

# Information and Statistics from Clinical Establishments under the Clinical Establishment Act

## Dental

### Part I: Registration Particulars

A. General Information		
1	Name of the Clinical Establishment	
2	Registration Number of the Clinical Establishment	
3	Unique Id of Clinical Establishment	
4	NIN Number (if available)	
5	Address	
6	Panchayat (Select from the list)	
7	Block Panchayat(Select from the list)	
8	Taluk(Select from the list)	
9	District(Select from the list)	
10	Legislative Assembly(Select from the list)	
11	Parliament Constituency(Select from the list)	
12	Pin code	
13	Telephone No (Land Line with STD Code)	
14	Website, if any	
15	Name of Person in charge	
16	Email ID and mobile Number of Contact Person	
17	Type of Area (Tribal – 1, Costal – 2, others – 3)	
18	System of medicine(code)	
19	Clinical Establishment Type(Public – 1, Private – 2)	
20	If Ownership is Public, type of ownership (code)	
21	If Ownership is Private, type of ownership (code)	
22	For Govt institutions please specify the type (Code)	
23	Mention whether General practice/Speciality practice/ Medical Super-Specialty /Surgical Super Speciality (Code) (Modern medicine only)	
24	If Speciality / Medical Super-Specialty /Surgical Superspecialty mention branch (Code)	
25	Specialty Branch in case if System of medicine is Ayurveda/Homeo/Unani/Sidha/ Yoga and Naturopathy	
26	Whether empaneled in Insurance Schemes (Yes – 1, No – 2)	
27	Type of Insurance (Govt – 1, Private – 2, Both - 3)	

### Codes:-

**Item no 18**–Modern Medicine -1, Ayurveda - 2, Homeo - 3, Unani –4,Sidha - 5, Yoga and Naturopathy –6

**Item no 20**– State Govt – 1, Central Govt – 2, Local Govt – 3, ESIC – 4, Autonomous organization under Govt – 5, PSUs- 6, Police – 7, Railway – 8, Others - 9

**Item no 21** -Partnership – 1, Individual Proprietorship – 2,Registered Company – 3, Trust/Charitable -4, Co-operative Society - 5

**Item no 22** - Subcentre - 01, PHC -02, CHC - 03, THQH -04 , TH -05, GH - 06 , DH -07,MC -08, others -09

**Item no23**-General practice - 1,Specialty -2,Medical Super-Specialty -3,Surgical Super Speciality -4

**Item no 24** –General Medicine-201,Paediatrics-202, Psychiatry -203, Tuberculosis& RespiratoryMedicine-204, Rheumatology-205, Physical Medicine and Rehabilitation-206, Dermatology, Venereology, Leprosy-207, General Surgery208, Orthopedics -209, Ophthalmology-210, Obstetrics &Gynaecology-211,Otorhinolaryngology(ENT) - 212 Cardiology-301, NeoNatology-302,Nephrology-303,Neurology-304,Nuclear Medicine-305,Medical Gastroenterology-306, Endocrinology-307, Medical&Surgical oncology-308, Clinical Hematology including Stem cell therapy-309, infectious diseases –310 , anesthesia –311, if any other - 312(specify)  
 Cardiothoracic & Vascular Surgery-401, urology-402, Pediatric Surgery-403, Neuro-Surgery-404, Plastic&Reconstructivsurgery-405, Surgical Gastroenterology-406, Endocrine Surgery-407, Gynecological Oncology-408, if any other - 409 specify

**Item no 25-** Ayurveda VishaChikitsa-01, Ayurveda shalya Chikitsa-02, Ayurveda KsharaSootra Chikitsa-03 Ayurveda Marma Chikitsa-04, Ayurveda Kaya Chikitsa-05, Ayurveda Panchakarma Chikitsa-06, Ayurveda Rasayana and Vajeekarana Chikitsa-07, Ayurveda Manasikaroga Chikitsa-08, Ayurveda Nethra Siroroga Chikitsa-09, Ayurveda Bala Chikitsa-010, Ayurveda Prasoothi&Streeroga Chikitsa-011, Ayurveda Swasthavritha Chikitsa-012,Ayurveda others- if any other specify 013

Unani Matab-11, Unani Jarahat-12, Unani Ilaj-bit-Tadbeer-13,Unani Hifzan-e-sehat-14,Unani othersspecify-15  
 Siddha Maruthuvam-21, SidhhaSirappu Maruthuvam-22,SiddhaVarmam Thokkanam-23, Siddha others specify-24  
 Homeo General Homeopathy-31, Homeo Others Specify-32

## Part II: Monthly Reporting

<b>B. Patient Services(Number)</b>					
S.No.	Description	Male	Female	Transgender	Total
1	Total OPD patients (Old Cases)				
2	Total OPD patients (New Cases)				
3	Total IPD Patients				
4	Total Midnight Count				

<b>C. Major &amp; Minor Surgeries(Number)</b>									
S.No.	Type	Major Surgeries				Minor Surgeries			
		Male	Female	Transgender	Total	Male	Female	Transgender	Total
1	Cardiac Related								
2	Neurosurgeries								
3	Oncology Related								
4	Ophthalmology Related								
5	Dental Related								
6	ENT Related								
7	Emergency Surgery Following Accident								
8	Plastic & Reconstructive Surgeries								

<b>D. Number of deaths(Number)</b>				
S.No.	Death	Male	Female	Transgender
1	Number of Deaths			

<b>E. Cause of deaths(Number)</b>				
S.No.	Death Due to	Male	Female	Transgender
1	Neoplasms			
2	Injury, Poisoning and other consequences of external causes			
3	Other Causes			

