09920 Behavior Management Report

Patient:	Age:
Diagnosis:	
Parent:	
School Contact / Support:	
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Repetitive Tasking for Familiarization Visits Date: 1 3 4 6 Into Operatory Onto Chair Sitting in Chair Legs Out Straight Hands On Tummy Chair Back Down Chair Back Up Raise Hand To Stop Mirror Exam Mirror & Explorer Exam "Mr. Thirsty / Ms. Issippi" Prophy Cup (plain) Prophy Anterior Teeth w/Paste Prophy Posterior Teeth w/Paste **Floss** Toothbrush F (taste) Empty Fluoride Tx w/Tray Brush On Fluoride Anterior Teeth Maxillary Fluoride Tx w/Tray Mand Fluoride Tx/Trav Other (specify)

Time Units (15 minute increments)