# OAKLEY YOUTH DEVELOPMENT CENTER

## Dental Visit Log

| Date | Student Name | X-Ray #/Type | Operative Tooth#, Surface, Material | RCT Tooth #, Procedure | Oral SX Tooth #, Procedure | Health Call | RX or F/U | Referral | Admit Date |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Form XI.19.B

Effective Date: 07/01/06
Revision Date: 02/22/11, 07/01/13