axiUm Training
Postgraduate Residents
Kathy Hansel
AxiUm Training for New Residents

Kathy Hansel, Instructor  [khanse@lsuhsc.edu]  Room 2305 Clinic Building

504.941.8139

Links on top toolbar links to Axium Help page on LSU School of Dentistry – Learning Center

Additional axiUm Help: Jeff Schluter 504.941.8183 [jschlu@lsuhsc.edu]  Room 3331

<table>
<thead>
<tr>
<th>Access to AxiUm</th>
<th>page 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduler Module</td>
<td>3-4</td>
</tr>
<tr>
<td>Rolodex/Personal Planner</td>
<td>(open charts, find your appts, reports) 5-6</td>
</tr>
<tr>
<td>Finding Forms</td>
<td>7</td>
</tr>
<tr>
<td>Chart Add tab- Charting Findings</td>
<td>(caries/existing restorations) 8</td>
</tr>
<tr>
<td>Tx Plans Tab (Comprehensive Treatment Planning- PG Pros, GPR)</td>
<td>9-10</td>
</tr>
<tr>
<td>Chart Add tab- Entering Planned Tx</td>
<td>(PG Endo, PG Pedo, PG Perio, Oral Surgery) 11</td>
</tr>
<tr>
<td>Printing Tx Estimate</td>
<td>12</td>
</tr>
<tr>
<td>EHR- Tx History Views</td>
<td>13-14</td>
</tr>
<tr>
<td>Adding Supernumerary Teeth</td>
<td>15-16</td>
</tr>
<tr>
<td>Writing Notes</td>
<td>17</td>
</tr>
<tr>
<td>Clinical Template Notes</td>
<td>18</td>
</tr>
<tr>
<td>Contact Notes</td>
<td>19</td>
</tr>
<tr>
<td>Completing &amp; Approving Tx</td>
<td>20</td>
</tr>
<tr>
<td>Messenger</td>
<td>21</td>
</tr>
<tr>
<td>Photos (viewing and scanning into record)</td>
<td>22-23</td>
</tr>
<tr>
<td>Opening Consult Forms</td>
<td>24</td>
</tr>
<tr>
<td>PG Treatment Consent Forms- Endo, Implant Surgery</td>
<td>25-26</td>
</tr>
<tr>
<td>PG Pedo Informed Consent Form</td>
<td>27</td>
</tr>
<tr>
<td>Production Reports</td>
<td>28</td>
</tr>
<tr>
<td>Indications for Medical Information Request</td>
<td>29-33</td>
</tr>
<tr>
<td>Medical Information Request Form sample</td>
<td>34-35</td>
</tr>
<tr>
<td>Postgrad Cheat Sheet for Clinic/ Approvals &amp; Start Checks for Undergrad Students</td>
<td>36</td>
</tr>
<tr>
<td>Perio Module Instructions and Training Exercise</td>
<td>37-39</td>
</tr>
<tr>
<td>Training Exercise 1-</td>
<td>40-46</td>
</tr>
<tr>
<td>Training Exercise 2-</td>
<td>47-51</td>
</tr>
</tbody>
</table>
Remote Access to AxUUm:

Off Campus

1. Go to LSU Health New Orleans School of Dentistry Home Page http://www.lsusd.lsuhsc.edu/
2. Select Citrix Web Interface - Use LSU username and password
3. Select Applications tab when Citrix Online Plug-In window appears, you should see Axium icon-log on using axium logon and password
4. To access Schick (CDR Dicom), you will have to open remote desktop connection through citrix
5. Hit Start button – lower left corner of Citrix window
6. Select Remote Desktop Connection (computer name : lsusd-terminal)
7. Connect
8. Use LSU username and password
9. Hit Start button in this window to find CDR Dicom (Schick radiographs) program.

Axium is installed on clinic and library computers only.

On Campus

1. Select Remote Desktop Connection
2. Go to Start> All Programs>Accessories> Communications>Remote Desktop Connection
3. Computer name : lsusd-terminal
4. Connect
5. Use LSU username and password
6. Double click on Axium icon- use axium username and password
7. Hit Start button in this window to find CDR Dicom (Schick radiographs) program.

Mac Users:
Go to LSU Health New Orleans School of Dentistry Home Page http://www.lsusd.lsuhsc.edu/-
Learning Center- Online Tutorials- Axium Videos & Document Tutorials
Remote desktop downloads for macs:

Kathy Hansel Axium Administrator Room 2305 khanse@lsuhsc.edu 504.941.8139 05/15
Using the Scheduler Module

2. The Active tab will be on top. Click on the book icon to see other scheduling books available to you. The Chair tab, Availability tab and the Pending tab are of no use to you.

3. If you logged in, your provider number will display here. To change provider number, click Select Provider, type in part of the provider last name, click Last Name, and double click on the correct provider, placing the provider number in the Scheduler window.

4. Click on the green date to bring up a calendar for selecting the date of interest.

5. Click on the Weekly tab to view all scheduled appts. for the selected provider for the selected week. Clicking on an appt. or date jumps you to the Active tab for that date.

6. Click on the Monthly tab to view all scheduled appts. for the selected provider for the selected month. Clicking on an appt. or date jumps you to the Active tab for that date.

7. Print List prints all faculty appts. for the current day and clinic, regardless of what day or provider you have selected.

8. Print View prints a screen shot of whatever you see on the schedule when you select this option.

Revised 06/12
1. If the book you wish to schedule in does not display, click on book icon in upper right hand corner of scheduler screen to select scheduling book. (Will open to the book you use most often)

2. **Double click** on beginning of desired appointment time slot in your column.

3. Type in **last name or chart #** of patient in rolodex window or **select patient** from list at right of window - Enter

4. **Double click** on patient name -

5. **Choose appointment** length by choosing Appt Code

6. In the New appointment window, click on **Tx Plan** button

7. **Move procedure** you plan to do at this appointment from Planned Treatments (left side) to Appointed Treatments (right side) - Close

8. Hit **Accept** in New Appointment window

**Right click** – **select patient** to open patient record.

**Reschedule**- right click on appointment slot- select reschedule- appointment slot turns yellow- go ahead to new appointment- drag yellow appointment to new appointment slot- double click to insert appointment.

**Cancel, fail, delete appointment** - **right click on appointment slot**. Always indicate if patient failed, canceled less or greater than 24 hour notice. Only use delete if you made appointment by mistake. This will display in patient card. Click on patient name in status bar at bottom of screen to open patient card.

Kathy Hansel  504-941-8139  Room 2305
Selecting a Patient Via the Rolodex

1. Click on Rolodex button.

2. In name field, type in the last name, (and as little of the first name as is necessary to pull up a reasonable list of names) You can also search by chart #, phone number (omit area code), birthdate, and first name (.Mary). If you fail to adequately narrow down your search (eg. Smith) you significantly increase search time and number of names to scroll through.

3. Click on the patient’s name. Make sure that the patient’s name displays in the bottom name field.

4. Check the patient’s demographic data to insure you’ve selected the correct record and that the data is current Corrections should be made by the Business Office.

5. To hold the name in your notepad for easy selection on another day, check the box on the left If the patient’s name is in the notepad, a single click will select the patient.

Opening Charts from other modules: Selecting Patient on top toolbar allows you to open previous patient’s chart and those patients listed in notepad list.

Revised 05/13
Unapproved tab - To see if any of your patients' treatment is still unapproved:

- Select the unapproved treatment tab… choose “date from” for the date range desired… hit search button
- Check this on a weekly basis.

Assigned Pts tab - To get a list of patients assigned to you:

- Select the Assigned patients tab… hit the search button (magnifying glass)
- This module defaults to your provider number and you will see a list of your assigned patients
- Make sure that the “date from” button at the top is set to a date back to beginning of clinic to see a full list.
- You can highlight a patient’s name in the list… right click to select patient… you can now go to the dental chart for that patient.

Appointments tab - To search for your appointment schedule:

- Select the Appointments tab… select a date range… Search button
- Select a Pt Name in the list and right click to go to appointment or select patient

Top row of tabs

Production Report tab - get a report of completed procedures, RVU’s and amount charged to production
- Select Production Report tab… select detailed or summary… select date range… OK

CIP Procedures tab - a list of completed, in process and planned procedures entered by you only
- Select CIP Procedures tab… select date range… OK… also has production amounts

Patient Contact List tab - list of your assigned patients with phone numbers
- Select Patient Contact List tab… may be more than one page… select arrows next to 1 at top of report to see more pages

05/15
Forms can be accessed in two places in axiUm: the *Forms* tab and the *Attachments* tab. This document serves to distinguish where users can find forms rather than how to complete them.

**Forms Tab**
- Open EHR
- Click on *Forms* tab
- Click on the *Create a New Record or Add Patient Form button on top toolbar.*
- Select a form from the drop-down list.

