

Dental Records Checklist (for each visit)

Date _____

Ensure where relevant each of these is recorded and a copy is kept with records

- Patient Identified
- Medical History Updated and checked by clinician
- Correct Clinician Logged in
- Complains of/ Treatment Plan being executed/
Examination
- Dental History
- Diagnostics – clinical findings and observations
- Diagnosis
- Treatment Considered
- Treatment Discussed
- Options Presented
- Consent obtained
- Treatment Provided and why
- Information provided
- Batch Control
- Medication
- Post Operative Warnings
- Advice
- Check item Numbers
- Next Visit Details/Recall
- Follow up telephone call scheduled