

Patient _____ Doctor _____ Date _____

RISK PROFILE

Low Mild Mod Severe

PAIN or TOOTHACHE



Teeth #

BONE/GUM INFECTION



Perio Case Type #

TOOTH DECAY



InterProx Occlusal Class V

CRACKING/BREAKING/WEAR



Fit Wear Amalgam

IMPACT ON APPEARANCE



Color Shape Lineup Dentistry

CASE MANAGEMENT

SIMPLE CASE



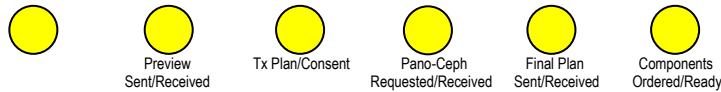
ROUTINE CASE



PLAN AHEAD CASE



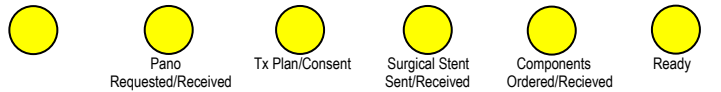
ORTHO



COSMETIC



IMPLANT



VERTICAL



BIOTEMP



CONTINGENT CASE



JUMPSTART CASE



Patient _____ Doctor _____ Date _____

RISK PROFILE

Low Mild Mod Severe

PAIN or TOOTHACHE



Teeth #

BONE/GUM INFECTION



Perio Case Type #

TOOTH DECAY



InterProx Occlusal Class V

CRACKING/BREAKING/WEAR



Fit Wear Amalgam

IMPACT ON APPEARANCE



Color Shape Lineup Dentistry

CASE MANAGEMENT

SIMPLE CASE



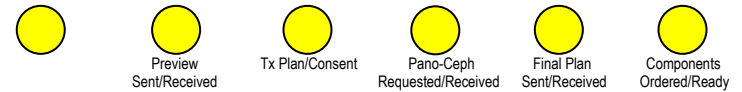
ROUTINE CASE



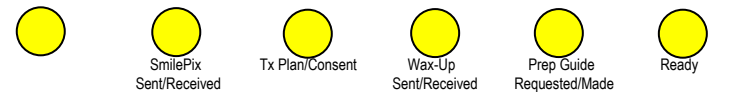
PLAN AHEAD CASE



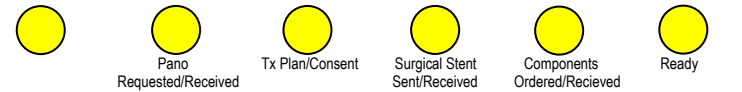
ORTHO



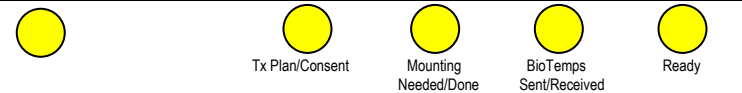
COSMETIC



IMPLANT



VERTICAL



BIOTEMP



CONTINGENT CASE



JUMPSTART CASE

