**Telehealth Clinical or Progress Note Template**

Date of Encounter:

XX, who is a Female/Male age XX years, contacted the office for a virtual visit exam. Patient of record who is unable to present in person due to COVID 19 restrictions. Patient identified with as a patient of record OR XX is not a patient of record. Medical history, medications, allergies reviewed. Verbal consents for virtual visit obtained today.

History of Dental Issue: XX

**Dental Exam**:

Was conducted via phone/video/email images

Extraoral Findings:

Intraoral Findings:

Differential Dental Diagnosis: XX

Recommendations/Plan:

* We reviewed possible treatment options, with understanding of future needs and possible outcomes of XX.
* Continue to monitor for symptoms, if they persist or intensify return to or call the clinic.
* Discussion with respect to pain control, utilizing OTC medications for pain management if pain arises.
* Patient expressed understanding of the limitations of the telehealth visit and the dental plan as proposed.

NV: Dental appointment for XX when COVID-19 restrictions are lifted

Services were rendered to XX via telemedicine at the patient's home.

Provider was in office/at home.

Patient was in XX private setting.

Total time spent in visit (minutes): XX