NAME:_____

DATE:_____

GIANNINI | GRAY DENTAL PARTNERS

REFER

- PERIO_____
- ENDO_____
- ORAL SURGERY_____
- ORTHO_____
- OTHER_____

#	CONDITION	TREATMENT	#	CONDITION	TREATMENT
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16			32		

WELCOME:_____ THANK YOU:_____

NOTES:

Strategic Treatment Plan

□IX □Dx Records □Wax up □Consults □Occlusion □Category 1,2,3 Resto
□Restorative □Reconstruction □Quadrant Tx □Invisalign □Clincheck consult
□Cosmetic □Whiten □Perio □Endo □Ortho □OS □Orthognathic □TMD
□Time Constraint □2nd Opinion? □Other?
Dental IQ High Med Low **Motivation** High Med Low **Financial Concerns** Yes No

<u>Beautiful, Healthy, Functional Smile!</u>