

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?
CODE ALL THAT APPLY.

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

[Code All That Apply]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

DN04
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{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? CODE ALL THAT APPLY.
FOR DEFINITIONS OF ANSWER CATEGORIES, PRESS F1.

- *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
 REF -7
 DK -8

[Code All That Apply]

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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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| HEADINGS AND CODE CATEGORIES WILL NOT FIT ON ONE |
| SCREEN. THEREFORE, HEADINGS WILL ONLY APPEAR ON |
| F1 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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DN04OV
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ENTER OTHER TYPE OF DENTAL CARE:
 [Enter Other Specify].....
 REF -7
 DK -8

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.
 YES 1
 NO 2 {BOX_01}
 REF -7 {BOX_01}
 DK -8 {BOX_01}
 PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

DN06
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{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?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

- [1. Prescribed Medicine]
- [2. Prescribed Medicine]
- [3. Prescribed Medicine]

| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON'S- |
 | PRESCRIBED-MEDICINES-ROSTER. |

| **ROSTER BEHAVIOR SPECIFICATIONS** |

| 1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY |
 | LISTED ON THE ROSTER. |

| 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF |
 | MEDICINES AT THE ROSTER QUESTIONS (I.E., NO |
 | LIMIT TO THE NUMBER OF MEDICINES). |

| 3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE |
 | THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS |
 | USED. THAT IS, AS LONG AS THE INTERVIEWER HAS |
 | NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO |
 | DELETE A MEDICINE ENTERED IN ERROR. IF DELETE |
 | IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED |
 | (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY |
 | THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED |
 | ONLY WHEN MEDICINE IS FIRST ENTERED.' |

BOX_01
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| IF THE CHARGE/PAYMENT SECTION HAS NOT BEEN ASKED |
 | FOR THE EVENT-PROVIDER PAIR BEING ASKED ABOUT, GO |
 | TO THE CHARGE/PAYMENT SECTION. |

| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION. |

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