LTH CENTER – DENTAL
N ST
54981

Sex: ☒ Male ☐ Female

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munity Health on 5 / 25 / 21

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d to follow up in 2 wks.

oith c/o of loss of focus / excessive slee
fied by physician) Referred to us for
ism + Sensitivity causing moderate tooth po
clinic at (920) 731-7445. Rec'd Night guard /
Sensodyne

Date: 05 / 25 / 2021

PARTNERSHIP COMMUNITY HEALTH CENTER – DENTAL
825 W FULTON ST
WAUPACA, WI 54981

Patient Name: Travis Huss

Date of Birth: 2 / 22 / 1984 Age: 37 Sex: ☒ Male ☐ Female

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This patient was seen at Partnership Community Health on 5 / 25 / 21

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- ☐ Was Treated
- ☐ Is presently under care
- ☐ Is able to return to work/school now
- ☐ Other: patient presented with c/o of loss of focus / excessive sleep for couple of months (Reason not identified by physician) Referred to us for evaluation of tooth pain. Has h/o bruxism + Sensitivity causing moderate tooth pain

(*) Need to follow up in 2 wks.

If you have any questions, please call the clinic at (920) 731-7445. Rec'd Night guard / Sensodyne.

Signature: _____ Date: 05 / 25 / 2021.

ThedaCare™

Travis Duane Huss
Po Box 335
Neenah WI 54957

5/21/2021

Travis Duane Huss had an appointment at a ThedaCare facility at 12:30 PM on 5/21/2021.

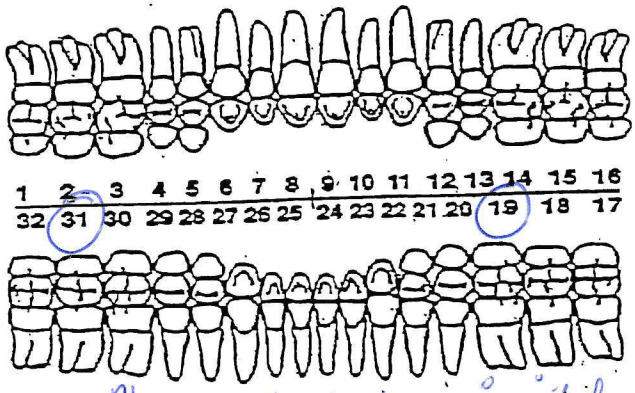
THEDACARE PHYSICIANS OSHKOSH
600 N WESTHAVEN DR
OSHKOSH WI 54904-6926
920-237-5000

Brian J. Blocher D.D.S.
201 N. Mayfair Rd., Suite 520
Wauwatosa, WI 53226
Phone (414) 607-0222 Fax (414) 607-0220

REFERRAL SLIP

☐ Alveoplasty ☒ Biopsy ☐ Expose and Bond
☒ Tori ☐ Dental Implants ☐ Extraction ☐ Other

Patient Travis Huss D.O.B. 2-22-1984



Remarks: Please evaluate for pain w/ bony swelling buccal to #19, #31 and lingual to lower anterior. Thanks!

Dr. Aditi Garg Date 5-25-21

Office Phone: 920 731-7445

* Must bring Photo I.D. and Insurance Card to appointment *

Christopher P. McAboy D.D.S., LLC

377 West River Woods Parkway #120
Glendale, WI 53212
Phone (414) 906-8940 Fax (414) 906-8950

Patient Name: Travis Huss

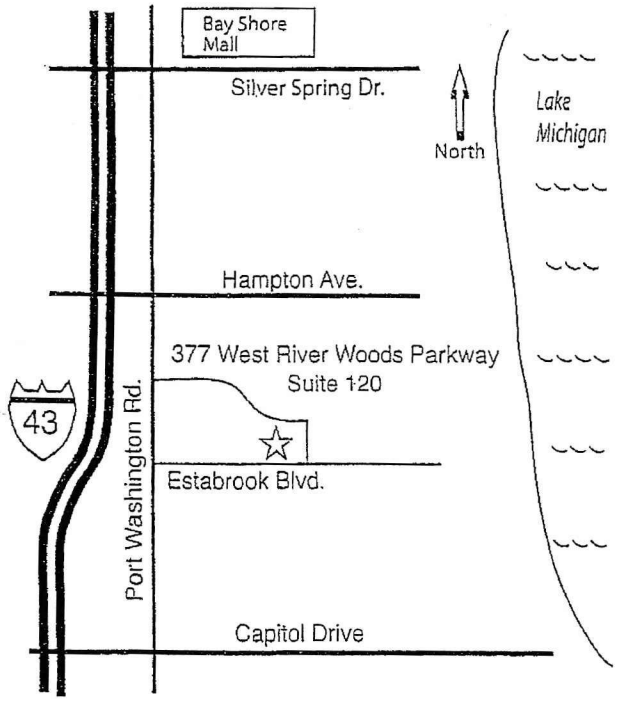
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Doctor's Comments

Please evaluate for pain in bony swelling buccal to #19, #31 and lingual to lower anterior. Thanks!

Dr. Aditi Garg Date 5-25-21

Office Phone 920 731-7445



Located in the Columbia St. Mary's Outpatient Center, 377 West River Woods Parkway, Glendale

Please remember to bring
Insurance Card & Photo I.D.
A parent or legal gaurdian must accompany minors.

STATEMENT OF SERVICES RENDERED

Partnership Community Hlth Ctr
5337 W. Grande Market Drive
Appleton, WI 54913

(920)731-7445

CHART NO.	PAGE NO.
E10782638	1

BILLING DATE
05/25/2021

GUARANTOR NAME AND MAILING ADDRESS

TRAVIS D HUSS
PO BOX 335
NEENAH, WI 54957

PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT
TRAVIS			Limited oral evaluation	84.00	
TRAVIS			Intraoral-periapical-1st film	32.00	
TRAVIS			Intraoral-periapical-each add'l	29.00	
TRAVIS			Intraoral-periapical-each add'l	29.00	
TRAVIS			Medicaid PPS Billable Encounter	0.00	

PRIOR BALANCE		CURRENT CREDITS		CURRENT CHARGES		NEW BALANCE		INSURANCE ESTIMATE		PLEASE PAY
0.00	-	0.00	+	174.00	=	174.00	-	0.00	=	174.00

PATIENT	DATE	TIME	REASON

 DLWLK 1