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

\_\_\_PATIENT INFO/PHOTO UPLOADED

\_\_\_CREATE CASE

\_\_\_APPROPRIATE TAGS ASSIGNED

\_\_\_INSURANCE INFO (if Applicable)

\_\_\_BALANCE FWDS

\_\_\_CREDIT FORWARDS

\_\_\_SCHEDULE APPTS

\_\_\_SCANNED FILES

\_\_\_ X-RAYS/IMAGES

\_\_\_AUDIT COMPLETE

\_\_\_ASSIGNED/DESIGNATED PROV. ATT

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