

Administrative Pre-Treatment Consultation

Primary responsibility: Nurse/Dental Assistant

Timing: After pre-treatment consultation before patient leaves

Location: Consultation room and/or front desk



Personal information in patient's file (incl. contact info)

Yes Not Applicable

Informed consent form given to patient

Yes Not Applicable

Pre-operative information (incl. treatment plan) given to patient

Yes Not Applicable

Financial estimate given to patient

Yes Not Applicable

Patient Name: _____

Date: _____

Primary Responsible: _____

Comments: _____

This checklist shall not substitute appropriate medical verification prior to the intended procedure and shall be used as an additional informative tool only. FOR does not make any representation as to the accuracy, fitness or completeness of the checklist.

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