

ABCP Diplomate Application: Exhibit E

Case Defense: Craniofacial Pain

Patient Record Summary (1 of 3)



Candidate Name:

Application Date:

American Board of Craniofacial Pain
c/o Associations and Meetings by Design
380 Ice Center Ln. Suite C Bozeman, MT 59741
Toll Free Phone: 888-995-3088
Fax: (406) 587-2451
<https://www.abcp-us.org>
Email: audrey@ameetingbydesing.com

Patient Name (or code):

Treatment Began Date:

Treatment Ended Date:

Patient records for cases to be defended should include documentation of the diagnosis and treatment to completion of said patients by the candidate, and should establish to the satisfaction of the Board and exam team, the candidate's ability, proficiency and exceptional skill in a broad spectrum of treatment procedures relevant to the diagnosis and treatment of Craniofacial Pain and temporomandibular disorders of non-dental origin.

PART I: MUST BE SUBMITTED AT THE TIME OF APPLICATION

Provide a brief description of this case (35 words or less):

PART II: MUST BE PROVIDED AT THE TIME OF YOUR ORAL CASE DEFENSE

- Radiographs (Note: images of radiograph FMX, panoramic files and/or CT scans are acceptable.)
- Models (or photographs of models)
- Medical History
- Examination (the patient's chief complaint, clinical signs and symptoms, plus a description of the patient's general condition at the inception of treatment)
- Clinical Diagnosis (a pre-treatment clinical diagnosis consistent with the symptoms and clinical tests reported)
- Treatment Plan (a recommended plan of treatment with alternative treatment plans where indicated)
- Clinical Procedures (a presentation of clinical procedures for the case)
- General Documentation (typewritten documentation should be clear and precise; the quality of radiography must be sufficient to derive the information recorded)
- Other Documentation (*please list*)