

## SAMPLE SCHOOL HEALTH PROGRAM -- DENTAL ENCOUNTER FORM

Procedures: If treatment is completed, circle the C adjacent to the dental service code OR place the number of the tooth and surfaces and quadrants for periodontal scaling - as appropriate. If treatment is in progress, circle the P adjacent to service code.

DIAGNOSIS				SURGERY			
Initial Exam	D0150	P	C	Routine Extraction	Tooth #		
Periodic Exam	D0120	P	C	Erupted Tooth	P	D7140	
Problem Exam	D0140	P	C	or Root			
Diagnostic Casts	D0470		C	Coronal Remnants	P	D7111	
Radiographs				Surgical Extraction			
Full Mouth Series	D0210		C	Erupted	P	D7210	
2 Bitewings	D0272		C	Residual Roots	P	D7250	
4 Bitewings	D0274		C	Soft Tissue Impaction	P	D7220	
1st Periapical	D0220		C	<b>PERIODONTICS</b>			
Additional PA # <input style="width: 40px;" type="text"/>	D0230		C	Circle Applicable Quadrants			
Occlusal	D0240		C	Periodontal Scaling	<input style="width: 60px;" type="text"/>	UR	UL
Panoramic	D0330		C			LR	LL
<b>PREVENTION</b>				Full Debridement	<input style="width: 60px;" type="text"/>	C	
Adult Prophy	D1110		C	<b>ENDODONTICS</b>			
Child Prophy	D1120		C	Tooth #			
Fluoride Tx	D1203		C	Pulpotomy-Perm.	<input style="width: 60px;" type="text"/>		
Periodontal Maintenance	D4910		C	Primary-Pulpotomy			
Tobacco Counseling	D1320		C	Anterior Tooth	<input style="width: 60px;" type="text"/>		
Sealants				Posterior Tooth	<input style="width: 60px;" type="text"/>		
	<input style="width: 60px;" type="text"/>			Root Canal Therapy			
Space Maintenance				Anterior Tooth	P	<input style="width: 60px;" type="text"/>	
Unilateral	P	<input style="width: 60px;" type="text"/>	C	Bicuspid	P	<input style="width: 60px;" type="text"/>	
Bilateral	P	<input style="width: 60px;" type="text"/>	C	Molar	P	<input style="width: 60px;" type="text"/>	
Recementation	D1550		C	<b>OTHER SERVICES</b>			
<b>ADJUNCTIVE SERVICES</b>				Code                      Tooth #                      Surface			
Palliative	D9110		C		P	C	
Athletic Guard	P	D9941	C		P	C	
Consultation	D9310		C		P	C	
					P	C	
<b>RESTORATIVE</b>							
		Tooth #	Surf.	Tooth #	Surf.	Tooth #	Surf.
Amalgam-1 surf.	D2140						
Amalgam-2 surf.	D2150						
Amalgam-3 surf.	D2160						
Amalgam-4 surf.	D2161						
Comp.1 surf. Ant	D2330						
Comp.2 surf. Ant	D2331						
Comp.3 surf. Ant	D2332						
Comp.4 surf. Ant	D2335						
Comp.1 surf. Post	D2391						
Comp.2 surf. Post	D2392						
Comp.3 surf. Post	D2393						
Sedative Filling	D2940						
Stain. Steel Crown	D2930						
Labial Veneer	D2960						
Resin Crown	D2390						
Recement Crown	D2920		C				

**SURFACE CODES**  
M - Mesial  
O - Occlusal  
D - Distal  
I - Incisal  
L-Linqual  
F - Facial

Provider's Signature \_\_\_\_\_