Willis Dental Care

Tx

FORM

Tax ID: 20-1140954
Group NPI: 1184896607

DATE: _____ /_____ /_____

CHART # _____

_____ /_____ /_____ **AGE** _____
D.O.B

_____
PATIENT NAME

_____
PATIENT ID

☐ HISTORY ATTACHED ☐ PA ATTACHED

_____
INSURANCE

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
- ☐ Limited Exam
- ☐ Comprehencive Exam

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

PROPHY
- ☐ Adult
- ☐ Child

FLUORIDE ☐

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
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32 _____

OTHER TX

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_____

NEXT VISIT:_____

DR._____