



Dental Clinical Audit Checklist 2026: Documentation & Treatment Accuracy

Patient Identification & Consent Verification

Ensuring accurate patient records, signed informed consent forms, and updated medical history documentation.

Date of Patient Verification

Patient Full Name

Patient Date of Birth

ID Verification Method

- ☐ Driver's License
- ☐ State ID
- ☐ Passport
- ☐ Other

Required Consent Forms Verified

- ☐ Informed Consent for Procedure
- ☐ HIPAA Privacy Notice
- ☐ Financial Policy Agreement
- ☐ Medical History Consent

Auditor Signature

Clinical Documentation & Progress Notes

Reviewing the completeness, clarity, and accuracy of SOAP notes, treatment descriptions, and clinician signatures.

Date of Clinical Encounter

Note Format Used

- ☐ SOAP Note
- ☐ Narrative Note
- ☐ Brief Procedure Note

Summary of Clinical Findings

Write something...

Documentation Components Present

- ☐ Chief Complaint
- ☐ Medical History Update
- ☐ Diagnosis
- ☐ Treatment Rendered
- ☐ Anesthesia Administered
- ☐ Post-Op Instructions Given

Auditor Verification Signature

Scan of Signed Progress Note

 Upload File

Diagnostic Imaging & Radiograph Integrity

Verifying the presence of necessary X-rays, proper labeling, diagnostic quality, and correct radiographic interpretation notes.

Radiograph Types Reviewed

- ☐ Bitewing
- ☐ Periapical
- ☐ Panoramic
- ☐ CBCT
- ☐ Occlusal

Image Quality Status

- ☐ Diagnostic & Clear
- ☐ Suboptimal - Motion Blur
- ☐ Suboptimal - Artifact/Error
- ☐ Incomplete/Missing

Anatomic Findings Noted

Write something...

Date of Imaging Capture

Enter date...

Upload Radiograph Sample for Audit

 Upload File

Auditor Verification Signature

Treatment Plan Alignment & Execution

Checking for consistency between the documented treatment plan, clinical findings, and the actual procedures performed.

Treatment Plan Status

- ☐ Planned
- ☐ In-Progress
- ☐ Completed
- ☐ Deferred

Verified Clinical Milestones

- ☐ Initial Exam Completed
- ☐ Radiographs Obtained
- ☐ Patient Consent Signed
- ☐ Anesthesia/Sedation Risk Assessed
- ☐ Cost Estimate Provided

Discrepancy Notes

Write something...

Clinical Deviation Details

Write something...

Date of Treatment Execution

Enter date...

Auditor Verification

Periodontal & Charting Accuracy

Auditing periodontal charting, pocket depths, recession measurements, and updated tooth numbering/surface notation.

Date of Periodontal Assessment

Enter date...

Periodontal Status Classification

- ☐ Healthy
- ☐ Gingivitis
- ☐ Periodontitis - Stage I
- ☐ Periodontitis - Stage II
- ☐ Periodontitis - Stage III
- ☐ Periodontitis - Stage IV

Average Probing Depth (mm)

Enter a number...

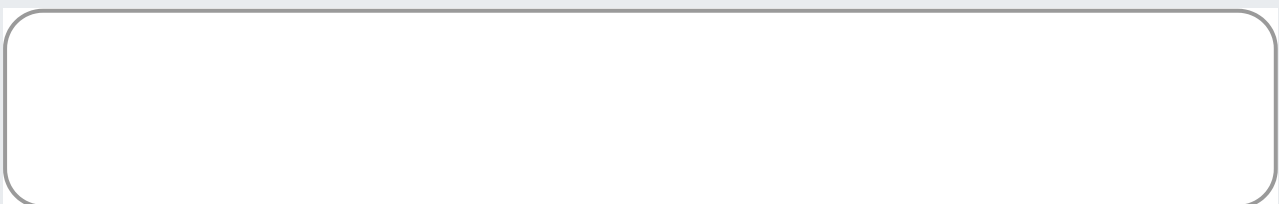
Observed Clinical Findings

- ☐ Bleeding on Probing (BOP)
- ☐ Recession
- ☐ Furcation Involvement
- ☐ Mobility
- ☐ Calculus Deposits

Detailed Charting Notes

Write something...

Clinician Verification Signature



Prescription & Medication Management

Confirming accurate recording of antibiotic/analgesic prescriptions, dosage instructions, and allergy alerts.

Medication Class Prescribed

- ☐ Antibiotics
- ☐ Analgesics (Pain Relief)
- ☐ Anti-inflammatories
- ☐ Antiseptics/Mouthwashes
- ☐ Anesthetics

Drug Name & Dosage

Write something...

Specific Instructions Provided to Patient

Write something...

Date Prescription Issued

Enter date...

Allergy Alert Verified

- ☐ Yes, verified with patient
- ☐ No, update medical history

Auditor Verification Signature

Laboratory & Ancillary Service Tracking

Verifying that lab orders, impressions, and restorative components match the clinical notes and patient instructions.

Date Lab Order Sent

Type of Lab Service

- ☐ Crown/Bridge
- ☐ Denture/Partial
- ☐ Clear Aligner
- ☐ Implant Abutment
- ☐ Other

External Laboratory Name

Expected Delivery Date

Required Components Included

- ☐ Impression/Scan
- ☐ Bite Registration
- ☐ Retraction Cord
- ☐ Digital Photos

Digital Scan or Lab Slip Upload

 [Upload File](#)

Clinical Lead Verification

Post-Operative Instruction & Follow-up Documentation

Ensuring post-op care instructions were provided, documented, and that follow-up appointments are scheduled as required.

Post-Op Instructions Provided

- ☐ Verbal Instructions Given
- ☐ Written Instruction Sheet Provided
- ☐ Digital/Email Instructions Sent
- ☐ Emergency Contact Info Provided

Post-Operative Care Level

- ☐ Routine (Simple Extraction/Filling)
- ☐ Complex (Surgical/Implant)
- ☐ Endodontic (Root Canal)

Follow-up Appointment Date

Enter date...

Specific Post-Op Notes/Alerts

Write something...

Clinician Verification Signature

< Previous

> Next

✓ Finish

🔗 Generate Sample Report