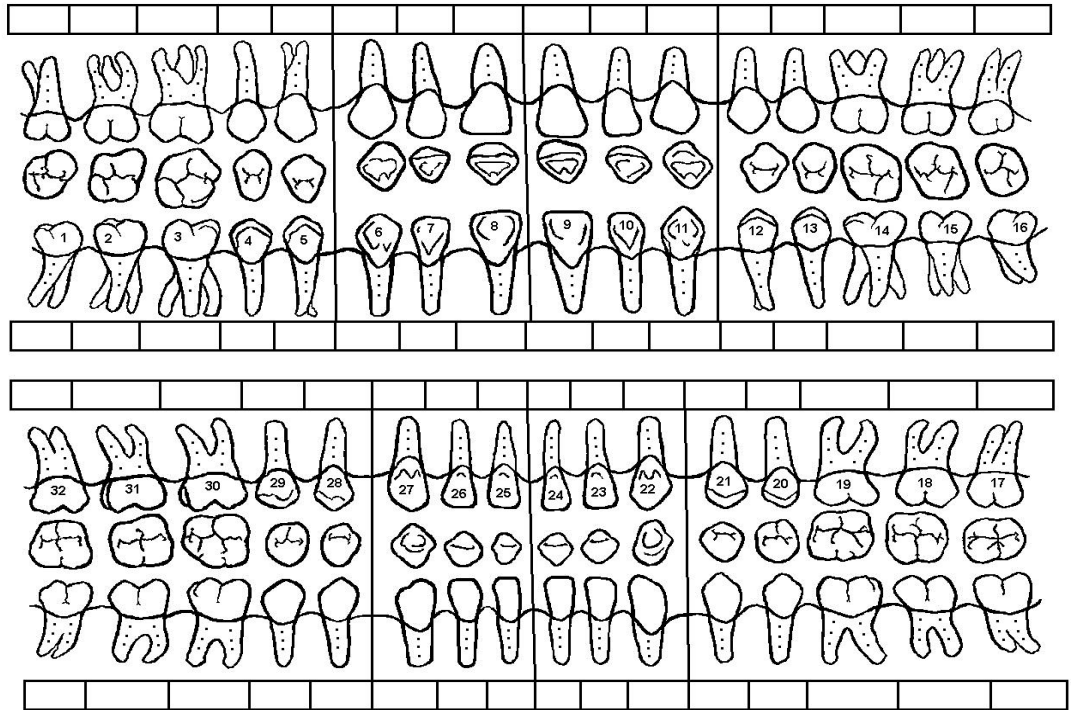




TREATMENT PLAN WORKSHEET

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

Print Provider Name

Provider Signature

Date