PATIENT NAME _____ DATE _____ DR. _____

CONTROLLED	GINGIVITIS CASE TYPE I	EARLY PERIO CASE TYPE II	MOD PERIO CASE TYPE III	ADV PERIO CASE TYPE IV	REFRAC PERIO CASE TYPE V	EMERGENCY CARE PERIO	SUPP PERIO TREATMENT (SPT)

DATE FEE

Clinical Oral Evaluations
Office Visit • Re-Evaluation

- ☐ D0150 Comprehensive Oral Evaluation
- ☐ D0160 Detailed and Extensive Oral Evaluation (Report)
- ☐ D0120 Periodic Oral Evaluation
- ☐ D9430 Office Visit for Observation

Radiographs

- ☐ D0210 Intraoral - Complete Series (includes BW)
- ☐ D0220 Intraoral - PA – First Film
- ☐ D0230 Intraoral - PA – Additional Films
  #_____ (Maximum of Five)
- ☐ D0270 Bitewing – Single Film
- ☐ D0272 Bitewings – Two Films
- ☐ D0274 Bitewings – Four Films
- ☐ D0330 Panoramic Film
- ☐ Previous Complete Series or Panoramic:
  Date:_____ Doctor:_____

Tests and Laboratory Examinations (Documentation)

- ☐ D0415 Bacteriologic Studies – Path. Agents
- ☐ D0460 Pulp Vitality Tests/Quad _____
- ☐ D0470 Diagnostic Casts FU FL QUAD _____
- ☐ D0501 Histopathologic Examinations
- ☐ D0502 Other Oral Pathology Procedures (Report)
- ☐ D7285 Biopsy of Oral Tissue – Hard
- ☐ D7286 Biopsy of Oral Tissue – Soft

Preventive • Adjunctive General Services

- ☐ D1110 Prophylaxis – Adult
- ☐ D1120 Prophylaxis – Child
- ☐ D1203 Topical Fluoride – Child
- ☐ D1204 Topical Fluoride – Adult
- ☐ D9910 Application of Desensitizing Medi
- ☐ D5986 Fluoride Gel Carrier
- ☐ D1310 Nutritional Counseli
- ☐ D1320 Tobacco Coun
- ☐ D1330 Oral Hygiene (OHI)
- ☐ D9610 Therapeutic (eport)
- ☐ D9630 Other Drugs (rt)
- ☐ Prophylaxis o nce P

Consulta

- D9310 Consultation (
- Profe ion)

Per ntal Services

UR UA UL / LR LA LL

- ☐ D4341 P Sc id Root Planing/
  cumentation) – Periodontitis -
- ☐ th Debridement to Enable Evaluation
- ☐ nized Delivery of Chemotherapeutic Agents
  Per Tooth (Report)
- ☐ D4910* Perio Maintenance Procedures following Active Therapy
- ☐ D4999 Unspecified Periodontal Procedure (Report)
- ☐ Previous Periodontal Surgery or Scaling/Root Planing:
  Date:_____ Doctor:_____

Occlusion, Equilibration, Splints and Guards (Documentation)

- ☐ D9950 Occlusion Analysis – Mounted Case
- ☐ D9951 Occlusal Adjustment – Limited
- ☐ D9952 Occlusal Adjustment – Complete
- ☐ D4320 Provisional Splinting – Intracoronal
- ☐ D4321 Provisional Splinting – Extracoronal
- ☐ D5982 Surgical Stent – Site: _____
- ☐ D5988 Surgical Splint
- ☐ D9940 Occlusal Guard (Report)
- ☐ D9941 Athletic Mouth Guard

Soft Tissue Surgical Services
Emergency • Usual Post-Op

UR UA UL / LR LA LL

- ☐ D4210 Gingivectomy or Plasty/Quad:
- ☐ D4211 Gingivectomy or Plasty/Tooth #:_____
- ☐ D4220 Gingival Curettage/Dentist Procedure/Quad:
- ☐ D4240 Gingival Flap Procedure (Including Root Planing)/Quad:
- ☐ D4249 Crown Lengthening – Healthy Tissue (Report) (Minimum 3 Teeth)/Site:_____
- ☐ D4270 Pedicle Soft Tissue Graft Procedure –Site:_____

