IHS-42-2
(2/03)

IHS DENTAL ENCOUNTER RECORD

ADA CODE	EXPLANATIONS

DIAGNOSTIC PROCEDURES

- ☐ D0120 Periodic Oral Eval
- ☐ D0140 Limited / Problem Focused Eval.
- ☐ D0150 Comprehensive Oral Eval. (D0180)
- ☐ D0160 Detailed/Extensive Oral Eval.
- ☐ D0220 PA X-rays - (1st film) # ____
- ☐ D0230 PA X-rays - (Addtl) #'s ____
- ☐ D0240 Intraoral Occlusal Film
- ☐ D0272 Bitewings - 2 Films
- ☐ D0274 Bitewings - 4 Films
- ☐ D0330 Panoramic Film
- ☐ D0460 Pulp Vitality Tests
- ☐ D0470 Diagnostic Casts (per set)
- ☐ D0___ ____
- ☐ D0___ ____

PREVENTIVE

- ☐ D1110 Prophylaxis - Adult
- ☐ D1120 Prophylaxis - Child
- ☐ D1201 Topical Fluoride w/ prophy - child
- ☐ D1203 Topical Fluoride w/o prophy - child
- ☐ D1204 Topical Fluoride w/o prophy - adult
- ☐ D1205 Topical Fluoride w/ prophy - adult
- ☐ D1320 Tobacco Counseling
- ☐ D1330 Oral Hygiene Instruction
- ☐ D1351 Sealant - #'s____
- ☐ D1___ ____
- ☐ D1___ ____

PERIODONTICS

- ☐ D4341 Root Planing, per quadrant ____
- ☐ D4355 Full Mouth Debridement
- ☐ D4910 Periodontal Maintenance (recall)
- ☐ D4___ ____
- ☐ D4___ ____

ADA CODE	SURFACES / EXPLANATIONS	TEETH

RESTORATIVE

AMALGAM RESTORATIONS

- ☐ D21___ M O D B L ____
- ☐ D21___ M O D B L ____
- ☐ D21___ M O D B L ____
- ☐ D21___ M O D B L ____

RESIN RESTORATIONS

- ☐ D23___ M O D F L I ____
- ☐ D23___ M O D F L I ____
- ☐ D23___ M O D F L I ____
- ☐ D23___ M O D F L I ____

OTHER RESTORATIVE SERVICES

- ☐ D2920 Recement Crown ____
- ☐ D2930 SSC (primary) #'s ____
- ☐ D2940 Sedative Filling ____
- ☐ D2950 Core Buildup ____
- ☐ D2970 Temporary Crown ____
- ☐ D2___ ____ ____
- ☐ D2___ ____ ____

ENDODONTICS

- ☐ D3220 Vital Pulpotomy ____ ____
- ☐ D3221 Gross Pulpal Debridement ____
- ☐ D32___ ____ ____
- ☐ D33___ Endodontic Fill (Permanent) ____
- ☐ D3___ ____ ____
- ☐ D3___ ____ ____

ADA CODE	EXPLANATIONS	TEETH

PROSTHETICS

REMOVABLE

- ☐ D5___ ____ ____
- ☐ D5___ ____ ____
- ☐ D5___ ____ ____

FIXED

- ☐ D6___ ____ ____
- ☐ D6___ ____ ____
- ☐ D6___ ____ ____

ORAL SURGERY

- ☐ D7110 Simple, single ____
- ☐ D7120 Simple, addt'l ____
- ☐ D7210 Surgical, erupted ____
- ☐ D7220 Surgical, soft tissue ____
- ☐ D7230 Surgical, part. bony ____
- ☐ D7240 Surgical, comp. bony ____
- ☐ D7___ ____ ____
- ☐ D7___ ____ ____

ORTHODONTICS

- ☐ D8670 Periodic Ortho Trt. Visit
- ☐ D7___ ____ ____
- ☐ D7___ ____ ____

OTHER SERVICES

- ☐ D9110 Palliative Treatment ____
- ☐ D9215 Local Anesthesia ____
- ☐ D9310 Consultation ____
- ☐ D9630 Other drugs / med., by rpt. ____
- ☐ D9___ ____ ____
- ☐ D9___ ____ ____

PERSONS SERVED DATA & VARIABLE USE CODES

- ☐ 0000 First Visit (once per yr)
- ☐ 0190 Patient Revisit
- ☐ 9130 Broken Appt.
- ☐ 9140 Canceled Appt.
- ☐ 9170 Emerg. Encounter
- ☐ 9320 Diabetic Screening
- ☐ 9330 Hypertension Screening
- ☐ 9990 Planned TX Completed
- ☐ IH___ ____
- ☐ IH___ ____
- ☐ IH___ ____
- ☐ IH___ ____

