

# Treatment Planning Worksheet – Andy Stevenson’s version

**Patient:**

**Date:**

**Student clinician:**

Resuming comprehensive care

New comprehensive care patient

**Chief complaint:**

Esthetic concerns

**Problem list:**

**Modifiers:**

**Treatment objectives:**

**Caries risk assessment & significant findings:**

low    moderate    high

**Prognosis(es)**

**Modifiers:**

Relevant medical history reviewed, no contraindications to treatment.

Medical clearance indicated

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Existing findings																
Clinical findings																
Radiographic findings																
Proposed treatment																
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Existing findings																
Clinical findings																
Radiographic findings																
Proposed treatment																

**Periodontal diagnosis:**

Periodontal assessment form indicated     Advanced periodontal therapy indicated

Healthy gingiva

Incipient gingivitis

Generalized

Localized

Gingivitis

On an intact periodontium

On a reduced periodontium

Stage 1

Stage 2

Stage 3

Stage 4

Localized

Generalized

Molar/incisor  
pattern

Grade A

Grade B

Grade C

Periodontitis

**Head and neck exam findings:**

Intraoral findings:

Extraoral findings:

TM joints:

**Occlusal & prosthetic considerations:**

Restorative space:     adequate     complicated     inadequate

Vertical dimension:     maintained     lost

Occlusal plane:     normal     complicated

Goldenrod sheet indicated

Occlusal analysis indicated

Complete denture case

Partial denture case

Single tooth/teeth implant case

Pre-prosthetic surgery necessary

**Instructor approval of findings:**

**Date:**

**Instructor approval of treatment plan:**

**Date:**