

Dr.A.SH

### Evaluation Form

Patient's Name: [Redacted]

File No.: [Redacted]

Patient's Telephone No.: [Redacted]

Age: [Redacted]

Case Classification: [Redacted]

Course Director Signature: 

Signature after you complete the case

### Treatment Plan

Phase No.	Line of Tx.	Area or tooth no.	Code no.	Procedure	Points No.	Evaluation	Evaluation X Points	Faculty name	Date completed
I	Emergency								
II	disease control	Periodontic	D 4000	Perio. diagnosis and Tx	1	9	9	Mesham 12-12-17	28-11-2017
			D4351	Gross scaling	2		18		
			D1110	Prophy	1		9		
			D1330	OHI	0.5		4.5		
			D1204	Fluorid	0.5		4.5		
			D4998	Perio Finished case	2		9.0		18
	Resto		D2000	Resto. diagnosis & Tx	1	9	9	28-11-2017	
			*17 D2331	Resin base comp. 2 surf	1	9.5	9.5	19.12.17	
			*16 D2330	Resin base comp 1 surf	0.5	10	5	19.12.17	

Phase No.	Line of Tx.	Area or tooth no.	Code no.	Procedure	Points No.	Evaluation	Evaluation X Points	Faculty name	Date completed
II	Resto.	*24	D2330	Resin base comp 1 surf	0.5	9	4.5	[Signature]	20.12.2017
		*27	D2330	Resin base comp 1 surf	0.5	9	4.5	[Signature]	20/12/2017
		*44	D2337	PRR	0.3	10	Hej	[Signature]	24/12/2017
		*45	D2337	PRR	0.3	10	Hej	[Signature]	24/12/2017
			D2998	Resto Finished case	2	10	Hej	[Signature]	24/12/2017
	Endodontic		D3000	Endo. diagnosis & Tx	1	10	10	[Signature]	28.11.2017
Surgery		D7000	surgery diagnosis & Tx	1	8	8	[Signature]	28.11.2017	
	*38		referred Pt. to surgical extraction						
	*48		referred Pt. to surgical extraction						
		D7998	surgical Finished case	2	9		[Signature]		
III	Prosthetic		D5000	Prostho. diagnosis & Tx.	1	9	9	[Signature]	5.12.2017
		*47	D6970	Cast Post & Core	2	9	18	[Signature]	11.2.2018
		*47	D6750	Crown MC	4	8.75	35	[Signature]	27.2.2018
			D6998	Fixed Finished case	2	8.75	17.5	[Signature]	27.2.2018
IV			D9976	Recall and maintainance 3-6 months	1				

Disease Control