

COE and Tx plan Worksheet

Patient Name _____ Notation by _____

Sheet One – New Patient Interview and Dental Exam with New Patient Coordinator notation (silent notes for the most part) (take an interest “I can describe that better if you let me see”)

Personal and Social History
 Grew up where?
 Moved here when and why:
 Other family in this area:
 Occupation:
 Connection to Doctor:
Other PSH comments:

Review of Dental History
 Childhood dental experiences:
 Recent dental experiences:
 Parents' dental condition:
Current Dental Challenges:
Dental Care Anxieties
 Pre-sedation or other mitigations desired:
Other DH comments:

Review of Medical History
(ask if doctor forgets)
Antibiotic Pre-medication
 Not Indicated
 Indicated Verified for Today
Local Anesthetic Restrictions
 None _____
Pain Medications
 Event of Use, Effective Medications:
Other MH comments:
Medical Consult Indicated?
 No Yes

Diagnostic Materials Prescribed:
 ___ FMX ___ PANO ___ 3rd Molars
 ___ Digital Photo Series
 ___ Models ___ Wax Bite

Tooth or Area	Level 1 Pain Relief	Level 2 Disease Control	Level 3 Strength and Function	Level 4 Attractiveness and Beauty	Reasons
U Ant					
L Ant					
UR					
UL					
LL					
LR					
1					
2					
3					
4 A					
5 B					
6 C					
7 D					
8 E					
9 F					
10 G					
11 H					
12 I					
13 J					
14					
15					
16					
17					
18					
19					
20 K					
21 L					
22 M					
23 N					
24 O					
25 P					
26 Q					
27 R					
28 S					
29 T					
30					
31					
32					

Treatment Codes:

AB—Antibiotic therapy	XB—Extraction	PULP—Pulpotomy
RCT—Root canal therapy	BU—Post and core buildup	ENCH—RCT/post/crown
DBC—Direct bonded composite	WFT—Full tooth composite	BOND—Anterior bonding
ONLAY—Indirect onlay	CRN—Indirect crown	VNR—Porcelain veneer
BB—Fixed bridge	IMP—Implant	AUG—Bone augmentation graft
PLD—Partial lower denture	PUD—Partial upper denture	FLIPPER—Healing denture or stay-plate
FUD—Full upper denture	FLD—Full lower denture	OD—Over-denture anchor
OCC—Occlusal adjustment	NTI—NeuroTension Inhibitor	SEAL—Sealant
PCT—Periodontal disease therapy	MGS—Mugogingival surgery	FLAP—Pocket elimination surgery
ORTHO—Minor tooth movement	SSC—Stainless steel crown	BIO—BioTemp lab processed temporary

Reasons Codes:

DK—Active decay	PIT—Starting decay	CRX—Cracked	FX—Fractured	CUSP—Cusp undermined
WEAK—Encroachment	GAP—Open contact	PULP—Close to nerve	XX—Unsalvageable	BONE—Bone loss
SHORT—Too short	UGLY—Un-esthetic	IMP—Impacted	GONE—Missing	BENT—Poor position
OUT—Over-erupted	LEAK—Recurrent Decay			

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Sheet Two – Soft Tissue and Supplemental Exams (call out question and choices as you go)

OCS (Oral Cancer Screening)

Lymph Node Palpation (check if WNL)
 Peri-auricular Submandibular Submental Neck

Visual Inspection (check if WNL)
 Lips Lower Vestibule Upper Vestibule
 Dorsal Tongue Ventral Tongue Floor of Mouth
 Right Buccal Mucosa Left Buccal Mucosa Palate

Other OCS findings:

Biopsy Indicated? **Referral Indicated?**
 No Yes No Yes

TMJ (Temporo-Mandibular Joint function screening)

	Left	Right	None
Temporalis Tenderness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masseter Tenderness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck Tenderness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TMJ Tenderness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TMJ Clicking or popping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TMJ Crepitus or Grating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Range of Motion
 ___mm Right ___mm Left (norm 8-12) ___mm Vertical (norm 40-50)

Other TMJ findings: **Referral Indicated?**
 No Yes

COA (Comprehensive Occlusal Analysis)

Bite Alignment -- Centric Relation/Centric Occlusion Shift:
 ___mm Antero-Posterior ___mm Right Left

Functional Contacts
 Slide Right Working Balancing Anterior Protection
 Slide Left Working Balancing Anterior Protection
 Protrusive Right Left Anterior Protection

