

# DENTAL RECORDS: A BELGIUM STUDY

A. Dierickx<sup>1</sup>, M. Seyler<sup>1</sup>, E. de Valck<sup>1</sup>, J. Wijffels<sup>1</sup>, G. Willems<sup>2</sup>

<sup>1</sup> Department of Forensic Odontology, School of Dentistry, Oral Path and Maxillo-Facial Surgery, Katholieke Universiteit, Leuven, Belgium

<sup>2</sup> University Centre for Statistics, Katholieke Universiteit, Leuven, Belgium

## ABSTRACT

The aim of this study was to deduce the quality of the average dental record kept by Belgian dentists and to evaluate its potential use for forensic dental casework. The evaluated material originated from 598 Dutch speaking and 124 French speaking Belgian dentists who completed a questionnaire and returned it by mail or through the internet. The age of the participating dentists ranged from 22 to 72 years of age. The results of the inquiry were statistically analysed taking parameters such as language, gender, age, university and ZIP code into account. In general there was a tendency for the young dentists from the age category 22 to 34 years of age, especially those living in larger cities, to perform better on several of the questions asked such as completion of the dental record, storage of x-rays, working with digital x-rays and a digital dental record.

(J Forensic Odontostomatol 2006;24:22-31)

**Keywords:** Dental record, dental chart, forensic odontology, dental identification

## INTRODUCTION

Updated, high-quality dental records are keystones in the dental identification process. The recent seaquake in South-East Asia on December 26<sup>th</sup> 2004 with more than three hundred thousand killed and wounded persons has highlighted this fact.<sup>1</sup> The successful identification of a victim depends on the availability of accurate and comparable antemortem and postmortem data.<sup>2</sup> Teeth are frequently the last and only remains to identify a victim; for instance in cases of advanced decomposition, mutilation or incineration. However, from a forensic point of view, dentists often do not keep adequate files. Incomplete dental files may obstruct forensic work, delaying identification and prolonging grief and mourning of relatives.

Besides this forensic motivation for keeping adequate and updated files, general practitioners and patients benefit from well-kept dental records. Good files provide the best defence in law suits against

dentists.<sup>3,4</sup> Incomplete files may be harmful to the dentist and to the patient.<sup>4</sup> Patients are now more aware and litigation is on the increase. The dental file is an official document: based on that file the dentist may be prosecuted or cleared of alleged dental malpractice. A good file also enables the dentist to follow the patient's dental health and makes it easier for another dentist, to whom the patient was referred, to continue treatment.<sup>5</sup>

The dental file may also contain information on evidence of suspected child abuse. Since most reported symptoms of child abuse are located in the head and face region it is not surprising that dentists are often among the first health care workers to spot evidence of child abuse. The dental practitioner should note these findings in the dental file and should discuss the topic with the parents or guardian, or inform the legal authorities.<sup>6</sup>

With the publication in "Het Belgisch Staatsblad" on August 26<sup>th</sup>, 2004 the text on patients' rights became law in Belgium.<sup>7</sup> Prior to this there was no strict legislation relating to dental files. General practitioners were more or less free to keep whatever record they preferred or even no record. Only deontological and ethical codes could stimulate dentists to keep records of their patients. Now, due to Article 9 of the specified law, every practitioner is legally obliged to keep records of his patients. Each patient has the right to a meticulously kept and safely stored personal file and, on request, the dentist has to provide the patient with a copy of his dental record.

The aim of the present inquiry was to obtain an overall idea of the quality of the average dental record kept by Belgian dentists and to evaluate its potential use for forensic casework.

## MATERIALS AND METHODS

A specific questionnaire was designed in order to evaluate the quality of Belgian dental files. This questionnaire was published in the monthly journal of both the Dutch and French speaking national dental

societies. This journal is distributed to about 5,000 Dutch and 4,000 French speaking dentists. Both groups of dentists were simultaneously given the opportunity to complete a digital version of the questionnaire which was made available on a national website. In total approximately 9,000 dentists were invited to complete the questionnaire either in digital or in analogue form.

