THIS SECTION TO BE COMPLETED BY THE DENTIST

Is this form being submitted for approval? Yes ☐ No ☐

Are X-Rays and/or Study Models being enclosed? Yes ☐ No ☐

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

PREVENTATIVE TREATMENT

Code	Treatment	No. of Units	Date of Treatment	Charge to Patient
EXAMINATIONS				
A01	Normal			
A11	Extensive			
A21	Full Case Assessment			
X-RAYS				
B01	Bitewing			
B02	Intra Oral			
B03	O.P.G.			
SCALING AND POLISHING				
E01	One Visit			
D01	Fissure Sealants			
D11	Topical Fluoride Application			
M0U	Occlusal Splint			

MINOR TREATMENT

Code	Treatment	No. of Units	Date of Treatment	Charge to Patient
FILLINGS				
G01	Amalgam - One Surface			
A11	Amalgam - Two Surfaces			
A21	Amalgam - Three + Surfaces			
G21	Composite - One Surface			
G22	Composite - Two Surfaces			
G31	Additional charge use of pin			
ROOT CANAL TREATMENT				
H01	Upper & Lower Anterior (1 root)			
H02	Upper Premolar (2 roots)			
H03	Lower Premolar (1root)			
H04	Molars (3 + roots)			
EXTRACTIONS				
L01	Single			
L02	Per additional tooth			
N11	Post Operative Care			
SURGICAL PROCEDURES				
M01	Extraction/Removal Bone Debris			
M02	Extraction - soft tissue involved			
H21	Apicectomy			
ANAESTHETICS				
W11	Relative Analgesia/Nitrous Oxide			
P01	General Anaesthetic			
P42	I.V. Valium			
OCCASIONAL TREATMENT				
S01	Dressing			
S11	Incising an Abcess			
S21	Open Root Canal for Drainage			
T11	Recementing Crowns/Bridges			
U01	Abnormal Haemorrhaging			

MAJOR TREATMENT

Code	Treatment	No. of Units	Date of Treatment	Charge to Patient
PERIODONTAL TREATMENT (Non Surgical)				
E21	Prolonged (Curettage/Root Planing)			
F51	Splinting			
PERIODONTAL TREATMENT (Surgical)				
F01	Gingivectomy			
F11	Mucoperio, Flap Bone Surgery			
DENTURES - ACRYLIC				
Q31	Partial or Full Upper OR Lower			
Q32	Partial or Full Upper AND Lower			
DENTURES - METAL				
Q43	Partial			
Q41	Full Upper or Lower			
DENTURES - METAL/ACRYLIC				
R63	Additional Tooth			
R61	Addition of Clasp			
K71	Denture Repair			
CROWNS/BRIDGES				
J01	Veneers (per tooth)			
K32	Adhesive Bridges			
K41	Conventional Bridgework			
K12	Standard Post & Core			
K11	Gold Post & Core			
K07	Bonded Precious Crown			
K05	Bonded Non Precious Crown			
K08	Full Cast Crown			
K06	Porcelain Crown			
INLAYS				
K02	Precious			
K01	Non Precious			
K02	Porcelain			
MISCELLANEOUS				
			Total	

I confirm that the treatment has been/will be carried out and I hereby declare that all treatment as stated is being submitted for approval/has been completed.

Dentists signature:

Date:

Dentists Stamp