

Pediatric Oral Health Access Program (POHAP)



Dentist Name: _____

Practice location: _____

For quarter of: _____
(see below)

Quarterly Report

Total number of patients 0 - 12 years old seen this quarter:
(Number of patients, NOT patient visits)

0 - 2 yrs. _____ 3 - 5 yrs. _____ 6 - 12 yrs. _____

Number of **NEW** patients 0 - 12 years old this quarter:
(Number of patients, NOT patient visits)

0 - 2 yrs. _____ 3 - 5 yrs. _____ 6 - 12 yrs. _____

Number of patients with special health care needs seen this quarter: _____

Number of patients "referred out" due to age or health care needs this quarter: _____

Payment source of patients 0-12 years old treated this quarter:

Denti-Cal _____ %
Healthy Families _____ %
Healthy Kids _____ %
Other _____ %
Unknown _____ %
Uninsured _____ %

Total: 100 %

Is your office equipped with nitrous oxide? (circle one) Yes / No

If yes, how many times you have used nitrous oxide on patients 0-12 years old this quarter?

0 - 2 yrs. _____ 3 - 5 yrs. _____ 6 - 12 yrs. _____

Number of procedures that have been performed this quarter, by category:

	Patients 0 - 2 Years	Patients 3 - 5 Years	Patients 6 - 12 Years	Pts. with Special Health Care Needs
Prophies:	_____	_____	_____	_____
Topical Fluoride:	_____	_____	_____	_____
Fillings:	_____	_____	_____	_____
SSC:	_____	_____	_____	_____
Pulpotomies:	_____	_____	_____	_____
Extractions:	_____	_____	_____	_____
Anecdotes/Outcomes:	_____			

Please send completed form to:
Brittney Ryan
1201 K Street, Suite 1511
Sacramento, CA 95814
Fax: 916.498.6182

Report due dates:
September 1, 2008
December 1, 2008
March 1, 2009
June 1, 2009