Both the Dutch and the French version of the questionnaire contained the same questions. A total of 133 questions was asked (Appendix 1). The opportunity was provided to complete the questionnaire anonymously, but most responding dentists provided their details on the questionnaires. The answer to each question could be yes or no. Answers that were left open were not taken into account for statistical analysis. Not all respondents answered all questions, therefore the reported numbers may show some fluctuation. Each question was analysed separately. The 'yes' answer scored 1, the 'no' answer scored 0. At the next level of analysis, questions were grouped according to seven themes. All the positive answers for each question separately were summed per theme and an analogue scale was drawn up. The influence of language, gender, age, university training and geographical location of the practice (ZIP code) was evaluated. The seven themes were set up as follows:

#### 1. Type of data

The first group consisted of 30 questions from the questionnaire relating to the patient's identification, such as name, maiden name, date of birth, address, complete medical history, radiological examinations performed, updated dental chart, and detailed personal treatment. The intention was to evaluate whether there was any significant effect noticeable on the type of data that was entered into the dental record based on language, gender, age, university training and ZIP code of the dentist.

The next group consisted of 36 questions from the questionnaire concerning data in the dental record relevant for identification such as alterations in tooth position, oral anatomical characteristics, information on dental materials used in restorations, serial numbers of implants etc. Another group consisted of nine questions relating to extraordinary information useful in insurance or civil litigation cases such as referral letters, prescribed medication, whether x-rays had ever been taken of patients, etc.

Questions relating to medical history were bracketed (18 questions). Statistical analysis was performed to find out whether a significant difference exists among Belgian dentists in the way they keep information concerning these topics.

#### 2. Methodology

Questions relating to whether or not an odontogram or chart was used were grouped. It was asked whether this was completely filled in, whether it was renewed each year for the same patient and whether in the case of a new patient also the existing dental status was recorded. It was also questioned how complete and accurate this recording was.

#### 3. Radiology

The first group contained questions relating to the exposure or production of dental x-rays, both intra-oral and extra-oral. Does the dentist consistently take apical radiographs or a full radiographic examination, or has he access to panoramic radiography? Next it was evaluated whether the dentist consistently takes dental radiographs during the first contact with the patient. Finally the mode of storage of dental x-rays was evaluated: are these stored in analogue or digital format?

#### 4. Child abuse

It was questioned whether dentists would notice signs of trauma relating to child abuse such as multiple oral trauma, bruises or trauma in the head and neck region, neglected teeth, and others. Five questions were grouped for this analysis.

#### 5. Record Management

Questions were asked relating to the use of digital dental records, access to the internet and the use of a password for accessing the dental file of a patient. It was the intention to evaluate the number of dentists who have computerised their office and work with digital dental files.

On the other hand it was also checked how detailed and current the record keeping of the dentist is: are serial numbers of implants noted in the file and are prosthetic devices marked with a serial number?

#### 6. Informed Consent

This group of questions examined whether dentists use any kind of informed consent and how well they are aware of the medico-legal value of this principle. Informed consent can be procured orally or in

written form. Also the registering of what is said to the patient is of great importance.

7. Dental Law and Record Keeping

A number of questions was grouped relating to the property rights and the medico-legal value of the dental record. It was also questioned for what duration a dental record should be kept by the practicing dentist in relation to litigation cases, how long radiographs should be stored and whether this was done in an analogue or a digital format.

Statistical analysis

Mantel-Haenzel Chi-square test was used to evaluate the presence of associations between two variables and the strength of these associations. Furthermore the non-parametric Kruskal-Wallis test was used to examine whether at least one of the associations is significantly different from the others. When applicable a Bonferroni correction was applied. Finally, in case of continuous variables that were normally distributed, an analysis of variance with Tuckey comparison was used to point out statistical differences.

RESULTS

Seven hundred and twenty two Dutch or French speaking dentists responded to the questionnaire, either by completing it and returning it by mail or electronically through the use of the website. This is about 8% of the total dentist population in Belgium, 12% of the Dutch speaking and 3% of the French speaking dentists. Table 1 shows the gender and training of the 722 respondents. The number in each age group is shown in Table 2.

