



FIRST NATIONS AND INUIT HEALTH BRANCH ORAL HEALTH SERVICES DAILY RECORD (OHSDR)

Privacy statement

The collection, use and disclosure of personal information as a part of Indigenous Services Canada’s (ISC) Community Oral Health Services program is authorized under Section 6 of the Department of Indigenous Services Act...

▶ See instructions on reverse

Table with columns: Service date (YYMMDD), Region, Code, Community site/facility, Code, Provider name (family and given name), Provider no., Client registration no., Sex (M/F/X), Birth date (YYMMDD), Family name and given name, Tooth no., Procedure code, P*, Tooth surface(s), Tooth no., Procedure code, P*, Tooth surface(s).

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: July 16, 2019 is recorded as 19-07-16 .
Region and code	The name of the region and its corresponding two digit region code. Example: Manitoba is recorded as MB 04 .
Community site/facility and code	The community site or facility name and its corresponding 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.
Sex	The sex 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 surface(s)	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.