



**AVDC Online Case Log
Examples in Each MRCL Category**

Small Animal Examples are included as pink lines

Equine Examples are included as green lines.

The automated case log system is to be used whenever possible. These examples are for when the automated case log system cannot be used and for cases logged prior to implementation of the case logs that were not converted by the resident.

These examples have been prepared by members of the Nomenclature, Credentials and Training Support Committees. The format and abbreviations follow the AVDC requirements. Included are examples of how to log cases when more than one procedure is performed on that patient.

Note: All teeth numbers are to be entered, without use of hyphens except in the case of OM, PE3, OS3, OS4, OS5, OR3 and OR4 where the ‘tooth # - tooth #’ describes the location of a lesion, surgical margins or location of an appliance.

The on-line [Case Log Information](#) document provides additional information and clarifications about specific Case Log Categories. The [Abbreviations List](#) contains all AVDC-approved abbreviations in alphabetical order. These documents are available via links in the [Information for Registered Residents](#) web page. Do not rely solely on these examples for logging. Be sure to read all the information about the categories in either the Small Animal or Equine Case Log Requirements Documents.

Punctuation and Notation Rules:

1. All teeth numbers must be separated by a comma and must be in numerical order.
2. Commas are used to separate procedures for a given tooth (i.e., RCT, R/C 104)
3. If teeth numbers are used to designate an area of the jaw (i.e., a mandibulectomy from 406 through 409) then a hyphen may be used (i.e. 406-409).
4. Hyphens are now permitted to indicate large areas of treated gingival enlargement (see PE3).
5. Periods should be used to separate different treatments, different dates or (as in the second example in the PE3 category) different diagnoses. For example, in PE cases, a period following PRO will separate it from the rest of the procedure. For orthodontic cases with multiple treatments in the procedure column, periods help indicate what was performed on which day.
6. Periods can also be used such as indicated in Example 2 under PE3.
7. Slashes (/) are used as indicated below and in the Abbreviations List Document.
8. Italics are used for notations such as “Downgraded from...” or “Recheck on...” or “Re-exam...”.

OM Category: Oral Medicine: Cases requiring involved diagnostic tests and not involving treatment procedures that would be logged in any other category. Variety of cases (67% rule) must be fulfilled. All biopsies are counted the same in terms of variety (67% rule) regardless of the type of biopsy procedure or the abbreviation. Different types of imaging and different types of lab work are considered variety for the 67% rule. The location of the pathology must be listed in both the diagnosis and procedure columns.

MRCL Category	Diagnosis	Procedure
<i>Example: Squamous cell carcinoma of the maxilla diagnosed by incisional biopsy</i>		
OM:	OM/SCC 101-201	B/I 101-201
<i>Example: Osteomyelitis of the mandible diagnosed by incisional biopsy and culture and sensitivity. The culture and sensitivity are listed first to highlight variety in this resident's OM case logs. It is not necessary to list the specific results of the culture / sensitivity.</i>		
OM:	OST 307-309	CS 307, B/I 307-308
<i>Example: Developmentally missing teeth 308, 411 (Note: HYP, OLI and ANO should only be used for developmentally missing teeth, not for those missing due to acquired causes such as fell out or extracted.)</i>		
OM:	HYP 308, 411	RAD
<i>Example: Malignant melanoma of the palate diagnosed by incisional biopsy and CT scan. Listing the CT first highlights variety to logs that already have a lot of B/I.</i>		
OM:	OM/MM 109	CT, B/I 109
<i>Example: Canine acanthomatous ameloblastoma diagnosed after mandibular dorsal rim excision, downgraded from OS4. This case cannot also be logged as an OS4. Note the biopsy is the entire en bloc sample submitted.</i>		
OM:	OM/CAA 408	B/E 407-409, S/MD 407-409. <i>Downgraded from OS4</i>
<i>Example: Oral exam and professional dental cleaning on patient with gingival enlargement at multiple teeth, used as OM case instead of PE. Only list the teeth for which you have a histopathologic diagnosis. If you performed GV for 12 teeth but only biopsied 3 areas, only list those 3 teeth. You cannot count this case as an OM case and a PE3 case, even if it is for different teeth.</i>		
OM:	OM/GH 107, 207, 208	B/I, GV 107, 207, 208
<i>*Note the differences between this case and the PE3 gingival enlargement example that follows. Only use GH if a biopsy has been performed.</i>		
<i>Example: Malignant melanoma of the palate diagnosed by incisional biopsy and CT scan</i>		
OM:	OM/MM 109	CT
	SIN/IN/RMX	N/EN, SIN/TRP, CS, TP

