DENTISTRY

Comprehensive dental examination

Blank documentation outlines. Adapt to the encounter and your practice requirements; complete only findings and care actually documented.

ENCOUNTER

Patient name:

Date of birth:

Date and time of encounter:

Clinician:

HISTORY

Chief concern

Medical history, medications and allergies reviewed

Dental history, symptoms and home care

EXAMINATION

Extraoral and intraoral findings

Teeth examined using Universal tooth numbers or letters

Existing restorations and tooth-specific findings

Periodontal findings and chart reference

Occlusion and other findings actually assessed

Radiographs obtained or reviewed and interpretation

ASSESSMENT AND TREATMENT PLAN

Diagnoses and supporting findings

Treatment priorities, options and alternatives discussed

Patient preferences and decisions

Referrals and next appointment