

# SOAP Notes for Dental

Patient information	
Name:	Date of birth:
Address:	
Contact information:	
Patient identifier:	Date:
Subjective	
History of presenting illness:	Oral hygiene habits:
Allergies and medications:	Past dental Hx:
Objective	
Clinical examination and findings:	Radiology:

**Assessment****Plan**

Pharmacologic intervention:

Treatments:

Education / maintenance:

Other treatments:

**Dentist information**

Dentist's name:

Signature:

Dentist's license number:

Contact information: