

# Procedure Tally Sheet

## Give Kids a Smile 2018

**Instructions:** Please photocopy and post this form in each operatory. Keep a running tally of each procedure performed. At the end of your event, tabulate the total from all operatories and enter that information into the online Procedure Survey, which will be e-mailed to your office's contact person on or before your event.

Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **PROCEDURE**

### **Quantity**

Exams \_\_\_\_\_

Prophies \_\_\_\_\_

Fluoride Varnishes \_\_\_\_\_

Fluoride Treatments \_\_\_\_\_

Sealants \_\_\_\_\_

BWX/PAX \_\_\_\_\_

Surfaces of Amalgam \_\_\_\_\_

Surface of Composite \_\_\_\_\_

Extractions \_\_\_\_\_

SS Crowns \_\_\_\_\_

Oral Hygiene Instruction \_\_\_\_\_

### **Other Reported Services**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Total # of children seen \_\_\_\_\_

Total # of dentists who volunteered at your clinic \_\_\_\_\_

Total # of all volunteers (including dentists) at your clinic \_\_\_\_\_