

Dental ECHO Case Presentation

Complete all items on this template and email to wellahead.projectecho@la.gov.

Sign up for the date you would like to present this case. Sessions are held every third Friday at 3:00 p.m. CST.
This case presentation template will be displayed during the session.

Presenter Name and Credentials:

Presenter Email:

Presenter Cell Number:

ECHO ID (for internal use only):

Facility/Clinic Name:

Facility/Clinic City and Parish:

Remember not to include any patient-identifiable information. When we receive your case, we will assign you with a confidential patient ID number (ECHO ID) that must be utilized when identifying your patient during the session.

We will all learn and practice together. Thanks for your support!

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Presenter Name:

Facility/Clinic Name:

Case Type:

Patient Age:

Gender:

Primary Insurance:

Secondary Insurance:

Race:

If Other, please specify:

Ethnicity:

If Other, please specify:

Preferred Language:

If Other, please specify:

Patient Goals
or Priorities:

Interpreter required?

Medical History

General Health or Medical Conditions Applicable to Patient's Dental Care:

To add to the patient conditions, select a condition from the drop-down below, and click "Add Condition."
To clear all conditions, click "Clear Conditions."

If Other, please specify:

Medications and Treatment

Medication Allergies:

Current Medications, Vitamins, Herbs, or Supplements:

Generic Medication Name	Dosage & Frequency
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Generic Medication Name	Dosage & Frequency
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Description of Dental Treatment History:



Imaging

Imaging Related to Patient's Dental Care (photographs, radiographs, etc.):
Attach or email de-identified results, if available.

Substance Use History

Does the patient have any history of substance misuse?

If Yes, please describe:

Does the patient use tobacco products?

Does the patient drink alcohol?

If Yes, number of drinks per week?

Social History

Patient's Dental Literacy:

Patient's Dietary History or Habits
as Related to Current Dental Care:

General

Primary Question or Concern Regarding Patient's Dental Care:

Other Pertinent Information or Comments about Patient: