

SUNSHINE DENTAL GROUP

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CLINICAL NOTES / PROGRESS NOTE

PATIENT INFORMATION:

Patient Name: Maria Elena Rodriguez DOB: 04/22/1978

Member ID: DLT-889234521 Policy: Delta Dental PPO

Date of Service: 12/28/2024 Provider: Dr. James Mitchell, DDS

CHIEF COMPLAINT:

Patient presents with severe pain in lower right quadrant, radiating to ear.

Pain level reported as 8/10, worsening over past 5 days. Unable to chew on right side.

HISTORY OF PRESENT ILLNESS:

Patient reports spontaneous throbbing pain in tooth #30 (lower right first molar).

Pain is exacerbated by hot/cold stimuli and persists after stimulus removal (>30 sec).

Patient has been taking OTC ibuprofen 600mg q6h with minimal relief.

Denies swelling, fever, or difficulty swallowing. No known drug allergies.

CLINICAL EXAMINATION:

Extraoral: No facial asymmetry or lymphadenopathy noted.

Intraoral Findings:

- Tooth #30: Large MOD amalgam restoration, marginal breakdown present
- Percussion test: Positive (sharp pain)
- Palpation: Tender to buccal vestibule palpation
- Cold test: Lingering pain >45 seconds
- Probing depths: WNL (2-3mm), no mobility

RADIOGRAPHIC FINDINGS:

Periapical radiograph of tooth #30 reveals:

- Deep carious lesion extending to pulp chamber
- Widening of PDL space at apex
- Radiolucency at mesial root apex (~3mm diameter)
- No evidence of furcation involvement

DIAGNOSIS:

1. Symptomatic Irreversible Pulpitis - Tooth #30 (ICD-10: K04.02)
2. Symptomatic Apical Periodontitis - Tooth #30 (ICD-10: K04.4)

TREATMENT PLAN:

Root Canal Therapy - Molar (CDT D3330) on tooth #30, followed by
PFM Crown (CDT D2752) to restore structural integrity.

MEDICAL NECESSITY STATEMENT:

Root canal therapy is medically necessary to eliminate infection, preserve the natural dentition, and prevent progression to acute dental abscess. Without treatment, patient faces risk of systemic infection, tooth loss, and bone destruction. Conservative treatment (restoration only) is contraindicated due to the risk of persistent infection and subsequent complications.