Denticon Software UI Modernization Offering a clean, modernized UI look!

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UI Modernization Includes:

Modifications:

- Standardized blue color scheme that is easier, and cleaner to read
- Modernized buttons and layouts
- Improved display contrast
- Preserved Workflows

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Patient Screens: Page 4

- Add/Edit Dental/Medical Insurance Plan
- Add/Link General/Ortho Patient
- Addresses
- Advanced Custom Letter
- Assign To Restricted User
- Caries Risk Assessment
- Change Patient Home Office
- Dental Insurance Fill Out
- Edit Patient Info
- Edit Prescription
- Edit Recall Due Dates
- Edit Responsible Party
- Email Patient
- Flash Alerts
- Medical Insurance Fill-Out Form
- Notes
- Online Patient Existing
- Online Registered Patient New
- Patient Overview
- Progress Notes
- Search Patient
- Status Tracker
- Treatment Plan

Transactional Screens: Page 48

- Batch Patient Payments
- Capitation Payment
- Ledger
- Ortho Payment Plan
- Pre Authorization Details
- Pre Authorization List
- Regular Payment Plan
- TransactionsEntry
- Treatment Plan

Setup Screens: Page 66

- CDT X CPT Cross-coder
- CDT X ICD Cross-coder
- Close Out
- Codes Modifier
- Collection Agency
- CPT X ICD Cross-coder
- Downloads and Links
- Explosion Codes
- Medical Alerts Setup
- Medical Questionnaire Setup
- Notes Macro Setup
- Place Of Service Codes
- Prescriptions (Setup)
- Provider Goals
- Referral Demographics Setup
- Release Notes

Customer Pre Requisites

Recommended System Settings:

- **Processor:** Intel i5 or higher
- Memory: 8 GB of RAM
- Hard Disk Drive: 250 GB
- Network Speed: 6 Mbps down/2 Mbps up
- Operating System: Windows 10
- Browser: Chrome, Edge
- Adobe Acrobat Reader: Latest version
- Display Resolution: 1920 X 1080
- **Display Scale:** 100% (Max 200%)
- Browser Zoom: 100% (Max 175%)

NOTE: If a display setting is changed the system DOES require a refresh

Supported Resolutions and Scale:

Resolution: 1920x1080	Scale: 100%, 125%, 150%, 175%
1600x900	100%, 125%, 150%
1366x768	100%, 125%
3840x2160	100%

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Patient: Insurance Plan Setup

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Patient: Insurance Plan Setup OLD

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Patient: Add/Link General/Ortho Patient

Modifications Include: No Changes

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Patient: Add/Link General/Ortho Patient OLD

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Patient: Addresses

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Patient: Addresses OLD

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Patient: Advanced Custom Letter

Modifications Include: No Change, Newer Report

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PC001 - Consent for General Dentistry (1136)										
PC002 - Consent for Endo Surgery (1137)	L									
PC003 - Pt Info for Root Canal Therapy (1138)										
PC004 - Consent for Apicos/Apical Surgery (1139)										
PC005 - Consent for Periodontal Cleaning (1140)										
PC006 - Consent for Perio Treatment (1141)										
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Patient: Advanced Custom Letter

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Patient: Assign To Restricted User

Modifications Include: No Change

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Patient: Assign To Restricted User OLD

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Patient: Caries Risk Assessment

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3/09/2022 · T · T · · · · · · · · · · · · · · ·	Current Date	es/on radiograph to dentin	roximal enamel lesions (on radiograph)	tive white spots on smooth surfaces	irst Visit Only - Restorations (cavities) last 3 years	llow Up Visits- Restorations in last year	riScreen Readings above 1,500	Visible heavy plaque	Frequent snacking (>3x)	Deep pits and fissures	Recreational drug use	liva flow reduced - measured < 1ml /min	Saliva reducing factors dications/radiation/syster	Orthodontic appliances	Lives/work/school fluoridated water	F-tooth paste once per day	F-tooth paste twice per day	-mouth rinse (0.05% NaF) daily	5000 ppm F-toothpaste daily	F-varnish the last 6-months	iffice F topical in last 6 months	CHX used 1 week per month	Xylitol 4x daily last 6 months	deaquate sailva flow (>Iml/min)	Risk Diagnosis	Edit	H
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Patient: Caries Risk Assessment OLD

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Patient: Change Patient Home Office

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Patient: Change Patient Home Office OLD

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Patient: Dental Insurance Fill Out

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First Visit Date	04/15/2019	Place Of Treatment	11 - Office v	ICD 1	None
Prior Authorization Number		Insurance Ref. / NEA #		ICD 2	None
Other Dental or Medical coverages?	Assign Benefits to Patient	Student Status	No 🗸	ICD 3	None
Signature on File		School Name		ICD 4	None
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Radiograph(s)	0	Other Accident Occ	cupational Illness 🗌 Auto Accident		
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Patient: Dental Insurance Fill Out OLD

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Number of Enclosures (00 to 99)		Treatment is Result Of	0			
Radiograph(s) Oral Image(s) Model(s)		Other Accident Occupation Accident Date Accident State		dent		
Treatment is for Orthodontics		Treatment is for Prosthesis				
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Patient: Edit Patient Info

Modifications Include: Modernized Buttons and Layouts, Added Height & Weight, Reordered Fields on Screen

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Resp. Party ID	687		Chart #			CH - Child		
Title, Preferred Name	· · ·		SSN		SHOW	CP - Collection Problem, See Notes		
Last Name *	Dixon		Driver License			CQ - Queued For Collections		
First Name *	Ashley		Medi ID			DE - Declined Visit		
Birth Date * & Sex *	04/15/1975	1 47 Female V	Home #			EF - Employee & Family		
Marital Status	Single	~	Cell #	301-555-5555	BYPASS			
Email			Work #			Health Care Guardian Name		
Address *	123 street		Pref. Contact Method	No Preference	~	Health Care Guardian Phone		
Address 2			Student	No	~	Emergency Contact		
City, State & Zip *	Long Beach	CA ~ 90808	School Name			Emergency Phone		
ATIENT STATUS						OFFICE		
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Patient: Edit Patient Info OLD

