

# 口腔状態標準データセット(案) 2014.11.25

| * 歯の番号<br>Tooth Number                   | ToothNumber                              | * 日付<br>Date                            | Date  |  |                                | * 不明<br>Unknown                                     | Unknown                        |       |
|--|--|---|---|--|--------------------------------|---|--------------------------------|-------|
| 歯のデータセット<br>Tooth Data Set               | ステータス<br>Status                          | 歯の状態<br>Tooth Condition                 | * 欠損<br>Missing                               | MAM  | 補綴あり<br>Replaced               | * インプラント<br>Implant                                 | Impl                           |       |
|  |  |   |   |  |                                | * ボンティック(ブリッジ)<br>Pontic                            | Pon                            |       |
|  |  |   |   |  |                                | * 義歯(人工歯あり)<br>Removable Prosthesis - Denture Tooth | Den                            |       |
|  |  |   |   |  | 補綴なし<br>Not Replaced           | NRep  |                                |       |
|  |  |   |   |  | 修復のない萌出歯<br>Unrestored Erupted | Vir   | * 健全歯<br>Sound                 | Sou   |
|  |  |   |   |  |                                | 健全でない歯(各種の要因により)<br>Unsound                         | Usou                           |       |
|  |  |   |   |  | 未萌出または萌出途上<br>Unerupted        | Ueru  | 萌出障害なし(萌出途上など)<br>Not Impacted | NImpa |
|  |  |   |   |  |                                | * 萌出障害あり(半埋伏, 埋伏など)<br>Impacted                     | Impa                           |       |
|  |  |   |   |  |                                | 修復面<br>Surfaces Restored                            | * 切端・咬合面<br>Occlusal/Incisal   | IO    |
|  |  |   |   |  |                                |   | * 唇側面・頬側面<br>Facial            | B     |
|  |  | * 口蓋側面・舌側面<br>Lingual                   | PL  |  |                                |   |                                |       |
|  |  | * 近心面<br>Mesial                         | M   |  |                                |   |                                |       |
|  |  | * 遠心面<br>Distal                         | D   |  |                                |   |                                |       |
|  |  | 部分修復<br>Partial Restoration             | PRes  | * CR充填, セメント充填など<br>CR Filling, Cement Filling, etc.   | CR                             |   |                                |       |
|  |  |   |   | * アマルガム充填<br>Amalgam Filling   | AF                             |   |                                |       |
|  |  |   |   | * インレー, アンレー, 3/4冠, 4/5冠<br>Onlay, Inlay, 3/4 Crown,<br>Cast Partial Coverage Restoration, etc.                            | In                             |   |                                |       |
|  |  |   |   | ラミネートベニア<br>Porcelain Laminate Veneer,<br>Acrylic Labial Veneer  | Ven                            |   |                                |       |
|  |  | 全部修復<br>Full Crown Restoration          | FRes  | * 全部金属冠(FMC など)<br>Full Metal Crown  | FMC                            |   |                                |       |
|  |  |   |   | * 前装冠(HR, MB など)<br>Facing Crown (HR, MB, etc.)  | HR                             |   |                                |       |
|  |  |   |   | * HJC, セラミッククラウンなど<br>HJC, Ceramic Crown, etc.   | HJC                            |   |                                |       |
|  |  |   |   | * テンポラリークラウン,<br>プロビジョナルレストレーション<br>Temporary Crown, Provisional<br>Crown, Interim Crown, Provisional<br>Restoration, etc. | TeC                            |   |                                |       |
|  |  | 根管治療<br>Intraradicular Treatment        | RCF   | 歯内治療(根管充填)<br>Endodontic Therapy (Root Canal)  | RCF                            |   |                                |       |
|  |  | 修復材料の種類<br>Type of Restoration Material |   | * 銀色<br>Metal (Non Gold Colored)   | NGC                            |   |                                |       |
|  |  |   |   | 金色<br>Metal (Gold Colored)   | GC                             |   |                                |       |
|  |  |   |   | 歯冠色<br>Tooth Colored   | TC                             |   |                                |       |
|  |  |   |   | 不明(脱離など)<br>Unknown Materials  | UM                             |   |                                |       |
|  |  | * 残根(根面を含む)<br>Retained Root            | C4  |  |                                |   |                                |       |
|  |  | * 死後脱落の疑い<br>Missing Post Mortem        | MPM   |  |                                |   |                                |       |
|  |  | その他の歯の状態<br>Other Tooth Conditions      | Other Tooth Conditions                        |  |                                |   |                                |       |
| 補足的な歯の記述子<br>Concurrent Tooth Descriptor | その他の補足的状態<br>Other Concurrent Conditions | 歯冠の状態<br>Coronal Conditions             | * 破折, 齲蝕, 崩壊<br>Cracked, Carious, Broken Down | CCB  |                                |   |                                |       |

