

SAMPLE SCHOOL HEALTH PROGRAM -- DENTAL ENCOUNTER FORM

Procedures: If treatment is completed, circle the C adjacent to the dental service code OR place the number of the tooth and surfaces and quadrants for periodontal scaling - as appropriate. If treatment is in progress, circle the P adjacent to service code.

DIAGNOSIS				SURGERY					
Initial Exam	D0150	P	C	Routine Extraction	Tooth #				
Periodic Exam	D0120	P	C	Erupted Tooth	P	D7140			
Problem Exam	D0140	P	C	or Root					
Diagnostic Casts	D0470		C	Coronal Remnants	P	D7111			
Radiographs				Surgical Extraction					
Full Mouth Series	D0210		C	Erupted	P	D7210			
2 Bitewings	D0272		C	Residual Roots	P	D7250			
4 Bitewings	D0274		C	Soft Tissue Impaction	P	D7220			
1st Periapical	D0220		C	PERIODONTICS					
Additional PA	# <input type="text" value="1"/> D0230			Circle Applicable Quadrants					
Occlusal	D0240		C	Periodontal Scaling	<input type="text" value="D4341"/>	UR	UL		
Panoramic	D0330		C			LR	LL		
PREVENTION				Full Debridement	<input type="text" value="D4355"/>		C		
Adult Prophy	D1110		C	ENDODONTICS					
Child Prophy	D1120		C	Tooth #					
Fluoride Tx	D1203		C	Pulpotomy-Perm.	<input type="text" value="D3220"/>				
Periodontal Maintenance	D4910		C	Primary-Pulpotomy					
Tobacco Counseling	D1320			Anterior Tooth	<input type="text" value="D3230"/>				
Sealants				Posterior Tooth	<input type="text" value="D3240"/>				
	<input type="text" value="D1351"/>		3	Root Canal Therapy					
				Anterior Tooth	P	<input type="text" value="D3310"/>			
Space Maintenance				Bicuspid	P	<input type="text" value="D3320"/>			
Unilateral	P	<input type="text" value="D1510"/>		Molar	P	<input type="text" value="D3330"/>			
Bilateral	P	<input type="text" value="D1515"/>							
Recementation	<input type="text" value="D1550"/>			OTHER SERVICES					
ADJUNCTIVE SERVICES				Code Tooth # Surface					
Palliative	D9110		C		P	C			
Athletic Guard	P	<input type="text" value="D9941"/>			P	C			
Consultation	<input type="text" value="D9310"/>		C		P	C			
					P	C			
RESTORATIVE								SURFACE CODES M - Mesial O - Occlusal D - Distal I - Incisal L-Lingual F - Facial	
	Tooth #	Surf.	Tooth #	Surf.	Tooth #	Surf.	Tooth #		Surf.
Amalgam-1 surf.	<input type="text" value="D2140"/>	A	O						
Amalgam-2 surf.	<input type="text" value="D2150"/>								
Amalgam-3 surf.	<input type="text" value="D2160"/>								
Amalgam-4 surf.	<input type="text" value="D2161"/>								
Comp.1 surf. Ant	<input type="text" value="D2330"/>								
Comp.2 surf. Ant	<input type="text" value="D2331"/>								
Comp.3 surf. Ant	<input type="text" value="D2332"/>								
Comp.4 surf. Ant	<input type="text" value="D2335"/>								
Comp.1 surf. Post	<input type="text" value="D2391"/>								
Comp.2 surf. Post	<input type="text" value="D2392"/>	B	DO						
Comp.3 surf. Post	<input type="text" value="D2393"/>								
Sedative Filling	<input type="text" value="D2940"/>								
Stain. Steel Crown	<input type="text" value="D2930"/>								
Labial Veneer	<input type="text" value="D2960"/>								
Resin Crown	<input type="text" value="D2390"/>								
Recement Crown	<input type="text" value="D2920"/>		C						

Provider's Signature _____