TC Will-Call-Back *TRACKING* Log

Doctor: _____   TC:: _____   Office: _____   Month: _____ Year: 20___   Page #

New Pt. EXAM **Patient's Name** (Last, First)	DDS (**D**) Non-DDS (**N**) Referral	Exam Date	No Tx	WCB	Put on Recall OBS	Accepted Records	Start Type: Full, Ph-I, Lim, INV	Scheduled or Today's Records Date	Referred for: Cleaning, Perio, TMJ, Surgical Consult, etc.	**Communications & Follow-up** (Give Reason for All WCB and No Tx, including 2ⁿᵈ Opinions) Give a reason if not started	**Actual Tx Start Date**	D O N E ✔
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Outcome of Exam (there *must* only be **one** outcome)