Future Smiles

Data Collection Form

	ogram N	ame:	Future	Smiles	2	. Event	/Site Nar	ne:								
3. Pa	tient Naı	me Fi	rst		Last				4. Provider Initials:							
5. Stu	ıdent ID	#							(0=Male, 1=Female, 2=unknown) 7. DOB							
					10. Race/Ethnicity:				Asian Black Hispanic White							
	AIAN		NHPI		Unknown :			1. Speci	special health care needs				(0=No, 1=Yes)			
12. Ir	surance		l=0)	Medicai	d, 1=CHI	P, 2=Pri	vate, 3=1	No insui	rance, 99	9=blank))					
12	2a. Name	e of Insu	ırance:					12b. Po	licy Nun	nber:						
	reenin			_ D:	= decay,	M = mis	ssing (co ommend	ngenita	l/oral di	sease), S	s = seala	nt prese	ent, PS =		be	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
			A	В	С	D	E	F	G	H	I	J				
			T	S	R	Q	P	0	N	M	L	K				
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
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		_	шеш	l	D991	D992	D993	3 D	994							
_	itions:							3 D:	Refer	ral to DI	-					
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☐ P	laque: alculus:	Noi	ne ne			ate F		3 D9	Refer		childrei tics eval	n are ret uation b			ist LR	
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