PE1: Periodontal Category 1: Complete professional dental cleaning not requiring involved periodontal treatment. Note: PRO is written in every case in every periodontal category unless it was not done for some reason (referring DVM did it or it was declined). Be consistent with your logs and always put PRO as either the first or last abbreviation in your procedure column. If there are teeth with different PD categories, pick the majority category. Do not list teeth that you perform treatment on other than cleaning / polishing.

MRCL Category	Diagnosis	Procedure
<i>Example: Routine oral exam and professional dental cleaning on patient with no periodontal disease</i>		
PE1:	PD0	PRO
<i>Example: Routine oral exam and professional dental cleaning on patient with gingivitis only</i>		
PE1:	PD1	PRO
<i>Example: Routine oral exam and professional dental cleaning on patient where most teeth are PD2, some are PD1 and</i>		

3 teeth (104, 309, 409) are PD3. You can either log the cleaning OR the treated teeth but cannot use both cases.		
PE1:	PD2	PRO
Or		
PE3:	PD3 104, 309, 409	PRO. RP/O 104, 309, 409
<i>*Note: listing PD2 in the example above indicates that other than the 3 teeth mentioned, the rest were PD2 and were cleaned.</i>		
Example: Equine: Excessive calculus and PD1 of incisors/canine teeth with ultrasonic scaling and polishing		
<i>*Note: Equine partial prophylaxis is acceptable.</i>		
PE1:	PD1 101, 102, 103, 104, 201, 202, 203, 204, 301, 302, 303, 304, 401, 402, 403, 404	PRO 101, 102, 103, 104, 201, 202, 203, 204, 301, 302, 303, 304, 401, 402, 403, 404

PE2: Periodontal Category 2: Involved periodontal scaling and root planing. Treated teeth must be listed individually, separated by commas, and listed in numerical order.		
MRCL Category	Diagnosis	Procedure
<i>Example: Oral exam and professional dental cleaning on patient with root exposure or periodontal pockets of PD2 on 208, 209, 308, 404</i>		
PE2:	PD2 208, 209, 308, 404	PRO. RP/C, GC 208, 209, 308, 404
<i>Example: Oral exam and professional dental cleaning on patient with periodontal pocket on 304</i>		
PE2:	PD2 304	PRO. RP/C, GC, perioceutic 304
<i>*Note: You should not list the brand / type of periocutic used.</i>		
Example: Equine: abnormal interproximal diastema (109, 110) with periodontal pocketing; treatment was cleaning, debridement of pocket, closed 'reserve crown/root' planing, subgingival curettage and reduction of abnormally occluding teeth (OR1)		
PE2:	D, PD2 109, 110	RP/C GC 109, 110
OR1:	T/EL 409, 410	CR/XP 409, 410