Evidence of Para-function or Habit
 Masseteric Hypertrophy Sharp Posterior Cusps
 Anterior Teeth Matching Wear Excessive Wear
 Awareness of Night clenching/grinding
 Mobility beyond periodontal indications
 Class V erosion/abfraction lesions

Distribution of Chewing Force
 Missing Teeth Not Replaced:
 None _____

Other COA findings: **Referral Indicated?**
 No Yes

OSE (Orthodontic Screening Evaluation)

Jaw Relationships
 Angle's Classification I II-div1 II-div2 III
 Crossbite Right Left Anterior None

Overbite Excessive Normal Minimal Open
 Overjet Excessive Normal Edge2Edge

Crowding
 Upper Right Left Anterior None
 Lower Right Left Anterior None

Other OSE findings: **Referral Indicated?**
 No Yes

PVE (Pulp Vitality Evaluation)

Percussion Sensitivity
 ___ tooth # Sensitive Normal
 ___ tooth # Sensitive Normal
 ___ tooth # Sensitive Normal
 ___ tooth # Sensitive Normal

Cold Sensitivity
 ___ tooth # ___ seconds Normal Recovery Slow
 ___ tooth # ___ seconds Normal Recovery Slow
 ___ tooth # ___ seconds Normal Recovery Slow
 ___ tooth # ___ seconds Normal Recovery Slow

Biting Sensitivity
 ___ tooth # Sensitive Normal
 ___ tooth # Sensitive Normal
 ___ tooth # Sensitive Normal
 ___ tooth # Sensitive Normal

Fiber-optic Crack Test
 ___ tooth # Crack Blocks Light Light Passes Through
 ___ tooth # Crack Blocks Light Light Passes Through
 ___ tooth # Crack Blocks Light Light Passes Through
 ___ tooth # Crack Blocks Light Light Passes Through

CPE (Comprehensive Prosthetic Evaluation)

Ridge Shape U-shaped V-shaped Square
 Ridge Width Broad Intermediate Narrow
 Ridge Height Excellent Moderate Poor
 Ridge Coverage Well Covered Adequate Poor
 Saliva Normal Good Poor
 Musculature Robust Moderate Weak
 Tori Maxillary Palatal Mandibular
 Vertical Dimension Full Moderate Short
 Palatal Seal Area Soft Firm Hard
 Angle Class I II III
 Frenum Interference? Maxillary Mandibular
 Anchors Possible? Maxillary Mandibular None
 Anchor Type Mini Endosseous Radicular

Other CPE Comments: **Referral Indicated?**
 No Yes

CPA (Comprehensive Periodontal Assessment)

Probing (missing, 1-16 facial, then back on lingual, 32-17 Buccal, then back on lingual)
 Not Indicated (PCT 0 and 1) Completed in Dentrix Chart
 Screening only today, full probing along with initial therapy

Periodontal Case Type
 0 – Periodontal Health
 1 – Gingivitis (3mm or less maximum pocket depth)
 2 – Early Periodontitis (4 - 6mm)
 3 – Moderate Periodontitis (5 - 8mm)
 4 – Advanced Periodontitis (7 - 8mm+)

Gingival Conditions
 Bleeding Swelling Redness
 Exudate Frenum Pulls Recession
 Food Impaction Inadequate Attached Gingiva

Level of Intervention Most Likely Indicated
 4341 Perio Therapy x ___ quads 4910 Perio Maintenance
 1330 Home Care Instructions 1110 Prophy
 Pocket-reduction Surgery Gingival Graft
 Gingival Curettage Gingival Contouring

Other CPA findings: **Referral Indicated?**
 No Yes

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Sheet Three – Doctor to complete (Case Management Conference)

Treatment Scheduling Worksheet					
Sequence	With Who?	Minutes	Description	Lab	Interval for Next App't
Appointment 1					
Appointment 2					
Appointment 3					
Appointment 4					
Appointment 5					
Appointment 6					
Appointment 7					
Appointment 8					
Appointment 9					
Appointment 10					
Maintenance					

Specialty Referrals Prescribed:

Oral Medical Referral:	Not / Recommended	Referred to Dr. _____
Endodontic Referral:	Not / Recommended	Referred to Dr. _____
Pedodontic Referral:	Not / Recommended	Referred to Dr. _____
Periodontal Referral:	Not / Recommended	Referred to Dr. _____
Orthodontic Referral:	Not / Recommended	Referred to Dr. _____
Oral Surgery Referral:	Not / Recommended	Referred to Dr. _____

Medical Consultations Requested:

Physicians Name: _____ Dr. _____ Phone: _____

Specific Question: _____

Date Contacted: _____ Team Member _____ Spoke With: _____

Response from MD: _____
