



TREATMENT PLAN

PATIENT:

DATE:

(full names, PIN, permanent address)

DENTIST:

(full names, BULSTAT)

ANAMNESIS:

EXAMINATION:

DIANGOSIS:

SUGGESTED TREATMENT:

DURATION OF THE TREATMENT:

PRICE OF THE TREATMENT:

TOTAL PRICE: levs.

PAYMENT METHOD:

- One – time
- By a scheme, as follows:

date	amount	Paid by (signature)	Paid to (signature)
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Scheduling control examinations in:

- 3 months
- 6 months
- 12 months
- Another period

By signing the current document, the doctor agrees to perform the suggested treatment, the patient approves of it and agrees to pay the price settled.

PATIENT:

(full names and a signature)

DENTIST: