Diagnosis and Treatment Plan

Patient Information

Patient Name: __________________________ Date: __________________

Treating Doctor Name: __________________________ Date: ________________

Health History Completed? Yes □ No □ Date: ________________ Doctor Initial: ________

Dental / Head and Neck Examination Completed? Yes □ No □ Date: ________________ Doctor Initial: ________

Informed Consent Completed? Yes □ No □

Diagnosis ICD-10 Codes (Check all that apply)

☐ K03.0 Excessive attrition ☐ M26.60 TMJ disorders
☐ K03.81 Cracked tooth ☐ M26.63 TMJ disc disorder
☐ K06.0 Gingival recession (reducing/non-reducing)
☐ M26.00 Anomalies of jaw size ☐ M26.69 TMJ sounds opening/closing jaw
☐ M26.11 Maxillary asymmetry ☐ M26.9 Dentofacial anomalies
☐ M26.12 Jaw asymmetry ☐ K13.0 Diseases of lips
☐ M26.52 Orofacial dyskinesia ☐ K13.70 Cheek/Lip biting
☐ M26.53 Limited range of motion ☐ K08.419 Loss of teeth trauma
☐ M26.53 Deviation opening closing ☐ G47.63 Sleep related bruxism
☐ M26.50 Dentofacial abnormal fx ☐ M62.40 Muscle spasm
☐ K08.109 Loss of teeth ☐ G50.1 Atypical facial pain
☐ □ M79.0 Trismus

Other:

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