



# Monthly Exam Tracker

Treatment Coordinator: \_\_\_\_\_ Month: \_\_\_\_\_

|         | Exam Date | Patient Name | Age | Ins.<br>Y/N | Exam Type<br>(NP or GG) | Tx. Rec.<br>Y/N | Notes | Actual Start Date | Results |    |    |    |   |
|---------|-----------|--------------|-----|-------------|-------------------------|-----------------|-------|-------------------|---------|----|----|----|---|
|         |           |              |     |             |                         |                 |       |                   | SDS     | FS | GG | SN | O |
| 1       |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 2       |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 3       |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 4       |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 5       |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 6       |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 7       |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 8       |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 9       |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 10      |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 11      |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 12      |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 13      |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 14      |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 15      |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 16      |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 17      |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| 18      |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |
| Totals: |           |              |     |             |                         |                 |       |                   |         |    |    |    |   |

**Instructions for Use:** Complete this form for every patient seen during the month. Enter one row per patient, filling in all applicable columns. Use a separate sheet for each month or continue adding rows as needed. Be sure to total each result category (SDS, FS, GG, SN, O) at the bottom of the sheet once all data for the month is entered. This ensures accurate tracking of patient flow and treatment conversions.

**Exam Date:** The specific date the patient was seen for their orthodontic exam.

**Patient Name:** First and last name of the patient who was examined.

**Age:** Age of the patient at the time of their exam.

**Ins. Y/N:** Indicate whether the patient had orthodontic insurance coverage at the time of their exam. Enter "Y" for Yes or "N" for No.

**Exam Type:** Categorize the type of visit. Use "New Patient" for those visiting for an initial consultation, and "Growth Guidance" for patients under observation who are not yet ready to begin treatment.

**Tx. Rec. Y/N:** Stands for "Treatment Recommended: Yes or No." Indicates if the doctor recommended treatment during the exam. Some patients may be too early for treatment or not candidates at all.

**Notes:** Any important comments regarding treatment planning, follow-up needs, or special considerations.

**Actual Start Date:** The actual date the patient began treatment. This distinction helps track patients who were scheduled but did not start as expected.

**Results:** Summary field for treatment outcome or next steps.

**SDS (Same Day Start):** Indicates patients who began treatment on the same day as their consultation. Must include paperwork completion, initial payment, and have treatment rendered.

**FS (Future Start):** Used for patients who have committed to treatment and have a start date scheduled.

**GG (Growth Guidance):** Used for patients being monitored until they are ready for treatment.

**SN (Start Needed):** Patients who are recommended for treatment but have not yet scheduled a start date.

**O (Other):** Any result or patient status that doesn't fall into the categories above