Some forms, like Medical History, will not be available in the drop-down list once data is added to the form. Rather, the form will display in the *Forms on File* window. Click on the form there and modify. Changes will be saved with a new date.

**Attachments Tab**
- Open EHR and click on *Attachments* tab (or click on the *Attachments* button on the left)
- Default is *Consent Forms*
- Click on the *Create a New Record* button
- Click on the ellipses button
- Doubleclick on the desired form
- Click OK and then complete the form

You can download PDF copies of the forms by setting your computer’s default printer to *PDF* and then printing out the forms.
AxiUm Cheat Sheet for Charting Findings (Existing Conditions and Restorations)

Student

Rolodex - Open Patient Record

Type in last name, first name, OR chart number, press enter. (You can type in just a few letters of the last name to bring up all matching patient names.) Double click so name is in bottom window. Verify proper patient through date of birth and phone number.

EHR - Chart Age of Teeth & Missing Teeth

1. In odontogram, click to select tooth or teeth, right click and choose Age Change or Missing. May also use right click - Select Teeth - to choose All Teeth or Maxillary or Mandibular Arch.

Add Findings Via Chart Add Tab

2. Click on (top right of window) to open tab. In Chart Add tab, click on

3. Add Restorations –
Click on Restorations/Caries category to add existing restorations, sealants, temporary materials, implants and bridges.
Use First tab - Quick List - (go to Full list if not found here)
Choose type of restoration - select tooth surfaces in odontogram -
hit Add Finding button
Text should appear at right in blue text - E in status column - existing restoration

4. Add Caries -
In same category, scroll down Quick List to find caries description, highlight it - select surfaces from odontogram (red cross hatch appears) hit Add Finding button
Text should appear in blue text - status A - existing caries - red cross hatching in odontogram

5. Add Conditions - (Tipped teeth, diastema, impacted, etc.)
Choose Conditions category - select condition from Quick List - select tooth in odontogram - hit Add finding button.
Text should appear at right with status A for existing condition.

To delete a finding, highlight the text, select button with red X.

When finished, have faculty approve - text will display as pink once approved. 05/12
To open new treatment plan, click on Add New Record

1- Enter Tx Plan Description
2- Enter Chief Concerns in patient’s own words

3- Problems - click on New item - Problems field - search problems with ellipsis button or select from list.
   hit Enter (green check) to Save, X closes the box (Delete- select item and right click )

4- Diagnoses- click on New Item – Diagnosis field - ellipsis button to select from list.
   A diagnosis can be linked to a problem by double clicking on a diagnosis, Problem with drop down menu appears
   hit Enter (green check) to Save, X closes the box (Delete- select item and right click )

5- Tx Option – enter treatment and diagnoses - New item
   Select diagnosis from drop down list –
   Select procedure from Quick List
   Select tooth/surfaces in odontogram starting in UR quadrant
   Enter Phase and Sequence
   hit Enter (green check) to Save

6- Faculty Approval- Approve Option- text is green when approved
7- Pt Accept/Print- patient signs treatment plan

Close treatment plan window to return to first screen
Hide/Expand allows you to view selected panes

Bottom right of screen

New option tab allows entry of another option for treatment plan, only one can be approved.
Phase 2 should be entered as a different Tx Plan, not another option.

Kathy Hansel  Room 2305  504.941.8139  khanse@lsuhsc.edu  02/14
1. Select your patient through the Rolodex. Make sure their name is showing in the message box at the bottom of the axiUm window.

2. Click on the Create a New Record button (top right of screen) to open the tab.

3. Select the Dental Tx radio button (default).

4. Select the Quick List tab (default).

5. Select the appropriate category from the list on the left.

6. Single click on Tx choice or click on the + to open folder of options. If you do not see the category or Tx you need, select the Full List tab and repeat steps 4-6. If you want to add phasing and sequencing here, double click the selection to jump from the Procedures subtab to the Details subtab. Do NOT enter the sites and surfaces by typing in the code.

7. Select the tooth &/or surfaces where required by clicking on the tooth on the odontogram or selecting the quadrant when prompted.

8. Click on the Planned Tx button. Do not add Tx as Inprocess or Complete if you are going to generate a Tx Estimate as it will not be included. Only Planned Tx displays on the Estimate.

9. To correct an error, delete the incorrect entry by highlighting the incorrect entry and clicking on the Delete Record button. Then add the correct Tx.

See instructions on approving treatment and printing a treatment estimate.
Printing a Treatment Estimate

We strongly urge you to get signed treatment estimates for all planned treatment. A signature on a contract does not mean that the patient agrees to the treatment, only that they have been informed. Signed contracts document that all problems, potential treatments, and costs were discussed with the patient. Signed forms are stored in Patient Attachments - Business Office - Tx Plans.

For a Tx Estimate, treatment must be planned and approved (not put in process or completed) to display in the Tx Estimates window.

1. Click on the **Tx History** tab. Make sure all of the Tx you are going to include in the contract is Planned (not In process or Completed) and all is approved (look for red Ps).

2. Click on the **(Estimate)** button .

3. Select all the lines of treatment that need to be included in the estimate. Click OK.

4. This opens the Estimate window where you can enter your provider code and a title. You only need the patient to sign.

5. Click Print to open a copy of the contract on the screen.

6. Click the **Print** button from the top of the page.

7. AxiUm will prompt for the patient’s signature and print a copy of the estimate with the patient’s signature.
To View Treatment on a Specific Tooth or Teeth (revised 4/27/07)

1. Select Patient
2. Open EHR – Tx History tab
3. Click on the ellipses button next to the Site data field
4. Click on Deselect all
5. Check the teeth number you want displayed
6. Click OK
7. Only selected teeth will display

Exit EHR and return to restore default for displaying all treatment.

To View Treatment for a Specific Time Range

1. Select Patient
2. Open EHR – Tx History tab
3. Click on the ellipses button next to the Date data field
4. Check the fields you need to change
5. Change to the desired dates
6. Click OK
7. Only treatment for desired date range will display

Exit EHR and return to restore default for displaying all treatment.
Filter treatment records in Tx History by tooth number in the odontogram
Select tooth # box in odontogram (turns blue when selected) - right click
Select the Show Tx History option

Axium filters the list view to display only those records (e.g. treatments, conditions, notes, etc.) for the selected tooth (see below).
To return to the original list view, go to the odontogram, deselect the tooth, and select the show Tx History right-click option again.
Adding Supernumary Teeth to the Chart

1. Select the Patient.
   a. Search in the Rolodex and double click on the name.
   b. Select the patient name in the Patient List of the Rolodex.
   c. Select the Patient Menu bar and click ‘Select Patient’

2. Double click on the EHR icon.

3. Click on the Chart Add.

4. In ‘Chart Add’ tab
   a. Select the ‘Codes’ tab.
   b. Select the ‘Full List’ tab.
   c. Select the ‘Findings’ radio button.
   d. Select the category ‘Condition’.
   e. Select ‘Other’ (or the category where the condition is located).
   f. Select ‘Supernumary tooth’.
   g. Select the ‘Details’ tab.

Helpful Hint
These instructions are based on assumption that a condition ‘Supernumary tooth’ has been configured in axiUm.
h. Manually enter the site number in the Site box using the following ADA CDT guidelines: - Primary: add 'S' character behind the tooth designation (e.g., an extra tooth next to C would be CS). - Permanent: add 50 to the tooth number (e.g., an extra tooth next to 28 would become 78).

i. Click on the ‘Add Findings’ icon.

5. The ‘Site’ number will show as added but no associated image will display on the odontogram.
AxiUm offers two methods for adding notes to the Tx History window: Tx Notes & General Notes.

**Tx Notes — Should be used in virtually all cases —**

**How**
1. Highlight the tx code
2. Right mouse click, select Add Tx Note

**When**
- On first visits or visits with no single tooth treatment, attach your note to the consult code.
- On first visits with treatments and all subsequent visits regarding that treatment, attach your note to the original treatment code.

**General Notes**

**How**
Click on the General Note button on the right side of the TX History window.

**When**
- writing general review notes not associated with specific tx
- By faculty and hygienists when writing observations or recommendations before tx is added to patient record
- By providers when multiple tx are put in process or completed on the same day.

If a tx note is attached to a single tx, the note will not display if the Tx History window is sorted to a limited site view that doesn’t include that tx. General Notes remain on display even with site number sorts.
**AxiUm Cheat Sheet for Adding Clinical Notes**

- In the EHR module, Tx History tab  
- Hit the Add Note button (top or bottom toolbar)

**Using Template Notes**

- Select Template Note

  - In next window, choose a specific note guide for a department, hit the ellipsis button next to Code
  - Select the note template code. Add text in areas where asterisks appear. Hit OK to save.