**Table 1:** Number of dentists that participated in this study by returning a completed questionnaire. (M: male; F: Female; NA: not available; KUL: Katholieke Universiteit Leuven; RUG: Rijksuniversiteit Gent; VUB: Vrije Universiteit Brussel; UCL: Université Catholique de Louvain; ULB: Université Libre de Bruxelles; ULG: Université de Liège)

Dutch-speaking Dentists				French-speaking Dentists			
University	Gender	Number	Total	University	Gender	Number	Total
KUL	M	147	300	UCL	M	35	62
	F	152			F	27	
	NA	1					
RUG	M	117	189	ULB	M	24	36
	F	71			F	12	
	NA	1					
VUB	M	51	79	ULG	M	16	26
	F	27			F	10	
	NA	1					
Unspecified			30				
Sub total			598				124
<b>Total</b>							<b>722</b>

Type of data

Statistical analysis showed that the dental records kept by the youngest age group between 22 and 34 years of age (98 dentists out of 698 that answered this question), were reported to be more complete (p=0.01) compared to all other age groups investigated. Also the location of the dental office seemed to have a significant influence: dentists having their offices in larger towns are more complete when registering dental information into the dental records of their patients compared to colleagues practicing in villages and small towns. The difference between the former and the latter was defined based on the ZIP code. Language, gender and university training did not have a significant influence on the amount of data registered into the dental record.

From the comparison of the completeness of the information in dental records relating to forensic identification and litigation, it appears that Belgian dentists keep better track of information relating to litigation cases compared with identification cases (p<0.001).

Relating to information on medical history it was noted that French speaking Belgian dentists tend to be more complete in the information they gather. Differences between age groups were also found and the youngest age group scored somewhat better (p<0.001). Dentists graduated from the Université de Liège (26 dentists out of a total of 694 responding dentists) scored significantly better compared to all other universities (p=0.03). No effect of gender or ZIP code was found.

Methodology

Only one question was examined when trying to find statistical data on the use of dental charts or odontograms. From the 665 dentists that answered this question, 308 responded not to use any chart at all. For the 357 that responded positively, neither dentist's age,

**Table 2:** Age range of participating dentists

Age	Number
22-34 years	98
35-44 years	171
45-54 years	328
>55 years	99
Unknown	26
<b>Total</b>	<b>722</b>

ZIP code, nor gender had any significant influence on the answer to the question. On the other hand it was found that significantly more Dutch speaking dentists systematically make use of odontograms or charts to record dental information in the dental file ( $p < 0.001$ ), and in particular those trained at the Katholieke Universiteit Leuven (51%) complete the dental chart. It is shown that Dutch speaking dentists ( $p = 0.01$ ) and especially those practicing in the cities ( $p = 0.04$ ), work more methodologically, i.e. by using odontograms, compared to their French speaking colleagues.

#### Radiology

Statistical analysis revealed that French speaking dentists ( $p < 0.001$ ), especially living in larger cities ( $p = 0.01$ ), belonging to the youngest age category between 22 and 34 years of age ( $p < 0.001$ ), and graduated from both the Université Catholique de Louvain and the Université de Liège ( $p < 0.001$ ) take more dental radiographs compared to their Dutch speaking colleagues. The gender of the dentists has no statistical influence on the results.

Most of the French speaking dentists take dental radiographs at the first visit of the patient (90% versus 80% for the Dutch speaking colleagues). Gender, age, and ZIP code have no statistical impact on the results. Dutch speaking dentists store their radiographs significantly more often in digital format compared to their French speaking colleagues ( $p < 0.001$ ). This effect is especially seen with dentists who graduated from the Katholieke Universiteit Leuven and the Rijksuniversiteit Gent. There is no influence noted from age, gender or ZIP code.

#### Child abuse

No significant effects were observed based on gender, ZIP code, university training or language. The only significant effect that was noted was an age effect: Dutch speaking dentists of the age category between 22 and 34 years of age pay more attention to possible child abuse related findings compared to all other age categories and also compared to their French speaking colleagues of the same age group.

