



Dr. A.SH

PATIENT NUMBER  
1 2 3 4 5 6 7 8

**FINAL TREATMENT PLAN**

CODE NO.	AREA OR TOOTH NO.	DENTAL PROBLEM	PROPOSED TREATMENT	COMPLETED
Phase I: Emergency			None	
Phase II: Disease Control				
Surgey	#17	Remaining root	Extraction	Instructor Signature
	#15	Extensive caries/ nonrestorable	Extraction	
Periodontics	All	Plaque-induced gingivitis	Case presentation, OHI	Instructor Signature
	All	Stains and Calculus	Gross scaling and Prophy	
	33-43	Deep Calculus	Scaling and root planing Recall after 4 weeks and 6 months	
Operative	#16	M.O. Caries	Class II composite restoration	Instructor Signature
	#24	O. Caries	Class I composite restoration	
Endodontics	#25	Necrotic Pulp	RCT	Instructor Signature
	#36	Irreversible Pulpitis	RCT	
Phase III: Definitive Treatment				
Prosthodontics	#15	Nonrestorable	Implant-supported crown	Instructor Signature
	#25	Endodontically treated	All Ceramic crown	
	#36	loss of tooth structure	Cast post and core	
	#36	Endodontically treated	PFM crown	
Phase IV: Recall and Maintenance				
		Every 3- 6 months		Instructor Signature

Student Name: Name & ID No.	Faculty Name:	Date: 11/9/2018
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