

# California Dental Network Patient Encounter Form



**INSTRUCTIONS:** A new Patient Encounter form should be completed at each patient visit. Information at the top of this form can be found on your monthly member list or by dialing 1-877-433-6825. **Please send completed form to California Dental Network, 1971 E. 4<sup>th</sup> St. #184, Santa Ana, CA 92705-3917**

MEMBER I.D. NUMBER	SUBSCRIBER'S LAST NAME	PATIENT'S NAME (Last)	(First)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ENCOUNTER FORM DATE	PROVIDER NUMBER	DR. LICENSE #	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Month</i>	<i>Day</i>	<i>Year</i>	

CHECK BOX IF APPOINTMENT WAS FOR:  Child  Second Opinion  Emergency treatment by facility to which subscriber is NOT assigned

Services	Code	Tooth #/Arch	Services	Code	Tooth #/Arch
<b>DIAGNOSTIC/PREVENTATIVE</b>			<b>CROWN &amp; BRIDGE (Cont.)</b>		
Initial Oral Examination	110		Crown, Porcelain fused to metal	6750-52	
Periodic Oral Examination	120		Crown, Full Cast High Noble Metal	6790	
Emergency Oral Examination	130		Crown, Full Cast Base Metal	6791	
Intraoral, complete series	210		<b>ENDODONTICS</b> <span style="float: left;">Tooth No.</span>		
Intraoral, Periapical, Single	220		Direct, Excl. Final Restoration	3110	
Intraoral, Periapical, Each Add	230		Indirect, Excl. Final Restoration	3120	
Intraoral, Occlusal Film	240		Therapeutic Pulpotomy	3220	
Bitewings, Single Film	270		One Canal, Excl. Final Restoration	3310	
Bitewings, Two Films	272		Two Canals, Excl. Final Restoration	3320	
Bitewings, Four Films	274		Three Canals, Excl. Final Restoration	3330	
Panoramic Film	330		Retreatment, Anterior, By Report	3346	
Pulp Vitality Tests	460		Retreatment, Bicuspid, By Report	3347	
Diagnostic Casts, Non-Ortho	470		Retreatment, Molar, By Report	3348	
Diagnostic Photographs	471		Apicoectomy, Anterior	3410	
Prophylaxis, Adult	1110		Apicoectomy, Bicuspid (First Root)	3421	
Prophylaxis, Child	1120		Apicoectomy, Molar (First Root)	3425	
Topical App. of Fluoride, Child	1201-03		Apicoectomy, Each Additional Root	3426	
With or Without Prophylaxis	1201-03		Retrograde Filling, Per Root	3430	
Preventative Care Training	1310		Canal Prep. & Fitting Of Dowel or Post	3950	
Preventative Care Training	1330		<b>PERIODONTICS</b> <span style="float: left;">Tooth No.</span>		
Sealant, Per Tooth	1351		Gingivectomy or Gingivoplasty, Per Quad	4210	
Space Maintainer, Fixed	1510,15		Gingivectomy or Gingivoplasty, Per Tooth	4211	
Space Maintainer, Removable	1520,25		Gingival Curettage, Surgical/Per Quad	4220	
Recementation of Space Maint.	1550		Gingival Flap Proc., Incl. Root Planing	4249	
<b>RESTORATIVE</b> <span style="float: left;">Tooth No.</span>			Mucogingival Surgery, Per Quad	4250	
One Surface, Primary	2110		Osseous Surgery	4260	
Two Surfaces, Primary	2120		Root Planning, Per Quadrant	4341	
Three Surfaces, Primary	2130		Perio Recall, Including Prophylaxis	4910	
Four or more surfaces, primary	2131		Unscheduled Dressing Change	4920	
One or two surfaces, perm.	2140,50		<b>PROSTHODONTICS</b> <span style="float: left;">Tooth No.</span>		
Three or more surfaces, perm.	2160,61		Upper or Lower	5110,20	
One, two or three surfaces	2330-32		Immediate Upper or Lower	5130,40	
Four or more surfaces	2335		Upper or Lower, Resin Base	5211,12	
One, two or three surfaces	2410-30		Metal Base w/ Acrylic Saddles	5213,14	
<b>CROWN &amp; BRIDGE</b> <span style="float: left;">Tooth No.</span>			Adjust Complete Upper or Lower	5410,11	
Metallic, One Surface	2510		Adjust Partial Upper or Lower	5421,22	
Metallic, Two Surfaces	2520		Repair Broken Complete Base	5510	
Metallic, Three Surfaces	2530		Repair Missing or Broken Teeth	5520	
Resin, Laboratory	2710		Repair Acrylic Saddle or Base	5610	
Porcelain/Ceramic Substrate	2740		Repair Cast Framework	5620	

