ABCP Diplomate Application: Exhibit G

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



American Board of Craniofacial Pain

Candidate Name:		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:		
should establish to the satisfaction	of the Board and exam team, the candidate's	iagnosis and treatment to completion of said patients by the candidate, and ability, proficiency and exceptional skill in a broad spectrum of treatment poromandibular disorders of non-dental origin.
	O AT THE TIME OF APPLICATION of this case (35 words or less):	
PART II: MUST BE PROVIDED	AT THE TIME OF YOUR ORAL CASE D	DEFENSE
Radiographs (Note: im	nages of radiograph fmx, panoramic fi	iles and/or CT scans are acceptable.)
Models (or photograp	hs of models)	
Medical History		
Examination (the patie condition at the incep	-	nd symptoms, plus a description of the patient's general
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 (<i>please list</i>):		