OraPath

SPECIMEN ID

SA _____

Chairside record — not submitted to the lab

Sample submission worksheet

PATIENT NAME _____

DATE OF BIRTH ____ / ____ / _____

GENDER ☐ F ☐ M

SAMPLE COLLECTION DATE ____ / ____ / _____

RETEST ☐ Yes ☐ No

Service selection SELECT ONE

☐ Essentials ☐ Comprehensive ☐ PerioCaries ☐ Balance

Reason for testing SELECT ONE

☐ New patient ☐ Oral-Systemic link ☐ Routine/Annual screening

☐ Treatment follow up ☐ Active Periodontal Disease ☐ Maintenance/Monitoring

☐ Implant placement/follow up ☐ Surgical clearance

Medical history CHECK ALL THAT APPLY — NO MARK = NOT PROVIDED

☐ Current smoker ☐ History of smoking ☐ Cardiovascular Disease

☐ Diabetes ☐ Cancer ☐ Immunosuppressed

☐ Neurological/Memory Loss ☐ Arthritis/Autoimmune Disease ☐ Pregnant/Nursing

Any additional relevant medical history? _____

Medication allergies

☐ Penicillin/Amoxicillin ☐ Metronidazole ☐ Clindamycin

☐ Ciprofloxacin ☐ Clarithromycin ☐ Doxycycline

Additional antibiotic allergies _____

Periodontal status

STAGE I II III IV GRADE A B C BOP _____ %

Handoff

COMPLETED BY _____ ENTERED IN PORTAL BY / DATE _____

Chairside worksheet for entry into the OraPath provider portal. Blank fields are recorded as “not provided.”