PE3: Periodontal Category 3: Periodontal surgery, pocket reduction and flap procedures other than envelope flaps. Envelope flaps can be listed as part of RP/O procedures but do not qualify as a PE3 case if listed independently. Note that osseous contouring to smooth bone prior to flap closure is part of a flap procedure and does not make that case a PE4.		
MRCL Category	Diagnosis	Procedure
<i>Example: Oral exam and professional dental cleaning on patient with gingival enlargement at multiple teeth without a biopsy procedure</i>		
PE3:	GE 105, 106, 107, 206, 207, 208	PRO. GV 105, 106, 107, 206, 207, 208
<i>*Note: Notice the difference in logging this case as a PE3 vs an OM case. You must list GE in your diagnosis column and not GH because you do not have a histopathologic diagnosis for this patient.</i>		
<i>Example: Oral exam and professional dental cleaning on a patient with gingival enlargement at multiple teeth where biopsy was performed in two areas.</i>		
PE3:	GH 107, 208. GE 105, 106, 206, 207	PRO. B/I, GV 107, 208. GV 105, 106, 206, 207
<i>*Note: Notice that the areas biopsied were diagnosed as GH, the other as GE. The procedure column reflects the difference in treatment for the areas biopsied and those that were not.</i>		
<i>Example: Oral exam and professional dental cleaning on a patient with a deep periodontal pocket between 303 and 304. 303 is extracted to enable thorough cleaning of mesial 304. The extraction is not listed as part of the PE3 case but can be listed as a separate OS1 or OS2 case as long as the 3-case-rule is not violated.</i>		

PE3:	PD3 304	PRO. RP/O 304
<i>Example:</i> Oral exam and professional dental cleaning on patient with PD2 and PD3. Only the teeth treated with RP/O are listed.		
PE3:	PD3 104, 204	PRO. RP/O 104, 204
<i>Example:</i> The example above, with the addition of perioceutic placement in the periodontal pockets. Note that placement of perioceutic does not give the case variety towards the 67% rule. Do not list the brand of perioceutic.		
PE3:	PD3 104, 204	PRO. RP/O, perioceutic 104, 204
<i>Example:</i> A 5-year-old Shih Tzu with generalized mild GE and only 4 mm of the 104 crown visible. Soft tissue removal is performed to expose more of the crown, no mucoperiosteal or releasing incisions were made, and no bone was manipulated. CR/L Type 1 or GV can be used in the procedure column. They are the same technique and using both will not contribute to the variety rule.		
PE3:	GE 104	PRO. CR/L Type 1 104
<i>*Note:</i> This case will not add variety compared to a GV procedure as they address the same skill set.		
<i>Example:</i> Oral exam and professional dental cleaning on a patient with PD3 due to gingival recession buccal to 204. Alveoloplasty and RP/O is part of the F/LA procedure and may or may not be listed.		
PE3:	GR, cleft 204	PRO. F/LA 204 <i>Alternative:</i> PRO. ALV, RP/O, F/LA 204
<i>Example:</i> 404 is partially erupted with alveolar extending coronal to the CEJ. Soft tissue and bone are removed to reduce periodontal pocket depth and expose more of the clinical crown. The repositioned soft tissue does not extend apical to the cementoamel junction.		
PE3:	T/incomplete eruption 404	PRO. F/AP, ALV 404

PE4: Periodontal Category 4: Gingival grafting, periodontal surgery involving bone augmentation / grafting with or without GTR, a crown lengthening type 2, an apical repositioning flap with bone removal (not just contouring) and osteoplasty, or periodontal splinting with or without bone augmentation. The brand of bone graft is not listed. **The brand of GTR membrane or material used for GTR membrane IS listed and can contribute to the 67% variety rule.** Supervisors should ensure appropriate materials are used for GTR. Implant-related procedures are not permitted to be included in AVDC MRCL case logs.

