

Periodontal Treatment Plan

Patient Name _____ Acct# _____ Date _____

Diagnosis:

- Type I Type II Type III
 Type IV Type V Other _____

Prognosis:

- Good on teeth # _____ Fair on teeth # _____
 Guarded on teeth # _____ Poor on teeth # _____

Treatment Sequence:

1. Medical Release _____
2. Referral to: OS Endo Ortho
3. _____
4. _____
5. _____
6. _____
7. _____

Occlusal & Radiographic Findings:

- Furcation tooth # _____ Caries tooth # _____
 Bruxism Crossbite Malocclusion TMD Crowding

OH: Good Fair Poor BOP

Medical Alert _____

Allergy _____

Comments _____

All findings, treatment options, risks and benefits of treatment, as well as alternative treatment and risk of no treatment were discussed with the patient. The patient was given an opportunity read the periodontal disease booklet, to review the above treatment plan and ask questions from the doctor and the treatment coordinator. The patient also understands that all periodontal maintenance is to be done at the referring general dentist's office and it is imperative for successful treatment.

Doctor's Signature _____

Date _____