#### Record Management

The results of the statistical analysis showed the trend that Dutch speaking dentists have kept up with digital evolution more than their French speaking colleagues ( $p = 0.01$ ). Especially the youngest ( $p = 0.004$ ), male ( $p = 0.002$ ) dentists working in the big

cities ( $p = 0.005$ ) have changed to or started a digital dental system. The same number of dentists in both Dutch and French speaking groups note detailed information such as serial numbers of implants and prosthetic devices in their dental files.

#### Informed consent

Overall, male dentists score a little better compared to female colleagues on the question whether informed consent is practised and what its medico-legal value is. In general, no influence of language, ZIP code, university training or age was noticed. Dutch dentists use informed consent more ( $p = 0.04$ ), but mostly in the form of an oral informed consent, compared to their French speaking colleagues. Written informed consent is mostly used by the youngest dentists ( $p = 0.01$ ).

#### Dental Law and Record Keeping

Regarding the property rights of the dental records it seems that the oldest group ( $p = 0.01$ ) of the Dutch speaking ( $p = 0.003$ ) dentists are more aware that the dental file is their legal property. Gender, university training or ZIP code has no influence on the results.

Male dentists seem more aware of the medico-legal value of the dental files ( $p = 0.01$ ). While younger ( $p < 0.0001$ ), female ( $p = 0.001$ ) dentists are more aware they have to store the dental file for a certain amount of time. Dental graduates from the Rijksuniversiteit Gent score better on this topic. Related to this it seemed that French speaking dentists are less confidential with patient-related data when speaking to other patients compared to Dutch speaking dentists.

Dutch speaking dentists keep their files longer than French speaking colleagues ( $p = 0.001$ ). Seventy three percent of the Dutch speaking dentists and 58% of the French speaking dentists keep their files permanently, while 10% and 18% respectively store them for less than 10 years. Female dentists in general seem to keep their files for a shorter period than male dentists ( $p < 0.001$ ).

A general trend was also noted for the format in which the dental file is kept. It seems that digital files in general are kept significantly longer compared to analogue files ( $p < 0.001$ ). Digital files are in general also more complete compared to analogue files ( $p < 0.001$ ): i.e. more x-rays are stored with the dental file ( $p = 0.001$ ). Seventy three percent of the dentists keep their files stored in an alphabetical order.

## DISCUSSION

The response rate to this questionnaire was relatively low, especially considering that availability of the questionnaire on the national website enabled dentists to participate in this study without cost except for some 10 minutes of their time. Only 12% of the Dutch speaking and 3% of the French speaking colleagues responded to the questionnaires that were set up in their native language. It may reflect the lack of interest Belgian dentists have in this particular topic. Although the results of the questionnaire were rather positive, the reality may well be very different considering the problems forensic odontologists often face in identification cases. Ante mortem records are often incomplete, outdated and sometimes unreadable.

Forensic odontologists use dental files as ante mortem records in order to identify an unknown person. From that perspective, every detail of the dental file matters because it gives additional ante mortem information that might be crucial in the final identification process. However, and this confirms the trend already discussed, apart from the dental files recorded by the youngest dentists, completeness of the dental record seems an unattainable goal in Belgium. On the other hand, information such as reports from colleagues, referral letters, patient's non-attendance rates and personal notes are very well kept. Dentists who have faced a litigation or insurance case are probably more aware of the possibility that something similar might occur again in the practice. Therefore he would be more interested in keeping and safeguarding related documents, rather than being as meticulous as possible when completing the dental chart of a patient thinking that one day he could be asked to produce ante mortem records of one of his patients for identification purposes.

The tendency noted in this study, that the dental records of younger dentists are more complete compared to all other age groups, could be related to the use of digital dental records in which a lot of the information is stored simply or even automatically. It might also be related to the teaching of forensic odontology at universities which in recent years has become part of the dental curriculum in some universities in Belgium or with the publication in Belgium in 2002 of a law on patients' rights, in which among other rights, the right to a meticulously kept and safeguarded dental/medical

record is included. Another reason might be that forensic odontology has attracted a lot of media attention in the last decade through a number of mass disasters and famous murder cases.

