

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* (https://laws.justice.gc.ca/eng/acts/i-7.88/page-1.html), and is in accordance with the requirements of *Privacy Act* (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html). Information collected will be used exclusively as documentation for client treatment, as well as for program reporting and evaluation. The collection, use and disclosure of your personal information is required for your participation in the Program. Personal information will be retained pursuant to the *Privacy Act* and its *Regulations*. The collection of information is described in the departmental Personal Information Bank for Community Oral Health Services (PPU 008) available online at https://www.sac-isc.gc.ca/eng/1639748667069/1639748703555#chp06. Individuals have the right to the protection of, access to and request the correction of their personal information under the *Privacy Act*. If you require clarification concerning the Privacy Notice Statement, please contact the Departmental Access to Information and Privacy Office at 1-819-997-8277 or by email at upvp-ppu@sac-isc.gc.ca/eng/1639748703555#chp06. Individuals have the right to the protection of a 1-819-997-8277 or by email at upvp-ppu@sac-isc.gc.ca/eng/1639748703555#chp06. Individuals have the right to the protection of a 1-819-997-8277 or by email at upvp-ppu@sac-isc.gc.ca/eng/1639748703555#chp06. Individuals have the right to the protection of a 1-819-997-8277 or by email at upvp-ppu@sac-isc.gc.ca/e

► See instructions on reverse

Service date (YYMMDD)	Region	Code	Co	omm	unit	y site	acility	Code	Provider name (family and given name)						Provider no.		
Client registration no.		Sex (M/F/X	Birth date (YYMMDD)			ite DD)	Family name and given name		Tooth no.		Procedure code	P*	Tooth surface(s)	Tooth no.	Procedure code	P*	Tooth surface(s)
			1												1111		
<u> </u>																	
<u> </u>																	1111
<u> </u>									1								
1 1 1 1 1 1 1									1								
<u> </u>																	1 1 1
<u> </u>									1						1111		
1			1														
1															1111		
1 1 1 1 1 1															1111		
1																	
	1.1		П			1									1		

Procedure notes/comments

P* = Number of participants



PINK COPY: Dental provider

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 1st 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.