Dental Log

Date	Who did you see?	Reason & Findings

Dental Visit Notes

Patient Name: _____

Date: _____

Met with: _____

Purpose: _____

NOTES: _____

_____

_____

_____

_____

_____

Follow Up Items:

    Next Appointment: _____

    Work to be done next: _____

    Other: _____

    Billing Information:

        Fee for Today: $_____ ❑ Insurance ❑ Co-Pay: $_____

_____

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