Dental Care (DN) Section

DN01
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OMITTED.

DN02
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OMITTED.

DN03
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{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

What type of dental care provider did (PERSON) see during this visit?

PROBE: Any other type of dental care person?

CHECK ALL THAT APPLY.

GENERAL DENTIST ......................... 1 {DN04}
DENTAL HYGIENIST ......................... 2 {DN04}
DENTAL TECHNICIAN ....................... 3 {DN04}
DENTAL SURGEON ........................... 4 {DN04}
ORTHODONTIST ............................ 5 {DN04}
ENDODONTIST .............................. 6 {DN04}
PERIODONTIST ............................. 7 {DN04}
OTHER ..................................... 91 {DN04}
REF ................................... -7 {DN04}
DK ..................................... -8 {DN04}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES AUTOMATICALLY): CAPI DOES NOT ALLOW -7 OR -8 IN COMBINATION WITH ANY OTHER CODE. |
What did (PERSON) have done during this visit?
PROBE: What else was done?

CHECK ALL THAT APPLY.

*DIAGNOSTIC OR PREVENTATIVE
   GENERAL EXAM, CHECKUP OR CONSULTATION .... 1
   CLEANING, PROPHYLAXIS, OR POLISHING ....... 2
   X-RAYS, RADIOGRAPHS, OR BITEWINGS ........ 3
   FLUORIDE TREATMENT .......................... 4
   SEALANT (PLASTIC COATINGS ON BACK TEETH) ........................................... 5
*RESTORATIVE OR ENDODONTIC
   FILLINGS ...................................... 6
   INLAYS ......................................... 7
   CROWNS OR CAPS .................................. 8
   ROOT CANAL ...................................... 9
*PERIODONTIC (GUM TREATMENT)
   PERIODONTAL SCALING, ROOT PLANING, OR GUM SURGERY .................................... 10
   PERIODONTAL RECALL VISIT (PERIODIC OR REGULAR) ......................................... 11
*ORAL SURGERY
   EXTRACTION, TOOTH PULLED ...................... 12
   IMPLANTS ....................................... 13
   ABSCESS OR INFECTION TREATMENT ............. 14
   OTHER ORAL SURGERY ........................... 15
*PROSTHETICS
   FIXED BRIDGES .................................. 16
   DENTURES OR REMOVABLE PARTIAL DENTURES . 17
   RELINING OR REPAIR OF BRIDGES OR DENTURES .................................................... 18
*ORTHODONTICS
   ORTHODONTIA, BRACES, OR RETAINERS ...... 19
*ADDITIONAL PROCEDURES
   BOND, WHITEN, OR BLEACH ....................... 20
   TREATMENT FOR TMD OR TMJ ................... 21
   OTHER ......................................... 91 {DN04OV}
   REF ........................................... -7
   DK ........................................... -8

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.
HEADINGS AND CODE CATEGORIES WILL NOT FIT ON ONE SCREEN. THEREFORE, HEADINGS WILL ONLY APPEAR ON HELP SCREEN AND SHOW CARD DN-1. HEADINGS SHOULD BE ASSOCIATED WITH CODES AS FOLLOWS:

- *DIAGNOSTIC OR PREVENTATIVE = CODES 1-5
- *RESTORATIVE OR ENDODONTIC = CODES 6-9
- *PERIODONTIC (GUM TREATMENT) = CODES 10-11
- *ORAL SURGERY = CODES 12-15
- *PROSTHETICS = CODES 16-18
- *ORTHODONTICS = CODE 19
- *ADDITIONAL PROCEDURES = CODES 20-21 AND 91

FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES AUTOMATICALLY): CAPI DOES NOT ALLOW -7 OR -8 IN COMBINATION WITH ANY OTHER CODE.

IF CODE '91' (OTHER) ENTERED ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH DN04OV

OTHERWISE, GO TO DN05
During this visit, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES ........................................ 1 {DN06}
NO ......................................... 2 {BOX_01}
REF ......................................... -7 {BOX_01}
DK ........................................... -8 {BOX_01}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.
Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescriptions from this visit filled?

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]
| IF THE CHARGE/PAYMENT MODULE HAS NOT BEEN ASKED FOR THE EVENT-PROVIDER PAIR BEING ASKED ABOUT, GO TO THE CHARGE/PAYMENT (CP) SECTION. |
| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION. |