

Operative Treatment Plan

Patient's name.....DN.....

Chief complain.....

Caries risk assessment **Low** **Moderate** **High**

No	Tooth	Surface	Diagnosis	ICDAS	Instructor
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

No	Tooth	Surface	Diagnosis	ICDAS	Instructor
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					

Additional treatment plan

Tooth	Kind of work	Referred

Preventive treatment plan

No	Kind of work	Complete
1		
2		
3		
4		
5		
6		

Complete treatment plan

Date.....Student.....Instructor.....

Complete preventive treatment

Date.....Student.....Instructor.....

Complete case

Date.....Student.....Instructor.....