

SOAP Note for Dental Template

Patient Information

First Name

Last Name

Date

Date of Birth

Patient Identifier (If known)

Subjective

Hx of Presenting Illness

Medications/Allergies

Past Dental Hx

Objective

Clinical Examination

Radiology

First Name

Last Name

Date

Date of Birth

Patient Identifier (If known)

Assessment

Plan

Pharmacologic Intervention	Other Intervention
Education/Maintenance	Referral/Follow-up

Signature