

Mississippi Division of Youth Services Medical Record Review -- CONFIDENTIAL

Unit: Reviewer: Date:

DENTAL WORK F/U

	MDYS Number	MDYS Intake Date	Dental Treatment Plan	How Many Needs Idenitified	Date of Prophy/Pan-B/W	Work Initiated by 30 days	Work Completed	Health Call Request	Dental Record Complete	Plan for Cont'd tx	On Appt Board	Treat-ment Refusal	Comments
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
	Pero Comp		%	%	%	%	%	%	%	%	%	%	