

Dental Treatment Planning Checklist: Sequencing & Documentation

 Show only Checklist

Display Style
Default 

Patient History & Chief Complaint

Review patient's medical/dental history and document their primary reason for seeking treatment.

Chief Complaint

Write something...

Medical History

Write something...



Medications

Write something...

Allergies

Write something...

Previous Dental Work

- Crown
- Bridge
- Implant
- Root Canal
- Orthodontics
- None

Last Dental Visit

Enter date...

Clinical Exam Findings

Record observations from the comprehensive oral exam (periodontal, restorative, endodontic, etc.).

Blood Pressure (Systolic)

Enter a number...

Blood Pressure (Diastolic)

Enter a number...

Overall Periodontal Health

- Excellent
- Good
- Fair
- Poor

Plaque Index Score

Enter a number...

Gingival Index Score

Enter a number...

Detailed Notes on Caries Risk Assessment

Write something...

Existing Restorations

- Amalgam
- Composite
- Gold
- Ceramic
- None

Any Unusual Findings or Concerns?

Write something...

Diagnostic Records

Confirmation that all necessary radiographs and diagnostic tests have been taken and reviewed (bitewings, Pano, CBCT, etc.).

Panoramic Radiograph Date

Enter date...

Bitewing Radiograph Date

Enter date...


Cone Beam CT (CBCT) Date (if applicable)

Enter date...


Panoramic Radiograph Image

 Upload File

Bitewing Radiograph Images

 Upload File

Cone Beam CT (CBCT) Images (if applicable)

 Upload File

Radiographic Review Completed?

Yes

No

Treatment Options Presentation

Document discussion of treatment options, including pros/cons and associated costs.

Detailed Explanation of Option 1

Write something...

Estimated Cost of Option 1

Enter a number...

Pros of Option 1

Write something...

Cons of Option 1

Write something...

Detailed Explanation of Option 2

Write something...

Estimated Cost of Option 2

Enter a number...

Patient's Preferred Option

- Option 1
- Option 2
- Other (Please Specify)

Patient's Questions/Concerns

Write something...

Patient Consent & Treatment Plan

Verify written consent for the proposed treatment plan and sequence of procedures.

Detailed Treatment Plan Explanation (Provided to Patient)

Write something...

Patient Acknowledges Understanding of Treatment Risks & Benefits

- Yes
- No

Estimated Total Treatment Cost

Enter a number...

Financial Agreement Type

- Cash
- Insurance
- Payment Plan

Date of Consent

Enter date...

Patient Signature

Doctor Signature

Phase Breakdown & Sequencing

Clearly outline the phases of treatment (e.g., Phase I Periodontics, restorative phase) and order of procedures within each phase.

Phase 1 Start Date (Sequence)

Enter a number...

Phase 1 Treatment Type

- Periodontal Scaling & Root Planing
- Restorative - Small Classifications
- Endodontic - Single Tooth
- Other (Specify)

Estimated Phase 1 Completion Date

Enter date...

Approximate Phase 1 Cost

Enter a number...

Phase 2 Treatment Type

- Restorative - Larger Classifications
- Implant Placement
- Prosthodontics
- Orthodontics
- Other (Specify)

Sequence Rationale (Briefly explain order of phases)

Write something...

Financial Arrangements & Insurance

Confirm patient understands financial responsibility and insurance coverage details for each phase.

Patient's Estimated Total Cost

Insurance Provider

- Delta Dental
- Cigna
- Aetna
- Blue Cross Blue Shield
- Other

Insurance Claim Submission Date

Patient's Co-Pay Amount

Financial Agreement Signed?

Yes

No

Insurance Pre-authorization Notes (if applicable)

Write something...

Documentation & Charting

Ensure all findings, treatment plan, and patient consent are accurately and thoroughly documented in the patient's chart.

Summary of Patient Understanding of Treatment Plan

Write something...

Date of Treatment Plan Discussion

Enter date...

Time of Treatment Plan Discussion

Enter time...

Doctor Signature

Patient Signature (if applicable)

Treatment Plan Shared Electronically (Y/N)

Yes

No

Page Number of Treatment Plan in Chart

Enter a number...