

Seattle Study Club of Atlanta

Treatment Planning Worksheet

Sequence

INITIAL THERAPY

Scaling/Root Planing and OHI	_____	_____
Occlusal adjustment via selective grinding	_____	_____
Nightguard/Occlusal appliance	_____	_____
Initial extraction #'s	_____	_____
Caries control #'s	_____	_____
Provisional restorations #'s	_____	_____
Endo #'s	_____	_____
Transitional RPD	_____	_____

Orthodontic Goals and Objectives

Periodontal Surgery

Respective Procedures

Osseous surgery	UR _____	UA _____	UL _____
	LR _____	LA _____	LL _____
Crown Lengthening #'s	_____	_____	_____
Root resection #'s	_____	_____	_____
Hemisection without extraction #'s	_____	_____	_____

Inductive Procedures

Regenerative membrane #'s	_____	_____
Autogenous bone graft #'s	_____	_____
Allograft / alloplast #'s	_____	_____
Other inductive procedures	_____	_____

Mucogingival Procedures

Connective tissue graft #'s	_____	_____
Free gingival graft #'s	_____	_____
Lateral pedicle graft #'s	_____	_____
Soft tissue ridge augmentation #'s	_____	_____
Gingivectomy/plasty #'s	_____	_____
Other soft tissue procedures	_____	_____

Implant Treatment

Implant sites #'s	_____	_____
Sinus elevation	_____	_____
Hard tissue ridge augmentation #'s	_____	_____
Other implant procedures	_____	_____

Oral Surgery

Other extractions #'s	_____	_____
Alveolectomy/plasty #'s	_____	_____
Biopsy	_____	_____

Orthognathic surgery

Maxillary advancement / set-back / impaction	_____	_____
Surgically assisted palatal expansion	_____	_____
Mandibular advancement / set-back	_____	_____
Menton advancement / set-back	_____	_____
Other orthognathic procedures	_____	_____

Treatment Planning Worksheet (continued)

Sequence

Restorative Treatment

Operative dentistry #'s _____
 Resin-retained bridge #'s _____
 Crown and bridge #'s _____
 Removable prosthesis _____

Aesthetic services

Composite veneers / additions #'s _____
 Porcelain veneers #'s _____
 Bleaching #'s _____
 Odontoplasty #'s _____
 Other aesthetic procedures _____

Maintenance Schedule

Restorative office _____
 Periodontal office _____
 Other office _____

Please number each indicated procedure and sequence the treatment plan.

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