| Region | PRA Institution Name | | | Grande Cache Inst. | | | | | | |
|------------|---|---------|----------------------|--------------------|--|--|---------------------|--------------------------|--|------------|
| Date | Inmate Listed to be Seen Clinic Cancelled | | Clinic Cancelled? | Inmate Seen? | Referral(s) nate made to en? community | Dental Procedure / Diagnostics Completed | Clinic Time Used | Total Clinic Duration | If Clinic Cancelled or inmate not seen. Reason | Notes |
| | Name | FPS | | | specialist(s | | | | | |
| 2013-01-01 | Inmate #1 | 000000A | no | yes | no | E1. Bitewings, occlusal, and periapical radiographs (as required) | 1 hour | 4 hours | | 3 fillings |
| | | | | | | E2. Complete radiographic series (as required) | | | | - |
| | | | | | | F4. Amalgam /Composite restorations for the posterior/anterior | | | | |
| | | | | | | teeth | | | | |
| | | | | | | | | | Security unable to escort to | |
| 2013-01-01 | Inmate #2 | 000000B | no | no | | | | 3.5 hours | Health Services | |
| 2010 01 01 | minato #2 | 0000000 | 110 | 110 | | | | 0.0 110010 | | |
| | | | | | | | | | | |
| | | | | | | D3. Emergency/specific oral examination and treatment planning | | | | |
| 2013-01-01 | Inmate #3 | 000000C | no | yes | no | as required | 45 mins | | | |
| | | | | | | F4. Amalgam /Composite restorations for the posterior/anterior teeth | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2013-01-01 | Inmata #4 | 000000D | V00 | | | | | 4 hours | Security issue in another area of institution | |
| 2013-01-01 | Illillate #4 | 0000000 | yes | | | | | 4 110015 | institution | |
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| Region | PRA Institution Name | | Grande | Cache Inst. | | | | | | |
|--------|----------------------|-----|----------------------|-------------|--------------|--|---------------------|--------------------------|--|-------|
| Date | Inmate Listed to b | | Clinic Cancelled? | Inmate | | Dental Procedure / Diagnostics Completed | Clinic Time Used | Total Clinic Duration | If Clinic Cancelled or inmate not seen. Reason | Notes |
| | Name | FPS | | | specialist(s | | | | | |
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