---

Kathy Hansel  504.941.8139   Room 2305   khanse@lsuhsc.edu   05/2015
Axium Cheat Sheet for Adding Contact Notes to a Patient Record

Open patient record in Rolodex.

Open Patient Card by clicking on patient name in status bar at bottom of screen or patient chart icon in middle of rolodex screen.

Click on contact notes icon. Type in notes in note window.

Click on ADD patient record icon to add contact note.

Kathy Hansel
Axium Support
504.941.8139
Room 2305
Completing and Approving Treatment

1. With patient selected, open EHR, tab.
2. Select a line of planned TX and double click.
3. Move Status from Planned to In Process or to Complete.

Students change View to Planned/InProcess for faculty review.

4. Click OK. For students, the treatment will now appear in blue on the Tx History screen indicating that it requires approval. For faculty and residents, the treatment automatically is approved and goes to billing.

5. To send the treatments to billing, faculty MUST approve the change. Click on the aqua-colored chart box at the bottom of the screen.

6. This opens the Check Out Patient window. Faculty approve by entering their approval code, moving all highlighted tx to the Claim screen on the bottom, signifying that the treatment charges have gone to Billing. Faculty does not have to OK all changes. They can use the ctrl or shift key to select only those items they wish to approve.

7. Click close and the screen closes, the approved lines of treatment turn from blue to black, and the chart number box (if emptied) turns to grey.
Axium Messenger is used primarily for patient purposes. If you have unread mail, the Messenger box at the bottom of the window will display an envelope with a blue or red (high priority) background. If you have no mail or have read your mail, the box will display an envelope with a white background.

**To Check Mail**
- Click on the envelope button.
- Read any messages that have subject lines other than *New Patient Assigned* or *Patient Overdue*.
- Messages are sent whenever a medical release letter or biopsy report is scanned into one of your patients’ records or when you have Unapproved treatment in a patient’s chart.

**To Send a New Message**
- Click on the new message button - green plus sign
- Type last name of recipient in the To field - add a subject line and click in the text box to enter the text of your message - Send. Options button allows you to see messages > 4 weeks old and other settings.

**To Delete Messages**
- Highlight all the messages you want to delete. You can select the first message, hold down the shift key, and select the last message to select a number of contiguous messages. You can select the ctrl key to select non-contiguous messages.
- Click the red X to delete. Most (all) Messenger messages can be deleted without consequence.

**To view New Patient Assignments**
- Click on the Personal Planner button.
- Click on Assigned Patients tab.
- Click the Search button.
Axium Cheat Sheet for Viewing Photos in Patient Records

To view photos:
- click on the rolodex icon to open the patient record. Type in the patient’s last name in the middle of the screen at the blinking cursor. Hit enter. Select the patient record and double click. When patient’s name appears at the bottom of the screen and the patient information appears in the rolodex card, you have opened the patient record. Patient gender and age appear in parentheses next to the patient name at bottom of screen.

- Attachments icon- click on this module – under Section- choose Images- Photos tab-
  Double click on entry to view photo. To view radiographs, choose the Radiographs tab and double click on an entry.

Kathy Hansel 504-941-8139
Room 2305
Axium cheat Sheet for scanning photographs into a patient’s record:

To add photographs/radiographs:
- first scan the photo/radiograph and put it in a jpeg file on your computer.

In axium:
- open patient’s record in Rolodex- go to Attachments icon- paper clamp- (or EHR- attachments tab)
1-choose Images section- Photos/radiographs  tab-
2-create new record (chart and + sign)
3-type in a description
4-Hit ... ellipsis button next to attachments field- find the file that holds the scanned image-
5-double click-so the filepath shows in the window-
5-hit OK

You should see a line with today’s date and description of the image in the window now.
Axium Cheat Sheet for Opening Consult Forms

Open the consult form and answer required questions before the consulting doctor enters the cubicle.

In the EHR module, go to Forms tab

Hit the Add Patient form button on upper right toolbar or Create New Record

Use these forms to refer to:

- PG Perio consult- PEREF
- PG Endo- ENDX
- Oral Surgery- SUGRE
- Oral Pathology – PATH
- PG Pros, Ortho, GPR- CNS

Choose CNS from the Form drop down menu- OK

Answer the first 4 questions, so that the consulting doctor can continue at that line.

Kathy Hansel 504.941.8139 Room 2305 khanse@lsuhsc.edu
Adding and Signing PG Treatment Consent Forms

Open the patient’s chart in the Rolodex
Select procedure in EHR- Tx History
Click on Add Patient Consent icon on side toolbar
Click on ellipsis button (three dot button) to find the consent in list- double click on consent so that code appears in box

ENDOPG for Endo treatment, IMPSUR for Implant surgery consent

Hit OK button in Add Patient Consent window- Select planned procedure from list

***Select each line in Enter Parameter Values window and enter information

Do not hit OK until each line has been selected and values entered, this information appears on the finished consent in the appropriate lines.

(See next page)
Image of consent appears so that patient could view it- patient should have been given a copy on a clipboard to read before signing

6- Close window with red X at top right of window

7- Patient Signature window appears- have patient sign and hit OK

8- Witness signature window appears- type your name and sign

(Some consents have an additional window for doctor’s name and signature)

You should now see the name of the consent with today’s date appear in the list- double click on it to view.

Kathy Hansel  504.941.8139  khanse@lsuhsc.edu
PG Pedo Informed Consent Form Instructions

**Resident/Student**: EHR module (Electronic Health Record)- Forms tab

1. Create new record- top toolbar- opens Form window- select form
2. Complete the numbered questions on the form beginning with - 1) *Recommended Treatment*
3. Send parent/guardian to front desk.

**Front Desk**: patient signs the PG Pedo Informed Consent form

Find the Form that needs to be signed in the EHR module:

1. open patient record in Rolodex- go to EHR- tab- Forms on file list- PG Pedo Informed Consent- click on date
2. Form opens- click on Sig Required button- patient signs form.

---

Kathy Hansel  504.941.8139  Room 2305
Production Report - Postgrad Residents

Info manager → module → Custom tab

Production report - Print

Select Report Type (Summary or detailed)

Select date range

OK

To print, select on top toolbar

To export to another format, select on top toolbar.
### INDICATIONS FOR MEDICAL INFORMATION REQUEST

