S

FORM

Willis Dental Care

Tax ID: 20-1140954 | Group NPI: 1184896607

☐ DORAL

☐ UNITED HEALT CARE **Community PLAN/ AMERICHOICE**

☐ MEDICAD

Note: Medicad sealants MUST HAVE PA!

DATE: _____ /_____ /_____

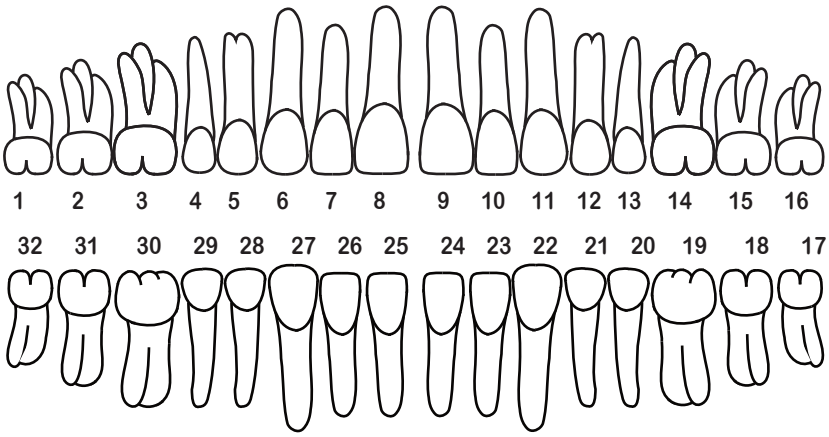
_____
PATIENT NAME

_____
PATIENT ID

☐ HISTORY ATTACHED ☐ PA ATTACHED

TX PLAN/EVALUATION

Needed																	Needed
Existing																	Existing



Existing																	Existing
Needed																	Needed

SFA:

_____
_____
_____
_____
_____
_____
_____
_____

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TX PROGRESS NOTES

EXAM
- ☐ Recall Exam
- ☐ Limited Exam
- ☐ Comprehencive Exam

XRAYS
- ☐ 2BW 6PA
- ☐ FMS
- ☐ 4BW 2PA
- ☐ 2BW 2PA
- ☐ PANOREX
- ☐ _____

PROPHY
- ☐ Adult
- ☐ Child

FLUORIDE ☐

1	_____	17	_____
2	_____	18	_____
3	_____	19	_____
4	_____	20	_____
5	_____	21	_____
6	_____	22	_____
7	_____	23	_____
8	_____	24	_____
9	_____	25	_____
10	_____	26	_____
11	_____	27	_____
12	_____	28	_____
13	_____	29	_____
14	_____	30	_____
15	_____	31	_____
16	_____	32	_____

OTHER TX

_____
_____
_____
_____
_____
_____
_____
_____

NEXT VISIT:_____

DR._____