

## Treatment Planning Work Sheet

### *Interdisciplinary Team Members*

	Name	Phone	Email
Periodontist			
Restorative/Prosth.			
Orthodontist			
Endo/MFOS/Other			
Physician			

### *Data Gathering and Interpretation*

H, Histories; Ch, Chartings; P, Photographs;  
 R, Radiographs; M, Models; Cb, CBCT; O, Other

	Records	Etiology	Diagnosis	Other
Periodontics				
Restorative				
Orthodontics				
Endo/MFOS				
Medical				
Other				

**Additional consultations requested (Endo; Perio; Path; OS; Medical)**

## ***Proposed Treatment***

Disease Control; (2) Reconstructive and Rehabilitative (3) Maintenance care.

	Procedure	Provider	Est. Time	Sequence
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Other				
Other				

## ***Estimated Fee***

Periodontics	
Restorative/Prosthodontics	
Orthodontics	
Oral surgery/Endodontics/Other dental	
Other - Medical	
<b>GLOBAL FEE:</b>	