This is not a complete list of conditions requiring medical consultation before dental treatment. It is only a guide to help students recognize common conditions that may require a physician’s advice and/or recommendations before treatment. The supervising dental faculty has the final discretion to consider the risks of dental treatment and to seek medical consultation for a medically complex patient.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Important Considerations</th>
<th>Specific Concerns</th>
<th>Consult Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiovascular Disease</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Coronary Syndrome (ACS), angina pectoris (coronary artery disease CAD)</td>
<td>Stable or unstable, frequency, last episode, meds, NTG, ASA, BB, limit epi, short procedures</td>
<td>S, A</td>
<td>1</td>
</tr>
<tr>
<td>Anticoagulant Therapy</td>
<td>Request HPE &amp; latest labs (INR, PT, PTT); dose reduction/bridging as Rx’d from physician</td>
<td>B</td>
<td>1</td>
</tr>
<tr>
<td>Arrhythmias</td>
<td>Medication precautions…</td>
<td>S, A</td>
<td>2</td>
</tr>
<tr>
<td>Bacterial Endocarditis</td>
<td>Follow AHA guidelines or physician’s directions</td>
<td>I</td>
<td>3</td>
</tr>
<tr>
<td>Cardiac Prosthesis Disease</td>
<td>Follow AHA guidelines or physician’s directions</td>
<td>I, B</td>
<td>3</td>
</tr>
<tr>
<td>Cardiac Stent/CABG</td>
<td>AHA antibiotic prophylaxis up to 30 days from stent placement, possibly up to 6 months. Antiplatelet meds continued, use local hemostasis measures.</td>
<td>I, B</td>
<td>2</td>
</tr>
<tr>
<td>Stroke, TIA, CVA, CrbV</td>
<td>CVA proximaty (defer 1–6 months after); ischemic or hemorrhagic?, anticoagulant meds (INR, PT), use of vasoconstrictors</td>
<td>S, B</td>
<td>2</td>
</tr>
<tr>
<td>CHF, HF</td>
<td>Usually right HF, echocardiogram/LVEF; SOB, meds…</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>HTN</td>
<td>BP &gt;140/90 - MIR for upper Stage 1 HTN BP &gt;160/100 - MIR in Stage 2 HTN BP &gt;180/100 - refuse Tx, reject, refer to physician</td>
<td>S, A</td>
<td>2</td>
</tr>
<tr>
<td>MI</td>
<td>How recent, severity, med interactions, defer elective tx w/in 6 months of MI</td>
<td>S, A</td>
<td>2</td>
</tr>
<tr>
<td><strong>Blood/Oncology</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td>Uncontrolled - Hbg, Hct; aplastic, hemorrhic, hemorrhagic; sickle cell, nutritional deficiency (iron, B₁₂), leukemia; if severe, request HPE &amp; labs</td>
<td>S, B</td>
<td>2</td>
</tr>
<tr>
<td>Bleeding, Clotting and Platelets disorders</td>
<td>Coagulation factor deficiencies (hemophilia, vonWillebrand’s…); platelets (TCP, liver disease, drug-induced…); Vascular (Ehlers-Danlos, Cushing’s, purpura…); Stroke, hemodialysis, medications: Anticoagulants (warfarin, heparin) 3 days to clear; Lovenox, Pradaxa, Xarelto Antiplatelets (aspirin, clopidogrel); Level of bleeding control &amp; procedure invasiveness; may Tx if INR &lt; 3.0 for coumadin</td>
<td>S, B</td>
<td>1</td>
</tr>
<tr>
<td>Blood Dyscrasias</td>
<td>Bone marrow failure (platelets, RBC, WBC &gt;1M); plasma cells, multiple myeloma…</td>
<td>S, I, B</td>
<td>1</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>Causes (HBV, HCV, alcoholism, acute, jaundice…) bleeding, drug metabolism; request HPE &amp; LFTs (PT, PTT, INR…)</td>
<td>B</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>HepA, HBV, HCV, Hepatitis D, Hepatitis E; request HPE, serology, &amp; LFTs (PT, PTT, INR…); if report HCV “cure” (vs. controlled chronic condition), get LFTs</td>
<td>B</td>
<td>2</td>
</tr>
<tr>
<td>HIV/AIDs</td>
<td>Request latest HPE &amp; CBC, T-cell count (esp. CD4 &lt; 200/ml), viral load (high &gt; 50K; low &lt; 50), list of meds (ART)</td>
<td>I, B</td>
<td>2</td>
</tr>
<tr>
<td>Malignancies</td>
<td>Type, remission, surgery/chemo, tx dates, defer elective tx, organ system function, chemotherapy, immunocompromised, medications…</td>
<td>S, I, B</td>
<td>2</td>
</tr>
<tr>
<td>Hx Radiation of Head and Neck</td>
<td>Active or recent? (tx dates), field of radiation (mouth vs. neck) defer elective tx*, current HPE, limitations; *MIR: how long to defer elective tx?</td>
<td>S, I, B</td>
<td>2</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Less than 3mo, RBC lifespan 4mo (# chemo cycles), IV-ARs, BisPs (bone cancer)</td>
<td>S, I, B</td>
<td>1</td>
</tr>
<tr>
<td>Immunotherapy</td>
<td>Tx completion date, current HPE; if active, refer GPR</td>
<td>S, I, B</td>
<td>2</td>
</tr>
</tbody>
</table>
## INDICATIONS FOR MEDICAL INFORMATION REQUEST

This is not a complete list of conditions requiring medical consultation before dental treatment. It is only a guide to help students recognize common conditions that may require a physician’s advice and/or recommendations before treatment. The supervising dental faculty has the final discretion to consider the risks of dental treatment and to seek medical consultation for a medically complex patient.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Important Considerations</th>
<th>Specific Concerns</th>
<th>Consult Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Endocrine</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adrenal Disorders (Cushing's, Addison’s), pheochromocytoma</td>
<td>Stress, BP, infection, glucose metabolism, use of epi</td>
<td>S, A</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>Uncontrolled, DM1 &gt; DM2, hyper- or hypo-glycemia, diabetic coma, seizure; HbA1c ≥ 7%, RBG safe tx range: 80–250 mg/dL</td>
<td>S, I</td>
<td>2</td>
</tr>
<tr>
<td>Steroid Therapy</td>
<td>Chronic autoimmune diseases, HRT, MIR: steroid supplementation needed?</td>
<td>S, A, I</td>
<td>2</td>
</tr>
<tr>
<td>Thyroid Disease</td>
<td>Uncontrolled, CVD manifestations, hx myxedematous coma or thyroid crisis, use of epi or respiratory depressants; undiagnosed goiter/nodule</td>
<td>S, A</td>
<td>2</td>
</tr>
<tr>
<td><strong>Neural/Psychiatric/Orofacial Pain</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke, TIA, CVA, CrbV</td>
<td>CVA date (defer 1–6 months after); ischemic or hemorrhagic?, anticoagulant meds (INR, PT), use of vasoconstrictors</td>
<td>B</td>
<td>2</td>
</tr>
<tr>
<td>Epilepsy; seizures</td>
<td>Frequency/type (generalized, focal, static epilepticus), proximity of last seizure, Rx meds (Gingival hyperplasia, increased BT, TCP...)</td>
<td>S, B</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatric Disorders, PTSD, panic; major depression, bipolar, schizophrenic</td>
<td>Level of control, compliance, Rx or injectable drug interactions, use of epi?</td>
<td>S, A</td>
<td>2</td>
</tr>
<tr>
<td>Decreased mental ability (Alzheimers/demencia/delirium)</td>
<td>MIR: request stage of disease; Rx med interactions, medico-legal concerns</td>
<td>A</td>
<td>3</td>
</tr>
<tr>
<td>Parkinson's, Huntington's, MS, Myasthenia Gravis</td>
<td>Difficulty breathing; avoid procaine; ASA, opioids, barbiturates; tetracyclines, clindamycin, lincomycin, sulfonamides, and aminoglycosides; bruxism; keep short appointments</td>
<td>S, A</td>
<td>2</td>
</tr>
<tr>
<td>EtOH/Substance abuse</td>
<td>Delirium tremens</td>
<td>S</td>
<td>2</td>
</tr>
<tr>
<td>Syncope</td>
<td>Cardio- or neuro-genic, vasovagal response, orthostatic hypotension</td>
<td>S, A</td>
<td>2</td>
</tr>
<tr>
<td>Serotonin Syndrome, Malignant Syndrome Neuroleptic</td>
<td>Meds for bipolar/depression/schizophrenia; adverse reaction from excess serotonin, neuroleptic, or antipsychotic drugs on peripheral/CNS; caution when dentist Rx's meds</td>
<td>S, A</td>
<td>2</td>
</tr>
<tr>
<td><strong>Gastrointestinal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cirrhosis</td>
<td></td>
<td>I, B</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>Hepatitis A, HBV, HCV, Hep D, Hep E; MIR: request HPE, serology, &amp; LFTs (PT, PTT, INR...); get LFTs if report HCV &quot;cure&quot; (vs controlled chronic condition)</td>
<td>I, B</td>
<td>2</td>
</tr>
<tr>
<td>(End-Stage) Liver Disease</td>
<td>Alcoholic, autoimmune, malignancy (including bile duct), cholangitis, hemochromatosis (Fe), Wilson's disease (Cu)... request HPE &amp; LFTs (PT, PTT, INR...), get CTP class (Child-Turcotte-Pugh)</td>
<td>S, I, B</td>
<td>2</td>
</tr>
<tr>
<td>IBD (Crohn's, ulcerative colitis, pseudomembranous colitis, C. diff)</td>
<td>Chronic meds (steroids, immune modulators), antibiotic use, steroid supplementation?, avoid NSAIDS</td>
<td>S, A, I, B</td>
<td>2</td>
</tr>
<tr>
<td>Peptic ulcer disease, GERD</td>
<td>MIR if poorly controlled; asthma may be associated with GERD, esophageal sphincter tone may be poor &amp; higher risk aspiration; caution when using N2O</td>
<td>S, A</td>
<td>2</td>
</tr>
</tbody>
</table>
# Indications for Medical Information Request

