

**INTAKE:**

Do you have fever or have felt hot or feverish recently? (14-21 days)	Y	N
Short ness of breath?	Y	N
Do you have a cough?	Y	N
Have you experienced recent loss of taste/smell?	Y	N
Are you in contact with any confirmed Covid19 positive patient?	Y	N
Is your age over 60?	Y	N
Do you have heart, lung, kidney disease, diabetes or any auto-immune disorders?	Y	N
Have you traveled to regions affected by Covid in the last 14 days?	Y	N
Any changes to your medical or dental history since last visit?	Y	N

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**OFFICE USE Only:****Date:**

TEMP: Fever over 100 F    Flu-Like Symptoms

**NAME:****Procedure Scheduled:****Appt Time:**

Hygiene:        Good    Needs improvement    Poor

late early

Elastic Wear:    Good    Needs improvement    Poor

Breakage: Y / N

**PROCEDURE COMPLETED TODAY:**

TTP        Care Call Communication letter Progress / Completion/OH/ Doctor    Call DR

**NV: PROCEDURE:**

<b>First Available</b>	<b>1-2 WKS</b>	<b>4-6 WKS</b>	<b>8-10WKS</b>	<b>12 WKS</b>	<b>6 Mo</b>	<b>9 Mo</b>
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**OFFICE USE:****PART OF CONTRACT****BILLING**

D0160-EXAM

D9110-PALLATIVE

D8670-ALIGNERS X \_\_\_\_\_

D0140-LIMITED/EMER

D9952-OCCLUSAL ADJ COMPLETE

D9971- ODONTOPLASTY

D8080-COMP ORTHO

D9951-OCCLUSAL ADJ PARTIAL

D8692-ESSIX(\$299)/HAWLEY(\$450) REPLACEMENT

D8670-PERIODIC ORTHO VISIT

D0470-CASTS/MODELS

D8999-

D8690-VISIT NON-CONTRACT \$250 D8220-FIXED APPLIANCE

D8695-REMOVAL OF BROKEN RETAINER

D0330-PANO

D8210-REMOVABLE APPLIANCE

D0290-TMJ SECOND EXTRAORAL XRAY

D0340-CEPH

D8680-DEBOND/RETENTION

OTHER: \_\_\_\_\_

D0470-SCANS

D9944-HARD NIGHTGUARD/BRUXING

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D0350-PHOTOS

D9310-COMMUNICATION/PANO REVIEW LETTER