

Patient Signature: X _____

Dental Procedures	TOOTH	SURFACE #	Crown & Bridge	TOOTH	SURFACE #	Restorative	TOOTH	SURFACE #	CONTROL MENU
Periodic Oral Exam 00120			Crown Prim SS 02930			1 Surface Amalgam 02140			ENTER KEY
Limited Oral Exam 00140			Crown Perm SS 02931			2 Surface Amalgam 02150			
Comp. Oral Exam 00150			Prefab Post & Core 02954			3 Surface Amalgam 02160			TAB KEY
Emergency Palliative 09110			All Porcelain Crown 02740			4 Surface Amalgam Prmnt Adult 02161			
Full Mouth 00210			Prcln Fused High Noble 02750			Resin-1, Ant 02330			CANCEL & CLOSE
1st Film 00220			Prcln Fused Base Met 02751			Resin-2, Ant 02331			
Bitewing 2 Film 00272			Pontic Prcln/Metal 06240			Resin-3, Ant 02332			Enc Info - F11
Bitewing 3 Film 00273			Implt Suppt Pcr/Met Crn 06066			Resin-4, Ant 02335			
Bitewing 4 Film 00274			Crown Prcln/High Noble 06750			Resin-1, Post 02391			Charge Info - F12
Consultation 00100						Resin-2, Post 02392			
On-Going Proc 00101						Resin-3, Post 02393			GO TO NOTE
						Resin-4, Post 02394			
						Sedative Filling 02940			LOOKUP DX
									LOOKUP Proc.
									TOGGLE DX#1
									TOGGLE DX#2
									TOGGLE DX#3
									TOGGLE DX#4
									ADD / UPDATE
									SAVE - F4
									ADD / UPDATE and SAVE - F4
									Copayment
									Cash CC Chk# _____ Paid
									Copayment Due
									Today's Charge
									Cash CC Chk# _____ Paid
									Balance Due

<input type="checkbox"/> Follow-Up ___ Days ___ Weeks ___ Months Time Needed _____	Provider X _____
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DENTAL DIAGNOSIS		EYE DIAGNOSIS		REFRACTIVE INDEX DIAGNOSIS	
FITTING AND ADJUSTMENT		TONGUE - GLOSSITIS		Age Rel Mac Deg 362.50	
Dental Prosthetic Device V52.3		Abscess/Ulcer 529.0		Amblyopia 368.00	
EXAM / STATUS		Atrophic 529.4		Astigmatism 367.20	
Dental Exam V72.2		Benign Migratory 529.1		General Med Exam V72.0	
Dental Restoration V45.84		Pain 529.6		Cataract 366.9	
Dental Sealant V49.82		WOUND		Chalazion 373.2	
Oral Neoplasm V76.42		Buccal Mucosa 873.71		Conjunctivitis 372.30	
Surgical Follow-Up, Unspec V67.00		Cheek 873.51		Corneal Opacity 371.00	
GINGIVA / PERIODONTIA		Forehead 873.52		Darcryocystitis 375.30	
Gingival Cyst/Polyp/Lesions 523.8		Gum 873.72		Dry Eyes 375.15	
Gingivitis, Acute 523.0		Jaw 873.54		Glaucoma, Suspect 365.00	
Gingivitis, Chronic 523.1		Lip 873.53		Glaucoma, Angle Close 365.21	
Periodontitis, Chronic 523.3		Other/Multiple Sites 873.59		Glaucoma, A.C. Suspect 365.20	
Periodontitis, Acute 523.4		Palate 873.75		Glaucoma, Open Angle 365.10	
Recession, Gingival 523.2		Tongue/Floor of Mouth 873.74		Glaucoma, Secondary 365.89	
HERPES SIMPLEX		Tooth (Broken) 873.73		Glaucoma, Unspecified 365.9	
Gingivostomatitis 054.3				Hordeolum 373.1	
Lip 054.0				Keratitis 370.9	
JAW				Keratoconjunctivitis 370.40	
Alveolitis 526.5				Meibomianitis 373.12	
Exotosis 526.81				Optic Atrophy 377.10	
LIP				Optic Neuritis 377.90	
Abscess, Cellulitis 528.5				Papilloma 216.9	
Fistula 528.5				Pinguecula 372.51	
ORAL SOFT TISSUE/PULP				Post Vitreous Detachment 997.99	NOTES & COMMENTS
Abscess, Periapical w/ Sinus 522.7				Pseudophakia 143.1	
Aphthae 528.2				Pterygium 372.40	
Cellulitis/Abscess 528.3				Retina Detachment 361.9	
Disease of Soft Tissue, Other 528.9				Retinopathy 362.9	
Leukoplakia 528.6				Scleritis 379.00	
Necrosis 522.1				Suconjunctival Hemorrhage 372.72	
Periapical 522.5				Trichiasis & Entropion 374.0	
Periodontitis, Acute 522.4				Trichiasis W/O Entropion 374.05	
Pulpitis 522.0				Uveitis 364.3	
Radicular Cyst 522.8					
Stomatitis 528.0					
SCREENING					
X-Ray V72.5					
TEETH					
Dental Caries, Other 521.09					
Excessive Attrition 521.1					
Extending into Dentine 521.02					
Extending into Pulp 521.03					
Impacted Tooth 520.6					
Loss Due to Caries 525.13					
Loss Due to Other 525.19					
Loss Due to Periodontal Dis. 525.12					
Loss Due to Trauma 525.11					
Obstructed Eruption 520.6					
Retained Dental Root 525.3					
Supernumerary 520.1					
TMJ					
Infection 996.69					
TMJ Syndrome 524.60					