

E-36.7 Attachment A

Effective: 1/8/2016

Reviewed: 10/15

Private Non-EMR Facilities  
Dental Clinic Operations Monthly Report Form

Facility: \_\_\_\_\_

End of Month Population: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Number of Intake for the Month: \_\_\_\_\_

<b>In processing Exams</b>	Number completed:	_____
	Number refused:	_____
	Number no show:	_____
<b>Sick Call Requests</b>	Number of requests:	_____
	Number seen:	_____
	Number of written responses:	_____
	Number of refusals:	_____
	Number of no shows:	_____
<b>Clinic Visits</b>		
<b>Number of Teeth Extracted</b>		
<b>Number of Teeth Restored</b>		
<b>Other Treatment</b> (Specify-endo, perio, prosthetics)		

Report Submitted by: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_