## **ABCP Diplomate Application: Exhibit F**

**Candidate Name:** 

Case Defense: Craniofacial Pain Patient Record Summary (2 of 3)



American Board of Craniofacial Pain

		2574 Oak Trails Dr
Application Date:		Aurora, IL 60506
Patient Name (or code):		Phone: 630-735-1405
Date Treatment Began:		www.abcfp.org
Date Treatment Ended:		
	and exam team, the candidate's ability, p	and treatment to completion of said patients by the candidate, and proficiency and exceptional skill in a broad spectrum of treatment adibular disorders of non-dental origin.
PART I: MUST BE SUBMITTED <u>AT THE TI</u>	ME OF APPLICATION	
Provide a brief description of this case	(35 words or less):	
PART II: MUST BE PROVIDED AT THE TIME	ME OF VOLID OPAL CASE DECENS	<u> </u>
Radiographs (Note: images of rad		/or CT scans are acceptable.)
Models (or photographs of model	is)	
Medical History		
Examination (the patient's chief c condition at the inception of treat		toms, plus a description of the patient's general
Clinical Diagnosis (a pre-treatmen	it clinical diagnosis consistent wit	th the symptoms and clinical tests reported)
Treatment Plan (a recommended	l plan of treatment with alternati	ive treatment plans where indicated)
Clinical Procedures (a presentation	on of clinical procedures for the c	case)
General Documentation (typewr sufficient to derive the informatic Other Documentation ( <i>please list</i> ):	on recorded)	clear and precise; the quality of radiography must be