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Patient ID 578 Resp. Party ID 535 Created by ASHLEYDIXON Modified By PDD54748 Tife, Preferred Name Created on 4/15/2019 11/28 AM PT Modified By 4/17/2023 60 AM PT Last, First Serman Richard Resp. Party ID Rel to Resp ⁴ Self Patient Type Address* Serman Richard Charl # Charl # </td <td>(H): (C): 310</td> <td>BD : 3/15/1981</td> <td>IN</td> <td>First Visit: 4/15</td> <td>/2019 Balanc /2022 Est Ins</td> <td>te: 6819.40 BD : 3/15/1981 s: 3279.70</td> <td>800-548-5468 Sub</td> <td>-</td>	(H): (C): 310	BD : 3/15/1981	IN	First Visit: 4/15	/2019 Balanc /2022 Est Ins	te: 6819.40 BD : 3/15/1981 s: 3279.70	800-548-5468 Sub	-
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Patient: Edit Prescription

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92	12/5/2022		Clindamycin 150 Mg		56	2 Q 6 Hr	0	JJ DDS	No					No	ASHLEYDIXONZ	
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584	10/12/202		Gel Cam Oral Rinse		4.3 Oz Tube	Brush 1X Daily, Or As Di		JJ DDS	No					No	ASHLEYDIXONZ	
82	9/9/2022		Lortab 7.5/500		16	1 Q 6 Hr Prn Pain	0	JJ DDS	No					No	ASHLEYDIXONZ	
81	8/29/2022		Darvocet N100		20 Tabs	1 Q 4-6 Hr Prn Pain	0	JJ DDS	No					No	ASHLEYDIXONZ	
79	8/26/2022	2 [Darvocet N100		20 Tabs	1 Q 4-6 Hr Prn Pain	0	JJ DDS	No					No	ASHLEYDIXONZ	
577	8/25/2022		Darvocet N100		20 Tabs	1 Q 4-6 Hr Prn Pain	0	JJ DDS	No					No	ASHLEYDIXONZ	
53	4/26/2022		Mepergan 50		16	1 Q 6 Hr Prn Pain	0	JJ DDS	No					No	ASHLEYDIXONZ	
52	4/12/2022		Mepergan 50		16	1 Q 6 Hr Prn Pain	0	JJ DDS	No					No	ASHLEYDIXONZ	
51 47	4/12/2022		Motrin 800mg		21	1 Q 6 Hr Prn Pain	0	JJDDS	No					No	ASHLEYDIXONZ	
+/	2/8/2022	L	Darvocet N100		20 Tabs	1 Q 4-6 Hr Prn Pain Brush On Teeth Or Place	0	JJ DDS	No					No	ASHLEYDIXONZ	
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Patient: Edit Responsible Party

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Patient: Sherman, Richard i (H): (C): 310-874-2445 (W): (W):	d BD : 3/15/1981 ID : 578	TypeAge/Sex:INFirst Visit:WCLast Visit:	42 / M 4/15/2019 8/31/2022	Responsible: Sherman, Richard Balance: 6819.40 BD : 3/15/1981 Est Ins: 3279.70 Est Pat: 3539.70	Prim. Ins: DELTA DENTAL PLAN (C 800-548-5468 SubID : 5643262111 Sec. Ins:
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To Email Address * Stacie Subject * Body Sty From Phone	ard Sherman's Email ✓ e@gmail.com Source B I U S I _X ×₂ /les ◆ Format ◆ Font ◆ - Organic Dentistry e - 310-874-2445 sase DO NOT REPLY to this message.		99 🗶 🔓		
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Patient: Flash Alerts

Modifications Include: No Change

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Patient: Flash Alerts OLD

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Patient: Medical Insurance Fill-Out Form

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Sherman, Richard	(C) 310-874-2445	Turpo	Next V	licit	Responsible Sherman, Richard	Prim. Ins 🛃 DELTA DENTAL PLAN (CA)
42/M 03/15/1981	(H)	Type IN WC	Next F		Balance 8243.92 RP BD 03/15/1981	800-548-5468 SubID 5643262111
ID 578 Home Office OD	(W) scoates@planetdds.com		Last V First V		Est Ins 3279.70 Est Pat 4964.22	Sec. Ins
	Scoates@planetdds.com		Flist V	151C 04/13/2019	ESt Pat 4904.22	
Insurance Type	Medicare		~	Place of Service	11 - Office	~
Prior Authorization Number				Type of Service	Dental/Medical	~ ~
Is there another Health Benefit Plan?	Assign Benefits to Patient			Student Status	None	✓ □ Is Employed
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Dates Patient unable to work in current occupation	From	То	#	Accident State		~
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Patient: Medical Insurance Fill-Out Form OLD

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Medical Insurance Fill-out Form		PGID :4703 / OID :101 🛁
Patient: Sherman, April	Type Age/Sex: 33 / F	Responsible: Burke, Ron Prim. Ins: Delta Dental Of MN
(H): BD : 5/1/1989	Preferred Pronouns:	Balance: 8142.60 BD : 3/15/1981 800-555-1212 SubID : 5643262111
(C): 310-989-5555 ID : 579 (W):	First Visit: 4/17/2019 Last Visit: 3/30/2023	Est Ins: 3493.20 Sec. Ins: Est Pat: 4649.40
Insurance Type Prior Authorization Number	Medicare V	Place of Service 11 - Office Type of Service Dental/Medical
S Is there another Health Benefit Plan?		Student Status None Classification Status
Assign Benefits to Patient Signature on File		School Name
Dates		Patient's Condition Related to
Date of current (illness or injury or pregnancy)		Other Accident Occupational Illness Auto Accident
If Patient has had same or similar illness give First Date		Accident Date
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Patient: Progress Notes

