

Pre-Consult Checklist

Patient Name: _____

Date of Consult: _____

Prep Work:

- Intra-oral Camera Photos
- Digital Photos
- Study Models
- Wax-Up

Dentist:

- Treatment Plan Completed
- Priorities: _____
- Alternative Treatment Plans Completed
- Photos Imaged
- Prescriptions Completed
- Medical Clearance Needed to Proceed with Scheduling? ____ yes ____ no
- Professional Referrals Required:
 - _____ Ortho _____
 - _____ Perio _____
 - _____ Oral Surgeon _____
 - _____ Endo _____
 - _____ Physician _____
 - _____ Pedo _____
 - _____ Proths _____
 - _____ Other _____
- Visual Aids Required: _____

Administrative Prep Work:

- Financial Options Completed
- Preview Schedule for Possible Openings
- Consent Forms:
 - Treatment
 - Sedation
 - Medication
- Pre-op Instructions
- Post-op Instructions
- Dental Materials Fact Sheet
- Movie Certificate for Long Non-Sedation Cases
- Consult Folder Complete
 - Business Card
 - Brochures
 - Photos
 - Comfort Menu
- Consult Room Set-Up:
 - X-rays Up
 - Intraoral Photos Up
 - Image FX open
 - Study Models In Room