MRCL Category	Diagnosis	Procedure
<i>Example:</i> Crown lengthening type 2 with root canal therapy of fractured 104 and extraction of 105. This counts for a maximum of 3 cases in 3 different categories. The root canal therapy does not need to be listed in the PE4 category unless it was performed previously (see 4 th line below). If performed on the same day, it may be in the case logs in the EN1 category. The extraction of 105 is not included in the description of this PE4 procedure but can be a separate case in OS1 if you include an explanation of why a healthy tooth was extracted.		
This example case can be a combination of any 3 of the following categories: a PE4 (CR/L (with or without Type 2 listed)), an EN1 (RCT), an OS1 (extraction of 105) and a PR (crown prep). Only 3 of the 4 categories can be used.		
PE4:	T/FX/CCRF 104	PRO. CR/L, F/AP 104
OS1:	Extracted during CR/L 104	X 105
EN1:	T/FX/CCRF 104	RCT, R/C 104
PE4:	T/FX/CCRF 104	PRO. CR/L, F/AP 104. <i>RCT previously performed by diplomate on [date]</i>
<i>Example:</i> Open root planing with bone graft, guided tissue regeneration on one tooth, open root planing without bone graft on another tooth, same patient – generates two case log entries. Note that the membrane brand is listed,		

the bone graft brand is not.		
PE3:	PD1. PD2 207	PRO. RP/O 207
PE4:	PD3 108	PRO. RP/O, GF/B, GTR Ossiflex membrane 108
<i>Example:</i> If all PE4 MRCLs are full, and resident needs PE3 cases, this case qualifies because a flap procedure was included. The statement 'downgraded from PE4' must be included.		
PE3:	PD3 108	PRO. F/EN, RP/O, GF/B, GTR 108, <i>Downgraded from PE4</i>
<i>Example:</i> Gingival graft to repair a defect / intraoral fistula above 104		
PE4:	PD2, IOF 104	PRO. IOF/R/GF/G 104

Endodontic Category 1: Standard root canal therapy – include final restorative.		
MRCL Category	Diagnosis	Procedure
<i>Example:</i> Occlusal caries with pulp exposure treated with root canal		
EN1:	CA, T/PE 309	RCT, R/C 309. Re-ex [re-ex date]
Note: Do not list your intermediate restorative. Date of recheck dental x-ray is recommended but not mandatory.		
<i>Example:</i> Fractured 108 with root canal therapy		
EN1:	T/FX/CCF 108	RCT, R/C 108
<i>Example:</i> Fractured 104 with excessive bleeding during RCT procedure. Temporary root canal performed on 10/1/2019 followed by permanent RCT on 10/30/2019. Note the MRCL should not be approved until the treatment is completely finished.		
EN1:	T/FX/CCF 104	Temporary RCT 104 10/1/2019. Permanent RCT, R/C 104 10/30/2019
<i>*Note: Temporary RCT is no longer accepted as an EN3. It is considered a variation of a routine, orthograde endodontic procedure</i>		

Endodontic Category 2: Vital Pulp Therapy: include final restorative, no need for other materials to be listed.		
MRCL Category	Diagnosis	Procedure
<i>Example:</i> Acute complicated crown fracture 404, no other treatment performed at recheck		
EN2:	T/FX/CCF 404	VPT, R/C 404. Re-ex EN2 [re-ex date]
<i>*Note: As with EN1 the follow up recheck dates are recommended but not required.</i>		
<i>Example:</i> Chronic upper lip trauma from 304, treated with VPT		
EN2:	CL/L upper lip from 304	CR/XP, VPT, R/C 304
<i>*Note: Use the abbreviation for crown reduction, not crown amputation.</i>		
<i>Example:</i> Chronic upper lip trauma from 304, treated with VPT. The tooth becomes non-vital and EN1 needs to be done on a different date as a salvage procedure. Keep the original EN2 log and add an EN1 log with the new date. Your supervisor MRCL form or your dental chart can show it was a salvage procedure from the original EN2.		
EN2:	CL/L upper lip from 304	CR/XP, VPT, R/C 304
EN1:	PA/P, failed VPT 304	RCT, R/C 304
<i>Example:</i> Class 1 malocclusion with linguoversion and distoversion of 304 causing palatal trauma treated with VP		
EN2:	MAL1/LV/DV 304	CR/XP, VPT, R/C 304
Use EN2 or OR3 (but not both)		
OR3:	MAL1/LV/DV 304	CR/XP, VPT, R/C 304

Example: Class 2 malocclusion with linguoversion of 304 and 404. See Instructions for Case Log document regarding malocclusion nomenclature. Teeth can be individually logged as two EN2 cases, two OR3 or logged together as one OR management case. It can even be logged as one EN2 and one OR3 case.

