

# Continuing Care Progress Notes (CCV)

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Antibiotic Premedication:  Not Indicated  Verified

## Periodontal Therapy

___ Periodontal Case Type		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
___ Initial Therapy (PCT)	<b>SRP Quads:</b>	<b>UR</b>	<b>UL</b>	<b>LL</b>	<b>LR</b>		
___ Periodontal Maintenance Therapy (PMT)	<b>Quadrant Emphasis:</b>	<b>UR</b>	<b>UL</b>	<b>LL</b>	<b>LR</b>		
___ Prophy							
___ Anesthetics (or Pre-Sedation) Used:							
<b>Comments:</b>							

## \_\_\_ Periodic Oral Evaluation (POE)

**Review of Outstanding Tx Plan:**

**X-rays Today -- BWX plus "big six"** (obvious decay, crown, big filling, sensitivity, prior RCT, partial abutment)

**New Findings:**

**Recommendations:**

**Comprehensive Oral Evaluation (COE) Recommended**

## Dental Hygiene Evaluation

Home care evaluation: excellent // good // fair // poor  
 Resulting Oral Condition: excellent // good // fair // poor

### \_\_\_ OHI:

Flossing Oral-B	Brushing Listerine	Proxabrush Sonicare	Floss Threader Peridex	Stimudent Home Fluoride Gel/Rinse
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**Continuing Care Interval**      **3**   **4**   **6**   **Months**      **Notes:**

## Billing Codes for Today:

- |  |   |
|--|---|
| <input type="checkbox"/> Periodontal Maintenance (04910)     | <input type="checkbox"/> Scale and Root Plane UL UR LL LR (04341) |
| <input type="checkbox"/> Periodic Oral Evaluation (00120)    | <input type="checkbox"/> Bitewing X-rays                          |
| <input type="checkbox"/> Periapical X-rays (001xx) _____     | <input type="checkbox"/> Prophylaxis Adult (01110)                |
| <input type="checkbox"/> Prophylaxis/Fluoride Child (01120)  | <input type="checkbox"/> Oral Hygiene Instruction (01330)         |
| <input type="checkbox"/> Sealant (per tooth) # _____ (01351) | <input type="checkbox"/> Full Mouth Debridement (04355)           |

## Next Hygiene Visit

Procedure(s): \_\_\_\_\_ (POE???) ASAP 1 2 3 4 5 6 Days Weeks Months

**App't Scheduled (w/FA)**       **on Dentrix Unscheduled List**

## Next Restorative Visit:

Procedure(s): \_\_\_\_\_ (POE???) ASAP 1 2 3 4 5 6 Days Weeks Months

**App't Scheduled (w/FA)**       **on Dentrix Unscheduled List**

Doctor \_\_\_\_\_

Periodontal Therapist \_\_\_\_\_

Hygiene Coordinator \_\_\_\_\_