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Provider		Johnson, J	Edit	DOS	0	ø	Th	Progress Notes				Date						
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City, State and Zip		Manhattar						ASHLEYDIXONZ (OD)								NEW MEME		
Patient Note														Recall Last Visit			Active	
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			1	08/24/2021	-	-	-	Once upon a time there was a great dentist Joseph Johnson DDS 93843 who did a crown tooth # 04 Created The patient chose Porcelain after hearing all of the pros and cons of all of the types of materials availab 08/24/2021 08:10:28 AM (PST)					09/06/2022 04/25/2019			Yes Yes		
MMARY B	ALANCES CONTR	ACTS REFERF						le I Used 2% lidocaine 1	/50K			ASHLE (OD)	DIXONZ					
POINTMENTS	5							Gave the patient half Patient agreed to A2										
ppt Date	Appt Time	Office							after shade match EC - Mill and a temporary	crown was placed.				20	Balance	Est Pat	Est	
1/03/2023	08:00 AM	OD						Current crown is More than 5 years old Existing crown has Open margin, Recurrent decay						08	\$8,243.92	\$4,964.22	\$3,279	
/24/2021	03:30 PM	OD											20	\$4,024.20	\$2,006.50	\$2,01		
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Patient: Progress Notes OLD

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dit 8/24	/2021		Once upon a time there was a great dentist Joseph Johnson DDS 93843 who did a crown tooth # 04 The patient chose Porcelain after hearing all of the pros and cons of all of the types of materials available I Used 2% lidocaine 1/50K Gave the patient half carpule 500 Patient agreed to A2 after shade match Crown was Sent to CEREC - Mill and a temporary crown was placed. Current crown is More than 5 years old	Created 08/24/2021 08:10:28 AM (PST) ASHLEYDIXONZ (OD)

Patient: Progress Notes

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Patient: Progress Notes OLD

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Initial Examination			_
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Patient: Patient Overview

Modifications Include: Modernized Buttons and Layouts, Reordered Fields on Screen, and Added Referrals

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		(C) 310-874-2445			nart	Next Visit	11/25/2024	Resp ID	535			Email			etdds.com 🕑	
		Scoates@plan	_	Ci		Last Visit	08/31/2022	Туре	Indemnity			Home Office		Organic Dent	stry	
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Home Office		Organic Dentistr	У	Referred To		Root Endo		Carrier Name	DELTA DENTAL	PLAN (CA)						
irst Visit		04/15/2019		Last Perio Cha	art	10/21/2021		Group #	123345564							
lome				Contact Pref				Carrier Phone	800-548-5468							
Vork				Fee Schedule	0	UCR 2019		Subscriber (Rel.)	Sherman, Richa	ard (Self)						
Address		978 E. Viewpoint	Dr.	Туре		PPO		Indi. Max (Rem.)	\$2,500.00 (\$2,50	00.00)						
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02/01/2022 09:46	AM PT)							Sherman, April	33 / F	-	-			09/06	/2022	Yes
Questionnaire								Sherman, Jacob	7/M				-	04/25	/2019	Yes
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Patient: Patient Overview OLD

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Sherman, Richa						Chart #		,		90%		: Indemnit			(H):	310-874-2445	5
978 E. Viewpoin						First Visit	4/15/2019			25		e@gmail.c	,		(U) (W)		,
Manhattan Bead		266				Last Visit	8/31/2022				21		Organic Dentistr	1	(**)		
stacie@gmail.co						Fee Schedule 🕄	UCR 2019										
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· · ·	140					Hygienist	Fomily Fri	and		Carrier Name	DELTA DEM					occondury	
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				01		Referred By	DeatEnde	_		Carrier Phone Subscriber	800-548-54 Sherman, R						
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DDS Patient: Notes

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Patient: Notes OLD

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Patient: Online Patient Existing

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OFFICE GROUP	The Record Has Been Matched To T	he Patient. Please Go To The Patient's Medical History To Import And Complete The Form.	
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101 Ø SELE	ст		
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Ruiz, Juneau (DOB: 01/01/2001 Date of Sub: 04/10/2019)			
Ruiz, Juneau (DOB: 01/01/2001 Date of Sub: 04/10/2019)			
Ruiz, Juneau (DOB: 01/01/2001 Date of Sub: 04/10/2019)	Temporary ID	168	
Howe, Amanda (DOB: 09/15/1978 Date of Sub: 12/06/2021)			
Mandel, Howie (DOB: 07/24/1982 Date of Sub: 09/01/2022)			
	Last Name	Ruiz	
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Patient: Online Patient Existing OLD

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Patient: Online Registered Patient - New

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Patient: Online Registered Patient - New OLD

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Patient: Status Tracker

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Transactional: Batch Patient Payments

Modifications Include: Modernized Buttons and Layouts, Reordered Fields on Screen

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Transactional: Batch Patient Payments OLD

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Transactional: Capitation Payment

Modifications Include: Modernized Buttons and Layouts, Reordered Fields on Screen

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Responsible Party	Account, Capitation	AETNA HEALTH PLANS (OH) - 101
PAYMENT DETAIL		Aetna HMO - Aetna L
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Date*	04/10/2023	Cigna Hmo - hmo cigna
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Transactional: Capitation Payment OLD

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Transactional: Ledger

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08/31/2022	Richard	OD		D0120	-	-	P	-	-	Periodic Oral E			D) JJ DDS		\$0.00	\$45.00	\$45.00	\$6,554.4	
08/31/2022	Richard	OD		CLM-P	-	-	-	-		Pri Claim - Ser		osed: 08/3	D		- JJ DDS		\$40.00	(\$40.00)	\$0.00	\$6,554.4	
08/31/2022	Richard	OD		P1002	-	-	С	N	-	Insurance Pay			-		- JJ DDS		-	(\$5.00)	(\$5.00)	\$6,549.4	
9/04/2022	April	OD	-	ACBIL	-	-	с	-	-	Periodic Contr	act Billing		-		- JJ DDS		\$237.42	-	\$237.42	\$6,786.8	2 UITESTIN
09/06/2022	April	OD	-	D1110	-		Р	-	-	Prophylaxis - A	dult		D	5	JJ DDS		\$0.00	\$76.00	\$76.00	\$6,862.8	2 SHEETSC
09/06/2022	April	OD	-	CLM-P	-	-	-	-	-	Pri Claim - Cre	ated, Not Se	ent (76.00)	D		- JJ DDS		-	-	\$0.00	\$6,862.8	2 SHEETSC
09/27/2022	Julia	OD	-	D2930	G		Р	-	-	Prefab SS Crov	n Primary	Tooth	D		JJ DDS		\$96.50	\$46.50	\$143.00	\$7,005.8	2 ASHLEYDI
09/28/2022	Julia	OD	-	D1120	-	-	P	-	-	Prophylaxis - C	hild		D	20	JJ DDS		\$0.00	\$51.00	\$51.00	\$7,056.8	2 ASHLEYD
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01/04/2023	April	OD	-	ACBIL	-	-	С	-	-	Periodic Contr	act Billing		-		- JJ DDS		\$237.42	-	\$237.42	\$8,006.5	UITESTING
02/04/2023	April	OD	-	ACBIL	-	-	С	-	-	Periodic Contr	act Billing		-		- JJ DDS		\$237.42	-	\$237.42	\$8,243.9	2 UITESTING
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Transactional: Ortho Payment Plan

