

DATE
CLIENT'S NAME
CLIENT'S ID NUMBER
DENTIST/DENTURIST'S PHONE NUMBER (with Area Code)
PROVIDER FAX NUMBER

Tooth Chart

DENTIST/DENTURIST'S NAME

PROVIDER NPI NUMBER

Have all dental and periodontal services been completed on all remaining teeth? Yes ____ No ____
If not, please submit treatment plan and periodontal chart.

Mark the chart below