This is not a complete list of conditions requiring medical consultation before dental treatment. It is only a guide to help students recognize common conditions that may require a physician’s advice and/or recommendations before treatment. The supervising dental faculty has the final discretion to consider the risks of dental treatment and to seek medical consultation for a medically complex patient.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Important Considerations</th>
<th>Specific Concerns</th>
<th>Consult Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respiratory</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>MIR if uncontrolled, get stage (mild intermittent, mild persistent, moderate persistent, severe persistent), frequency of inhaler use, hx steroids, hospitalizations/emergencies, PFTs</td>
<td>S, A, I</td>
<td>2</td>
</tr>
<tr>
<td>COPD (emphysema, chronic bronchitis)</td>
<td>Stage 1-4 (severity)? N₂O contraindicated if severe</td>
<td>S, I</td>
<td>1</td>
</tr>
<tr>
<td>Tuberculosis (unknown or active)</td>
<td>Active TB or no prior tx, No Tx-refer to ER; defer dental tx until after TB treated</td>
<td>I</td>
<td>1</td>
</tr>
<tr>
<td>Sarcoidosis</td>
<td>Immune suppr, level of imm-compr, organs involved</td>
<td>I, S</td>
<td>2</td>
</tr>
<tr>
<td>Hx ARDS</td>
<td>Reason, dates, severe SOB, pneumonia, sepsis, depression, decreased mental abilities… use of N₂O may be contraindicated</td>
<td>I, S,</td>
<td>2</td>
</tr>
<tr>
<td>Scoliosis</td>
<td>If severe with decreased lung function; short appts</td>
<td>S</td>
<td>3</td>
</tr>
<tr>
<td>Cystic fibrosis</td>
<td>Thick body secretions, SOB, heart disease, DM, intestinal obstructions, immune suppression, osteoporosis; *Refer to pediatric dentistry</td>
<td>I, A, S</td>
<td>1</td>
</tr>
<tr>
<td><strong>Skin/Mucosa/Musculoskeletal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthetic Joint Replacement</td>
<td>If recent placement, get orthopedic surgeon recommendations, PJP antibiotics for hx joint infection (tx by orthopedic surgeon), or immuno compromised, autoimmune disease, uncontrolled DM, or hemophilia; steroids; anticoagulant meds…</td>
<td>I, B</td>
<td>2</td>
</tr>
<tr>
<td>Antiresorptive tx (bisphosphonates, denosumab…)</td>
<td>MRONJ risk, IV or PO; duration; concurrent meds (steroids), proposed dental tx Osteoporosis: if ≤4 years (PO only)–do MIR for surgery; not likely for general dentistry if &gt;4 years (PO only)–do MIR (may consider 4 mo pre-tx drug holiday &amp; 2-mo post-op) Bone Cancer or Injectable: do MIR (same risk for annual or monthly injectibles)</td>
<td>I</td>
<td>2</td>
</tr>
<tr>
<td><strong>Genitourinary</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis/CKD/ESRD</td>
<td>Request HPE &amp; RFT labs (GFR, CR, BUN), disease staging, concomittant diseases, precautions; anticoagulants (get INR if coumadin), prophylactic antibiotics…, contraindications (meds…); Dental tx next day after dialysis. May refer to GPR.</td>
<td>I, B</td>
<td>1</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Request latest HPE &amp; CBC, T-cell count (esp. CD4 &lt; 200/mL), viral load (high &gt; 50K; low &lt; 50), list of meds (ART); current HPE</td>
<td>I, B</td>
<td>2</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other autoimmune (ex; celiac, sarcoidosis, SLE, Sjogren’s, RA, ITP)</td>
<td>Level of control, concomittant diseases, Rx meds (steroids, immunologics…), invasiveness of tx</td>
<td>S, I, B</td>
<td>2</td>
</tr>
<tr>
<td>Cell or organ transplants</td>
<td>Pre-transplant OK emergency tx &amp; disease control Recent transplant emergency tx only, likely Ab prophylaxis (Rx by physician), defer elective tx Stable post-transplant PRN Ab prophylaxis (Rx by physician); effects of anti-rejection meds; routine tx likely OK</td>
<td>S, A, I, B</td>
<td>1</td>
</tr>
<tr>
<td>Undiagnosed lymph node involvement; new or acute without explanation</td>
<td>If hard, fixed, non-painful presence get Oral Pathology or OMFS consult. If chemo or radiation tx, get MIR</td>
<td>S, I, B</td>
<td>2</td>
</tr>
<tr>
<td>Poor or reluctant historian</td>
<td>If unsure, non-compliant, meds unknown; multiple meds don’t match with given hx. Physician must provide info before dental tx done. Current HPE.</td>
<td>S, I, B</td>
<td>2</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td>1st/3rd: preventive or emergency treatment only; 2nd: elective OK (consult for Rx or injectable meds). Limit local anesthetic use. Do NOT use N₂O for pregnant patients</td>
<td>S, A, I, B</td>
<td>1 (1st trimester) 2 (2nd/3rd trimester)</td>
</tr>
<tr>
<td>Lactating / breast-feeding</td>
<td>Get info for Rx or inj. meds secreted in breast milk</td>
<td>S</td>
<td>3</td>
</tr>
</tbody>
</table>
INDICATIONS FOR MEDICAL INFORMATION REQUEST

<table>
<thead>
<tr>
<th>Consult Priority</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>always done</td>
</tr>
<tr>
<td>2</td>
<td>sometimes done</td>
</tr>
<tr>
<td>3</td>
<td>rarely done</td>
</tr>
</tbody>
</table>

- poor disease control
- recent surgery
- multiple systemic diseases
- level of disease control
- patient's knowledge of disease
- concomitant diseases
- if established guidelines are available
- if well-controlled disease & knowledgeable patient

Specific concerns checkboxes:

- **S** Stress
  - physiologic stress, taxing recovery

- **A** Anxiety
  - psychological, emotional, phobias

- **I** Infection
  - immuno compromised, uncontrolled diabetes, prosthetic joint or heart valve, history of joint/valve infection

- **B** Bleeding
  - anticoagulant or antiplatelet drugs
    - extrinsic pathway: factors V, VII, and X; thrombin
    - intrinsic pathway: factors V, VII, IX, XI, XII; prothrombin, thrombin