EN2:	MAL1/LV 304	CR/XP, VPT, R/C 304
EN2:	MAL1/LV 404	CR/XP, VPT, R/C 404
OR (but not both)		
OR3:	MAL2/LV 304, 404	CR/XP, VPT, R/C 304, 404

Endodontic Category 3: Surgical root canal therapy, apexification, hemisection followed by RCT and RCT after stabilization of luxated tooth. The generic apical obturation material should be listed for surgical RCT. Different materials do not contribute to the 67% variety rule. If a splint was placed, a re-exam listing the date of splint removal or a comment 'lost to follow up' is expected.

MRCL Category	Diagnosis	Procedure
<i>Example:</i> Non-vital tooth requiring surgical endodontics		
EN3:	Referral of failed RCT 104	RCT/S Super EBA 104
<i>Example:</i> Failure of previous primary procedure		
EN3:	PA/P, failed VPT	RCT/S MTA 304. Repair coronal R/C
<i>*Note: EN3 procedures that include coronal access restoration are to include notation of the final generic restorative material in the Procedure column.</i>		
<i>Example:</i> Avulsed tooth with treatment of root canal		
EN3:	T/A 204	T/RI 204. IDS 104-208. RCT R/C 204. Remove IDS 204 [date of removal]
<i>* Note: If you implant the tooth one day, perform RCT another day and then remove the splint on a 3rd date, include the dates of both the RCT and the IDS removal. Be sure to include the teeth the splint was attached to in order to illustrate the extent of the appliance.</i>		

Restoration Category: Only final restorative materials need to be listed. For multiple caries or enamel defect lesions, a maximum of 3 cases can be counted per patient. For endodontic restoration downgrades a maximum of 2 cases per patient is permitted. The maximum number of endo cases that can be categorized as RE is 8.

MRCL Category	Diagnosis	Procedure
<i>Example:</i> Repair of enamel defect		
RE:	E/D 104	R/C 104
<i>Example:</i> Occlusal caries lesion		
RE:	CA 109	R/C 109
<i>Example:</i> Endodontic access site restoration logged as RE when all EN1 MRCL slots are full		
RE:	T/FX/CCF 104	RCT, R/C 104. Downgraded from EN1
<i>Example:</i> Replace restoration on EN1/EN2 case that was done by someone else.		
RE:	Missing coronal restoration 204, RCT done elsewhere	R/C 204
OR		
<i>Example:</i> Replace/repair restoration on EN1/EN2 case that was originally treated by you where you must replace obturation materials in addition to repairing the restoration. Note that because you are not completing all steps of the RCT, this can only be counted for the repair of the restoration.		
RE:	Damaged R/C 204 from previous RCT {date}	R/C 204
<i>*Note: Having your mentor describe the case situation in the MRCL form or uploading your dental chart will help clarify questions TSC may have.</i>		

Oral Surgery Category 1: Extractions not requiring sectioning of the tooth, crown amputation in cases of tooth resorption. Multiple teeth should be listed in numerical order and separated by commas.		
MRCL Category	Diagnosis	Procedure
<i>Example:</i> Closed extraction of tooth with severe periodontitis		
OS1:	PD4 101	X 101
<i>Example:</i> Crown amputation of TR4, type II.		
OS1:	TR 307	CR/A 307
<i>* Note: You are not required to list the type of the TR lesion.</i>		
<i>Example:</i> Crown amputation of TR4, type II.		
OS1:	TR 106, 107, 207, 307, 308, 309, 407, 408, 409	X 106, 107, 207. CR/A 307, 308, 309, 407, 408, 409
<i>Example: Equine:</i> unilateral nasal discharge secondary to tooth, tooth extracted intraorally		
OS1:	T/NV 209	X 209
OS5:	SIN/IN/CMX	SIN/TRP, SIN/LAV, debridement
<i>Example: Equine:</i> apical pathology of tooth necessitating extraction		
OS1:	T/NV 106	X 106

