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**PERIODONTAL STATUS (BPE)**

DATE / /	DATE / /	DATE / /	DATE / /	DATE / /
1	2	3	4	5
DATE / /	DATE / /	DATE / /	DATE / /	DATE / /
6	7	8	9	10

B-WINGS TAKEN	B-WINGS TAKEN	B-WINGS TAKEN	B-WINGS TAKEN	B-WINGS TAKEN
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**CHARGES TO PATIENT**

	1	2	3	4	5
TREATMENT START DATE					
TREATMENT COMPLETE DATE					
PATIENT CHARGE					
DATE PAID					
	6	7	8	9	10
TREATMENT START DATE					
TREATMENT COMPLETE DATE					
PATIENT CHARGE					
DATE PAID					