Diagnosis and Treatment Plan

Patient Name: Date: Treating Doctor Name:

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

Dental / Head and Neck Examination Completed? Yes □ No □ Date: Doctor Initial: Informed Consent Completed? Yes □ No □

* K03.0 Excessive attrition
* K03.81 Cracked tooth
* K06.0 Gingival recession
* M26.00 Anomalies of jaw size
* M26.11 Maxillary asymmetry
* M26.12 Jaw asymmetry
* M26.52 Orofacial dyskinesia
* M26.53 Limited range of motion
* M26.53 Deviation opening closing
* M26.50 Dentofacial abnormal fx
* K08.109 Loss of teeth
* M26.60 TMJ disorders
* M26.63 TMJ disc disorder (reducing/non-reducing)
* M26.69 TMJ sounds opening/closing jaw
* M26.9 Dentofacial anomalies
* K13.0 Diseases of lips
* K13.70 Cheek/Lip biting
* K08.419 Loss of teeth trauma
* G47.63 Sleep related bruxism
* M62.40 Muscle spasm
* G50.1 Atypical facial pain
* R25.0 Trismus
* M79.1 Myalgia
* M60.9 Myofascial pain
* M79.2 Neuralgia, neuritis, facial
* S03.4XXA Jaw sprain
* G44.209 Tension headache
* G43.109 Migraine with aura
* G43.009 Migraine without aura
* G43.811 Cluster headache
* R51 Headache
* F45.8 Bruxism
* G50.0 Trigeminal neuralgia
* Other

**Muscle** **Dosage** **Syringe** **(in** **units)** **Volume**

|  |  |  |
| --- | --- | --- |
| **Frontalis** |  |  |
| **Glabella** |  |  |
| **(L)** **Orbicularis** **oculi** |  |  |
| **(R)** **Orbicularis** **oculi** |  |  |
| **Orbicularis** **Oris** |  |  |
| **(L)** **Temporalis** |  |  |
| **(R)** **Temporalis** |  |  |
| **(L)** **Masseter** |  |  |
| **(R)** **Masseter** |  |  |
|  |  |  |
|  |  |  |

**Total** **units** **needed**:

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