



Patient Membership Software

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Dental Treatment Plan Template

Patient Information:

- Name: _____
- Date of Birth: _____
- Phone Number: _____
- Email: _____

Examination Details:

- Date of Examination: _____
- Chief Complaint: _____
- Medical History: _____
- Dental History: _____
- Current Medications: _____

Diagnosis:

- Diagnosis Summary: _____
- X-Ray Findings: _____
- Oral Examination Results: _____
- Periodontal Assessment: _____

Treatment Plan Overview:

Step	Treatment	Teeth/Area	Estimated Cost	Estimated Duration	Notes
1					
2					
3					
4					

Detailed Treatment Description:

1. **Step 1: [Treatment Name]**
 - Procedure Description: _____
 - Benefits: _____
 - Risks: _____
 - Alternative Options: _____
 - Follow-Up Care Instructions: _____
2. **Step 2: [Treatment Name]**
 - Procedure Description: _____
 - Benefits: _____
 - Risks: _____
 - Alternative Options: _____
 - Follow-Up Care Instructions: _____

Financial Summary:

- Total Estimated Cost: \$_____
- Insurance Coverage: \$_____
- Out-of-Pocket Cost: \$_____
- Payment Plan Options: _____

Patient Consent:

I, _____, understand the proposed treatment plan, including the associated benefits, risks, and costs. I agree to proceed with the treatment and acknowledge that unforeseen changes may require adjustments to the plan.

- Patient Signature: _____
- Date: _____

Dentist Signature:

- **Dentist Name:** _____
- **Signature:** _____
- **Date:** _____