Dental treatment plan

Clinic / dentist _____ **Date** _____ **Patient** _____

Date of birth _____ **Phone** _____

#	Tooth	Diagnosis	Procedure	Est. cost	Status
1					
2					
3					
4					
5					
6					
7					
8					
9					

Estimated total _____ **Paid to date** _____ **Balance** _____

Notes and alternatives discussed

_____

_____

Patient signature _____ **Dentist signature** _____