Oral Surgery Category 2: Extraction of teeth requiring sectioning, with or without bone removal. Single rooted teeth requiring a flap and bone removal for extraction without sectioning. Teeth must be listed in numerical order.		
MRCL Category	Diagnosis	Procedure
<i>Example:</i> Full mouth extractions in 4 quadrants. A maximum of one OS1 and one OS2 case can be logged.		
OS2:	PD4 104, 107, 108, 109, 207, 208, 308, 309, 408, 409	XSS 104, 107, 108, 109, 208, 308, 309, 408, 409. XS 207
OS1:	PD4 102, 103, 105, 106, 202, 203, 305, 306, 403, 407, 410	X 102, 103, 105, 106, 202, 203, 305, 306, 403, 407, 410
<i>* Note: Not every tooth is listed because some were already missing. Note there are NO HYPHENS.</i>		
<i>Example:</i> Feline stomatitis extractions- full mouth, caudal teeth or with some teeth missing – log maximum of one OS1 and one OS2 case		
OS2:	ST	XSS 104, 107, 108, 204, 208, 308, 309, 408, 409
OS1:	ST	X 102, 103, 106, 109, 202, 203, 209, 303, 402, 403
<i>* Note: Note that if a biopsy is performed in this case, it can either count as an OM case, <u>or</u> OS1 and OS2. Not OM and OS.</i>		
<i>Example: Equine:</i> apical pathology of cheek tooth requiring buccotomy for extraction		
OS2:	T/NV 308	XSS/BUC 308

Oral Surgery Category 3: MN or MX fracture fixation. Date of recheck for healing or 'Lost to follow up' must be listed in the procedure column. If a salvage procedure occurs (such as a mandibulectomy for failed MN fracture repair) make sure to reference the OS4 and OS3 cases with each other. All teeth incorporated in an appliance / splint should be identified. Hyphens may be used to identify the area involved in an appliance.		
MRCL Category	Diagnosis	Procedure
<i>Example:</i> Feline patient with traumatic symphyseal separation repaired with cerclage wire and splint between 304 and 404. Note that teeth involved in a splint should be identified.		
OS3:	SYM/S	SYM/R WIR/C IQS 304, 404. Remove WIR/C IQS [date]

<i>Example: Canine patient with non-displaced distal mandibular fracture at 309, 310, stabilized with a muzzle. Removal observed via Skype.</i>		
OS3:	MN/FX 309-310	FX/R/MZ. Remove MZ [date of removal], observed via Skype. Recheck x-ray recommended, lost to follow up.
<i>Example: Canine unfavorable right mandibular fracture between 408, 409 repaired by intraosseous wiring and interdental splint. The mouth was cleaned prior to fracture repair. The lip was torn during the trauma and required suturing.</i>		
OS3:	MN/FX 408-409	FX/R/WIR/OS, IDS 304-411. Remove WIR/OS, IDS [date of removal]. Recheck x-ray [date-typically 2-12 weeks postop]
OS5:	LAC/B	LAC/R
PE1:	PD1	PRO
<i>Example: Feline left caudal oblique mandibular fracture extending from condylar neck to body of mandible repaired by maxillomandibular fixation.</i>		
OS3:	MN/FX distal to 309	FX/R/MMF 104 to 404 and 204 to 304. Remove MMF [date of removal]. Recheck CBCT [date]
<i>*Note: The material used for the splint does not need to be specified.</i>		

