

# Printing a Pretreatment Estimate

248 [TDO KB](#) February 25, 2026 [Front Desk Tools](#), [New User resources](#) 16.17K

## Overview

How to print a Pre-treatment Estimate

## Detailed Instructions

To print out a statement for a patient of fees entered, but not yet posted, go to **Front Desk Menu** and select **Pre-Treatment Estimate**

The screenshot shows the software interface with patient information at the top: Last Name: Aa, First Name: Aa, and Phone: . Below this are tabs for Patient, Appointments, Fees, Ledger, Insurance, Medical History Summary, Pain History, Pain, Full Mouth Probing, Multi Tooth Info, and Diagnostic. A row of buttons includes Case Presentation, Treatment, Final Report, Notes to Front, Letters, Prescriptions, Recall, Notes, Surgical Diagnosis, and Surgical Treatment. Below these are buttons for Change Code List, Enter Explosion Codes, MultiFee: Default, Calc. Insurance, New Claim, and Fin. Tickler. The main table has columns: Tooth, Code, Surface, Description, Est # of visits, Prognosis, Fee, Ins. Est., Pt Est., Fee Presented, Category, Posted, Dr. Location, and Post All. The first row shows Tooth 11, Code D9310, Description Spec Consult, Fee \$137.81, Ins. Est. \$137.81, Pt Est. \$137.81, Fee Presented B, Category Carr, and Location CE. A second row is marked with an asterisk and shows similar information.

**Ensure that the fees have not yet been posted** to the patient's ledger that you want on the Pre-Treatment Estimate.

This screenshot shows the same software interface as the previous one, but with the 'Front Desk Menu' dropdown menu open. The menu options include: Guarantor Envelope, Insurance Letter, Patient Envelope, Prescription Forms, Referring Doctor Envelope, Print Record, X-Rays Received and Sent, Pre Treatment Estimate (highlighted), Walkout Slip, Small Reports, Half-Page Reports, Large Reports, All patient pictures, TDO Text Message, and Credit Card Receipts. The background interface remains the same, showing patient information and the fee table.

| Pre Treatment Estimate                                                                                                         |       |                                          |     |                                                                                                                                                                                                                                                                                         |           |                   |
|--------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------|
| <b>Carr Endodontics</b><br>Gary B. Carr, D.D.S.<br>6235 Lusk Blvd.<br>San Diego, CA 92121<br>P:(858) 558-3636 F:(858) 558-3633 |       |                                          |     | Monday, February 16, 2015<br>   |           |                   |
| Patient Information                                                                                                            |       |                                          |     |                                                                                                                                                                                                                                                                                         |           |                   |
| Aa Aa<br>,                                                                                                                     |       | Home:<br>Business:                       |     | Account Balance: \$1,245.00<br>Patient: \$137.81<br>Insurance: } Estimated Balance                                                                                                                                                                                                      |           |                   |
| Guarantor:                                                                                                                     |       | BirthDate:<br>SSN:                       |     | Next Recall Due: None Scheduled<br>Next Appt. Date : Start:      End:                                                                                                                                                                                                                   |           |                   |
| Doctor Information                                                                                                             |       |                                          |     |                                                                                                                                                                                                                                                                                         |           |                   |
| Name: Gary B. Carr, D.D.S.                                                                                                     |       | License #: 8492333                       |     | Tax ID: 542-54-8515                                                                                                                                                                                                                                                                     |           |                   |
| Visit Detail                                                                                                                   |       |                                          |     |                                                                                                                                                                                                                                                                                         | Estimated |                   |
| Date                                                                                                                           | Code  | Description<br>Est # of visits Prognosis | Tth | Surface Dr                                                                                                                                                                                                                                                                              | Charges   | Patient Insurance |
| 2/16/2015                                                                                                                      | D9310 | Spec Consult                             | 11  | Carr                                                                                                                                                                                                                                                                                    | \$137.81  | \$137.81          |

This is useful to print and give to the patient as it shows the proposed treatment as well as the portion the patient would be responsible for. Also includes the estimated number of visits, next appointment, and signature line where the patient can agree to the fees. Remember, this is just a general estimate, and many factors might change the amount the insurance pays. To open the print form, click the **Print** button.

Online URL: <https://kb.tdo4endo.com/article.php?id=248>