

**DENTAL OFFICER OF THE DAY (DOD) / DENTAL CHARGE OF QUARTERS (DCQ) PATIENT LOG**

*(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - USE BLANKET PAS - DD FORM 2005)*

**I. PATIENT** *(PATIENT: Please complete all information in Section I ONLY.)*

NAME OF PATIENT <i>(Last, First, Middle Initial)</i>		RANK	ORGANIZATION <i>(If active duty)</i> or Home Address	
NAME OF SPONSOR <i>(Last, First, Middle Initial)</i>		DATE	SPONSOR'S SSN	TIME
			- -	

**II. ENCOUNTER INFORMATION**

USAF 12	CIV 91	Routine R	Scheduled S
USA 13	AFRES 92	Prev Dent P	Broken B
USN/MC 14	ANG 93	Child Prev	Canceled C
CG/PHS 15	ARRES 94	Dent C	Filled F
DEPAD 50	ARNG 95	Emergency E	Other O
RET 41	NAVRES 96	PDEP D	
DEPRET 90	FOR MIL 97	Med Adjunct A	

Clinic	Beneficiary Type	Encounter Type	Appointment Use	Provider Code

**SDP**

Notification Required	
Notification Not Required	

**III. RADIOGRAPHIC PRESCRIPTION:**

<input type="checkbox"/>	VERT BW (R)	<input type="checkbox"/>	VERT BW (L)	<input type="checkbox"/>	BW (R)	<input type="checkbox"/>	BW (L)
<input type="checkbox"/>	PERIAPICAL	<input type="checkbox"/>	PANOGRAPH	<input type="checkbox"/>	FM SERIES	<input type="checkbox"/>	CEPH
<input type="checkbox"/>	OTHER:						

*CIRCLE TOOTH NUMBER/LETTER*

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A	B	C	D	E	F	G	H	I	J						
T	S	R	Q	P	O	N	M	L	K						
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

**IV. TREATMENT NARRATIVE**

Caries	Perio - 0	Perio - 4	Other	Dental Class	Date of Update	Name/Rank of Provider/Assistant			
<b>PATIENT ARRIVAL</b> <i>(Date and Time)</i>			<b>TIME NOTIFIED</b>			<b>TIME REPORTED TO MEDICAL FACILITY</b>			
			DOD			DCQ			
			DOD			DCQ			
LOCATION WHERE DENTAL HEALTH RECORD IS FILED						(COMPLETE IF PATIENT IS A MINOR)			
						Person's Name Authorizing Treatment			
						Relationship to Patient			
<b>CASE REVIEW</b> <i>(Items listed below must be considered. For "YES" answers, see appropriate medical facility operating instruction.)</i>									
ITEM				YES	NO	ITEM		YES	NO
A. Sensitive Duty Program (PRP, SCI, or PS)						D. Risk Management			
B. Suspected Child or Spousal Abuse						E. On Flying Status			
C. Third Party Liability						F. Incident Report			
Time Patient Dismissed	Time Clinic Secured	Signature of DoD				Date/Signature Dental Commander Review			
Date	SIGNATURE OF DENTAL QA/RM COORDINATOR <i>(If Required - Comments on Reverse)</i>								

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).