

Duluth

PATIENT: _____

DATE: _____

ASSISTANT: _____

CHANGE PATIENT STATUS: _____

CD	DESCRIPTION	✓	AMOUNT	CD	DESCRIPTION	✓	AMOUNT	CD	DESCRIPTION	✓	AMOUNT
82	2nd band removal		0.00	702	Del Bonded 1-2		0.00	912	Ex Ad,Recs Sched		0.00
963	3 Sonicare Heads/comp		30.00	703	Del Bonded 3-3		0.00	911	Ex Ad,Recs Tkn,Cons Sc		0.00
905	A Test Thing		50.00	706	Del Exp Appl		0.00	910	Ex Ad,Recs Tkn,Tx Sche		0.00
508	Add Bands		0.00	700	Del Habit Guard		0.00	914	Ex Ad,Ref'd Spec/GP		0.00
509	Add Brackets		0.00	725	Del Hawley		0.00	906	Ex Ch,No Tx/Refused		0.00
602	Adj Long		0.00	701	Del Headgear		0.00	904	Ex Ch,Pending		0.00
601	Adj Medium		0.00	705	Del Herbst		0.00	903	Ex Ch,Recall		0.00
600	Adj Short		0.00	704	Del Nance/RB Pendex		0.00	902	Ex Ch,Recs Sched		0.00
620	Adj Splint		0.00	712	Del Other Appl		0.00	901	Ex Ch,Recs Tkn,Cons Sc		0.00
605	Adj w/ Progress Review		0.00	708	Del Pontic		0.00	900	Ex Ch,Recs Tkn,Tx Sche		0.00
982	Ameseal		20.00	709	Del Schwarz-Fixed		0.00	901	Ex Ch,Ref'd Spec/GP		0.00
D13	AW/Max, Md		0.00	710	Del Schwarz-Removable		0.00	919	Ex Trnsf,Not Proceeding		0.00
801	Band Removal 1st		0.00	707	Del Splint		0.00	918	Ex Trnsf,Pending		0.00
802	Band Removal 2nd		0.00	727	Del Spring Ret		0.00	917	Ex Trnsf,Proceed		0.00
984	Breath Other		0.00	726	Del Trutain		0.00	907	Exam Adult		0.00
983	Breath Rx Kit		35.00	944	EM-AW Broken		0.00	901	Exam Child		0.00
987	Brite Brace		0.00	948	EM-Bond Failure Prev		0.00	011	Exam Ret		75.00
IN1	Comprehensive Orthodo		0.00	941	Emer-Long		0.00	012	Exam TMJ		75.00
400	Consult		0.00	940	Emer-Short		0.00	013	Exam Transfer		0.00
410	Consult Prog Chrside		0.00	945	EM-Herbst Emer		0.00	993	Excellent Hygiene		0.00
411	Consult Prog Private		0.00	946	EM-K-Hook Prev		0.00	FIN	Financial Paperwork		0.00
401	Consult TMJ		0.00	947	EM-Long Wire Prev		0.00	540	Fit Bands & Imp		0.00
931	Consult-Pending		0.00	943	EM-Loose Band		0.00	965	Flouride/ClinPro5000		20.00
932	Consult-Tx Refused		0.00	942	EM-Loose Bond		0.00	977	H2O Pic Ultra Cordless		50.00
930	Consult-Tx Sched		0.00	949	EM-Loose Bond BZ		60.00	980	Home Care Kit		5.00
985	Crest Strips Professional		60.00	915	Ex Ad,No Tx/Refused		0.00	978	Hydrofloss H2O Pic		120.00
800	Deband Ph1		0.00	913	Ex Ad,Pending		0.00	505	IB Full Long		0.00