Although we realise that only a small sample of the Belgian dentists responded and that we must be careful extrapolating the results to the general dental population, it seems that the digital format of the dental record has some additional impact on the completeness of the record itself. This is important for both litigation and forensic cases. A radiograph may contain unique data not written in the file, so in this way it completes the file. For forensic purposes radiographs add important information such as skeletal and dental anatomy of structures like sinuses or tooth roots, supernumerary teeth, endodontic treatment, etc.

The finding that dental radiographs are taken in up to 90% of the first visits of a patient to a dentist is important as well. It means that, in almost every forensic case, if there is a dental file, there should be some type of dental radiograph available.

## CONCLUSION

Response rates for completing the questionnaire were rather low. Nevertheless a total of 722 completed questionnaires were received, either by regular mail or through the website. In view of the absolute number of questionnaires returned, it is reasonable to assume that the actual situation might indeed be worse than the one measured. It is at least possible that there is a self-selection bias in this study. Those who made the effort to complete the questionnaire might arguably be the type that would also be more likely to fully complete their dental charts.

In general, especially young male dentists, practicing in larger cities, keep their dental records updated and store most of their radiographs and dental files indefinitely, especially when working with a digital recording system. They frequently use electronic odontograms or dental charts by means of an overview of dental treatment and update it yearly. A trend for less complete dental records was found with increasing age of the dental practitioner.

**REFERENCES**

1. James H. Thai tsunami victim identification – overview to date. *J Forensic Odontostomatol* 2005;23:1-18.
2. de Villiers CJ. Dental record taking - what for(ensic)? *Forensiccommuniqué. SADJ* 2002; 57:150-1.
3. Ray AE, Staffa J. The Importance of Maintaining Adequate Dental Records. *NYSDJ* 1993;59:55-60.
4. Ireland RS, Harris RV, Pealing R. Clinical record keeping by general dental practitioners piloting the Denplan 'Excel' Accreditation Programme. *Brit Dent J* 2001;191:260-3.
5. Hand JS, Reynolds WE. Dental Record Documentation in Selected Ambulatory Care Facilities. *Public Health Rep.* 1984;99:583-9.
6. Swaelen K, Willems G. Reporting child abuse in Belgium. *J Forensic Odontostomatol* 2004;22:13-7.
7. Ministerie van Sociale Zaken, Volksgezondheid en Leefmilieu. 22 augustus 2002.- Wet betreffende de rechten van de patiënt. *Belgisch Staatsblad* 2002-09-26.

**Address for Correspondence:**

*Prof. Dr. Guy Willems, Ph.D.  
Katholieke Universiteit Leuven  
School of Dentistry, Oral Pathology and Maxillo-Facial  
Surgery  
Department of Forensic Odontology  
Kapucijnenvoer 7  
B-3000 Leuven  
Belgium  
Tel: +32 16 332459  
Fax: +32 16 337578  
Email: [guy.willems@med.kuleuven.be](mailto:guy.willems@med.kuleuven.be)*

**Appendix 1: Questionnaire concerning the dental file**

Nowadays more and more dentists get confronted with third party claims . To defend oneself against them it's indispensable to keep an updated and well-documented dental record . More often it occurs that files are retrieved from forensic medicine in order to identify unknown bodies .Using this questionnaire we try to gauge the lay-out , the content and the accuracy of the files kept by dentists .Meanwhile it should be a stimulation to each colleague in order to pay more attention to this problem in the near future .

To make it easy , we just ask you to cross a 'yes' or 'no' square . The filled up forms may be returned anonymously .

