Dental Care (DN) Section

DN01
====
OMITTED.

DN02
====
OMITTED.

DN03
====

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

SHOW CARD DN-1.

What type of dental care provider did {you/{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.
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

SHOW CARD DN-2.

What did you 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

*PERIODONTAL (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

*ORTHODONICS
   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

DN04OV
======

Other Type of Dental Care:

[Enter Other Specify]................. (DN05)
REF ................................... -7 (DN05)
DK .................................... -8 (DN05)
During this visit, were any medicines prescribed for {you/{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]
ROSTER BEHAVIOR:

1. MULTIPLE SELECT AND ADD ALLOWED.

2. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A PMED ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS PMED AND THE EVENT.

3. EDIT DISALLOWED.

ROSTER FILTER:

NONE, DISPLAY ALL.

---

BOX_01

---

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.