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Transactional: Ortho Payment Plan OLD

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Transactional: Pre Authorization List

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Transactional: Pre Authorization List OLD

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1/24/2021		Pri Pre-Auth - Created, Not Sent (1200.00)) D	DELTA DENTAL PLAN	I (CA) Dental	JJ DDS	\$300.00	\$1,200.00	Created, Not Sent	ASHLEYDIXON
08/31/2022	10/26/2022	Pri Pre-Auth - Sent (929.00)	D	DELTA DENTAL PLAN	I (CA) Dental	COH2	\$464.50	\$929.00	Sent	ASHLEYDIXON
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Transactional: Preauthorization Details

Modifications Include: No Change

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Patient Name	Sherman, Richa	rd	Pat ID	578	Pat DOB	03/15/1981	Carrier Name	DELTA DENT	AL PLAN (CA)	Group Plan	1	123345564	
Subscriber Name	Sherman, Richa	rd	Sub ID	5643262111	Sub DOB	03/15/1981	Carrier Phone	800-548-546	3	Benefits Used			\$300
Responsible Party	Sherman, Richa	rd	RP ID	535	RP DOB	03/15/1981	Employer Name	Taco Bell		Deductibles Used			\$0
BILLING DENTIST							TREATING DENTIST						
Name	 Johnson, Jose 	eph DDS					Name	③ Johnson, J	oseph DDS				
PROCEDURES FOR THIS CLAIM							PRE-AUTH #				PRINT UCR	: YES	
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Transactional: Preauthorization Details OLD

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Subscriber Name	Sherman, Rich	hard	Sub ID	5643262111	Sub DOB	03/15/1981	Carrier Phone	800-548-5468		Benefits Used			\$30
Responsible Party	Sherman, Rich	hard	RP ID	535	RP DOB	03/15/1981	Employer Name	Taco Bell		Deductibles Used			\$
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Transactional: Regular Payment Plan

Modifications Include: Modernized Buttons and Layouts, Reordered Fields on Screen

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egular Payment Plan					PGID :4745 / OID :101
Sherman, Richard 42/M 03/15/1981 ID 578 Home Office OD	(C) 310-874-2445 (H) (W)	Type Next V IN WC Next F Last V First V	Recall 11/25/2024 Balance a isit 08/31/2022 Est Ins 3	Sherman, Richard 8243.92 RP BD 03/15/1981 3279.70 4964.22	Prim. Ins P. DELTA DENTAL PLAN (CA) 800-548-5468 SubID 5643262111 Sec. Ins
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2. Treatment Plan Amount	© CLEAR	Plan Setup Date *	04/10/2023	First Billing Date *	m
3. Total Plan Amount (1 + 2) *		APR*	0.00 %	Finance Charge	
4. Down Payment Amount		Interval	Monthly	Total of Payments	
5. Amount Financed (3 - 4)*		No. of Payments *		Remaining # of Payments*	
		Periodic Payment		Remaining Amount	
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Transactional: Regular Payment Plan OLD

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Transaction: Treatment Plan

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01/18/2	2022	5	1	1	OD	D	-	-	-	-	-	D4341	LL	-	N	Perio Sclg Rt Pln	4+T/Per Quad	D	0	JJ DDS	\$129.00	\$0.00	\$129.00	- ASHLEYDI)
01/27/2	2022	5	1	1	OD	D	-	-	-		-	D7210	11	-	-	Surg Removal Er	upted Tooth	D	0	JJ DDS	\$36.20	\$144.80	\$181.00	- ASHLEYDI)
03/11/2	2022	5	1	1	OD	D	-	-	-	-	-	D2510	22	VF	-	Inlay Metallic On	e Surface	D	0	JJ DDS	\$141.50	\$141.50	\$283.00	- ASHLEYDI)
03/11/2	2022	5	1	1	OD	D	-	-	С	07/28/2022	07/28/2022	D2394	18	MOLB	-	Resin Composite	Four/More Surf Posteri	D	0	JJ DDS	\$31.60	\$126.40	\$158.00	- ASHLEYDI)
03/11/2	2022	5	1	1	OD	D	-	-	-	-	-	D2332	23	MID	-	Resin Composite	Three Surfaces Anterio	r D	0	JJ DDS	\$25.80	\$103.20	\$129.00	- ASHLEYDIX
03/11/2	2022	5	1	1	OD	D	-		-	-	-	D2335	24	IDLF	N	Resin Composite	Four/More Surf Anterio	r D	0	JJ DDS	\$29.60	\$118.40	\$148.00	- ASHLEYDIX
03/31/2	2022	5	1	1	OD	D	-	-	С	07/28/2022	07/28/2022	D1110	-	-	-	Prophylaxis - Adu	lt	D	50	JJ DDS	\$0.00	\$76.00	\$76.00	- ASHLEYDIX
03/31/2	2022	5	1	1	OD	D	-	-	С	08/11/2022	08/11/2022	D1110	-	-	N	Prophylaxis - Adu	ılt	D	50	JJ DDS	\$76.00	\$0.00	\$76.00	- ASHLEYDIX
08/31/2	2022	5	1	1	OD	D	PS	-	-	-	-	D3330	15	-	-	RCT Molar		D	60	COH2	\$464.50	\$464.50	\$929.00	- ASHLEYDIX
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3/	11/2022	5	1 1 OD	D			D2510	22 VF		Inlay Metallic On	ne Surface		D	0	JJ DDS	141.50	141.50	283.00	ASHLEYDIXON
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Setup: CDT X CPT Cross-coder