- **Ab** antibiotic
- **ACS** acute coronary syndrome (formerly CAD)
- **AHA** American Heart Association
- **Alzheimer's Disease Stages**
  - preclinical; mild cognitive impairment (MCI); moderate dementia; severe dementia
- **ARs** anti-resorptive meds (BPs and denosumab)
- **ARDS** acute respiratory distress syndrome; usually noted only in severely ill hospitalized patients, low O2, life threatening, brain, kidneys, heart
- **ART** anti-retroviral therapy
- **ASA** aspirin (acetylsalicylic acid)
- **Asthma stages**
  - mild intermittent; mild persistent; severe persistent
- **BB** beta blocker (caution with epi if non-selective BB)
- **BisP** bisphosphonate (alendronate, ibandronate, risedronate and zoledronic acid)
- **BP** blood pressure
- **BT** bleeding time
- **BUN** blood urea nitrogen; Normal 7-25mg/dL; increased BUN = decreased renal function
- **CA** cancer, carcinoma
- **CABG** coronary artery bypass graft
- **CAD** coronary artery disease (currently termed ACS)
- **CBC** complete blood count (RBCs, WBCs, Hbg, Hct, platelets)
- **CD4 count (T-cell count)**
  - normal 500 - 1500/µL; if < 200, then AIDS (acquired immunodeficiency syndrome)
- **C. diff** Clostridium difficile (bacterium associated with pseudomembraneous colitis)
- **CHF** congestive heart failure
- **CKD** chronic kidney disease
- **COPD** chronic obstructive pulmonary disease (includes emphysema or chronic bronchiitis); Stages: 1. mild, 2. moderate, 3. severe, 4. very severe
- **CPT class** Child-Turcotte-Pugh classification of liver disease
- **CR** serum Creatinine; Normal 0.5-1.5mg/dL; if hi = increasing renal failure
- **CVA or CrbV** cerebrovascular accident (stroke)
- **CVD** cardiovascular disease
- **Delirium tremens** rapid onset of confusion by withdrawal from alcohol/substances
- **DM1** diabetes mellitus, type 1
- **DM2** diabetes mellitus, type 2
- **dse** disease
- **epi** epinephrine (Adrenaline)
- **ESRD** end-stage renal disease
- **EtOH** alcohol (ethanol)
- **GERD** gastro-esophageal reflux disease (heart burn)
- **GFR** glomerular filtration rate, a measure of renal function; Normal >90 ml/min/1.73m²; <60 low function; <15 is renal failure (usually on dialysis, awaiting kidney transplant)
- **GPR** general practice residency (dentistry)
- **HbA1c** hemoglobin A1c (glycated or glycosylated hemoglobin); normal 4-5.6%, increased risk for DM 5.7-6.4%, >6.5% indicates DM; with diagnosed DM, good control is HbA1c <7%
- **Hbg** hemoglobin (normal: male 13-17 g/dL, female 12-16)
- **HBV** hepatitis B virus
- **Hct** hematocrit (normal: male 38-50%, female 35-45)
- **HCV** hepatitis C virus
- **HPE** history and physical examination (physician)
- **HRT** hormone replacement therapy
- **HTN (HBP)** hypertension (high blood pressure); normal < 120/80. Stage 1 > 140/90. Stage 2 > 160/100 mmHg
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBD</td>
<td>irritable bowel disease</td>
</tr>
<tr>
<td>INR</td>
<td>international normalized ratio; normal 0.8-1; most therapeutic goals are 2.0-3.0, (related to PT)</td>
</tr>
<tr>
<td>ITP</td>
<td>idiopathic thrombocytopenia</td>
</tr>
<tr>
<td>IV</td>
<td>intravenous</td>
</tr>
<tr>
<td>LFTs (hepatic profile)</td>
<td>liver function tests (ALT, ALP, AST, GGT, T. Bilirubin, T. protein…)</td>
</tr>
<tr>
<td>LVEF</td>
<td>left ventricular ejection fraction; normal 55-70%; low 40-55%; &lt;40% indicates HF; &lt;35% likely life-threatening arrhythmias</td>
</tr>
<tr>
<td>MI</td>
<td>myocardial infarction (heart attack)</td>
</tr>
<tr>
<td>MIR</td>
<td>medical information request</td>
</tr>
<tr>
<td>MRONJ</td>
<td>medication-related osteonecrosis of the jaws</td>
</tr>
<tr>
<td>MS</td>
<td>multiple sclerosis</td>
</tr>
<tr>
<td>Myxedematous coma</td>
<td>severe uncompensated hypothyroidism leading to a decreased mental status, hypothermia, dyspnea, decreased multiple organ-system function (rare medical emergency with high mortality)</td>
</tr>
<tr>
<td>N₂O</td>
<td>nitrous oxide inhalation sedation</td>
</tr>
<tr>
<td>NSAIDS</td>
<td>non-steroidal anti-inflammatory drugs</td>
</tr>
<tr>
<td>NTG</td>
<td>nitroglycerin</td>
</tr>
<tr>
<td>PFTs</td>
<td>pulmonary function tests (spirometry, TLC, RV; gas diffusion-ABG &amp; CO₂; inhalation challenge; washout…)</td>
</tr>
<tr>
<td>PJP</td>
<td>prosthetic joint prophylaxis (see Clinic Policy Manual, Sec 26)</td>
</tr>
<tr>
<td>Platelets</td>
<td>normal =150K - 450K/µL; low &lt;50K/µL = bleeding risk</td>
</tr>
<tr>
<td>PO</td>
<td>by mouth (per oris)</td>
</tr>
<tr>
<td>PRN</td>
<td>as needed or if needed</td>
</tr>
<tr>
<td>PT</td>
<td>prothrombin time, normal 11-13.5 seconds.</td>
</tr>
<tr>
<td>PTD</td>
<td>post traumatic stress disorder</td>
</tr>
<tr>
<td>PTT</td>
<td>partial thromboplastin time, normal 25-35 seconds</td>
</tr>
<tr>
<td>RA</td>
<td>rheumatoid arthritis</td>
</tr>
<tr>
<td>RBC</td>
<td>red blood cells (normal count: male 4.2-6.0M/µL; female 4.0-5.5M/µL)</td>
</tr>
<tr>
<td>RBCG</td>
<td>random blood glucose (NON fasting)</td>
</tr>
<tr>
<td>RFT</td>
<td>renal function tests (albumin, BUN, CR, electrolytes…)</td>
</tr>
<tr>
<td>Rx (Rx’d)</td>
<td>prescription/prescribed medications</td>
</tr>
<tr>
<td>SLE</td>
<td>systemic lupus erythematosus</td>
</tr>
<tr>
<td>SOB</td>
<td>shortness of breath</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>T-cell (or CD4) count</td>
<td>normal 500 - 1200/µL; if &lt; 200, then AIDS (acquired immunodeficiency syndrome)</td>
</tr>
<tr>
<td>TCP</td>
<td>thrombocytopenia (low platelet count or function)</td>
</tr>
<tr>
<td>Thyroid crisis (storm)</td>
<td>severe uncompensated hyperthyroidism leading to major stress (trauma, heart attack, stroke, infection) and causes dangerously high heart rate, blood pressure, body temperature; dyspnea, confusion, coma, death (rare medical emergency with high mortality)</td>
</tr>
<tr>
<td>TIA</td>
<td>transient ischemic attack (mini-stroke)</td>
</tr>
<tr>
<td>Viral load (for HIV)</td>
<td>HIV: high &gt; 50K/mL; low 20-50K; undetectable &lt; 20; HCV: high &gt; 800K/mL</td>
</tr>
<tr>
<td>WBC</td>
<td>white blood cells or leukocytes (normal count: 4.4-11.0K/µL)</td>
</tr>
</tbody>
</table>
The LSUHNO School of Dentistry is a teaching institution and is requesting further medical information in order to help students make an accurate health assessment and evaluate the risks of dental treatment based on the patient's reported medical history as follows:

### Medical Information Request

**Signing Physician's Return Address:**
(Name, Address, & Phone)

**Incomplete forms or forms over 90 days old will NOT be accepted**

Please complete & return to:

**LSUHNO School of Dentistry**
Department of Diagnostic Sciences
Phone (504) 941-8052
1100 Florida Avenue, Box 144
New Orleans L.A. 70119

**FAX# (504) 941-8350**

**RE:**
Patient Address
Phone
DOB
Chart #

**PATIENT CONSENT**
I agree to the release of medical information to LSU School of Dentistry.

---

**Patient Signature**  
**Date Signed**

---

The following dental treatment is planned:

- Local anesthetic with epinephrine 1:100,000 (epi 0.01 mg/ml)
- Nitrous oxide inhalation sedation

**Surgery:**
- biopsy  
- extraction  
- gum and alveolar bone
- pre-prosthetic bone reduction/grafting  
- Implants

**Specific treatment concerns:**

- stress  
- anxiety  
- bleeding  
- infection

- send Health & Physical Exam

- Other

---

**Attending Faculty/Dental Student Names/Contact #**

---

Page 1 of 2

---

Ver. 2016-07  
This Medical Information Request form is maintained by the Department of Diagnostic Sciences, LSUHNO School of Dentistry  
Form 61A
This Medical Information Request form is maintained by the Department of Diagnostic Sciences, LSUHNO School of Dentistry
**Axium - Treatment Entry for Postgrads - Step-by-Step**

1. Open patient chart in rolodex - go to EHR (tooth icon) - opens on Forms tab
2. Check medical history - go to In Progress tab - review planned treatment
3. Hit create new record button 📊 to open Chart Add tab
   - To Add Findings (new pt, OD) - choose Findings radio button - choose Category - choose Caries/Existing Rest/Conditions from Quick List - select Tooth/Surfaces in odontogram
   - Choose Add Finding 📊 to add to record. This button is for adding findings only, not planned treatment. Once approved, text turns dark pink.
4. To Plan Treatment - open chart Add tab - select procedure - tooth surfaces on odontogram - select P
   - P= Planned treatment in status column
   - Planned trmt- red text
   - Will process and approve treatment automatically.
   - Treatment plan / Estimate of fees can be printed for patient to sign, see instructions ➔
5. If procedure is already on TP (has already been planned) and you want to change the status to In Process or Completed,
   - Go to In Progress tab and double click on procedure and change to In process or Complete.
   - Processes & approves treatment automatically.
   - If multiple visits are needed for a procedure, click on the proc. and update it as In Process at each visit.
6. To add new treatment completed today - open Chart Add tab
   - Select procedure from the Quick List - site- surfaces if needed - hit I or C button for in process or complete -
   - Processes & approves treatment automatically (If edit billing information is unchecked)
   - If Edit billing information is checked, window opens to allow you to review treatment & fee.

**Treatment Notes:** If a procedure was not done at this visit, enter a treatment note by clicking on the add note button - general note - type in text - add new.

**Notes can be attached to procedures** with a right click on the procedure or right click a tooth in the odontogram to attach a note to a tooth.

**To print a treatment estimate:**

- In EHR- Tx History tab - right toolbar - Estimate button - highlight items to include or Select All - OK - Estimate window appears: Comment1 - type in comments - station will save comment - check signatures needed - Print

**Very Important:** Charges $ will not be applied to patient’s account until the procedure has been marked as status C for complete and approved.

**To add form (consult)** - EHR - Forms tab - add patient form button - select form from drop down arrow (consults-CNS)

**Lexi-comp Online**
- Links - Toolbar  Kathy Hansel 504-941-8139  05/15
axiUm Perio Module Instructions

Open patient chart in Rolodex-

1. Open the Perio Charting module, you will see the most recent exam displayed.

2. Hit the create new record button. Resume entry window appears. To enter a completely new chart select ‘No’, to resume an old chart click ‘Yes’.

3. Select Perio Date window appears. New: To open the Add Perio window without resuming any of the items in the list. Resume: To allow users to select an incomplete chart and resume it. This is only enabled if the selected chart is incomplete. This will display the Perio Add window with data filled in from the chart selected. Edit/Review: To allow users to select an incomplete chart, review it and possibly make corrections. When selected, displays the Perio Add window for the selected date with the title Edit Perio, the Chart Date enabled and the data filled in like when in Resume mode. Close Off: This closes off an incomplete chart so that they can no longer be edited. Re-Open: Undoes the closing off of a chart and allows it to be edited. Both Close Off and Re-Open will add another line in the list with today’s date in the Audit Date column.

Note:The difference between Edit and Resume is that Edit keeps the perio date as of the date it was first entered. Resume updates the perio date to today.

