DENTISTRY

Urgent dental pain

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:

PRESENTING CONCERN

Location using Universal tooth numbers or letters

Onset, severity, triggers and symptoms reported

Previous treatment and response

Relevant medical history, medications and allergies

FOCUSED EVALUATION

Vitals if obtained, with units

Extraoral and intraoral findings

Diagnostic tests performed and results

Radiographs obtained or reviewed and interpretation

ASSESSMENT AND CARE

Working diagnosis and differential

Options, risks and consent discussion

Treatment actually performed

Medications prescribed, if any

Disposition or referral and rationale

FOLLOW-UP

Follow-up timing and purpose

Return precautions discussed

Patient questions and understanding