

DATE: ____/____/____

CHART #

____/____/____ AGE _____
D.O.B

 PATIENT NAME

 PATIENT ID

Tax ID: 20-1140954
 Group NPI: 1184896607

DORAL _____
 MEDICAD _____
 UNITED HEALT CARE
 Community PLAN/
 AMERICHoice

HISTORY ATTACHED PA ATTACHED

TX PLAN/EVALUATION

Needed																		Needed
Existing																		Existing
RIGHT	1	2	3	A/4	B/5	C/6	D/7	E/8	F/9	G/10	H/11	I/12	J/13	14	15	16	LEFT	
	32	31	30	T/29	S/28	R/27	Q/26	P/25	O/24	N/23	M/22	L21	K/20	19	18	17		
Existing																	Existing	
Needed																	Needed	

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SFA:

TX PROGRESS NOTES

EXAM Recall Exam 1 _____
 Limited Exam 2 _____
 Comprehensive Exam 3 _____
 4 _____
 5 _____

XRAYS 2BW 6PA 6 _____
 FMS 7 _____
 4BW 2PA 8 _____
 2BW 2PA 9 _____
 PANOREX 10 _____
 _____ 11 _____
 12 _____
 13 _____

PROPHY Adult 14 _____
 Child 15 _____
 16 _____

FLUORIDE 16 _____

OTHER TX

17 _____
 18 _____
 19 _____
 20 _____
 21 _____
 22 _____
 23 _____
 24 _____
 25 _____
 26 _____
 27 _____
 28 _____
 29 _____
 30 _____
 31 _____
 32 _____

NEXT VISIT: _____
 DR. _____