

## **DENTAL VISIT INFORMATION**

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

CLIENT NAME:			UCI#:		DOB:
PHYSICIAN NA	ME:				
REASON FOR	VISIT:		VISIT DAT		
OLIENT MEDIO	ATIONS				
CLIENT MEDIC Medication:	ATIONS:	Dosa	aue.	Frequency	
Wicaroation.				Troquonoy	•
PERTINENT ME	EDICAL HISTORY	<u> </u>			
		•			
	Recommendations:	F BY DENTIST'S OF			
Current Tr	eatment:				
Progress N	Note/Follow-up Plar	 n:			
Progress N	Note/Follow-up Plar	1:			
Progress N	Note/Follow-up Plar	1:			
		n: ROPHYEXTRAC	;TIONSRE	ESTORATIONS	)
			TIONSRE	STORATIONS	<b>3</b>
	X-RAY PF		CTIONSRE	ESTORATIONS	<b>3</b>
EXAM	X-RAY PF	ROPHYEXTRAC	CTIONSRE	ESTORATIONS	)