[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: _____

Date of birth: _____

Dentist: _____

Date of plan: _____

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:** _____