Oral Surgery Category 4: Involved oral surgery. Hyphens <u>may</u> be used to indicate the length of the jaw being operated on.		
MRCL Category	Diagnosis	Procedure
<i>Example: Repair palatal defect with split U surgery.</i>		
OS4:	PDE caudal hard palate	PDE/R Split U
<i>Example: Oronasal fistula repair (pre-existing to extraction) with extraction 204, 205. Cleaning and polishing performed. 3 cases can be logged.</i>		
OS4:	ONF 204, 205	ONF/R 204, 205
PE1:	PD1	PRO
OS2:	PD4 204, 205	XSS 204, 205
<i>Example: Cleft palate/palatal defect with surgical repair. Note the specific type of repair is not required but can help add variety to the case logs.</i>		
OS4:	CFP	CFP/R
<i>Example: Dentigerous cyst treated by extraction and cyst debridement</i>		
OS4	DTC, T/U 305	XSS 305, DTC/R
<i>*Note: If the OS4 category is full, this case could be an OM case. The OM diagnostic test could be biopsy of the cyst lining or the radiographic recognition of the cyst. Histopathology of the cyst lining is necessary if this is listed in the OM category, but not necessary for OS4.</i>		
<i>Example: Removal of SCC with maxillectomy</i>		
OS4:	<i>Example: OM/SCC 106-108</i>	S/X 104-110
<i>*Note: Since the case was performed for tumor removal and histopathologic diagnosis of the mass is expected, a histopathology report could be uploaded. The same applies for the example below. Note that locations of both the mass and the surgical margins are provided.</i>		
<i>Example: Removal of CAA with rostral mandibulectomy</i>		
OS4:	OM/CAA 301-401	S/MB 305-405

Oral Surgery Category 5: Miscellaneous oral soft tissue surgery. Note that as of 2021 the permissible procedures for this category have been greatly expanded to reflect the greater variety of cases that OMFS diplomates and their residents perform.

MRCL Category	Diagnosis	Procedure
<i>Example:</i> TMJ luxation treated by closed reduction		
OS5:	TMJ/LUX	TMJ/LUX/R closed
<i>Example:</i> Repair of tongue laceration		
OS5:	LAC/T	LAC/T/R
<i>Example:</i> Surgical explore and repair of swelling in the inner right buccal mucosa		
OS5:	OM/abscess of right buccal mucosa due to wood fragment	FB/R right buccal mucosa
<i>Example:</i> Operculectomy soft tissue impaction 305		
OS5:	T/I 305	OP 305
<i>Example: Equine:</i> unilateral nasal discharge		
OS5:	SIN/IN	SIN/CF/F, CS, SIN/LAV

Prosthodontics Category: Crown and / or bridge cementation. Impressions do not need to be indicated.		
MRCL Category	Diagnosis	Procedure
<i>Example:</i> Crown prep same day as root canal, not present for cementation		
PR:	T/FX/CCF 104	CR/P 104. Not present for cementation
EN1:	T/FX/CCF 104	RCT, R/C 104
<i>Example:</i> Crown prep on vital tooth, not present for cementation.		
PR:	AB, E/D 104	CR/P 104. Not present for cementation
<i>Example:</i> Crown prep on vital tooth, present cementation only.		
PR:	AB, E/D 104	Not present for CR/P 104. Cement CR/M.
<i>Example:</i> Crown prep and cementation on tooth with previous root canal (not in case logs)		
PR:	Previous RCT, R/C 104	CR/P 104. Cement CR/M 2/17/14

Orthodontics Category 1: Malocclusion diagnosis and treatment plan. Occlusal adjustment in species other than dogs and cats.		
<p>As of 2021, OR1 cases <u>may be combined</u> with other OR cases provided the 3-case limit is not exceeded. Now that this is permitted, you may no longer downgrade a case to OR1. Note that the only procedure notations necessary for OR1 are either OC or TP or OC, TP. Anything else is a treatment which should be in another category.</p> <p><i>Per AVDC Nomenclature, LV is considered a MAL1 only if there is a normal MX and MN skeletal relationship. You cannot combine MAL1 with another MAL.</i></p>		
MRCL Category	Diagnosis	Procedure
<i>Example:</i> Class 3 malocclusion, genetic counselling only.		
OR1:	MAL3	OC, TP
<i>Example:</i> Class 2 malocclusion with linguoversion of 304, 404, and retained deciduous MN canine teeth. Owner would only permit extraction of the deciduous teeth and declined further treatment for the linguovered canines at this time. You provided genetic counseling and a treatment plan for the adult teeth and extracted the persistent deciduous teeth.		

