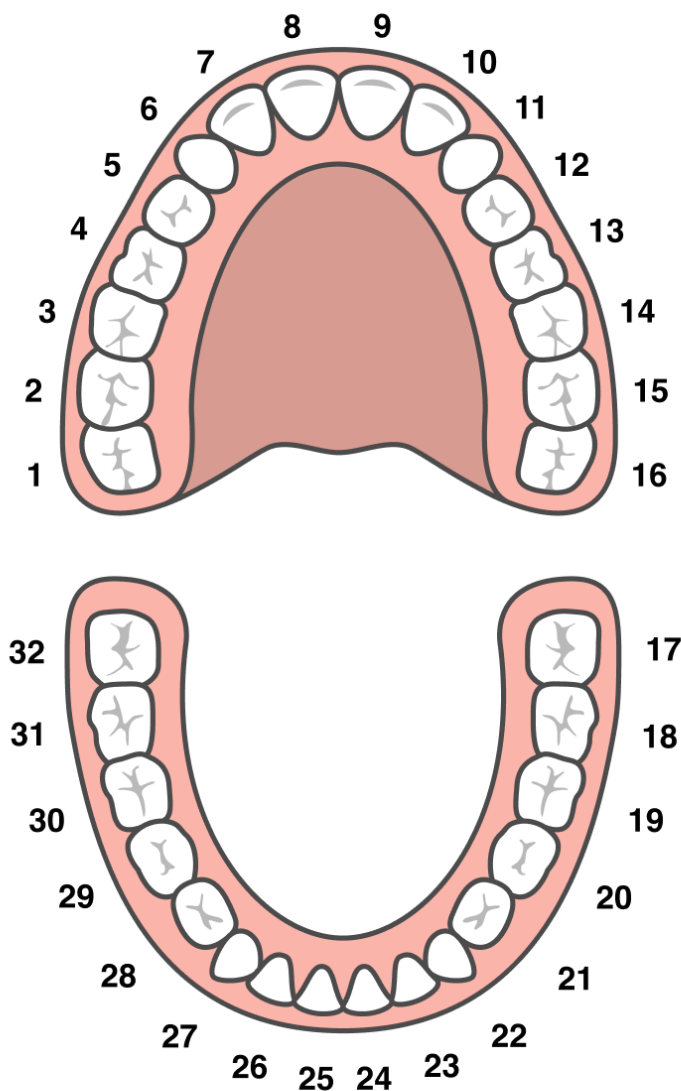


# Dental Treatment Plan

Patient information			
Name:		Sex:	
Age:		Date:	
Medical history			
Dental history			
Teeth assessment			
Gingiva	Normal	Inflamed	Highly inflamed
Deposit	Slight	Moderate	Heavy
Stain	Slight	Moderate	Heavy
Prosthesis present		F/F	P/P
Prosthesis needed		F/F	P/P
Head and neck assessment			
Lips		Normal	Abnormal
Buccal mucosa		Normal	Abnormal
Pharynx		Normal	Abnormal
Hard palate		Normal	Abnormal
Soft palate		Normal	Abnormal
Tongue		Normal	Abnormal
Sublingual		Normal	Abnormal
TMJ		Normal	Abnormal
Neck nodes		Normal	Abnormal

## Radiographic findings

## Treatment plan



1. 3rd Molar (wisdom tooth)
2. 2nd Molar (12-yr molar)
3. 1st Molar (6-yr molar)
4. 2nd Bicuspid (2nd premolar)
5. 1st Bicuspid (1st premolar)
6. Cuspid (canine / eye tooth)
7. Lateral incisor
8. Central incisor
9. Central incisor
10. Lateral incisor
11. Cuspid (canine / eye tooth)
12. 1st Bicuspid (1st premolar)
13. 2nd Bicuspid (2nd premolar)
14. 1st Molar (6-yr molar)
15. 2nd Molar (12-yr molar)
16. 3rd Molar (wisdom tooth)
17. 3rd Molar (wisdom tooth)
18. 2nd Molar (12-yr molar)
19. 1st Molar (6-yr molar)
20. 2nd Bicuspid (2nd premolar)
21. 1st Bicuspid (1st premolar)
22. Cuspid (canine / eye tooth)
23. Lateral incisor
24. Central incisor
25. Central incisor
26. Lateral incisor
27. Cuspid (canine / eye tooth)
28. 1st Bicuspid (1st premolar)
29. 2nd Bicuspid (2nd premolar)
30. 1st Molar (6-yr molar)
31. 2nd Molar (12-yr molar)
32. 3rd Molar (wisdom tooth)

Tooth number	Issue	Treatment	Estimated cost	Remarks

**Additional notes**

**Practitioner details**

Dental doctor:

ID number:

Signature: