New Pt. EXAM Patient's Name (Last, First) DDS (N) Non-DDS (N) Referral Exam Date Outcome of Exam (there must only be one outcome) Scheduled or Records Referred for: Today's Records Communications & Follow-up (Give Reason for All WCB and No Tx, including 2 <sup>nd</sup> Opinions) Actual To State   No No No No No No No Accepted Records Start Type: Full, Ph-I, Im, INV Scheduled or Today's Date Referred for: Cleaning, Perio, TMJ, Date Communications & Follow-up (Give Reason for All WCB and No Tx, including 2 <sup>nd</sup> Opinions) Accepted To Start Date   DD ND V V No Accepted Records Start Type: Full, Ph-I, Lim, INV No Referred for: Today's Date Communications & Follow-up (Give Reason for All WCB and No Tx, including 2 <sup>nd</sup> Opinions) Give a reason if not started No   DD ND V V V V V V V V No <	t O F
Patient's Name (Last, First) (N) Referral Date No Tx No Tx No Tx No Tx Patient Recall OBS Accepted Records Start Type: Full, Ph-1, Lim, INV Records Date Surgical Consult, etc. Give a reason if not started Date Date   DD ND	E
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