

Biographical Data

Patient Name:

Gender:

Date of Birth:

Age:

Marital Status:

Race:

Date of Initial Examination:

Occupation:

Personality Type:

Introduction-Background

Chief Dental Complaint:

Reason for Initial Visit:

Oral Image and Expectation:

Medical History

ASA:

Medications:

Allergies:

Smoker:

Systemic Diseases:

Dental History

Previous Dental Treatment History: Dental History

Previous Dental Treatment History:

What does the patient desire?

What does the patient desire?

consultations requested:

Problem list:

- Periodontal
- Restorative (Tooth-Structural)
- Functional (Occlusal)
- Esthetic

Diagnoses:

- Periodontal
- Restorative
- Functional (Occlusal)
- Esthetic

Disease control, aka. Initial Therapy, Phase 1 Therapy,

- Periodontal:
- Endodontic and Restorative:
- Endodontic:
- Oral Surgical:
- Other:

Reconstructive Dentistry

- Periodontal:
- Orthodontic:
- Oral Surgical:
- Restorative:
- Prosthodontic:

- Esthetic enhancement:
 - Functional:
 - Other:
- Maintenance
- Professional:
 - Patient:

Clinical Treatment Planning •
Treating Clinician(s):

Age at Initial Presentation:
Initial Presentation:

Introduction and Background

(Insert any relevant background information related to the case. What did the patient desire?
Any relevant history?)

Medical History

Diagnostic Findings

Extraoral/Facial: TMJ/Mandibular Range of Motion:

Intraoral:

Dental:

Periodontal:.

Occlusal Notes

- Class occlusion.
-

Radiographic Review

Diagnosis and Prognosis

- AAP Type
- Hopeless: #'s
- Guarded: #'s
- Good: #'s

Summary of Concerns

- Interesting issues related to this case that warrant discussion prior to treatment? Are there phasing issues? Are there conflicts between what is best and what the patient wants or will tolerate?)

Problem list