

Chart Review Checklist

Date: _____

Patient Name: _____

Prefers to be called: _____

Treatment completed at previous visit _____

Patient is NOT current on items checked below:

- FMX _____
- BWX _____
- Intraoral Camera Photo (if needed) _____
- Hygiene Visits _____
- Comprehensive Exam _____
- Updated Health History _____
- Updated Registration Form ___ (Cell Phone; Preferred Contact #; Birthday?) _____
- Informed Consent _____
- Written Financial Arrangement _____
- Personal Information Update _____
- Dental Materials Fact Sheet _____
- HIPAA Privacy Policy Acknowledgement _____
- Necessary Documentation
 - Appropriate X-ray / Photo (Ext/RCT/PFM) _____
 - Age of existing restoration/denture/partial/missing tooth _____
 - Date of previous root canal _____
 - Other _____

Locate Most Current X-rays _____

Any Financial Concerns /Unpaid Balances: _____

Pending Treatment and Pre-Approvals: _____

Health Concerns on PreMed: _____

Anesthesia Considerations: _____

Patient Comfort Review:

- N2O _____
- Headphones (Prefers: _____)
- Video Glasses (Prefers: _____)
- Blanket _____
- Neck Pillow _____
- Safety Glasses (protective) _____
- Special Requests: _____

Start Treatment Checklist

- Verbal Appointment Review (Changes, if any: _____)
- Verbal Health History Review
- X-rays on the View Box
- Treatment Matches Chart, X-rays, Oral Evaluation