### 注意事項

- ・黄色のセルは, 単独でデータを保持できる項目
- ・\*印は, 標準プロファイル(26項目)に存在した項目
- ・歯冠修復のデータは, 次のようにリンクして保持するものとする  
【修復面】—【修復の種類】—【保険適用の情報】—【材料の種類】  
例:【IO(面)】—【In(インレー)】—【HINC(保険外)】—【TC(歯冠色)】

|                     |                     |                            |               |                  |               |                          |                     |                    |                         |        |                              |                      |  |  |                                 |   |   |                               |                                       |                                |  |  |                                |  |                                      |  |                            |   |                             |  |   |  |  |   |      |                               |                                 |  |                                |                               |                          |  |                              |                              |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                                |
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| 9<br>Tooth Data Set | 9.1<br>Tooth Number | 9.2<br>Date of Information | 9.2.1<br>Date | 9.2.2<br>Unknown | 情報の日付         |                          | 9.3.1<br>Tooth Type | 9.3.1.1<br>Primary | 9.3.1.2<br>Succedaneous | インプラント | 9.3.2.1.1<br>Type of Implant | 9.3.2.1.1.1<br>Blade | 9.3.2.1.1.2<br>Endosteal - Cylindrical | 9.3.2.1.1.3<br>Endosteal - Tapered/Non Cylindrical | 9.3.2.1.1.4<br>Endosteal - Wide | 9.3.2.1.1.5<br>Other Implant Type (By Report) | 9.3.2.1.1.6<br>Other Implant Type (By Report) | 9.3.2.1.2<br>Type of Abutment | 9.3.2.1.2.1<br>Prefabricated Abutment | 9.3.2.1.2.2<br>Custom Abutment | 9.3.2.1.2.3<br>Other Abutment Type (By Report) | 9.3.2.1.3<br>Type of Implant Restoration | 9.3.2.1.3.1<br>All Metal Crown | 9.3.2.1.3.2<br>All Porcelain/ceramic Crown | 9.3.2.1.3.3<br>Metal/Porcelain Crown | 9.3.2.1.3.4<br>Provisional/Temporary/Interim Implant Crown | 9.3.2.1.3.5<br>Overdenture | 9.3.2.1.3.6<br>Other Implant Restoration Type (By Report) | 9.3.2.1.4<br>Type of Pontic | 9.3.2.1.4.1<br>Conventional Fixed Bridge | 9.3.2.1.4.2<br>Implant-Supported Pontic | 9.3.2.1.4.3<br>Resin-Bonded-Retained Pontic Bridge | 9.3.2.1.4.4<br>Other Pontic Type (By Report) | 9.3.2.1.3<br>Removable Prosthesis - Denture Tooth | 補綴なし |                               |                                 |  |                                |                               |                          |  |                              |                              |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                               |                                |
|                     |                     |                            |               |                  | 9.3<br>Status | 9.3.2<br>Tooth Condition |                     |                    |                         |        |                              |                      |  |  |                                 |   |   |                               |                                       |                                |  |  |                                |  |                                      |  |                            |   |                             |  |   |  |  |   |      | 9.3.2.1<br>Missing - Replaced | 9.3.2.2<br>Missing Not Replaced | 9.3.2.3<br>Present - Unrestored Erupted (Virgin) | 9.3.2.4<br>Present - Unerupted | 9.3.2.5<br>Present - Restored | 