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99213 - Well Office Visit								
D0100 - Simple Desc Code								
D0120 - Periodic Oral Evaluation								
D0140 - Limited Oral Eval Prob Focused								
D0145 - Oral Eval Pt Under 3 Yrs, Counsel Primary								
D0150 - Compsve Oral Eval- New/Est Pat								
D0160 - Detailed & Ext Oral Eval By Rp								
D0170 - Re-Evaluation- Limited, Problem Focused								
D0171 - Re-Evaluation - Post Op Office Visit								
D0180 - Compsve Perio Eval New/Est Pat								
D0210 - Intraoral Complete Incl Bwings								
D0220 - Intraoral Peripical First Film								
D0230 - Intraoral Peripical Addnl Film								
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Setup: CDT X CPT Cross-coder OLD

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99213 - Well Office Visit	
D0100 - Simple Desc Code	
D0120 - Periodic Oral Evaluation	
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D0170 - Re-Evaluation- Limited, Problem Focused D0171 - Re-Evaluation - Post Op Office Visit	
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D0220 - Intraoral Peripical First Film	
D0230 - Intraoral Peripical Addnl Film	
D0240 - Intraoral Occlusal Film	
D0250 - Extraoral First Film	
D0260 - Extraoral Each Addnl Film	
D0270 - Bitewing Single Film	
D0272 - Bitewings Two Films	
D0273 - Bitewings Three Films	
D0274 - Bitewings Four Films D0277 - Vertical Bitewings 7-8 Films	
D0290 - Posterior-Anterior Survey Film	
D0310 - Sialography	
D0320 - Tmj Arthrogram W/Inj	
D0321 - Other Tmj Films By Rp	
D0322 - Temographic Survey	
D0330 - Panoramic Film	
D0340 - Cephalometric Film	
D0350 - Oral/Facial Images	
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Setup: CDT X ICD Cross-coder

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Setup: CPT X ICD Cross-coder OLD

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CPT Codes	Mapped ICD Codes						
10000 - Frenulectomy (m)	Code Description						
9213 - Well Office Visit	346.01 Migraine w/Aura						
0486 - ORAL APPLIANCE FOR SLEEP APNEA	346.02 Med - Office Consultation						
RIGGERPOI - Trigger Point	G47.33 Obstructive Sleep Apnea						
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Setup: Close Out

Modifications Include: Modernized Buttons and Layouts, Reordered Fields on Screen

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Close Out	Reset Insurance Benefits					
This section is used to "Close Out" the system as of the date that you specify below. "Closing Out" will have the following effect on your office: 1. Lock out your office to prevent any changes to the information. You may run this program at any time that you wish (e.g., daily, weekly or monthly), and you may even back date the close out date (e.g., set the new close out date for yesterday). However, it is recommended that this program be run at least once a month. Last Closing Date : 12/31/2019 New Closing Date : 04/09/2023 Close All Offices	This section is used to "Reset Insurance Benefits" of all patients in this office or all offices whose insurance plan anniversary month is equal to what you specify below. Reset Insurance Benefits for : Apr · Reset Insurance Benefits for All Offices					
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Setup: Close Out OLD

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New Closing Date: 4/16/2023	
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Setup: Codes Modifier

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Setup: Codes Modifier OLD

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Setup: Collection Agency

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Transworld	Address	5060 W. Handle Blvd	
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	City, State Zip Phone	Beverly Hills, CA 90210 310-554-1111	
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Setup: Collection Agency OLD

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Collection Agency Setup				
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Setup: CPT X ICD Cross-coder

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D0160 - Detailed & Ext Oral Eval By Rp							
D0170 - Re-Evaluation- Limited, Problem Focused							
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D0273 - Bitewings Four Films							
D0277 - Vertical Bitewings 7-8 Films							
D0290 - Posterior-Anterior Survey Film							
D0310 - Sialography							
D0320 - Tmj Arthrogram W/Inj							
D0321 - Other Tmj Films By Rp							
D0322 - Temographic Survey							
D0330 - Panoramic Film							
D0340 - Cephalometric Film							
D0350 - Oral/Facial Images							
D0360 - Cone Beam CT - Craniofacial Data Capture							
D0362 - Cone Beam - 2-dimensional							
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Setup: CPT X ICD Cross-coder

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Setup: CPT X ICD Cross-coder OLD

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Setup: Downloads and Links

Modifications Include: Modernized Buttons and Layouts, Reordered Fields on Screen

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VXS 805 Service Bridge	Guide To Install And Use Imaging Bridge Service	Campaign ID:
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TOPAZ Systems Signature Pad	Denticon Voice Command Perio Voice Installation And User Guide	AppointNow
Sigpad/Chrome/Edge 1. Chrome/Firefox: Topaz SigWeb 1.6.4		Embed: If You Want To Embed AppointNow Link On Your Website, Please Copy And Paste Above Code In Your Webpage.
2. Chrome SSL Certificate: Topaz SigWeb SSL Certificate Update	API Client Key Client Key: C2AABA85-F4DC-4750-9955-3F42603EFADD	To Check AppointNow Setting, Click Here
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Setup: Downloads and Links OLD

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Setup: Explosion Codes

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D0120 - Periodic Oral Evaluation					
D0140 - Limited Oral Eval Prob Focused					
D0145 - Oral Eval Pt Under 3 Yrs, Counsel Primary					
D0150 - Compsve Oral Eval- New/Est Pat					
D0160 - Detailed & Ext Oral Eval By Rp					
D0170 - Re-Evaluation- Limited, Problem Focused					
D0171 - Re-Evaluation - Post Op Office Visit					
D0180 - Compsve Perio Eval New/Est Pat					
D0210 - Intraoral Complete Incl Bwings					
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Setup: Explosion Codes OLD

