

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.

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

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?

CHECK ALL THAT APPLY.

- \*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 {DN040V}
  - REF ..... -7
  - DK ..... -8

[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 |  
DN040V

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OTHERWISE, GO TO DN05

DN040V  
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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.

- YES ..... 1 {DN06}
- NO ..... 2 {BOX\_01}
- REF ..... -7 {BOX\_01}
- DK ..... -8 {BOX\_01}

HELP AVAILABLE 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?

- [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.

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.

MEPS FAMES P12R5/P13R3/P14R1 Dental Care (DN) Section  
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