

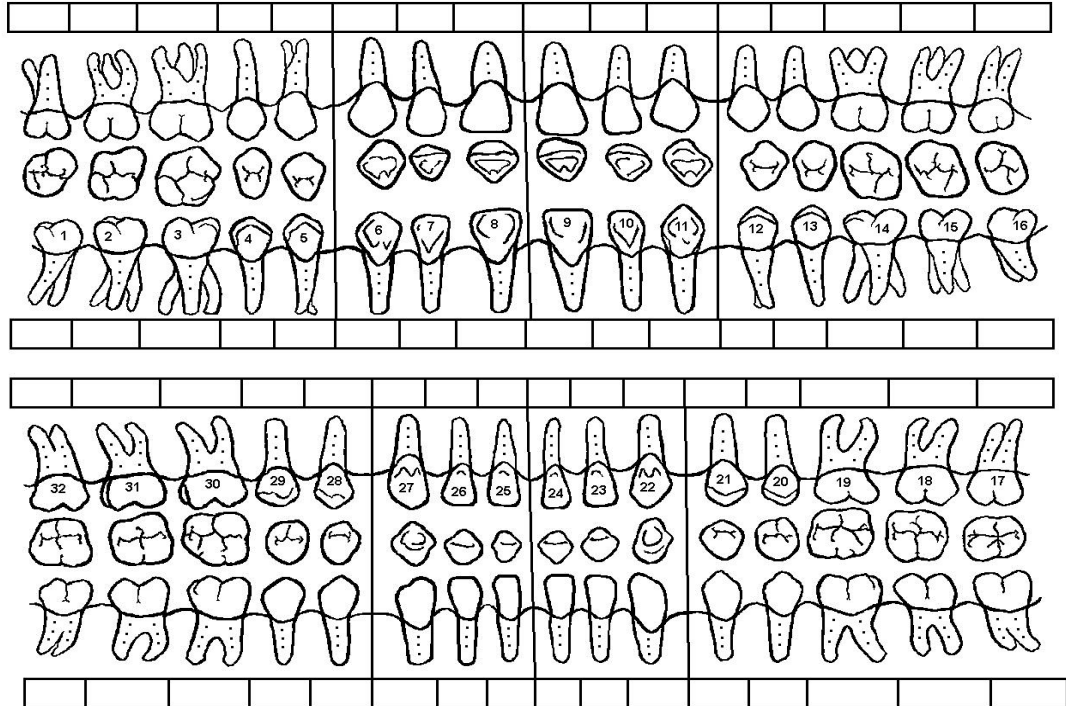
TREATMENT PLAN WORKSHEET

Patient Name: _____ Date of Birth ____/____/____

Chart existing restorations and missing teeth in blue. Chart proposed treatment and decay in red.

Please consider the following parameters when completing ADAP treatment plan.

- 1) Relief of pain or infection by extractions, removal of extensive decay and cleanings should be considered Priority Sequence I.
- 2) Decay that should be repaired within 6-8 months should be considered Priority Sequence II.
- 3) Saving anterior teeth with a root canal can be considered if they are restorable with a large composite build-up. Crowns are not an available option.
- 4) Questionable posterior teeth due to decay or severe periodontal disease should be extracted. No posterior root canals.
- 5) Replacing anterior teeth only with an acrylic partial should be considered Priority Sequence III.



TOOTH OR QUAD	CLINICAL FINDING <i>Example:</i> Un-restorable decay or moderate periodontal disease	RADIOGRAPHIC FINDING <i>Example:</i> Extensive decay into pulp or periapical radio-lucency	SUGGESTED TREATMENT OPTION <i>Example:</i> Extraction, MODL filling or root planning	PRIORITY SEQUENCE I, II, III	ASSOCIATED FEE (Completed by APADP)

Print Provider Name

Provider Signature

Date