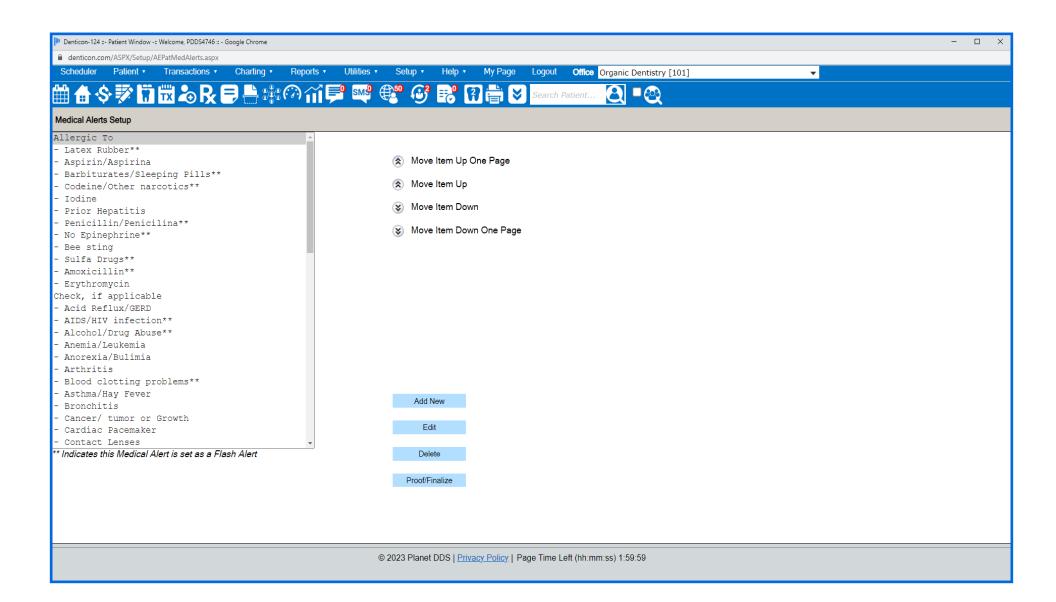
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128 - Osseous Surg			
129 - Implant Crown & Abutment			
130 - Emergency Adult			
131 - CEREC Crown & Build Up 132 - SSC/Pulpotomy			
135 - SRPS Full Mouth			
137 - RCT Molar W/post			
138 - 3 Unit Bridge			
139 - XB & Implant			
140 - 3 Unit Bridge W/Extraction			
Add New Code		Edit	Delete

Setup: Medical Alerts Setup

Modifications Include: Modernized Buttons and Layouts, Reordered Fields on Screen

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Setup: Medical Alerts Setup OLD



Setup: Medical Questionnaire Setup

Modifications Include: Modernized Buttons and Layouts, Reordered Fields on Screen

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Edit Patient Medical Questionnaire		PGID :4745 / OID :
EDICAL QUESTIONNAIRE		
Family Physician		
Phone		
Are you currently under care of a Physician ?		
If Yes, What is the condition being treated ?		
Have you had any Serious Illness, Operation or been Hospitalized within the past 5 years ?		
If Yes, what illness or Problem		
Are you currently taking any Medication ?		
If Yes What ?		
Have you ever taken the Diet Control Drug Fen-Phen ?		
Do you use Alcoholic Beverages ?		
Do you Smoke?		
Have you ever had an adverse reaction to local or general anesthesia?		4
IOMEN ONLY		
Are you Pregnant?		
If Yes, what is your Due Date ?		
Are you Currently Nursing ?		
Do you have Menstrual Period Problems ?		
Are you on Hormone Replacement Therapy ?		
Are you on Birth Control Pills/Fertility Drugs ?		
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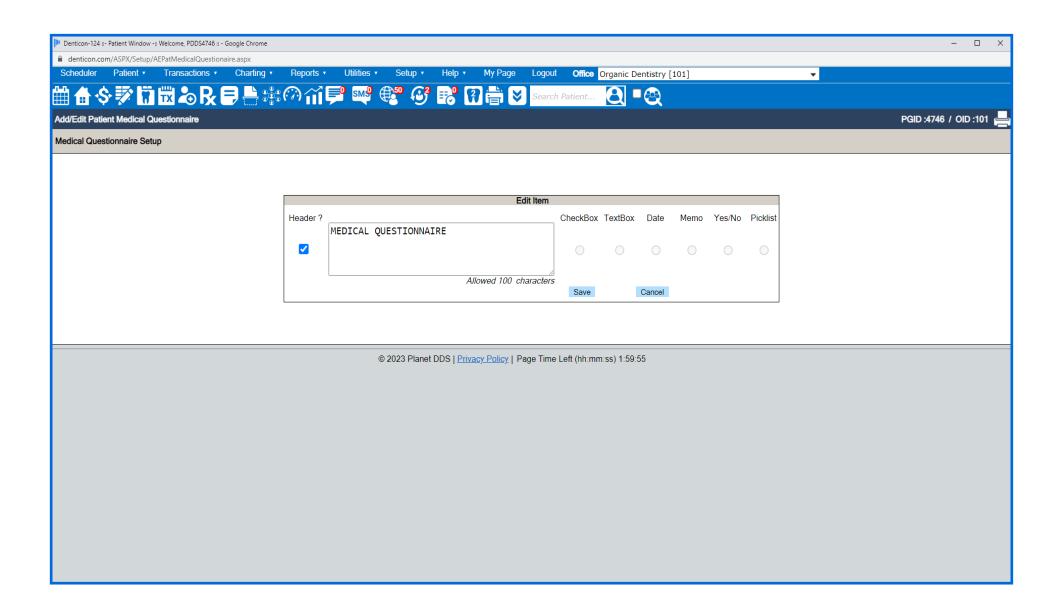
Setup: Medical Questionnaire Setup OLD

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Add/Edit Patient Medical Questionnaire	PGID :4746 / OID :101
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- Family Physician	
- Phone	
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- If Yes, What is the condition being treated ?	(a) more real op
- Have you had any Serious Illness, Operation or been Hospitalized within t	S Move Item Down
- If Yes, what illness or Problem	
- Are you currently taking any Medication ?	
- If Yes What ? - Have you ever taken the Diet Control Drug Fen-Phen ?	
- Have you ever taken the Diet Control Drug ren-Phen ? - Do you use Alcoholic Beverages ?	
- Do you use Alcoholic beverages ? - Do you Smoke?	
- Have you ever had an adverse reaction to local or general anesthesia?	
WOMEN ONLY	
- Are you Pregnant?	
- If Yes, what is your Due Date ?	
- Are you Currently Nursing ?	
- Do you have Menstrual Period Problems ?	Add New
- Are you on Hormone Replacement Therapy ?	
- Are you on Birth Control Pills/Fertility Drugs ?	Edit
ADDITIONAL COMMENTS	
- Any Disease, Condition or Problem not Listed ? Please list	Delete
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Setup: Medical Questionnaire Setup

