



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)