OR2:	MAL2, DT/P 704, 804	X 704, 804
OR1:	MAL2/LV 304, 404	TP
<i>Example:</i> The owners in the example above return at a future date and an acrylic incline plane is placed as previously recommended.		
OR3:	MAL2/ LV 304, 404	OA/I IP/AC, re-ex {date}. Re-ex {date}. OA/R IP/AC {date}.
<i>*Note:</i> When the owners decided to allow treatment for the adult teeth, you can then log the case as an OR3. The maximum 3 case limit for this orthodontic issue is now reached.		

Orthodontics Category 2: Management of malocclusion via extraction		
MRCL Category	Diagnosis	Procedure
<i>Example:</i> Caudal crossbite 108 treated with extraction		
OR2:	MAL1 CB/C 108	XSS 108
<i>Example:</i> Class 2 malocclusion with linguoversion of 304, 404, and retained deciduous MN canine teeth. Owner would only permit extraction of the deciduous teeth and declined further treatment for the linguovered canines at this time. You provided genetic counseling and a treatment plan for the adult teeth and extracted the persistent deciduous teeth.		
OR2:	MAL2, DT/P 704, 804.	X 704, 804
OR1:	MAL2/LV 304, 404	TP
<i>Example:</i> Class 2 malocclusion together with linguoversion of 304, 404 and persistent deciduous teeth causing malocclusion, and acrylic incline plane placed as recommended		
OR2:	MAL2, DT/P 704, 804	X 704, 804
OR3:	MAL2/LV 304, 404	OA/I IP/AC. Re-ex {date}. Re-ex {date}. OA/R IP/AC {date}.

Orthodontics Category 3: Passive force orthodontic movement, gingival wedge resection, crown reduction and vital pulp therapy.		
Note that as of 2021, if both MN canines are treated with crown reduction and VPT, each may count as a separate OR3 case. It is also permissible to count one as an OR3 and one as an EN2. As always, the 3-case maximum rule must not be violated.		
MRCL Category	Diagnosis	Procedure
<i>Example:</i> Malocclusion class 2, with palatal trauma but not linguoversion of 304 and 404 treated with acrylic inclined plane device.		
OR3:	MAL2, CL/P from 304, 404	OA/I IP/AC 101-104, 201-204. Re-ex 2/17/14. Re-ex 3/7/14. OA/R IP/AC 3/14/14
<i>*Note</i> that many other OR3 examples are provided in different categories above.		

Orthodontics Category 4: Active force orthodontic movement. Excludes cases listed under OR1 or OR3. Being primary on one side of the mouth and assistant on the other side does not allow multiple cases to be counted from one patient.

MRCL Category	Diagnosis	Procedure
<i>Example:</i> Malocclusion class 1, with use of active force appliance to treat the mesioversion of 104 and 204, followed by passive force appliance to treat linguoversion of 304 and 404. Note that the MV 104 and 204 are not listed in the OR3 log because this has been corrected by the OR4 procedure.		
OR4 #1:	MAL1/LV 304, 404, MV 104, 204	OA/I OA/EC, BKT 104, 108, 109, 204, 208, 209. OA/A 2/17/14, OA/A 3/1/14. OA/R OA/EC, BKT 3/10/14 <i>See OR3 #3 3/10/14</i>
OR3 #3:	MAL1/LV 304, 404	OA/I IP/AC 101-104, 201-204 3/10/14. Re-ex 3/20/14, re-ex 3/30/14. OA/R IP/AC 4/5/14 <i>See OR4 #1, 2/17/14</i>
*Note that while not required, referencing the OR3 and 4 cases here allows TSC to see how the case was handled overall.		