

INTAKE:

Do you have fever or have felt hot or feverish recently? (14-21 days) Y N
Short ness of breath? Y N
Do you have a cough? Y N
Have you experienced recent loss of taste/smell? Y N
Are you in contact with any confirmed Covid19 positive patient? Y N
Is your age over 60? Y N
Do you have heart, lung, kidney disease, diabetes or any auto-immune disorders? Y N
Have you traveled to regions affected by Covid in the last 14 days? Y N
Any changes to your medical or dental history since last visit? Y N

OFFICE USE Only:

Date:

TEMP: Fever over 100 F Flu-Like Symptoms

NAME: Procedure Scheduled: Appt Time:

Hygiene: Good Needs improvement Poor late early

Elastic Wear: Good Needs improvement Poor

Breakage: Y / N

PROCEDURE COMPLETED TODAY:

TTP Care Call Communication letter Progress / Completion/OH/ Doctor Call DR

NV: PROCEDURE:

First Available 1-2 WKS 4-6 WKS 8-10WKS 12 WKS 6 Mo 9 Mo

OFFICE USE: PART OF CONTRACT BILLING

D0160-EXAM D9110-PALLATIVE D8670-ALIGNERS X _____

D0140-LIMITED/EMER D9952-OCCLUSAL ADJ COMPLETE D9971- ODONTOPLASTY

D8080-COMP ORTHO D9951-OCCLUSAL ADJ PARTIAL D8692-ESSIX(\$299)/HAWLEY(\$450) REPLACEMENT

D8670-PERIODIC ORTHO VISIT D0470-CASTS/MODELS D8999-

D8690-VISIT NON-CONTRACT \$250 D8220-FIXED APPLIANCE D8695-REMOVAL OF BROKEN RETAINER

D0330-PANO D8210-REMOVABLE APPLIANCE D0290-TMJ SECOND EXTRAORAL XRAY

D0340-CEPH D8680-DEBOND/RETENTION OTHER: _____

D0470-SCANS D9944-HARD NIGHTGUARD/BRUXING _____

D0350-PHOTOS D9310-COMMUNICATION/PANO REVIEW LETTER