Dental Care (DN) Section

DN01
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        OMITTED.

DN02
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        OMITTED.

DN03
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        {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
        PROVIDER......} {EVN-DT}

        What type of dental care provider did (PERSON) see during this
        visit?

        PROBE: Any other type of dental care person?

                    CHECK ALL THAT APPLY.

            GENERAL DENTIST .... 1 {DN04}
            DENTAL HYGIENIST .... 2 {DN04}
            DENTAL TECHNICIAN .... 3 {DN04}
            DENTAL SURGEON .... 4 {DN04}
            ORTHODONTIST .... 5 {DN04}
            ENDODONTIST .... 6 {DN04}
            PERIODONTIST .... 7 {DN04}
            OTHER .... 91 {DN04}
            REF .... -7 {DN04}
            DK .... -8 {DN04}

                    [Code All That Apply]

         HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

            | FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES |
            | AUTOMATICALLY): CAPI DOES NOT ALLOW -7 OR -8 IN |
            | COMBINATION WITH ANY OTHER CODE. |

DN04
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

SHOW CARD DN-1.

What did (PERSON) have done during this visit?
PROBE: What else was done?

CHECK ALL THAT APPLY.

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  *DIAGNOSTIC OR PREVENTATIVE
     GENERAL EXAM, CHECKUP OR CONSULTATION ..  1
     CLEANING, PROPHYLAXIS, OR POLISHING ....  2
     X-RAYS, RADIOGRAPHS, OR BITEWINGS ......  3
     FLUORIDE TREATMENT .....................  4
     SEALANT (PLASTIC COATINGS ON BACK
     TEETH) .................................  5
  *RESTORATIVE OR ENDODONTIC
     FILLINGS ...............................  6
     INLAYS .................................  7
     CROWNS OR CAPS .........................  8
     ROOT CANAL .............................  9
  *PERIODONTIC (GUM TREATMENT)
     PERIODONTAL SCALING, ROOT PLANING, OR
     GUM SURGERY ........................... 10
     PERIODONTAL RECALL VISIT (PERIODIC OR
     REGULAR) .............................. 11
  *ORAL SURGERY
     EXTRACTION, TOOTH PULLED .............. 12
     IMPLANTS .............................. 13
     ABSCESS OR INFECTION TREATMENT ........ 14
     OTHER ORAL SURGERY .................... 15
  *PROSTHETICS
     FIXED BRIDGES ......................... 16
     DENTURES OR REMOVABLE PARTIAL DENTURES . 17
     RELINING OR REPAIR OF BRIDGES OR
     DENTURES .............................. 18
  *ORTHODONTICS
     ORTHODONTIA, BRACES, OR RETAINERS ...... 19
  *ADDITIONAL PROCEDURES
     BOND, WHITEN, OR BLEACH ............... 20
     TREATMENT FOR TMD OR TMJ .............. 21
     OTHER ................................. 91 {DN04OV}
     REF ................................... -7
     DK .................................... -8
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[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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| HEADINGS AND CODE CATEGORIES WILL NOT FIT ON ONE    |
| SCREEN.  THEREFORE, HEADINGS WILL ONLY APPEAR ON    |
| HELP SCREEN AND SHOW CARD DN-1.  HEADINGS SHOULD    |
| BE ASSOCIATED WITH CODES AS FOLLOWS:                |
| *DIAGNOSTIC OR PREVENTATIVE = CODES 1-5             |
| *RESTORATIVE OR ENDODONTIC = CODES 6-9              |
| *PERIODONTIC (GUM TREATMENT) = CODES 10-11          |
| *ORAL SURGERY = CODES 12-15                         |
| *PROSTHETICS = CODES 16-18                          |
| *ORTHODONTICS = CODE 19                             |
| *ADDITIONAL PROCEDURES = CODES 20-21 AND 91         |
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| FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES      |
| AUTOMATICALLY): CAPI DOES NOT ALLOW -7 OR -8 IN     |
| COMBINATION WITH ANY OTHER CODE.                    |
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| IF CODE '91' (OTHER) ENTERED ALONE OR IN            |
| COMBINATION WITH ANY OTHER CODE, CONTINUE WITH      |
| DN04OV                                              |
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| OTHERWISE, GO TO DN05                               |
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DN04OV
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OTHER TYPE OF DENTAL CARE:

       [Enter Other Specify]..................   {DN05}
       REF .... -7 {DN05}
       DK .... -8 {DN05}

DN05
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

During this visit, were any medicines prescribed for
(PERSON)? Please include only prescriptions which were
filled.

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YES ..................................... 1 {DN06}
NO ...................................... 2 {BOX_01}
REF .................................... -7 {BOX_01}
DK ..................................... -8 {BOX_01}
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HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

DN06
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-DT}

Please tell me the names of the prescriptions from this
visit that were filled.

PROBE: Any other prescriptions from this visit filled?

```
[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]
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| ROSTER DETAILS:                                      |
| TITLE: PERSON'S-PRESCRIBED-MEDICINES_1.              |
|                                                      |
| COL # 1 HEADER: PRESCRIBED MEDICINE                  |
| INSTRUCTIONS: DISPLAY PMED NAME (PMED.PMEDNAME)      |
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| ROSTER DEFINITION:                                   |
| THIS ITEM DISPLAYS PERSON'S-PRESCRIBED-MEDICINES-    |
| ROSTER FOR SELECTION AND ADDITION OF PRESCRIBED      |
| MEDICINES.                                           |
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| ROSTER BEHAVIOR:                                        |
| 1. MULTIPLE SELECT AND ADD ALLOWED.                     |
|                                                         |
| 2. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE |
| A PMED ADDED ON THIS SCREEN AS LONG AS CAPI HAS   |
| NOT YET CREATED THE LINK BETWEEN THIS PMED AND THE|
| EVENT.                                                  |
|                                                         |
| 3. EDIT DISALLOWED.                                     |
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| ROSTER FILTER:                                          |
| NONE, DISPLAY ALL.                                      |
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BOX_01
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| IF THE CHARGE/PAYMENT MODULE HAS NOT BEEN ASKED    |
| FOR THE EVENT-PROVIDER PAIR BEING ASKED ABOUT, GO  |
| TO THE CHARGE/PAYMENT (CP) SECTION.                |
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| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION.    |
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