4. Choose Exam type from the drop down (Initial exam, complete exam. Post-scaling, etc.)

5. Enter the values for each category by using the keyboard or selecting the values on the display screen, some will forward automatically, some values require choosing a site first. Defaults to beginning with Max right-max left-mand left-mand right

6. To Save: To save your work as you go along.

Clear All: To clear all entries since you last saved. Clear: Clears the current cell (but does not auto advance so that the user may re-enter the proper value). Clr Tooth: To clear all 3 values for the tooth. For Yes/No conditions, resets them to their "No" value.

Incomplete: To save and close a chart that you wish to resume at a later date

Complete: To save a completed chart, does NOT allow re-entry at a later date to resume the exam

Toolbar buttons:

- View form history, view a list of forms and see which ones are complete or incomplete, can reenter incomplete exams
- Full mouth view of perio screen
- Can choose to compare selected exams graphically or text only
- Opens the medical history
- View attachments (referral letter, medical release letters)
- Print exam
- Select perio display options

Kathy Hansel 504-941-8139/Room 2305
Axium Training Exercise for Perio Charting

Use the Perio Module Instruction sheet to aid in completing this training exercise.

1. Open your training patient’s chart in Rolodex (or) make sure name appears at bottom of screen.

2. Open the Perio charting module (or) go to the EHR module and choose the Perio tab.

3. Choose the create new record button (Choose Exam Type) from the drop down window- “Initial Exam”.

   Enter values as shown on perio chart on next page. Yellow square highlights tooth and one of 3 sites on tooth.

   Use arrow keys to jump to desired site on tooth and numerical keypad to enter values. For each line the acceptable values are shown in the window along with the keys from the keyboard that can be used to enter the value.

4. When you have completed the max right quadrant for one line, the screen shifts to the max left quadrant.

   Use the drop down box (Maxillary Right) to go back to the Max right and continue charting on the lingual.

5. Hit Save button and close window.

   5. Hit Create new record button or to resume entry in same chart you started.

   If you hit the complete button, you can view but not modify the chart.

   Compare your charting to the chart on the next page.

   Go to the Perio chart module (Allows a full screen view of the perio charting. Hit X in blue toolbar to close this window).

   Periodontics Comparison Settings. Choose 2 dates and a condition “Pocket depths” - Accept. A chart showing graph differentials or text appears comparing the readings for the 2 charting dates.

   Note: when viewing perio charting in the EHR module, you can use the up arrow to get a full screen view.

   Enter charting as seen on next page.
Your laptop on campus:

1) Open Remote Desktop Connection to access axium:

2) Go to Start> All Programs>Accessories> Communications>Remote Desktop Connection>

3) Type in the address “lsusd-terminal” next to computer. Hit Connect.

4) Use your LSU username and password again.

5) Once the home page appears, click on the Axium icon

6) use your axium username and password in the user authentication window

1. *Off campus- Go to LSU Health New Orleans School of Dentistry Home Page
   http://www.lsusd.lsuhsc.edu/

2. Select Citrix Web Interface - Use LSU username and password

3. Select Applications tab when Citrix Online Plug-In window appears, you should see
   Axium icon- log on using axium logon and password
   Mac users: go to LSUSD website- http://www.lsusd.lsuhsc.edu/-Axium Training page for remote desktop download and citrix link)

Username: first letter of first name, first 5 letters of last name
Initial Password: axium
After first login, go to Tools (on toolbar)- change password

Check off tasks as you complete them:

☐ Task 1: To find your assigned patient:

   Click on Personal Planner icon
   Click on Assigned Patients tab and hit magnifying glass to search for the patient assigned to you. Click on name in list and right click- Select patient- will open the patient’s record, name appears in bottom status bar.

   • What is your patient’s chart number? ___________

To open patient’s chart outside of Personal Planner:

   • Go to Rolodex module- type in last name of your patient (Training) or chart number and hit enter. Rolodex card for this patient opens.

Go to EHR module: will open to Forms tab- open an Adult Medical History form

AMDHX2- or on top toolbar.

For patients treated in the Undergraduate clinic, medical history forms are completed on paper by the patient and answers entered by the UG students into the electronic form-
Adult Medical History in the Forms tab- you will see it listed under Forms on File
Forms tab - Answer questions in New Medical History tab:

- Yes answered questions in the medical history appear in RED text–
- Answer No to all questions except:
  1E High blood pressure Yes
  3A Diabetes Yes
- What medical alerts are listed in top right next to odontogram? ________________

- Medical Release/Consults- if you see this message in the Alerts box next to the odontogram– you must open the medical release letter to see if there are any limitations to treatment:
- View the medical release letter, go to the Forms tab- Medical Consultation Request under Forms on File- select the date- Physician’s Response tab- click ON File to view the letter- See next page for sample of letter if file will not open.
- Any precautions listed at bottom of sheet? ______________________________

- ***Task 2: Make changes to Current Medications- Medical History tab- Add “aspirin daily, Claritin as needed” as seen above.

- ***Medical History for some Postgraduate clinics- for patients who are Active/Postgrad only- outside referrals or patients who are being seen only in Postgraduate clinics- the medical histories are completed on paper by the patients and scanned into the Attachments module – Forms section- Medical History tab

  Click on each tab in the bottom half of EHR to become familiar with info found there:

  - In Progress- Today’s Activities, Pending treatment, health summary
  - Tx History- Existing restorations, caries, notes completed in process and planned treatment, upcoming recalls and appointments
  - Forms- medical history, consults, Forms on File list on right
  - Attachments- consents, medical release letters, photos
  - Perio- perio charts
  - Tx Plan- Phase 1 and 2 treatment plans added at initial OD for Undergrads
  - Links- top toolbar- open ‘Indications for Medical Info Request’

- Task 3: To create a new Medical Consult Request:
  1- Add patient form
  2- Select MCR form
Medical Information Request

RE: Patient Freshmen Ex 102 Training
Address 1100 Florida Avenue
New Orleans, LA, 70119
Phone 504 123-4567
DOB 01/02/1954
Chart # T71166

PHYSICIAN'S RESPONSE. (CHECK ALL THAT APPLY)

☐ Please circle and advise on special precautions for the following conditions which this patient has and may not have reported: uncontrolled hypertension, diabetes, asthma, bleeding disorders, hepatitis, autoimmune diseases, immuno-deficiencies, heart disease, cancer, cerebrovascular disease, pulmonary disease, head and neck radiation, chemotherapy, infectious disease, kidney disease, blood disorders, psychiatric disorders, polypharmacy, allergies, or other: ____________________________________________

☐ DO NOT PROCEED with treatment (please state reason below): ____________________________________________

☐ Comments / recommendations: ____________________________________________

☐ PROCEED with dental treatment without special precautions

Print Physician's Name Dr. Maurice Howard
Physician's Signature __________________________ Date 05/21/XXX

LSUHNO- SCHOOL OF DENTISTRY USE ONLY

☐ Follow physician's advice above.

☐ Treat, but observe the following precautions:

   Stop NT Coag 1 week prior to extractions or surgery; resume in 2 days later

Authorized LSUHNO-SOD Signature __________________________ Date 05/22/XXX

Page 2 of 2
3- Calculate button fills in first 5 lines of form with patient info.
4- Complete all pink lines.
5- Bring patient to front desk to sign form and print.

HAT will lock the chart for Medical Hold.

If a patient is being treated in Postgrad department only, residents can choose whether or not to lock the chart.

When Physician’s Response is received, it will be scanned into the Physician’s Response tab.
**Task 4: Add Treatment Notes:**

- **Clinical Notes: Add note** by right clicking on a procedure in the Tx History tab -

**Add Tx Note:**

- **Notes can be entered as General notes, Template note (must choose a template for that department), or SOAP notes.**

- **Template note- PG Endo only** --- hit ellipsis button next to Code-
  
  ![](https://via.placeholder.com/150)

  - Choose a note - PG Endo uses the PGENCON, PGENREV, and the PGENTX templates - select PGENCON - double click to add to bottom of window.

  - Note guide appears in window - Complete information in note. Hit OK.

- **All other departments- Select General note**-
  
  ![](https://via.placeholder.com/150)

  - Code

- **PGPros - select the PGPROS note guide**

- **GPR - select the GPR note guide**
Pedo- select the Pedo note guide form the list
Add note “Patient came to clinic in pain.
took radiograph #24- sent to PG endo clinic for evaluation for endo.”
To add SOAP notes- select - select SOAP note- add information to all four sections of SOAP note- OK to save and close.
To add a note to a tooth: right click on tooth #7 in odontogram- add note “composite discolored”- Note should appear in TX History

Lexi-Comp Online- Drug Database Search
Go to Links (top toolbar)
Axium Help Training-
Go to Help (top toolbar)- link will open axium training page on LSUHSC School of Dentistry with cheat sheets and training videos

Task 5: Add a Form:
Go to Forms tab- hit Add Forms button on top toolbar
PG Endo: ENDX form
PG Perio: PEREF
PG Pros: PRREF
Complete the form for your department as if you were called to undergrad clinic for a consult for your department.