Please mention: -country and city  
 -male(M) or female(F)  
 -age  
 -university  
 -date of certificate


DENTAL FILE	YES	NO
1 Do you start a dental file of all new patients ?	<input type="checkbox"/>	<input type="checkbox"/>
- immediately when the patient enters ?	<input type="checkbox"/>	<input type="checkbox"/>
- or at the end of the consultation ?	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you work	<input type="checkbox"/>	<input type="checkbox"/>
- manually with	<input type="checkbox"/>	<input type="checkbox"/>
• pre-printed forms ?	<input type="checkbox"/>	<input type="checkbox"/>
• non pre-printed forms ?	<input type="checkbox"/>	<input type="checkbox"/>
- with a computer programme ?	<input type="checkbox"/>	<input type="checkbox"/>
3 For each new patient,do you note-the full name ?	<input type="checkbox"/>	<input type="checkbox"/>
- for ladies:	<input type="checkbox"/>	<input type="checkbox"/>
• girls name ?	<input type="checkbox"/>	<input type="checkbox"/>
• husbands name ?	<input type="checkbox"/>	<input type="checkbox"/>
- date of birth	<input type="checkbox"/>	<input type="checkbox"/>
- address ?	<input type="checkbox"/>	<input type="checkbox"/>
- telephone number ?	<input type="checkbox"/>	<input type="checkbox"/>
- mobile number ?	<input type="checkbox"/>	<input type="checkbox"/>
- email address ?	<input type="checkbox"/>	<input type="checkbox"/>
- previous dentists name and address ?	<input type="checkbox"/>	<input type="checkbox"/>
- name and address of the treating orthodontist ?	<input type="checkbox"/>	<input type="checkbox"/>
- name and address of the treating periodontologist ?	<input type="checkbox"/>	<input type="checkbox"/>
- name and address of the dental surgeon ?	<input type="checkbox"/>	<input type="checkbox"/>
- name and address of the physician ?	<input type="checkbox"/>	<input type="checkbox"/>
- national health service number ?	<input type="checkbox"/>	<input type="checkbox"/>
- emergency phone number of relatives or acquaintances?	<input type="checkbox"/>	<input type="checkbox"/>
- in a group practice :	<input type="checkbox"/>	<input type="checkbox"/>
• the treating dentist ?	<input type="checkbox"/>	<input type="checkbox"/>
• per treatment ?	<input type="checkbox"/>	<input type="checkbox"/>
- patients profession ?	<input type="checkbox"/>	<input type="checkbox"/>

**Anamnesis**

**- Medical anamnesis**

Do you make notes of the general medical data in the file ?	<input type="checkbox"/>	<input type="checkbox"/>
If you do, do you ask for	<input type="checkbox"/>	<input type="checkbox"/>
- the medical past history ?	<input type="checkbox"/>	<input type="checkbox"/>
- the medical complaints ?	<input type="checkbox"/>	<input type="checkbox"/>
• heart complaints?	<input type="checkbox"/>	<input type="checkbox"/>