9.3.2.6<br>Retained Root | 9.3.2.7<br>Other Tooth Condition (By Report) | 9.3.2.8<br>Other (By Report) | 9.3.2.9<br>Other (By Report) | 9.3.2.10<br>Other (By Report) | 9.3.2.11<br>Other (By Report) | 9.3.2.12<br>Other (By Report) | 9.3.2.13<br>Other (By Report) | 9.3.2.14<br>Other (By Report) | 9.3.2.15<br>Other (By Report) | 9.3.2.16<br>Other (By Report) | 9.3.2.17<br>Other (By Report) | 9.3.2.18<br>Other (By Report) | 9.3.2.19<br>Other (By Report) | 9.3.2.20<br>Other (By Report) | 9.3.2.21<br>Other (By Report) | 9.3.2.22<br>Other (By Report) | 9.3.2.23<br>Other (By Report) | 9.3.2.24<br>Other (By Report) | 9.3.2.25<br>Other (By Report) | 9.3.2.26<br>Other (By Report) | 9.3.2.27<br>Other (By Report) | 9.3.2.28<br>Other (By Report) | 9.3.2.29<br>Other (By Report) | 9.3.2.30<br>Other (By Report) | 9.3.2.31<br>Other (By Report) | 9.3.2.32<br>Other (By Report) | 9.3.2.33<br>Other (By Report) | 9.3.2.34<br>Other (By Report) | 9.3.2.35<br>Other (By Report) | 9.3.2.36<br>Other (By Report) | 9.3.2.37<br>Other (By Report) | 9.3.2.38<br>Other (By Report) | 9.3.2.39<br>Other (By Report) | 9.3.2.40<br>Other (By Report) | 9.3.2.41<br>Other (By Report) | 9.3.2.42<br>Other (By Report) | 9.3.2.43<br>Other (By Report) | 9.3.2.44<br>Other (By Report) | 9.3.2.45<br>Other (By Report) | 9.3.2.46<br>Other (By Report) | 9.3.2.47<br>Other (By Report) | 9.3.2.48<br>Other (By Report) | 9.3.2.49<br>Other (By Report) | 9.3.2.50<br>Other (By Report) | 9.3.2.51<br>Other (By Report) | 9.3.2.52<br>Other (By Report) | 9.3.2.53<br>Other (By Report) | 9.3.2.54<br>Other (By Report) | 9.3.2.55<br>Other (By Report) | 9.3.2.56<br>Other (By Report) | 9.3.2.57<br>Other (By Report) | 9.3.2.58<br>Other (By Report) | 9.3.2.59<br>Other (By Report) | 9.3.2.60<br>Other (By Report) | 9.3.2.61<br>Other (By Report) | 9.3.2.62<br>Other (By Report) | 9.3.2.63<br>Other (By Report) | 9.3.2.64<br>Other (By Report) | 9.3.2.65<br>Other (By Report) | 9.3.2.66<br>Other (By Report) | 9.3.2.67<br>Other (By Report) | 9.3.2.68<br>Other (By Report) | 9.3.2.69<br>Other (By Report) | 9.3.2.70<br>Other (By Report) | 9.3.2.71<br>Other (By Report) | 9.3.2.72<br>Other (By Report) | 9.3.2.73<br>Other (By Report) | 9.3.2.74<br>Other (By Report) | 9.3.2.75<br>Other (By Report) | 9.3.2.76<br>Other (By Report) | 9.3.2.77<br>Other (By Report) | 9.3.2.78<br>Other (By Report) | 9.3.2.79<br>Other (By Report) | 9.3.2.80<br>Other (By Report) | 9.3.2.81<br>Other (By Report) | 9.3.2.82<br>Other (By Report) | 9.3.2.83<br>Other (By Report) | 9.3.2.84<br>Other (By Report) | 9.3.2.85<br>Other (By Report) | 9.3.2.86<br>Other (By Report) | 9.3.2.87<br>Other (By Report) | 9.3.2.88<br>Other (By Report) | 9.3.2.89<br>Other (By Report) | 9.3.2.90<br>Other (By Report) | 9.3.2.91<br>Other (By Report) | 9.3.2.92<br>Other (By Report) | 9.3.2.93<br>Other (By Report) | 9.3.2.94<br>Other (By Report) | 9.3.2.95<br>Other (By Report) | 9.3.2.96<br>Other (By Report) | 9.3.2.97<br>Other (By Report) | 9.3.2.98<br>Other (By Report) | 9.3.2.99<br>Other (By Report) | 9.3.2.100<br>Other (By Report) |

この2項目で「欠損」

この3項目で「歯牙あり」

ANSI/ADA 1058 - 標準データセット 対応表

ANSI/ADA 1058 で不足する情報  
 - 「セラミックインレー」が表現できない  
 - 「死後脱落の疑い」が存在しない  
 - 「歯牙あり」、「欠損」がそれぞれ1つの項目として表現できない  
 - 歯牙ありの場合には状態が不明な場合もある(レセプトなどの場合)  
 - 欠損の場合にも補綴が不明の場合がある(遺体で補綴物がなくなっている場合など)  
 - 「保険適用」が表現できない

齲蝕歯の場合はここも記入

アマルガム充填  
 CR 充填  
 HJC, セラミックほか歯冠色のクラウン  
 前装冠(HR, MB ほか)  
 銀色の金属  
 金色の金属

全部修復(材質は9.3.2.5.4)  
 インレー, アンレー, 3/4, 4/5 冠(材質は9.3.2.5.4)  
 ラミネートベニア

テンポラリークラウン・プロビジョナルレストレーション

窩洞の形態

萌出障害なし(萌出途上など)

修復のない萌出

補綴なし

残根