Continuing Care Exam and Treatment Plan

Patient Name: Doctor:

Exam Date: / /

Existing Condition			Age	New Pathology	Ideal Treatment				Optional Treatment				Priority	Time Units	
Date Diagnosed	Tooth #	Surface / Restoration		Surface / Pathology		A	C	BU		A	C	BU	1,2,3	at next Appt.	√

Exam Date: / /

Existing Condition			Age	New Pathology	Ideal Treatment				Optional Treatment				Priority	Time Units	
Date Diagnosed	Tooth #	Surface / Restoration		Surface / Pathology		A	C	BU		A	C	BU	1,2,3	at next Appt.	√

Exam Date: / /

Existing Condition			Age	New Pathology	Ideal Treatment				Optional Treatment				Priority	Time Units	
Date Diagnosed	Tooth #	Surface / Restoration		Surface / Pathology		A	C	BU		A	C	BU	1,2,3	at next Appt.	√

Sample Page

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