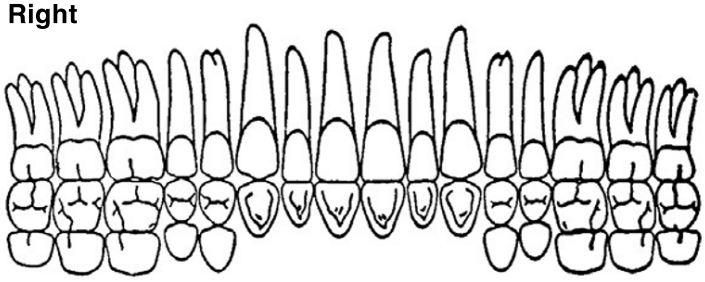
Dental Treatment Plan

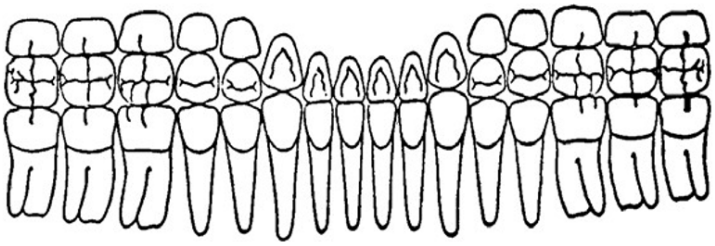
Name:	Date:
Sex:	Age:

Right



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Left



32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Check one:			
Gingivia	☐ Normal	☐ Inflamed	☐ Highly inflamed
Deposit	☐ Slight	☐ Moderate	☐ Heavy
Stain	☐ Slight	☐ Moderate	☐ Heavy
Prosthesis present	☐ F/F	☐ P/P	
Prosthesis needed	☐ F/F	☐ P/P	
PSR Code	**R:**	**L:**	

Head and neck exam (check one):		
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

Dental Treatment Plan

Treatment plan		
Tooth number	**Treatment**	**Remarks**

Additional Notes