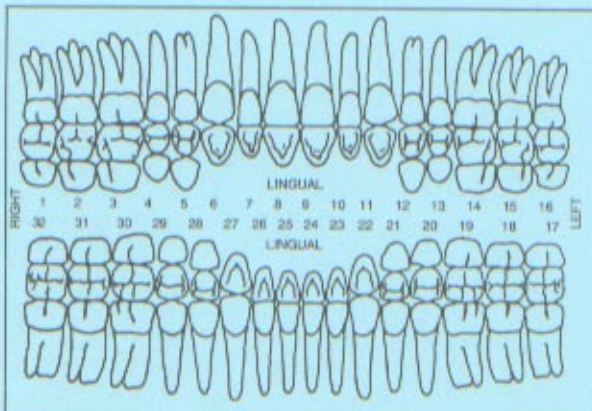
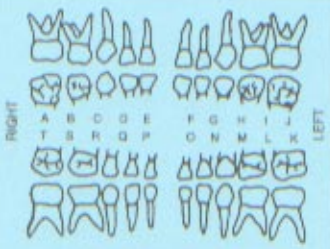
PATIENT NAME _____ **DATE** _____ **DR.** _____





DATE:

SOFT TISSUE NOTES:

HARD TISSUE NOTES:

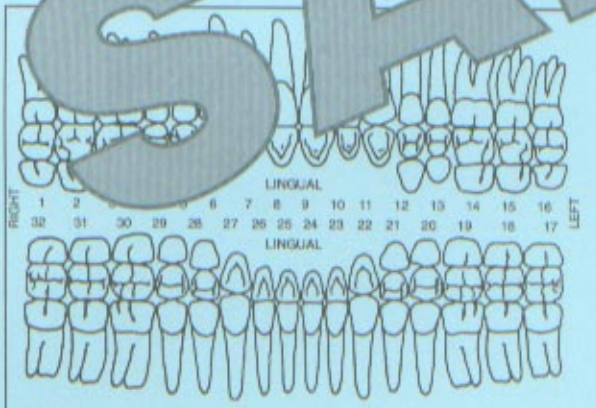
HOME CARE NOTES:

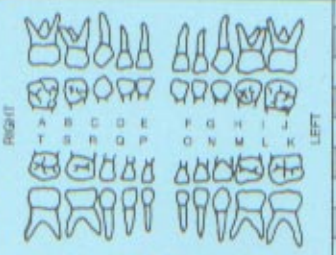
OTHER NOTES:

TOOTH#	PRESENT REST.	PATHOLOGY	RECOMMENDED TREATMENT	ALTERNATIVE TREATMENT			

TREATMENT CONFERENCE NOTES:

SAMPLE





DATE:

SOFT TISSUE NOTES:

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HOME CARE NOTES:

OTHER NOTES:

TOOTH#	PRESENT REST.	PATHOLOGY	RECOMMENDED TREATMENT	ALTERNATIVE TREATMENT	ACPTD	PRIOR	DATE COMP

TREATMENT CONFERENCE NOTES: