



# Dental Dental Case Presentation Checklist: Diagnostic Records & Treatment Options

 Show only Checklist

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## Diagnostic Records Review

Ensuring all relevant records are accessible and reviewed before case presentation.

### Date of Initial Exam

Enter date...

### Patient's Age

Enter a number...



### Chief Complaint

- Pain
- Broken Tooth
- Routine Checkup
- Cosmetic Concerns
- Other

### Summary of Patient History

Write something...

### Previous Records (if applicable)

 Upload File

### Medical Allergies

- None
- Medications
- Latex
- Other

## Radiographic Findings

Verification of all radiographic images are present and findings are clearly documented and understood.

### Bitewing Exposure Factor

Enter a number...

### PA Exposure Factor

Enter a number...

### Radiographic Technique Quality

- Excellent
- Good
- Fair
- Poor

### Description of any pathology/abnormalities observed

Write something...

### Presence of Third Molars?

- Yes
- No
- Not Visible

### Upload Radiographic Images (if needed for reference)

 Upload File

# Clinical Examination Findings

Documentation and review of all clinical examination findings – periodontal, caries, occlusion, soft tissues etc.

## Bleeding on Probing (BOP) - Maxillary

Enter a number...

## Bleeding on Probing (BOP) - Mandibular

Enter a number...

## Occlusal Status

- Normal
- Mild Malocclusion
- Moderate Malocclusion
- Severe Malocclusion

## Detailed Notes on Soft Tissue Evaluation

Write something...

### Periodontal Pocket Depths (Average)

- <3mm
- 3-4mm
- 4-6mm
- >6mm

### Existing Restorations - Condition

- Sound
- Recurrent Decay
- Fractured
- Leaking

### Additional Clinical Observations

Write something...

## Treatment Options Presented

Clearly outlining all viable treatment options, benefits, risks, and costs associated with each.

### Detailed Description of Treatment Option 1

Write something...

### Estimated Cost of Treatment Option 1

Enter a number...

### Treatment Option 1: Direct Access?

Yes

No

### Potential Risks and Complications of Treatment Option 1

Write something...

### Insurance Coverage for Treatment Option 1 (Estimated)

Fully Covered

Partially Covered

Not Covered

### Patient Questions/Concerns Regarding Treatment Option 1

Write something...

# Patient Understanding & Consent

Confirmation that the patient understands the proposed treatment plan and has provided informed consent.

## Summary of Treatment Plan Explained

Write something...

## Patient Acknowledges Risks and Benefits?

Yes

No

## Alternative Treatments Discussed?

Yes

No

## Estimated Treatment Cost

Enter a number...

## Date of Consent

Enter date...

**Patient Signature**

**Witness Signature (if applicable)**

## Financial Considerations & Payment Plan

Discussion and documentation of estimated costs, insurance coverage, and payment plan options.

**Estimated Total Treatment Cost**

**Patient's Estimated Insurance Coverage**

**Patient's Financial Responsibility**

### Payment Options Offered

- Cash
- Check
- Credit Card
- Financing (e.g., CareCredit)

### Financing Option Selected (if applicable)

- None
- CareCredit
- Other (Specify in Long Text)

### Specify Other Financing Option (if selected above)

Write something...

### Date Payment Plan Agreed Upon

Enter date...

### Patient Signature - Acknowledgment of Payment Plan

# Documentation of Presentation

Verification that all key points of the presentation are accurately documented in the patient's record.

## Summary of Patient's Understanding

Write something...

## Treatment Plan Accepted?

- Yes
- No
- Pending Discussion

## Date of Presentation

Enter date...

## Time of Presentation

Enter time...

## Doctor Signature

## Patient Signature (if applicable)