



Case Presentation Checklist

Candidate Name: _____ Date: _____

Location of Presentation: _____

Case Type: Simple Moderate Complex

Examiner Name (Print): _____

Examiner Signature: _____

Case Description: _____

The examiner will mark each item as satisfactory. This form must be filled out for each case presented for Fellowship and Mastership certification.

CASE DIAGNOSIS AND TREATMENT PLAN

- a. _____ Includes pre-treatment clinical examination medical/dental history and assessment of physical health.
- b. _____ Radiographic examination
- c. _____ Any tests and evaluations
- d. _____ Diagnosis
- e. _____ Treatment planning

TREATMENT PROCEDURES

- a. _____ Objective of treatment
- b. _____ Treatment protocols with description of the laser settings
- c. _____ Technique used with the laser
- d. _____ Management of complications
- e. _____ Prognosis of treatment and post-operative instructions

CASE DOCUMENTATION

- a. _____ Any applicable pre-op images
- b. _____ Pre-operative radiograph
- c. _____ Any applicable intra-operative images
- d. _____ Any applicable post-operative images