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Setup: Medical Questionnaire Setup OLD



Setup: Notes Macro Setup

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Notes Macro	PGID :4745	/ OID :101
SEARCH	MACRO INFORMATION	
SELECT MACRO CATEGORY	Macro Name Initial Examination	
DIAGNOSTIC ~	V Macro Category DIAGNOSTIC	
SEARCH TEXT	Pt is concerned about @@Concerns{{Areas of concern}}@@, states that he/she @@Brushes{{Patient Brushes X times a Day }}@@ and states @@Flosses{{Patient Flosses X times a Day}}@@ @@Tooth number{{Permanent Teeth}}@@	
Initial Examination	@@what tooth is hurting{[Permanent Teeth]}@@	
Limited Exam		
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Setup: Notes Macro Setup OLD

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1. Select Macro Category DIAGNOSTIC	Macro Information Macro Name Initial Examination	
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2. Select Macro	Pt is concerned about 8@Concerns{{Areas of concern}}00, states that he/she 80Brushes{{Patient Brushes X times a Day }}00 and states 00Flosses{{Patient Flosses X times a Day}}00	
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Setup: Place Of Service Codes

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Setup: Place Of Service Codes OLD

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Place of Serv	ice Codes S	Setup									PGID :4746 / OID :101 🛁
Place of Servi	ce Codes										
Code		Туре					Name of Place			TaxID	
11		Office					Office			95-0989890	
12		Patient's Home					Patient's Home			 	
13		Assisted Living Facility	1				Assisted Living Faci	ility			
							Edit				
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Setup: Prescriptions

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denticon.com/ASPX/Setup/AdvancedPrescriptions.aspx			
Scheduler Patient Transactions Charting Repo		My Page Logout Office Organic Dentistry [101]	▼
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Prescriptions Setup			PGID :4745 / OID :101
SEARCH			ModIfied On: 07/27/2022 03:04:00 PM PT
SORT BY	RESCRIPTION		Modified By: ASHLEYDIXONZ
	RX ID#		
	Drug Name PRESCRIPTION INFO		
	Dispense Drug Name * Sig Dispense	Amoxicillin 500mg Under 50lbs	
	Refill Dispense	Allowed 240 Characters	
	Dispense As V	4 Tabs 1 Hour Prior To Appointment	
Augmentin 875mg (125)	Sig		
Chlorhexidine (101)			
Clindamycin 150 Mg (105)		Remaining 206 Characters	
Darvocet N100 (100)	Refill *	0 Times	
Dolobid 500mg (129)	Dispense As Written	No	
Gel Cam Oral Rinse (118)		🖺 SAVE 🗶 CANCEL	
Lortab 5/500 (108)			
Lortab 7.5/500 (115)			
Mepergan 50 (127)			
Motrin 800mg (116)			
Neutral Sodium Fluoride Gel 1.1% (121)			
Nystatin Cream (106)			
Oxycodone 5mg / Acetaminophen 325mg (123)			
Oxycodone 7.5 / Acetaminophen 500 (114)			
+ ADD NEW			EDIT DELETE
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Setup: Prescriptions OLD

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Scheduler Patient Transactions Charting Reports	Utilities Setup Help My Page Logout Office	Organic Dentistry [101]	
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Prescriptions Setup			PGID :4746 / OID :101
Search	Prescription Info		
- Sort By	Rx ID#	102	
	Drug Name	Amoxicillin 500mg Under 50lbs	
Drug Name Rx ID#	Dispense	20	
	_ Sig	4 Tabs 1 Hour Prior To Appointment	
Search Text	Refill	0	
	Dispense As Written	No	
	Last Changed	7/27/2022 by ASHLEYDIXONZ	
Search Results			
Amoxicillin 500mg Under 50lbs (102)	*		
Augmentin 875mg (125)			
Chlorhexidine (101)			
Clindamycin 150 Mg (105)			
Darvocet N100 (100)			
Dolobid 500mg (129)			
Gel Cam Oral Rinse (118)			
Lortab 5/500 (108)			
Lortab 7.5/500 (115)			
Mepergan 50 (127)			
Motrin 800mg (116)			
Neutral Sodium Fluoride Gel 1.1% (121)			
Nystatin Cream (106)			
Oxycodone 5mg / Acetaminophen 325mg (123)			
Oxycodone 7.5 / Acetaminophen 500 (114)			
Pen VK 250mg (107)			
Pen VK 500mg (109)			
Percocet (122)			
Peridex (112)			
Prevident (103)			
Tramadol 50mg (126)			
Tylenol #3 (131)			
Vicodin 5/550 (110)			
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Setup: Provider Goals

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der Goals					PGID :4745 / OID :10
ICE	MONTH/YEAR	OFFICE: ORGANIC DENTISTRY (101)			MONTH/YEAR: APR 2
rt By	Dec 2022	Open Saturdays ?	🗌 Open Sundays ?		
Office Name Office ID	Jan 2023				
ARCH TEXT	Feb 2023	Provider	Daily Goal	Working Days	Monthly G
۹	Mar 2023	Campos, Laura RDH [LC RDH]	1,100.00	12.0 O AUTOFILL	\$13,200.00
Downey Dental Center (104)	Apr 2023	Cohen, Hannah [COH2]	3,000.00	20.0 O AUTOFILL	\$60,000.00
Healthy Smiles (109)		Doctor, House [HOUSE]	2,800.00	20.0 O AUTOFILL	\$56,000.0
LSDA (107)	May 2023	Johnson, Joseph DDS [JJ DDS]	3,200.00	20.0 🛛 AUTOFILL	\$64,000.0
Organic Dentistry (101)	Jun 2023	Jones, William DDS [WJ DDS]	3,000.00	10.0 O AUTOFILL	\$30,000.0
	Jul 2023	Martin, Holly DMD [HM DDS]	3,100.00	20.0 🛛 AUTOFILL	\$62,000.0
Smile Haven Dental (102)	Aug 2023	Straight, Sally DDS [SS DDS]	1,500.00	20.0 O AUTOFILL	\$30,000.00
	Sep 2023	Williams, Carol RDH [CW RDH]	1,000.00	2.0 O AUTOFILL	\$2,000.00
	Oct 2023				
	Nov 2023				
	Dec 2023				
	Jan 2024	-			
	Jan 2024				
	Feb 2024				
	Feb 2024 Mar 2024				
		Total	\$18,700.00	124.0	\$317,200.00

