



FIRST NATIONS AND INUIT HEALTH BRANCH

ORAL HEALTH SERVICES DAILY RECORD (OHSDR)

Privacy statement

The personal information is collected, used, and disclosed in accordance with the *Privacy Act* (<https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html>). Only the information needed to administer the Community Oral Health Services is collected. This information serves as legal documentation for the treatment of clients, as well as for program reporting and evaluation. The authority to collect and use personal information for this purpose is derived from Section 6 of the *Department of Indigenous Services Act*. Personal information may be disclosed without consent, but only in accordance with subsection 8(2) of the *Privacy Act*. This personal information collection is described in Info Source (<https://www.aadnc-aandc.gc.ca/eng/1353081939455/1353082011520>) PIB HC PPU 008 and PIB HC PPU 009. Individuals have the right to access the personal information we collect and request changes to incorrect information. If you require clarification about this statement, contact our Privacy Coordinator at 819-997-8277. For more information on privacy issues and the *Privacy Act* in general, you may consult the Privacy Commissioner at 1-800-282-1376.

► See instructions on reverse

Service date (YYMMDD)		Region		Code		Community		Code		Provider name (family and given name)				Provider no.																										
Line	Client registration no.					Gender (M/F/X)	Birth date (YYMMDD)			Family name and given name					Tooth no.	Procedure code		P*	Tooth surfaces		Tooth no.	Procedure code		P*	Tooth surfaces															

Procedure notes/comments

P* = Number of participants

INSTRUCTIONS

- ▶ Complete each section in **blue or black ink**.
- ▶ Record information accurately and neatly within the allotted space. **Use block letters**.
- ▶ To correct a mistake, draw a solid line through the entry. **Do not use white out**.

Field descriptions:

Field	Description
Service date (YYMMDD)	The date of service in YY/MM/DD format. Example: June 3 rd , 2019 is recorded as 19-06-03 .
Region and code	The name of the region and its corresponding two digit region code. Example: Manitoba is recorded as MANITOBA 04 .
Community and code	The community name and its corresponding three digit band code. Example: Fort Alexander is recorded as FORT ALEXANDER 262 .
Provider name (family/given Name) and provider number	The provider's legally registered family (last) and given (first) name and their 9 digit provider number.
Client registration number	The client's 9 or 10 digit registration number or the client's X number.
Gender	The gender of the client using M for male, F for female or X for other or if non-identified.
Birth date (YYMMDD)	The client's birth date in YY/MM/DD format. Example: July 16, 2019 is recorded as 19-07-16 .
Family name and given name	The client's legally registered family (last) and given (first) name. Nicknames or assumed names are not permitted. Example: Robert James (Bobby) Brown is recorded as BROWN, ROBERT J .
Tooth number	The tooth number using the two digit international tooth code. Example: primary lower left 1 st molar is recorded as 74 , supernumerary/supplemental tooth is recorded as 99 .
Procedure code	The procedure(s) performed using the appropriate codes for your region.
P*	P* = Participants. The number of participants in attendance for health and pre/post-natal education sessions.
Tooth surfaces	Where necessary, record all tooth surface(s) involved. Surface designations: M - mesial, O - occlusal, I - incisal, D - distal, B - buccal, L - lingual.
Procedure notes/comments	Any other relevant information.