Patient Treatment Presentation Record

Month _____   Year _____

Pre-Determinations

Date	Patient Name	Presentation Date	Total Plan	Accepted	F/A	Comments

New Patient

Number of Cases Presented New Patients: _____

Total Fees of Cases Presented New Patients: _____

Number of Cases Accepted New Patients: _____

Total Fees of Cases Accepted New Patients: _____

Patient of Record

Number of Cases Presented Patient of Record: _____

Total Fees of Cases Presented Patient of Record: _____

Number of Cases Accepted Patient Record: _____

Total Fees of Cases Accepted Patient of Record: _____