GPR: complete the ENDX form as if you were referring to PG Endo
PG Pedo: complete the SURGRE form as if you were referring to PG Oral Surgery
To open an existing form, click on date of the form or next to the form under on right.

***Pink lines indicate questions with required answers.
***Blue text or aqua chart # button at bottom of axiUm screen indicates faculty approval is needed.

View Appointments: Go to Scheduler module
Will open to your scheduling book
• Click on **book icon** in upper right hand corner of scheduler screen to select another book (if available)

• Click on green date button at bottom of window- calendar appears- select another date to view

• Find a date when you have patients in your schedule- right click on the appointment slot- allows you to go to Patient card- Select patient opens the patient record.

• prints a list of appointments or recalls in various date ranges- hit Search to run report after setting date range- will default to your provider code.

• Print view at bottom of window allows you to print schedule.

**View upcoming appointments for patient:**

Click on patient name in status bar at bottom of screen, appointments can be viewed at bottom of Patient Card window.

06/16
AxiUm  Training Exercise 2  
New Residents

- Go to Rolodex module- select your assigned training patient (the same patient you used in the first exercise) from workpad list on right or type in last name or chart # and hit enter. Chart is open when name appears in status bar at bottom of screen.

Go to EHR module:
For a New Patient exam, you would chart caries/restorations already there:

- Add Findings: click on Create new Record button on top toolbar to open Chart Add tab. Click on Findings radio button to add findings for a patient (existing conditions & restorations)

- Add caries and existing restorations as shown: select code from quick list select tooth surface in odontogram Add finding from toolbar

- Add Findings and tooth notes as seen below:

<table>
<thead>
<tr>
<th>Code</th>
<th>Site</th>
<th>Surf</th>
<th>Stal</th>
<th>Phase</th>
<th>Discipline</th>
<th>Appr. User</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C2003</td>
<td>1</td>
<td>A</td>
<td>0</td>
<td></td>
<td></td>
<td>K. Hansel</td>
<td>Impacted</td>
</tr>
<tr>
<td>M-PFMC</td>
<td>2</td>
<td>MODBL</td>
<td>E</td>
<td>0</td>
<td>K. Hansel</td>
<td>Porcelain fused to metal crown</td>
<td></td>
</tr>
<tr>
<td>M-PFMC</td>
<td>4</td>
<td>MODBL</td>
<td>E</td>
<td>0</td>
<td>K. Hansel</td>
<td>Porcelain fused to metal crown</td>
<td></td>
</tr>
<tr>
<td>M-PFRC</td>
<td>3</td>
<td>E</td>
<td>0</td>
<td>K. Hansel</td>
<td>Porcelain - Porcelain/Ceramic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M-AMAL</td>
<td>5</td>
<td>MO</td>
<td>E</td>
<td>0</td>
<td>K. Hansel</td>
<td>Amalgam</td>
<td></td>
</tr>
<tr>
<td>M-COMP</td>
<td>27</td>
<td>D</td>
<td>E</td>
<td>0</td>
<td>K. Hansel</td>
<td>Composite</td>
<td></td>
</tr>
<tr>
<td>M-PFRC</td>
<td>9</td>
<td>MODFL</td>
<td>E</td>
<td>0</td>
<td>K. Hansel</td>
<td>Porcelain</td>
<td></td>
</tr>
<tr>
<td>M-COMP</td>
<td>12</td>
<td>O</td>
<td>E</td>
<td>0</td>
<td>K. Hansel</td>
<td>Composite</td>
<td></td>
</tr>
<tr>
<td>C1007</td>
<td>15</td>
<td>A</td>
<td>0</td>
<td>K. Hansel</td>
<td>Shifted Medially</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2006</td>
<td>16</td>
<td>A</td>
<td>0</td>
<td>K. Hansel</td>
<td>Unerupted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M-PFMC</td>
<td>20</td>
<td>MODBL</td>
<td>E</td>
<td>0</td>
<td>K. Hansel</td>
<td>Porcelain fused to metal crown</td>
<td></td>
</tr>
<tr>
<td>M-PFMC</td>
<td>18</td>
<td>MODBL</td>
<td>E</td>
<td>0</td>
<td>K. Hansel</td>
<td>Porcelain fused to metal crown</td>
<td></td>
</tr>
<tr>
<td>M-AMAL</td>
<td>9</td>
<td>MODFL</td>
<td>E</td>
<td>0</td>
<td>K. Hansel</td>
<td>Amalgam</td>
<td></td>
</tr>
<tr>
<td>C1002</td>
<td>12</td>
<td>A</td>
<td>0</td>
<td>K. Hansel</td>
<td>Rotated Medically</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1005</td>
<td>31</td>
<td>B</td>
<td>E</td>
<td>0</td>
<td>K. Hansel</td>
<td>Composite</td>
<td></td>
</tr>
<tr>
<td>M-AMAL</td>
<td>16</td>
<td>MO</td>
<td>E</td>
<td>0</td>
<td>K. Hansel</td>
<td>Amalgam</td>
<td></td>
</tr>
<tr>
<td>C5001</td>
<td>28</td>
<td>D</td>
<td>A</td>
<td>0</td>
<td>K. Hansel</td>
<td>Dentin caries (in D on x-ray)</td>
<td></td>
</tr>
<tr>
<td>C1005</td>
<td>27</td>
<td>A</td>
<td>0</td>
<td>K. Hansel</td>
<td>Tipped Buccally</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When complete, odontogram should match image below:

When all findings have been charted, student/resident will plan treatment for patient.

**Adding Planned Treatment- Dental Txs button**

- Planned treatment **(do not use Add finding button here)**
- ***PG Pros residents- use the Tx Plans tab, not the Chart Add tab to enter the following planned treatments. See instructions for Tx Plans module in this manual.

Add remaining planned treatment as shown:
Odontogram should look like this.

Go back to In progress and Tx history to view planned treatment.

- If planned treatment is blue instead of red (approved), let Kathy Hansel know so that she can approve it. Planned treatment must appear in red, meaning that it has been approved before proceeding to next section.

Some departments allow postgrad residents to automatically approve planned treatment, others require faculty approval first.

**Print Treatment Estimate**: once planned treatment has been entered and approved, you can print a treatment estimate – go to the **Tx History tab**- hit the **button on the lower right toolbar in the Tx History tab**- Select All or you can select which procedures you want and hit Ok- it displays an amount for the selected procedures.

**PG Pros**- Tx Plans tab has a contract that is signed by the patient instead of using an Estimate.

**Changing planned treatment to In process or Complete**

Go to the In Progress tab- (first tab)

Under Pending Treatments, you should see planned treatments in red text. P in status column means planned treatment.

- **Double click** on crown procedures for 8 and 9 and change to In Process (I status).

For each visit when fixed/removable/endo procedures are in process, status should be **In process until delivery when status is changed to complete**.

- **Right click** on the following procedures and change to complete:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Status</th>
<th>Doctor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0150</td>
<td>P</td>
<td>DIAG</td>
<td>K. Hansel</td>
</tr>
<tr>
<td>D0210</td>
<td>P</td>
<td>DIAG</td>
<td>K. Hansel</td>
</tr>
<tr>
<td>D0350</td>
<td>P</td>
<td>DIAG</td>
<td>K. Hansel</td>
</tr>
<tr>
<td>D0470</td>
<td>P</td>
<td>DIAG</td>
<td>K. Hansel</td>
</tr>
</tbody>
</table>

(If your planned procedures are still blue, raise your hand and I will approve them)

Status column will now have I or C to indicate In Process or Complete and text turns blue (unapproved) , black (approved) or brown (in process & approved).
Blue text must be approved by faculty.

**Very Important:** Charges and billing will not be complete until the status of the procedure is changed to complete and approved (black text).

- **Add Treatment Note:**
  - Right click on the crown procedure you just changed to InProcess- Add Tx Note- General- fill in note- hit OK

Click on aqua chart # button to see what needs approval.

- **Go to the Attachments tab or the module on the left side of the screen**- go to the Consent Forms section to see if the patient has signed an Endo Consent form- Yes or No

- **Add a contact note for your patient:**
  - Patient card- hit name on status bar- contact notes icon
  - type in “wrong phone number” in the Note text window- hit create new record button to save
Send an internal message to Kathy Hansel when both training exercises are complete.
Hit envelope in status bar at bottom of screen

Hit create new record button - type in Hansel in the To field and Training exercise in the subject field, in the text window, type “I am finished”. Send

06/2016