



Dental Appointment Checklist: Treatment Planning & Recall

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Patient Arrival & Initial Assessment

Tasks to complete upon patient arrival and before treatment begins, including vital signs and initial concerns.

Appointment Date

Enter date...

Appointment Time

Enter time...



Patient Name

Write something...

Patient Age

Enter a number...

Chief Complaint / Reason for Visit

Write something...

Medical History Update Required?

Yes

No

Blood Pressure (Systolic)

Enter a number...

Blood Pressure (Diastolic)

Enter a number...

Temperature Taken?

Yes

No

Treatment Planning Review

Ensuring the treatment plan is reviewed, understood, and accepted by the patient.

Summary of Patient Concerns/Chief Complaint

Write something...

Review of Previous Treatment/History

Write something...

Explanation of Proposed Treatment Plan

Write something...

Estimated Treatment Cost

Enter a number...

Patient Understanding of Treatment Plan?

- Yes
- No
- Partially

Informed Consent Obtained?

- Yes
- No

Date of Consent/Discussion

Enter date...

Patient Questions/Concerns Addressed

Write something...

Clinical Procedures Checklist

Step-by-step checklist for specific dental procedures performed during the appointment.

Vital Signs - Blood Pressure (mmHg)

Enter a number...

Vital Signs - Heart Rate (bpm)

Enter a number...

Local Anesthesia Administered?

Yes

No

Anesthesia Notes (if applicable)

Write something...

Suction Used?

Yes

No

Instruments Used (Check all that apply)

- Handpiece
- Explorer
- Scaler
- Curette
- Elevator
- Composite Filling
- Amalgam Filling

Procedure Notes

Write something...

Radiography & Documentation

Ensuring proper radiographic techniques, processing, and documentation are followed.

FVDI (Fluoride Vial Dose Indicator) Reading

Enter a number...

Radiograph Type (PA, BW, Pano, CBCT)

- Periapical (PA)
- Bitewing (BW)
- Panoramic (Pano)
- Cone Beam CT (CBCT)

Exposure Settings (kVp)

Enter a number...

Exposure Settings (mA)

Enter a number...

Exposure Time (Seconds)

Enter a number...

Radiographic Findings (Detailed Description)

Write something...

Digital Radiograph Image(s)

 Upload File

Image Quality Assessment

- Excellent
- Good
- Acceptable
- Needs Repeat

Recall Appointment Scheduling

Scheduling appropriate follow-up appointments and confirming patient understanding of recall frequency.

Next Recall Appointment Date

Enter date...

Preferred Recall Time (optional)

Enter time...

Number of Months Until Next Recall

Enter a number...

Recall Method

- Phone Call
- Text Message
- Email
- Postal Mail

Notes Regarding Recall Preferences

Write something...

Patient Confirmation Status

- Confirmed
- Rescheduled
- Cancelled

Financial Discussion & Authorization

Reviewing treatment costs, insurance coverage, and obtaining necessary authorizations.

Estimated Total Treatment Cost

Enter a number...

Patient's Estimated Insurance Coverage

Enter a number...

Patient's Estimated Out-of-Pocket Cost

Enter a number...

Payment Plan Options Discussed

- No Payment Plan
- CareCredit
- In-House Payment Plan
- Other (Specify)

Notes on Financial Discussion

Write something...

Authorization Form Signed?

- Yes
- No

Insurance Card Copy (Optional)

 Upload File

Patient Signature (Financial Acknowledgment)

Patient Education & Discharge

Providing post-treatment instructions, answering questions, and ensuring patient understanding.

Post-Treatment Instructions Provided (Oral Hygiene, Diet, Pain Management)

Write something...

Did patient express understanding of instructions?

Yes

No

Unsure

Patient Concerns/Questions Addressed

Write something...

Follow-Up Appointment in (Days)

Enter a number...

Scheduled Follow-Up Appointment Date

Enter date...

Method of Recall Confirmation

- Phone
- Mail
- Email
- Text Message

Recall Confirmation Notes

Write something...

Chart Documentation & Billing

Completing all necessary chart documentation and initiating billing processes.

Total Treatment Cost

Patient Co-pay

Insurance Portion Paid

Billing Status

- Not Billed
- Submitted
- Paid
- Rejected

Date of Billing Submission

Billing Notes/Comments

Write something...

Insurance Claim Form (if applicable)

 Upload File

Payment Method

- Cash
- Check
- Credit Card
- Insurance