



CONFIDENTIAL CONSULTATION REPORT

PREPARED FOR

Patient Name: _____

Address: _____

A large, textured blue brushstroke graphic is located in the bottom left corner of the page.

Patient Name: _____

DOB: _____

ID: _____

New Consult

Second Opinion

Dispute Resolution

Peer Support

This consultation is being requested by

Patient

Parent/Guardian

Dentist

Attorney

Permission Forms

Patient Consent is on File

Parent/Guardian is on File

Patient has authorized review of the case

A court or a legal order is attached

Chief Complaint

Last Dental Exam _____

Available Documents (Mark with X)

Photos

X-rays

3-D CT Scan

Digital Study Models

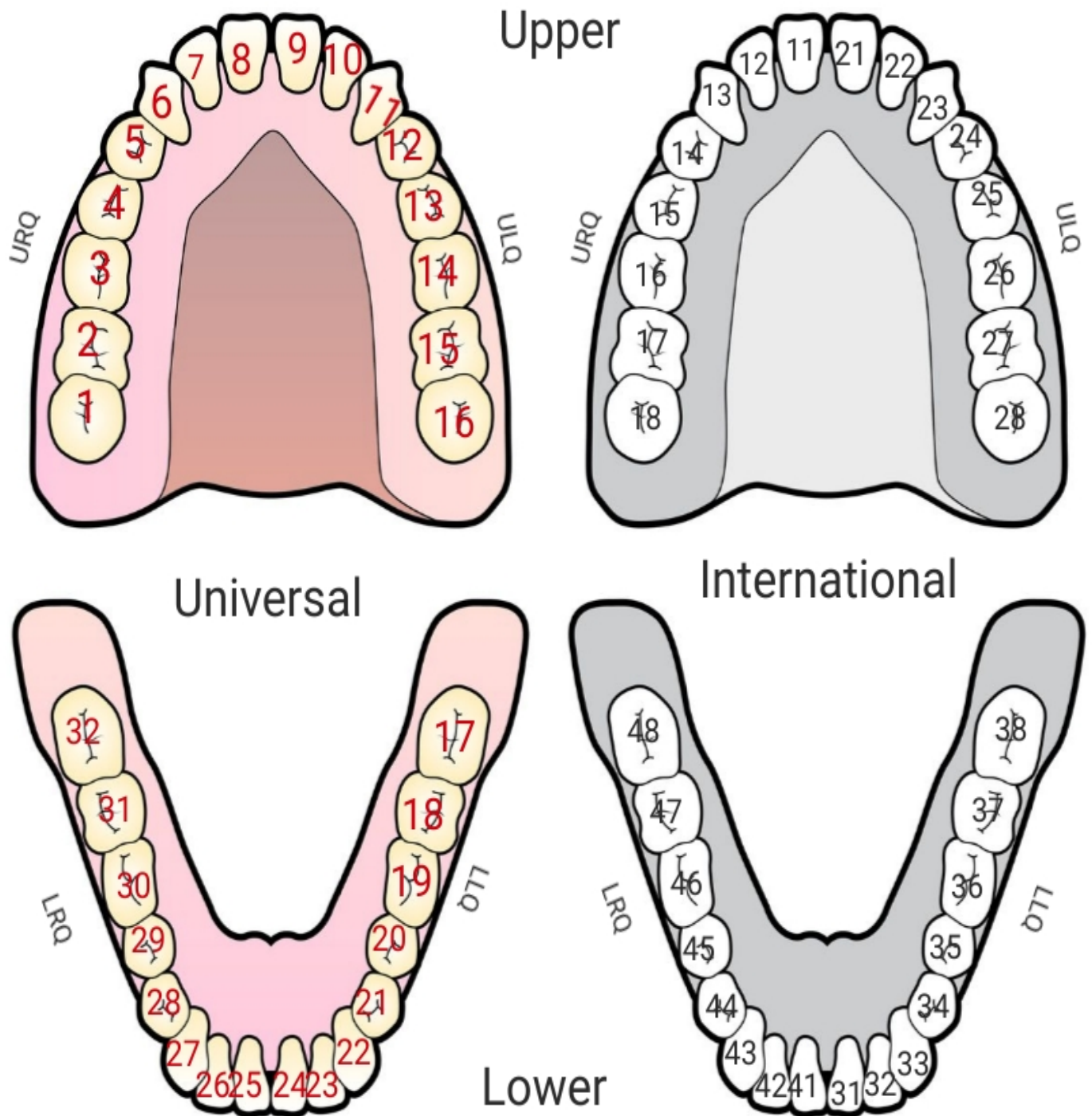
Video

Chief Complaint

Preferred Treatment Location:

Home

Abroad



Teeth Numbering Chart

www.DentistConsultationHub.com

Patient Name: _____
DOB: _____
ID: _____

UPPER RIGHT QUADRANT

Tooth No.	Visual Findings	Radiographic Findings	Ideal Solution

Alternative Options

1.

2.

3.

Patient Name: _____
DOB: _____
ID: _____

UPPER LEFT QUADRANT

Tooth No.	Visual Findings	Radiographic Findings	Ideal Solution

Alternative Options

1.

2.

3.

Patient Name: _____
DOB: _____
ID: _____

LOWER LEFT QUADRANT

Tooth No.	Visual Findings	Radiographic Findings	Ideal Solution

Alternative Options

1.

2.

3.

Patient Name: _____
DOB: _____
ID: _____

UPPER RIGHT QUADRANT

Tooth No.	Visual Findings	Radiographic Findings	Ideal Solution

Alternative Options

1.

2.

3.

Patient Name: _____
DOB: _____
ID: _____

UPPER FRONT QUADRANT

Tooth No.	Visual Findings	Radiographic Findings	Ideal Solution

Alternative Options

1.

2.

3.

Patient Name: _____
DOB: _____
ID: _____

UPPER FRONT QUADRANT

Tooth No.	Visual Findings	Radiographic Findings	Ideal Solution

Alternative Options

1.

2.

3.

Patient Name: _____

DOB: _____

ID: _____

Advantages

Disadvantages

Risks

Patient Name: _____

DOB: _____

ID: _____

Cosmetic Considerations:

Dentist Required Qualification:

Treatment Time Requirements:

Treatment Fee Guidelines:

Patient Name: _____

DOB: _____

ID: _____

Payment Plan Options:

Cash

Visa

MC

Amex

Discover

Wire Transfer

Installment Plan

TLC (Australia Residents Only)

Dentist/Clinic Recommendation

Dentist Name	
Specialty	
Year of Experience	
Clinic Name	
Phone	
Email	
Website	

Other Information/Comments:

Consulting Dentist Name

Date
