

# Diagnosis and Treatment Plan

## Patient Information

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Treating Doctor Name: \_\_\_\_\_

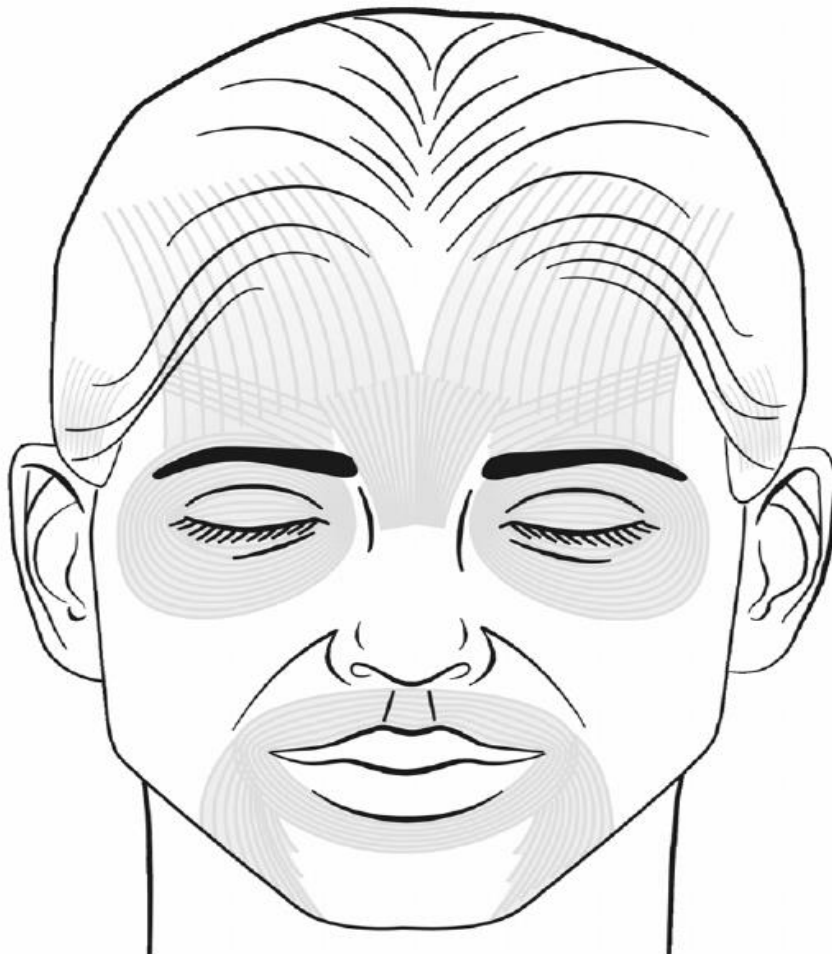
Health History Completed? Yes  No  Date: \_\_\_\_\_ Doctor Initial: \_\_\_\_\_

Dental / Head and Neck Examination Completed? Yes  No  Date: \_\_\_\_\_ Doctor Initial: \_\_\_\_\_

Informed Consent Completed? Yes  No

## Diagnosis ICD-10 Codes (Check all that apply)

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> K03.0 Excessive attrition    | <input type="checkbox"/> M26.9 Dentofacial anomalies       | <input type="checkbox"/> ____ Other |
| <input type="checkbox"/> K03.81 Cracked tooth         | <input type="checkbox"/> K13.0 Diseases of lips            | <input type="checkbox"/> ____ Other |
| <input type="checkbox"/> K06.0 Gingival recession     | <input type="checkbox"/> S01.551 Cheek/Lip biting          | <input type="checkbox"/> ____ Other |
| <input type="checkbox"/> M26.00 Anomalies of jaw size | <input type="checkbox"/> K08.419 Loss of teeth trauma      |                                     |
| <input type="checkbox"/> M26.12 Maxillary asymmetry   | <input type="checkbox"/> M26.12 Jaw asymmetry              |                                     |
| <input type="checkbox"/> K08.109 Loss of teeth        | <input type="checkbox"/> M26.50 Dentofacial abnormal funct |                                     |



Muscle	Filler Used	Volume Used ml
(R) Nasolabial Fold		
(L) Nasolabial Fold		
(R) Marionette Line		
(L) Marionette Line		
Upper Lip		
Lower Lip		
<u>(R) Oral Comm</u>		
<u>(L) Oral Comm</u>		

Total volume used: \_\_\_\_\_