

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? (check 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:
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 Sacramento, CA 95814
 Fax: 916-498-6182

Report due dates:
 May 15, 2008
 August 15, 2008
 November 15, 2008
 February 15, 2009