	YES	NO
<b>Radiological examination</b>		
Do you take for each patient	<input type="checkbox"/>	<input type="checkbox"/>
• a panoramic x-ray ?	<input type="checkbox"/>	<input type="checkbox"/>
• a full RX-status ?	<input type="checkbox"/>	<input type="checkbox"/>
• an apical RX or bitewing ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you work digitally ?	<input type="checkbox"/>	<input type="checkbox"/>
If you do	<input type="checkbox"/>	<input type="checkbox"/>
- Is there an internet connection on the same PC ?	<input type="checkbox"/>	<input type="checkbox"/>
- Do you provide for any safety system to the dental file ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you work analogously ?	<input type="checkbox"/>	<input type="checkbox"/>
If so	<input type="checkbox"/>	<input type="checkbox"/>
- Do you mention this x-ray in the file ?	<input type="checkbox"/>	<input type="checkbox"/>
- Is every x-ray added to your file ?	<input type="checkbox"/>	<input type="checkbox"/>
- Is every x-ray classified separately ?	<input type="checkbox"/>	<input type="checkbox"/>
- Is every x-ray identified with ?	<input type="checkbox"/>	<input type="checkbox"/>
• name	<input type="checkbox"/>	<input type="checkbox"/>
• date	<input type="checkbox"/>	<input type="checkbox"/>
• tooth	<input type="checkbox"/>	<input type="checkbox"/>
Do you write the x-ray protocols in the file ?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Treatment plan</b>		
Do you mark the treatment plan on a dental chart ?	<input type="checkbox"/>	<input type="checkbox"/>
Planning extended dental works, do you make the patient sign up for a cost quotation ?	<input type="checkbox"/>	<input type="checkbox"/>
For extended dental works , do you apply an informed consent principle?	<input type="checkbox"/>	<input type="checkbox"/>
• verbally ?	<input type="checkbox"/>	<input type="checkbox"/>
• in writing ?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Treatment</b>		
Do you write down every treatment in the file ?	<input type="checkbox"/>	<input type="checkbox"/>
• in code ?	<input type="checkbox"/>	<input type="checkbox"/>
• fully written ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you mention- what kind of filling used ?	<input type="checkbox"/>	<input type="checkbox"/>
• material ?	<input type="checkbox"/>	<input type="checkbox"/>
• brand?	<input type="checkbox"/>	<input type="checkbox"/>
Do you mention which denture the patient has ?	<input type="checkbox"/>	<input type="checkbox"/>
• kind of denture?	<input type="checkbox"/>	<input type="checkbox"/>
• material?	<input type="checkbox"/>	<input type="checkbox"/>
• number of teeth ?	<input type="checkbox"/>	<input type="checkbox"/>
• number of clamps and on which teeth?	<input type="checkbox"/>	<input type="checkbox"/>
• colour?	<input type="checkbox"/>	<input type="checkbox"/>
• origin of the denture?	<input type="checkbox"/>	<input type="checkbox"/>
• conformity certificate?	<input type="checkbox"/>	<input type="checkbox"/>
• do you make a denture marking?	<input type="checkbox"/>	<input type="checkbox"/>
Do you mention the serial number of an implant?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Miscellany</b>		
Do you mention in the file if the patient	<input type="checkbox"/>	<input type="checkbox"/>
• doesn't show up on the appointment ?	<input type="checkbox"/>	<input type="checkbox"/>
• asks for advice by phone ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you mention treatments that are not refundable ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you add answers /reports/referral letters to/ from specialists to the file ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you mention prescribed medication in the file ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you mention if the patient takes away x-rays or mouldings ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you make the patient sign up for it ?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Do you mention personal impressions about the patient (such as mental condition)?	<input type="checkbox"/>	<input type="checkbox"/>
Do these personal notes legally go with the file?	<input type="checkbox"/>	<input type="checkbox"/>
Do you add referrals to/from colleagues to the file?	<input type="checkbox"/>	<input type="checkbox"/>
Do you keep the file		
• in alphabetical order?	<input type="checkbox"/>	<input type="checkbox"/>
• in order of date of birth?	<input type="checkbox"/>	<input type="checkbox"/>
• otherwise ?	<input type="checkbox"/>	<input type="checkbox"/>
How long do you keep a patients file of someone who hasn't consulted you		
• for many years	<input type="checkbox"/>	<input type="checkbox"/>
• < 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
• 5-10 years?	<input type="checkbox"/>	<input type="checkbox"/>
• 10-15 years?	<input type="checkbox"/>	<input type="checkbox"/>
• 15-20 years?	<input type="checkbox"/>	<input type="checkbox"/>
• always kept?	<input type="checkbox"/>	<input type="checkbox"/>
Is a dentist in your country legally obliged to keep files?	<input type="checkbox"/>	<input type="checkbox"/>
Where you already asked in the past to give a certain file for identification?	<input type="checkbox"/>	<input type="checkbox"/>
Where you already asked in the past to make a dental age estimation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you talk about one patients data with other patients?	<input type="checkbox"/>	<input type="checkbox"/>
Are the dental files of patients legally your property?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know the medico-legal value of a file? (third party risks, insurance, identification )	<input type="checkbox"/>	<input type="checkbox"/>
That' s it! Thanks for your cooperation .		
<i>Please send to:Prof. G. Willems</i>		
<i>School of Dentistry,Oral Pathology and Maxillo-Facial Surgery</i>		
<i>Department of Forensic Odontology</i>		
<i>Kapucijnenvoer 7—B-3000 Leuven</i>		