SOAP Follow-up Note - Dental Implant

Date: _____ dd / mm / yyyy

SUBJECTIVE

Reason for visit & chief complaint(s):

History of Present Illness (HPI) for complaint(s):

Past Medical History (PMH):

OBJECTIVE

Vital signs:

Clinical examination findings:

Completed investigations with results:

ASSESSMENT

Specify below:

PLAN

Specify below:

Implant information: