[Company name]

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Dental practice treatment plan

The full course of treatment - what, which tooth, in what order, at what cost.

Patient

Patient name	[Full name]
Date of birth	[Date]
Dentist	[Name]
Date of plan	[Date]

Options discussed

[Alternatives discussed with the patient, including doing nothing]

Patient agreement

[Patient confirms understanding of the plan, costs and stages]

Planned treatment

Stage	Tooth	Treatment	Cost
1	[e.g. UL6]	[e.g. composite filling]	[£]
2			
3			
	Total estimated cost		[£]

Sign-off

Patient	Dentist	Date