

Hygiene Case Acceptance

Hygienist _____

Month _____

Patient	Procedure	Amount Diagnosed	Amount Accepted	Block	Appt. Date	FA	Comments
1.							
2.							
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19.							
20.							

Patient of Record Case Acceptance

Assistant _____

Month _____

Patient	Procedure	Amount Diagnosed	Amount Accepted	Block	Appt. Date	FA	Comments
1.							
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19.							
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Status Exam Case Acceptance

Assistant _____

Month _____

Patient	Procedure	Amount Diagnosed	Amount Accepted	Block	Appt. Date	FA	Comments
1.							
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New Patient Case Acceptance

Doctor: _____

Month: _____

Patient	Amount Diagnosed	Block	Amount Accepted	Appt. Date	FA	Where	Comments
1.							
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Hygiene Chart Analysis

Hygienist: _____

Date: _____

Patient	Incomplete Treatment	Block	Exam	FMX	BWX	AFR	Comments
1.							
2.							
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