



STAGE 2

TREATMENT PLANNING FORM

Patient name: _____

Date of birth: _____

Dentist name: _____

Dentist address: _____

Dentist telephone: _____

Dentist email: _____

Supervisor: _____



CHECKLIST

Please ensure that all of the following items have also been submitted:

Photographs of the prosthetic waxup and CBCT radiographic stent
(or screenshots/files if produced digitally): ☐

Your CBCT prescription ☐

Your CBCT report ☐

Please confirm:

You have completed **ALL** sections of this form ☐

The patient has consented to the sharing of their information ☐

Treatment Plan

Provide full details of your proposed treatment plan...

Risks

Provide full details of all material risks for this case....

Treatment alternatives

Describe all alternative treatment options for this case...

Categorisation of Case Complexity

	Straightforward	Complex	Designation (S/C)
Perception of case	You can easily visualize the end result and the treatment stages are predictable.	The end result cannot be easily visualized without extensive diagnostic and planning techniques and will include multiple stages to achieve the desired outcome. Complications are to be expected.	
Tooth position	The teeth to be replaced conform to the existing arch form and the adjacent teeth easily determine the optimal prosthetic tooth position.	There are no adjacent teeth, or those present are in an unsuitable position and there is a need to carry out extensive diagnostic procedures to determine the optimal tooth position for aesthetics and function.	
Implant surgery	The implant surgery procedure is without anatomically related risks and can be carried out without the need for significant hard tissue grafting (this includes onlay bone grafting and sinus grafting) and can be performed by an appropriately trained dentist.	The implant surgery is a more difficult procedure, with anatomically related risks and might require significant hard tissue grafting (this includes onlay bone grafting and sinus grafting). It should be performed by a surgically experienced dentist or oral surgeon.	
Soft tissue	There is no need for minor augmentation or alteration of the position of the peri-implant mucosa. Such intervention would not require significant grafting of hard/soft tissue.	There is a need to augment or significantly alter the position the peri-implant mucosa requiring significant amounts of hard/soft tissue.	
Occlusion	The teeth can be replaced conforming to the existing occlusal scheme and at the same vertical dimension	There is a need to substantially change the existing occlusal scheme or the occlusal vertical dimension.	
Aesthetics	The aesthetic requirements of the case are not high.	The aesthetic requirements of the case are high, as are the expectations of the patient.	
Overall Classification			

Overall classification:

☐ Straightforward

☐ Complex