DATE FEE

Soft Tissue Surgical Services (continued)

- ☐ D4271 Free Soft Tissue Graft Procedure – Site:_____
- ☐ D4273 Subepithelial Connective Tissue Graft Procedure Including Donor Site:_____
- ☐ D4274 Distal or Proximal Wedge Procedure (when not performed in conjunction with other surgery in the same area)
- ☐ D7291 Transseptal Fiberotomy (Report) – Tooth #s:_____
- ☐ D7340 Vestibuloplasty-Ridge Extension – Site:_____
- ☐ D7350 Vestibuloplasty-Ridge Extension - All Inclusive – Site:_____
- ☐ D7465 Destruction of Lesions - Electrosurge (Report) – Site:_____
- ☐ D7510 Incision and Drainage of Abscess - Soft Tissue – Site:_____
- ☐ D7960 Frenectomy or Frenotomy – Site:_____
- ☐ D7970 Excision of Hyperplastic Tissue/Arch –
- ☐ D7971 Excision of Pericoronal Gingiva –

Osseous Surgical Services (includes st-Op

- ☐ D3450 Root Amputation - Per Root – Site
- ☐ D3920 Hemisection (udes any root remo
- ☐ D4260 Osseou (Complete)/Quad:
- ☐ D4263 Bone Re Graft - First Site/Qu UA UL
- ☐ D4264 Bone Rep raft - Each Additio
- ☐ Tiss ration - Resorbab
- ☐ 4267 r To
- ☐ issue r Tool rbable Barrier –
- ☐ plasty in ad:
- ☐ oloplasty not ith Ext/Quad:

UR UA UL / LR LA LL

Extractions (Nine Codes)

- ☐ 07250 Tooth # and Type of Extraction:_____

Imp Services (Report Prosthetic Devices Separately)

Endosteal (Endosseous) Implants

- ☐ D6010 Surgical Placement - Implant Body
- ☐ D6020 Abutment Placement or Substitution

Eposteal (Subperiosteal) Implants

- ☐ D6040 Surgical Placement - Eposteal Implant

Transosteal Implants

- ☐ D6050 Surgical Placement - Transosteal Implant
- ☐ D6055 Dental Implant Supported Connecting Bar
- ☐ D6080 Implant Maintenance Procedure
- ☐ D6095 Repair Implant Abutment (Report)
- ☐ D6100 Implant Removal (Report)
- ☐ D6199 Unspecified Implant Procedure (Report)

Emergency Periodontal Care

- ☐ D0140 Limited Oral Evaluation - Problem Focused
- ☐ D9110 Palliative Treatment of Dental Pain
- ☐ D9440 Office Visit – After Regularly Scheduled Hours
- ☐ D9930 Treatment of Complications - Post Surgical/Unusual (Report)

Supportive Perio Treatment (SPT)

(Use pencil)

- **Maintenance or Continuous Care:**
  ☐ D1110 ☐ D1120 ☐ D4910* ☐ D4341 Supp Perio Tmt
  ☐ D1204 ☐ D1203 ☐ D9910 ☐ D9630 Other Drugs
- **Medical Alert:** _____
- **Pre-Medicate:** ☐ Yes ☐ No _____
- **Time Interval Between SPT Visits:** _____
- **Responsibility for SPT Visits:** ☐ Gen ☐ Periodontist ☐ Shared ☐ PT Informed ☐ PT Request
- **Oral Hygiene Instructions:** _____
- **Antibiotics:** _____ **Antimicrobials:** _____
- **PT Education:** ☐ Written ☐ Brochure ☐ Audio ☐ Video
- **Notes:** _____

*D4910 – Use this code only after "the patient has undergone active periodontal therapy and is now receiving periodic ongoing treatment"

SAMPLE

©1995 American Dental Association, All Rights Reserved. Reproduced and distributed under ADA License #2000202