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.	√

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