

Mission of Mercy

Patient Name: _____

MRN #: _____

	√ EXAMINATION / DIAGNOSTIC		TOOTH #'S OR QUAD
	D0140	Oral Exam - Limited / Emergency	
	D0272	X-Ray - Bitewing - 2 Films	
	D0274	X-Ray - Bitewing - 4 Films	
	D0210	X-Ray Intraoral Complete	
	D0240	X-Ray Occlusal Film	
	D0220	X-Ray - Periapical - 1st Film	
	D0230	X-Ray - Periapical - Ea. Addl. Film	
	D0330	X-Ray - Panelipse	

	√ SURGERY		TOOTH #'S OR QUAD
	D9110	Palliative (Emergency) Pain TX	
	D7140	Ext simple-erupted tooth or exposed root	
	D7210	Surgical Extraction of Erupted Tooth	
	D7220	Surg. Extraction Impacted - Soft Tissue	
	D7230	Surg. Extraction Impacted - Part Boney	
	D7240	Surg. Extraction Impacted - Comp Boney	
	D7250	Surg. Extraction - Root Removal	
	D7310	Alveoloplasty/Quad - W/Extract 1-3 Teeth	
	D7311	Alveoloplasty/Quad - W/Extract 4+ Teeth	
	D7286	Biopsy Soft Tissue (Code by Site)	
	D4211	Gingivectomy / Plasty per tooth	
	D4210	Gingivectomy / Plasty per quad	
	D7510	Inc. / Drain abscess	
	D7471	Remove Exostosis	

	√ PROSTHETICS		TOOTH #'S OR QUAD
	D5120	Denture Complete Lower	
	D5110	Denture Complete Upper	
	D5211	Partial Acrylic Upper	
	D5212	Partial Acrylic Lower	
	D5213	Partial Dent-Upper Cast Base/Resin	
	D5214	Partial Dent-Lower Cast Base/Resin	
	D5410	Denture Adjust - Upper Complete	
	D5411	Denture Adjust - Lower Complete	
	D5421	Denture Adjust - Upper Partial	
	D5422	Denture Adjust - Lower Partial	

	√ Dental History & Triage
	Under Doctor's Care
	Gums Bleed When Brushing/Flossing
	Sensitive to Hot/Cold
	Wears Partial, Bridge, Dentures
Triage Notes:	
RX? Name & Amount: _____	
Triage Dentist: _____	
Date: _____	

	√ RESTORATIVE		TOOTH #'S OR QUAD
	D2140	Amalgam 1 Surface - Permanent	
	D2150	Amalgam 2 Surface - Permanent	
	D2160	Amalgam 3 Surface - Permanent	
	D2161	Amalgam 4 Surface - Permanent	
	D2330	Resin 1 surface Anterior	
	D2331	Resin 2 surface Anterior	
	D2332	Resin 3 surface Anterior	
	D2335	Resin 4 or more/Inv Incisal Angle	
	D2391	Resin 1 surface Posterior	
	D2392	Resin 2 surface Posterior	
	D2393	Resin 3 surface Posterior	
	D2394	Resin 4 or more surface Posterior	
	D2940	Sedative / Temporary Filling	
	D2950	Core Buildup, Including Pins	
	D2951	Pin Retention - Per Tooth	
	D2954	Prefab. Post & Core	
	D9910	App of Desensitizing Medicaments	

	√ PREVENTIVE		TOOTH #'S OR QUAD
	D1204	Fluoride Topical Application - Adult	
	D1110	Prophylaxis - Adult	
	D4355	Full Mouth Debridement	
	D4342	Perioscale 1-3 Teeth Per Quad	
	D4341	Perio scale 4+ teeth per quad	

	√ ENDODONTICS		TOOTH #'S OR QUAD
	D3110	Pulp Cap - Direct	
	D3120	Pulp Cap - Indirect	
	D3310	Root Canal - Anterior	
	D3320	Root Canal - Bicuspid	
	D3330	Root Canal - Molar	

LIST ADDITIONAL SERVICES HERE	
Code	Indicating Tooth Number, Surface, etc

Treatment/Comments:
Restorative: Record Tooth # and Service Above. Note Anesthesia, and Relative Notes
Oral Surgery: Record Tooth # and Service Above. Note Anesthesia, and Relative Notes
RX? Name & Amount: _____
Attending Dentist: _____
Date: _____