TEETH HUB DENTAL CLINIC

DENTAL TREATMENT PLAN & SCHEDULE

Patient Name: Gil Cadiz		**Date:** Aug. 19, 2026	
Patient No.:		**Dentist:**	

TREATMENT SCHEDULE

SCHEDULE / DATE	TREATMENT / PROCEDURE
Aug. 19, 2026	Oral Prophylaxis
	Resto 15-O, 14-O, 16-O,L, (18-O), 21-M,D, 24-O, 26-O,L, 27-O,L,B, (28-O), 37-O,B, 36-O,B, 35-O, 34-O, 46-O,B, 47-O,B
	3D scanning & simulation
	Approval of 3D simulation
	downpayment (half of the treatment price) 50%
	installment or delivery of aligners

TREATMENT STATUS □ Completed □ Partially Completed □ Rescheduled □ Cancelled □ Pending Patient Decision

FUTURE TREATMENT PLAN / CHECK-UP SCHEDULE

DATE / TARGET DATE	FUTURE TREATMENT / CHECK-UP

RECALL / FOLLOW-UP Next Check-Up: _____ Recommended Recall: □ 3 months □ 6 months □ 12 months □ As needed

Additional Notes / Instructions:

_____

_____

Patient Signature: _____Date: _____	Dentist Signature: _____Date: _____