

SECTION A - TO BE FILLED OUT BY FACILITY REPRESENTATIVE PRIOR TO VISIT

| CLIENT NAME: | UCI#: | DOB: | | | | | | | | | | | | |
|---|------------|------------|-------------|---------|------------|--|--|--|--|--|--|--|--|--|
| PHYSICIAN NAME: | | | | | | | | | | | | | | |
| REASON FOR VISIT: | VISIT DATE | | | | | | | | | | | | | |
| <p>CLIENT MEDICATIONS:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; text-align: left; padding: 5px;">Medication:</th> <th style="width: 20%; text-align: left; padding: 5px;">Dosage:</th> <th style="width: 35%; text-align: left; padding: 5px;">Frequency:</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table> <p>PERTINENT MEDICAL HISTORY:</p> <p style="border-bottom: 1px solid black; margin-bottom: 5px;"></p> <p style="border-bottom: 1px solid black; margin-bottom: 5px;"></p> | | | Medication: | Dosage: | Frequency: | | | | | | | | | |
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SECTION B - TO BE FILLED OUT BY DENTIST'S OFFICE AT TIME OF VISIT

Dentist's Recommendations:

Current Treatment:

Progress Note/Follow-up Plan:

EXAM _____ X-RAY _____ PROPHY _____ EXTRACTIONS _____ RESTORATIONS _____

DENTIST'S SIGNATURE DATE

FACILITY REPRESENTATIVE DATE