Setup: Provider Goals OLD

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Provider Goals					PGID :47	46 / OID :101
Offices	Month/Year	Office:Organic Dentistry (101)			N	Month/Year:Apr 2
- Sort By	Mar 2022					
Office Name Office ID	Apr 2022	Open Saturdays ? Open Sundays ?				
	May 2022 Jun 2022	Provider	Daily Goal		Working Days	Monthly C
Search Text	Jul 2022	Campos, Laura RDH [LC RDH]	1,100.00	12.0	Autofill	\$13,200
	Aug 2022				Autofill	\$60,000
Downey Dental Center (104)	Sep 2022	Cohen, Hannah [COH2]	3,000.00	20.0		
Healthy Smiles (109)	Oct 2022 Nov 2022	Doctor, House [HOUSE]	2,800.00	20.0	Autofill	\$56,000
LSDA (107)	Dec 2022	Johnson, Joseph DDS [JJ DDS]	3,200.00	20.0	Autofill	\$64,000
Organic Dentistry (101)	Jan 2023	Jones, William DDS [WJ DDS]	3,000.00	10.0	Autofill	\$30,000
Smile Haven Dental (102)	Feb 2023	Martin, Holly DMD [HM DDS]	3,100.00	20.0	Autofill	\$62,000
	Mar 2023	Straight, Sally DDS [SS DDS]	1,500.00	20.0	Autofill	\$30,000
	Apr 2023 May 2023	Williams, Carol RDH [CW RDH]	1,000.00	2.0	Autofill	\$2,000
	Jun 2023				101.0	,
	Jul 2023	Total	\$18700.00		124.0	\$317200
	Aug 2023					
	Sep 2023 Oct 2023	Save				
	Nov 2023	Note : Always click on Save button before leaving the screen to save	e the changes done.			
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	May 2024					
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Setup: Referral Demographics Setup

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denticon.com/ASPX/Setup/AdvancedCustomDemographics.aspx	
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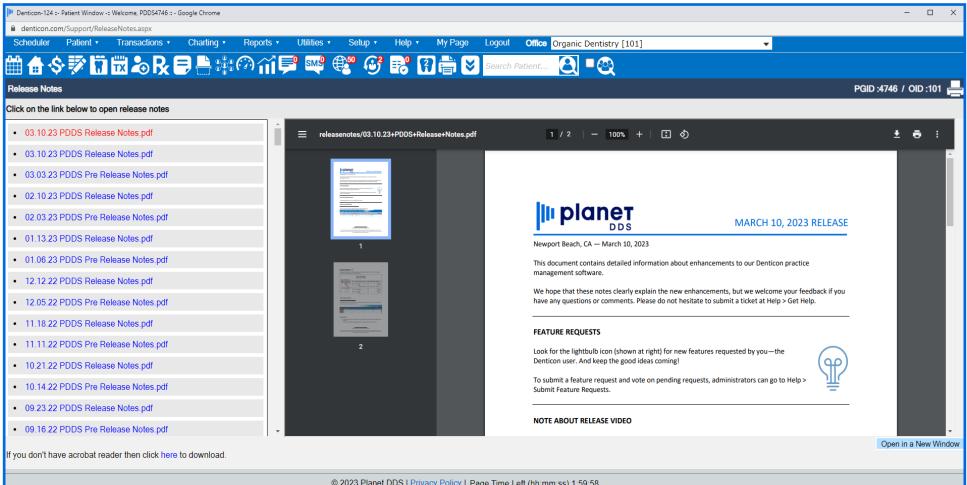
Setup: Referral Demographics Setup OLD

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Custom Item Here		Delete
Add New:		Add
	Save Cancel	
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Setup: Release Notes

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ease Notes			PGID :4745 / OID :
ICK ON THE BELOW LINK TO OPEN RELEASE NOTES			
03.10.23 PDDS Release Notes.pdf	= 03.10.23 PDDS Release Notes.pdf	1 / 2 - 100% + 🗄 🚸	± 🖶 :
03.10.23 PDDS Release Notes.pdf			
03.03.23 PDDS Pre Release Notes.pdf	Prove Commence Comme		
02.10.23 PDDS Release Notes.pdf			
02.03.23 PDDS Pre Release Notes.pdf		MARCH 10, 2023 RELEASE	
01.13.23 PDDS Release Notes.pdf	1	Newport Beach, CA — March 10, 2023	
01.06.23 PDDS Pre Release Notes.pdf		This document contains detailed information about enhancements to our Denticon practice management software.	
12.12.22 PDDS Release Notes.pdf		We hope that these notes clearly explain the new enhancements, but we welcome your feedback if you have any questions or comments. Please do not hesitate to submit a ticket at Help.> Get Help.	
12.05.22 PDDS Pre Release Notes.pdf		have any questions of comments. Prease up not nestrate to submit a licket at help 2 bet help.	
11.18.22 PDDS Release Notes.pdf		FEATURE REQUESTS	
1.11.22 PDDS Pre Release Notes.pdf	2	Look for the lightbulb icon (shown at right) for new features requested by you—the Denticon user. And keep the good ideas coming!	
10.21.22 PDDS Release Notes.pdf		To submit a feature request and vote on pending requests, administrators can go to Help >	
10.14.22 PDDS Pre Release Notes.pdf		Submit Feature Requests.	
09.23.22 PDDS Release Notes.pdf		NOTE ABOUT RELEASE VIDEO	
99.16.22 PDDS Pre Release Notes.pdf		An accompanying video is not included with this release.	
08.26.22 PDDS Release Notes.pdf			
08.19.22 PDDS Pre Release Notes.pdf		CLERICAL ENHANCEMENTS Carrier ID Column on Fee Schedule Assignments	
17.29.22 PDDS Release Notes.pdf			
07.29.22 PDDS Release Notes.pdf			
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Setup: Release Notes OLD



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