

APPENDIX 1: CHECKLIST TO SEND TO A DENTAL PRACTICE WHEN REQUESTING RECORDS

TICK LIST – PLEASE
NOTE YES / NO / NA
FOR NOT APPLICABLE

RECORDS REQUESTED

Clinical records as far back as possible

Dental X-rays labelled with date and
tooth notation

Digital scans labelled with the date

Any clinical photographs taken with date and
tooth notation

Treatment estimates after (INSERT DATE
OF ACCIDENT)