's Signature_____

	Yes	No	Dentist's Notes
Allergies to medications or anesthetics			
Asthma or respiratory problems			
Gastrointestinal disorders			
Anemia or Bleeding problems			
High or Low Blood Pressure			
Diabetes			
Epilepsy or seizures			
Fainting			
Heart murmur or heart valve problems			
Heart disease or heat attack			
Kidney problems			
Arthritis or artificial joints			
Rheumatic Fever			
Thyroid conditions			
Tuberculosis			
Hepatitis A, B or C			
HIV or AIDS			
Taking any medications			
Other medical conditions			
Are you in good health?			
Women: are you pregnant or taking birth Control?			

Patient's Signature_____ **Date** _____

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revised 08/01/2010

Extraction Instructions

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

INSTRUCTIONS FOR EXTRACTIONS
(Teeth Pulled)

___ Keep the gauze firmly in place for 2 hours. Keep pressure on the area. Frequent changing increases the chances for bleeding.

___ ***DO NOT*** rinse the mouth or spit for 24 hours. After the first day, gentle rinsing with warm salt water and careful tooth brushing is important.

___ Proper nourishment is important. ***DO NOT*** miss meals. Follow diet instructions (and your own good judgment) and drink plenty of fluids,

___ ***DO NOT*** smoke for 24 hours. ***DO NOT*** eat popcorn, peanuts or anything with hulls until healing is complete.

___ Take pain medications as directed if ordered by the dentist.

___ You may apply ice to area for first 24 hours; alternate 20 minutes on and 20 minutes off.

___ You may experience some swelling after extractions. This is a ***normal*** body reaction. You may also notice there is bone exposure. This is ***normal*** until the tissue heals.

___ You may experience some stiffness in your jaw. This is a ***normal*** body reaction. You can help this by opening your mouth wide several times a day.

I understand the following instructions and will adhere to the information provided to me.

_____
Patient Signature

_____
Date

INSTRUCCIONES DESPUÉS DE UNA EXTRACCIÓN
(Extracción de un diente/muela)

___ Mantener la gasa firmemente en la apertura durante 2 horas. Ejercer presión sobre dicha área. Los cambios frecuentes aumentan las posibilidades de sangrado.

___ ***NO*** se enjuague la boca o escupa durante 24 horas. Después del primer día es importante que se enjuague la boca suavemente con agua tibia con un poco de sal y que se cepille los dientes con cuidado.

___ Una alimentación adecuada es esencial. ***NO*** omita ninguna de las comidas. Siga las instrucciones de la dieta (y buen juicio) y tome bastante líquido.

___ ***NO*** fume durante 24 horas. ***NO*** consuma palomitas de maíz, maní o alimentos que contengan cáscara dura hasta que la herida esté completamente cicatrizada.

___ Tome analgésicos según las indicaciones del dentista.

___ Puede colocar hielo en la zona afectada durante las primeras 24 horas; alternar cada 20 minutos.

___ Puede sentir hinchazón después de las extracciones. Es una reacción ***normal*** del cuerpo. También puede notar que el hueso está expuesto. Esto ***normal*** hasta que los tejidos cicatricen.

___ Puede sentir rigidez en su mandíbula. Es una reacción ***normal*** del cuerpo. Puede ayudarse abriendo completamente la boca varias veces al día.

Comprendo las instrucciones que se detallan en el presente y acepto la información que se me proporcionó.

_____
Firma del paciente

_____
Fecha

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