



## DAILY DENTAL PRODUCTION REPORT

The Policy on Oral Health Services that relates to daily reporting, mandates that every Clinic Dental Surgeon shall ensure that daily reports are prepared and submitted to the office of the CDO, RDS, CDS and PDS.

Dentist :						Date:					
NAME OF THE CLINICAL FACILITY:											
UTILIZATION		<input type="checkbox"/> Preventive Services		<input type="checkbox"/> Emergencies		<input type="checkbox"/> Oral Health Education					
		<input type="checkbox"/> Dental Restorations		<input type="checkbox"/> Diagnostics		<input type="checkbox"/> Examination					
CLINIC PROFILE		<input type="checkbox"/> Type V		<input type="checkbox"/> Type IV		<input type="checkbox"/> Type III		<input type="checkbox"/> Others			
NO. OF OPERATORIES		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	NO. OF FUNCTIONAL OPERATORIES:		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
		<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6			<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		

	0-9		10 -18		19 -39		40-59		60+		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Visits												
Return Visits												
Examination												
Preventive Procedures												
Curative Procedures												
Diagnostic Procedures												
OHE & HP												
Referrals												

SUMMARY OF SERVICES	Children 0-18yrs. Old	Pregnant & Lactating Women	Special Needs Clients	Diabetics (NCDs)	Remarks
Examination					
Preventive Procedures					
Curative Procedures					
Diagnostic Procedures					
Emergency Care					
Oral Health Education					

	SUCTION UNITS	PPE	AUTOCLAVE	SUPPLIES & SUNDRIES	AIR PURIFIERS (HEPA Filters/Portable Systems)	AEROSOLS reducing equipment
STATUS	Functional <input type="checkbox"/>	Gowns Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>	Functional <input type="checkbox"/>	> 2 weeks <input type="checkbox"/>	Present <input type="checkbox"/>	Dry Shield <input type="checkbox"/>
	Non-Functional <input type="checkbox"/>	Gloves: Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>	Non-Functional <input type="checkbox"/>	< 2 weeks <input type="checkbox"/>	Not Present <input type="checkbox"/>	Rubber dam <input type="checkbox"/>
		N95 Respirator: Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>	None <input type="checkbox"/>	Grossly inadequate <input type="checkbox"/>	Ventilation - windows <input type="checkbox"/>	High Vacuum Capacity <input type="checkbox"/>
		Goggles: Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>			Ventilation - A/C Units <input type="checkbox"/> (with No HEPA Filters)	
		Face Shields:  Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>				
		Bouffant Caps: Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>				
		Shoe Cover: Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>				
		Mask (ASTM 3) Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>				

OPERATIONAL SUMMARY			
Starting time:		Total Contact Time:	Ending Time:
Time the first patient is seen by the Dental Surgeon:		Time the last patient is in the Chair:	
Average Production per hour:		Number of Dental Auxiliaries (DN) present, including PDAC/ZDAC	
Average Production per operator:		Number of Dental Assistant(s) present	
Contact time for Preclinical Team Meetings with the Clinic Dentist:		Number of Dentists present in the facility	

LOCAL ANAESTHETIC USAGE RECORD				
	Octocaine	Lidocaine	Bupivacaine	Isocaine
In stock box				
Amount used				
Balance				