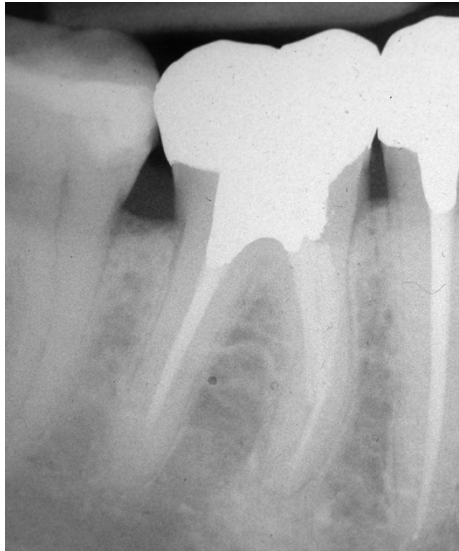


PATIENT DETAILS

Initials	RF						
Gender	Female						
Age	44						
Complaint	<ul style="list-style-type: none">Saw emergency dentist over lock down with dull ache from lower molarGiven antibioticsWants to save the tooth <p>HISTORY OF PRESENTING COMPLAINT</p> <ul style="list-style-type: none">Molar RCT'd over 20 years ago.Pain was continuous, worse on pressure. Severity was rated 7/10.Bleeding gums whilst brushing						
Medical history	<ul style="list-style-type: none">Had laryngeal Ca treated with CT/RT 10 years ago. No surgery.LR was in area of RTSalivary flow not noticeably affected						
Past Dental History	<ul style="list-style-type: none">Regular dental attendeeElectric toothbrushing twice daily and Tee-Pee interdental cleaning aids used						
Social History	<ul style="list-style-type: none">Non-smoker< 5 units of alcohol per week						
Extra Oral	<ul style="list-style-type: none">Temporomandibular joints, muscles of mastication and lymph nodes – no abnormalities detected (NAD)						
Intra Oral Soft tissues	<ul style="list-style-type: none">Soft tissues: NADMinimal gingival inflammation with supragingival plaque and calculus deposits						
Intra Oral Dental status	<ul style="list-style-type: none">Moderately restored posterior dentitionGold crowns LR5,6 <p>Charted teeth present</p> <table><tr><td>7654321</td><td>1234567</td></tr><tr><td>7654321</td><td>1234567</td></tr></table>			7654321	1234567	7654321	1234567
7654321	1234567						
7654321	1234567						

<p>Periodontal status</p> <p>BPE</p> <table border="1"> <tr> <td>1</td> <td>0</td> <td>1</td> </tr> <tr> <td>0</td> <td>2</td> <td>1</td> </tr> </table> <p>FMPS: 18%</p> <p>FMBS: 16%</p>	1	0	1	0	2	1	
1	0	1					
0	2	1					
<p>Occlusal Features</p>	<p>Static Occlusion</p> <ul style="list-style-type: none"> • Incisor relationship: Class I • Molar relationship: Angle Class I (right and left side) <p>Dynamic Occlusion</p> <ul style="list-style-type: none"> • Protrusion: guided by the incisors • Right and left lateral excursions: canine-guided 						
<p>Other information (referral details or recent periodontal care)</p>							

RADIOGRAPHS



PREFERRED TREATMENT PLAN

Please indicate what you would charge for the following:

1. Removal of restoration LR6
2. Removal of existing RCT LR6 and re-treatment
3. Removal of restoration LR5
4. Removal of existing RCT LR6 and re-treatment

N.B. Please only provide responses IF you feel that you possess the clinical skills to provide the recommended item of treatment.