DENTISTRY

Dental restoration note

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:

INDICATION AND PREPARATION

Tooth number or letter using Universal notation and surfaces

Diagnosis and supporting findings

Medical history and allergy updates

Options, risks, alternatives and patient consent

PROCEDURE PERFORMED

Local anesthetic agent, concentration, amount and route if used

Isolation and preparation

Findings during treatment

Restorative materials, shade and product details

Contacts, occlusion and finishing actually checked

Complications and response

AFTERCARE

Post-treatment findings and patient response

Instructions discussed

Follow-up plan