Exclusion Data

NEXT APPT 1)DAYS: _____ 2)WEEKS: _____ 3)MONTHS: _____ 4)SPECIFIC DATE: _____ 5)RECALL-MONTHS: _____ UNITS: _____

COMMENTS: _____

Active Procedures only

Duluth

PATIENT: _____

DATE: _____

ASSISTANT: _____

CHANGE PATIENT STATUS: _____

CD	DESCRIPTION	✓	AMOUNT	CD	DESCRIPTION	✓	AMOUNT	CD	DESCRIPTION	✓	AMOUNT
504	IB Full Short		0.00	970	Listerine 1/5 L pump		0.00	990	Poor OH 2		0.00
506	IB Limited		0.00	968	Listerine 3 oz		2.00	991	Poor OH 3		0.00
501	IB Ph I Long		0.00	971	Listerine Disclosing		0.00	992	Poor OH 4		0.00
500	IB Ph I Short		0.00	972	Listerine Smart Rinse 8.		4.00	975	Power Flosser		15.00
503	IB Ph II Long		0.00	905	Mandibular Retainer		100.00	976	Power Flosser tips		8.00
502	IB Ph II Short		0.00	999	Maxillary Retainer		50.00	116	Recall ready		0.00
303	Imp Invisalign;refine/co		0.00	960	Misc Charge		0.00	200	Recs E Models		0.00
300	Imp Lost Hawley		180.00	988	New Pt. Orientation		0.00	207	Recs Final		0.00
301	Imp Lost Trutain		90.00	922	Obs/PhI,RR,Recs Sched		0.00	201	Recs In House		0.00
306	Imp Reset Essix Ret		0.00	920	Obs/PhI/RR,Cont Recall		0.00	203	Recs Invisalign		0.00
302	Imp Ret (NC)		0.00	923	Obs/PhI/RR,Pending		0.00	204	Recs Partial		0.00
304	Imp Ret w/ Pontic		185.00	921	Obs/PhI/RR,Recs Tkn,T		0.00	206	Recs Pre-Surg		0.00
305	Imp Splint		0.00	924	Obs/PhI/RR,Tx Refused		0.00	205	Recs Progress		0.00
IN2	Interceptive Orthodontic		0.00	114	Observation		0.00	202	Recs TMJ		0.00
979	Interdental Brush		3.00	959	Office Visit charge		75.00	550	Remove Herbst		0.00
520	Invisalign 1st Visit		0.00	964	Orthodontic Manual Bru		3.00	551	Remove Herbst & Bond		0.00
805	Invisalign Complete		0.00	981	Orthosil Brace Relief Wa		2.00	810	Replacement Retainer		12.00
630	Invisalign Del/Ck		0.00	967	Periomed		20.00	550	Repo Bracket		0.00
475	Laser Consult		0.00	973	Peroxyl		10.00	652	Ret Ck-1 yr (Dismiss)		0.00
482	Laser Frenectomy		0.00	83	Ph i deband I arch		0.00	651	Ret Ck-6 mo		0.00
476	Laser Gingivectomy		0.00	803	Ph I Deband L Arch		0.00	650	Ret Ck-8 wks		0.00
477	Laser Operculectomy		0.00	115	Ph I Ret Ck		0.00	653	Ret Ck-Other		0.00
478	Laser Post-Op Check		0.00	211	Photos/Image		0.00	654	Ret Ck-Post Ret		75.00
481	Laser Recontouring		0.00	D65	Photos/IO		0.00	966	Sensitive Toothpaste		3.00
479	Laser Sores		0.00	214	Phs Final Records		0.00	449	Seps Addl Band		0.00
480	Laser Transeptal		0.00	IN3	Please place on Automat		0.00	448	Seps Init		0.00
969	Listerine 1.5L		9.00	989	Poor OH 1		0.00	961	Sonicare Flexcare		120.00

Fictitious Data

NEXT APPT 1)DAYS: _____ 2)WEEKS: _____ 3)MONTHS: _____ 4)SPECIFIC DATE: _____ 5)RECALL-MONTHS: _____ UNITS: _____

COMMENTS: _____

Active Procedures only

Duluth

PATIENT: _____
 ASSISTANT: _____

DATE: _____
 CHANGE PATIENT STATUS: _____

CD	DESCRIPTION	✓	AMOUNT	CD	DESCRIPTION	✓	AMOUNT	CD	DESCRIPTION	✓	AMOUNT
962	Sonicare Sanitizer		45.00								
210	Study Models		0.00								
974	SuperFloss		3.00								
491	TADS Check		0.00								
490	TADS Deliver		0.00								
492	TADS Remove		0.00								
S21	Track-Initiate Bank Draft		0.00								
S20	Track-Initiate CC Draft		0.00								
S11	Track-No Charge Start		0.00								
S10	Track-Pd in Full		0.00								
507	Transfer Start		0.00								
S4	Tx Start-Full		0.00								
S7	Tx Start-Invisalign		0.00								
S3	Tx Start-Limited		0.00								
S1	Tx Start-Ph I		0.00								
S2	Tx Start-Ph II		0.00								
S6	Tx Start-Surgical		0.00								
S5	Tx Start-TMJ		0.00								
986	Whitening Other		0.00								
209	X-Ray Ceph		0.00								
213	X-Ray CT Scan		0.00								
1	X-Ray Other		0.00								
208	X-Ray Pan		0.00								

Fictitious Data

NEXT APPT 1)DAYS: _____ 2)WEEKS: _____ 3)MONTHS: _____ 4)SPECIFIC DATE: _____ 5)RECALL-MONTHS: _____ UNITS: _____

COMMENTS: _____

Active Procedures only