

# 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)

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### Payment Method

- Cash
- Check
- Credit Card
- Insurance