**F. Communicable Diseases (Number of Cases Diagnosed in OPD or evaluated or diagnosed in IPD)**

S.No.	Disease	Old patient			New patient		
		Male	Female	Transgender	Male	Female	Transgender
1	Extra Pulmonary Tuberculosis						
2	Dengue Hemorrhage fever						
3	Diphtheria						
4	Measles						
5	Syphilis						
6	Hepatitis						
7	Rabies						
8	Covid-19						
9	H1N1						
10	Other pandemics(Specify)						

**G. Noncommunicable Diseases (Number of Cases Diagnosed in OPD or evaluated or diagnosed in IPD)**

S.No.	Disease	Old patient			New patient		
		Male	Female	Transgender	Male	Female	Transgender
1	Dental Related diseases						
2	Others						

**H.Specialty/Department wise Details: General Information**

Name of Specialty	OPD patients	Beds (Indicate ICU Beds also)	IP	Bed Occupancy Rate	Number of Minor Procedure Done	Number of Major procedures Done	Number of Deaths	Number of cases referred to other hospitals
Orthopedic								

Pediatrics								
Neurology								
Oncology								
Dental								

<b>I. Specialty/Department wise Details</b>		
<b>Name of Specialty</b>	<b>Name of Disease / Procedure</b>	<b>No of Cases</b>
Ophthalmology	Cataract operations done	
	Glaucoma cases	
	Corneal Transplants done	
	No. of Still Births	
	No. of Maternal Deaths	
Neuro-Surgery	No. of Strokes	
	Epilepsy	
CTVS		
Oncology	Type of Cancers	
ENT		
Dental	<b><u>Diseases</u></b>	
	1.DentalCaries	
	2.Gingivitis	
	3.Periodontitis	
	4.Dento Alveolar Abscesses	
	5. Cysts & Tumors	
	6.Leukoplakia	
	7.Sub mucous Fibrosis	
	8.Lichenplanus	
	9.Erythroplakia	
	10.Hyperplastic Candidiasis-	
	11.OP MDs	
	12.Malignancies	
	13. Fracture of Jaws	
	14.Fracture of Teeth	
	15.Osteomyelitis	
	16.Haemorrhagic Diseases from mouth	
	17.Facio Maxillary Traumas	
18. Other Lesions of Oral origin		

<b><u>Dental Conditions</u></b>	
1. Developmental Anomalies of Facio Maxillary Structures	
2. Developmental Anomalies of Teeth And Surrounding Tissues	
3. Anomalies of Salivary Glands	
4. Cranio Facial Anomalies	
5. Diseases of Bones and joints	
6. Oral Manifestation of Dermatological Diseases	
7. Haematological Disturbances	
8. Nutritional Disorders	
9. Others	
<b><u>Procedures</u></b>	
1. All Minor and Major Oral Surgeries ( under LA & GA)	
2. Periodontal Procedures	
3. Conservative And Endodontic Procedures	
4. Orthodontic Procedures	
5. Prosthodontic Procedures	
6. Paedodontic Procedures	
7. Oral Diagnostic Procedures	
8. Oral Pathologic Procedures	
9. Community Dental Procedures (Screening & Detection of Oral Malignancies and OP MDs)	
10. Other Procedures	

<b>J. Infrastructure</b>	
No of Dental Chairs	
No of Portable Dental Chairs	
No of Air Compressors	
<b>Facilities available</b>	<b>Yes/No)</b>
Autoclave	
Needle Destroyer	
Ultrasonic Scalers	
Dental Lathe	
RVG	
All Manually Operated Instruments	
UV Chamber	
Dental Loupe	
Motorized SUCTION UNIT	
Sterilizers	
Physiodispenser (Surgical Micro motor)	
Lab Micro motors	
OPG	
Dental X ray Unit/Portable	
Light Cure Unit	
Extra Oral Suction Apparatus	

Intra Oral camera	

<b>K.No of tests performed in the following departments:</b>	
<b>Department</b>	<b>Number of tests</b>
X ray/Cephalometric	
CBCT	
RVG	
OPG	
IOPA XRay	

<b>L. Man Power – MedicalOfficers (Number)</b>							
Specialty	Male	Female	Transgender	Specialty	Male	Female	Transgender
Oral & Maxillofacial Surgeons				Orthodontist			
Periodontist				Prosthodontist			
Paedodontist				Oral Diagnostician			
Endodontist				Oral Pathologist			
Community(Public) Dental Specialist							

<b>M. Man Power –Paramedical and Others(Number)</b>			
Specialty	Male	Female	Transgender
Dental Technician			
Dental Hygienist			
Biomedical Engineer			
DORA(Dental Operating Room Assistant.)			
Cleaning Staff			
Others(specify)			

<b>N. Details of Laboratory - Tests</b>		
<b>S.No.</b>	<b>Department</b>	<b>Tests Number</b>
1	Hematology	
2	Biochemistry	
3	Immunology	
4	Serology	
5	Pathology	
6	Cytology & Histopathology	
7	Molecular Biology	
8	Virology	

**O. Number of test done and reported positive:**

S.No.	Disease & Name of Test	Total No of Tests performed	Number of positive
1	HIV		
2	Tuberculosis		
3	Dengue		
4	Chikungunya		
(i)	HAV		
(ii)	HBV		
(iii)	HCV		
(iv)	HDV		
(vi)	Leptospirosis		
(vii)	H <sub>1</sub> N <sub>1</sub> /Influenza		
(ix)	Shigella		
(x)	Typhoid		
(xv)	Syphilis		
(xvi)	Gonorrhea		