EVALUATION CODES

- ☐ IH70 No Codes Apply
- ☐ IH71 Caries Free Child
- ☐ IH72 Untreated Decay
- ☐ IH73 Dental Sealant
- ☐ IH74 Adequate Perio Health
- ☐ IH75 Destructive Perio Dis.
- ☐ IH76 Missing Teeth due to Decay or Perio
- ☐ IH77 Edentulous
- ☐ 0003 BBTD/rampant caries
- ☐ 0004 Headstart Visit
- ☐ 9340 Prenatal Mother
- ☐ 9341 Parent/Caregiver

PATIENT IDENTIFICATION:

Name: Health Record:

Date of Birth:

Med. Hx: ☐ Changed ☐ No Change

BP: ____ / ____ Pulse: ____ Temp: ____

Behavior: ☐ ++ ☐ + ☐ – ☐ – –

Level of Understanding: ☐ Good ☐ Fair ☐ Poor ☐ Pt. Refused Education

Next Visit: ____

DENTIST SIGNATURE **DATE OF VISIT** **TIME OF VISIT**

PSC Media Arts (301) 443-1090 EF

DENTAL DATA ENTRY COPY

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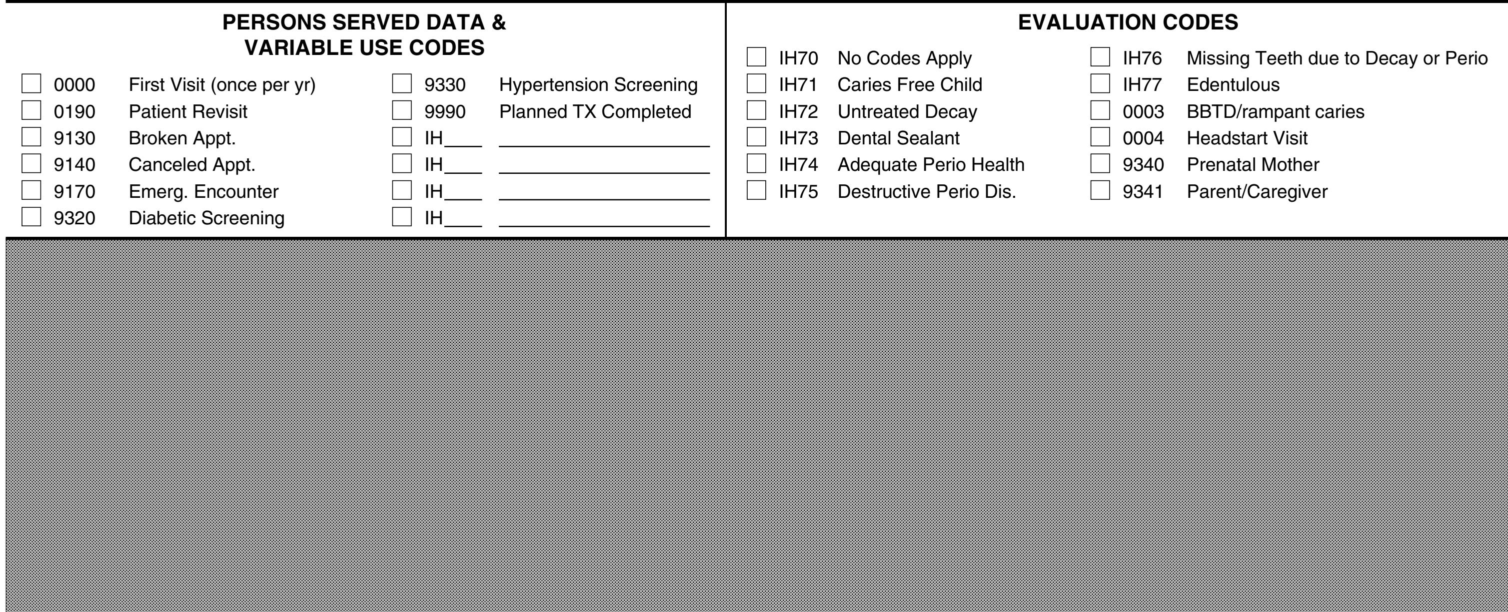

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BP: ________ / ________ Pulse: ________ Temp: ________

Behavior: ☐ ++ ☐ + ☐ – ☐ – –

Level of Understanding: ☐ Good ☐ Fair ☐ Poor ☐ Pt. Refused Education

Next Visit: ________

DENTIST SIGNATURE DATE OF VISIT TIME OF VISIT

BILLING OFFICE COPY

IHS-42-2
(2/03)

PROGRESS NOTES (continued):

Dentist's Initials: