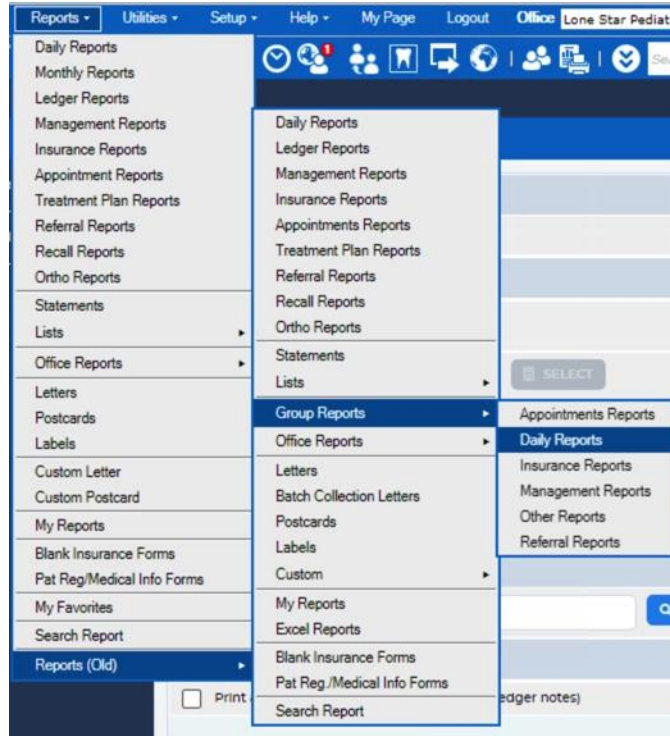


### Special Transaction Report:

Reports>>Reports (Old)>>Group Reports>>Daily Reports>>Special Transaction Report



### Report Criteria:

Location, Procedure Codes/Category, Date

Report Criteria	
Office	<input checked="" type="checkbox"/> D4C Dental Brands Inc <input type="checkbox"/> Dentistry For Children - Fairfax <input type="checkbox"/> Dentistry For Children - Herndon
Provider	ALL
User	ALL
Exclude Patient Type	None
Payment/Adj Codes	None
Insurance Plans/Sub Types	ALL
Procedure Codes/Category	ALL
ICD Codes	ALL
<b>Date Range</b> <input checked="" type="radio"/> Transaction Date <input type="radio"/> Service Date	
Start Date	8/31/2021
End Date	8/31/2021
<i>Patient Name Range</i>	
Start Name	AAAAA Search
End Name	ZZZZZ Search
<input type="checkbox"/> Age Range	
Amount	All Amount
Group By	Code
Sort By	Patient LastName
<a href="#">Print / Preview</a>	

### Choosing Procedure Codes:

**Report Criteria**

Office:  D4C Dental Brands Inc  
 Dentistry For Children - Fairfax  
 Dentistry For Children - Herndon

Provider: ALL

User: ALL

Exclude Patient Type: None

Payment/Adj Codes: None

Insurance Plans/Sub Types: ALL

Procedure Codes/Category: ALL

ICD Codes: ALL

Date Range:  Transaction Date  Service Date

Start Date: 8/31/2021

End Date: 8/31/2021

Patient Name Range

Start Name: AAAAA

End Name: ZZZZZ

Age Range:

Amount: All Amount

Group By: Code

Sort By: Patient LastName

[Print / Preview](#)

Uncheck "Include All", find Ortho Codes and Select, Done

**Procedure Codes/Category**

Codes  Category

Include ALL

**Procedure Codes**

- [Z0009F] NA
- [Z0009G] NA
- [Z0009H1] NA
- [Z0009HE] NA
- [Z0009I] NA
- [Z0009J] NA
- [Z0009K] NA
- [Z0009L] NA
- [Z0009P] NA

**Selected Procedure Codes**

- [Z0009HS] Scheduled For Ortho
- [Z0009H] Refer To Ortho

Use 'Ctrl + click to multi-select'.

[Done](#) [Cancel](#)

### Print Preview Report

**D4C Dental Brands Inc**  
**Special Transaction Report**

**Patient Name Range:** AAAAA      ZZZZZ  
**Date Range:** 8/31/2021      8/31/2021  
**Providers:** ALL  
**Payment/Adjust:** NONE  
**Procedure Codes:** Z0009HS,Z0009H  
**Excluded Pat Types:** NONE  
**Group By:** Code

Office: D4C Dental Brands Inc

Date	Patient ID	Patient Name	Pat Type	Tran Prdr	UCR	PRIM	SEC	AMOUNT
<b>Code: Z0009H - Refer To Ortho</b>								
8/31/2021	90005091	Test, Alex		DDur	0.00	0.00	0.00	0.00
<b>Total for Code, Z0009H :</b>					<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Code: Z0009HS - Scheduled For Ortho</b>								
8/31/2021	90005091	Test, Alex		DDur	0.00	0.00	0.00	0.00
<b>Total for Code, Z0009HS :</b>					<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total for office, D4C Dental Brands Inc :</b>					<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Grand Total :</b>					<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>