

WHEN YOU INHERIT SOMEONE ELSE'S PATIENT

How to separate the previous plan, the patient's expectations, and the decision you are responsible for making now

A patient may arrive with an existing diagnosis, promise, timeline, or treatment plan. This guide helps you slow the transfer down before somebody else's certainty becomes your responsibility.



YOU INHERIT THE PATIENT - NOT THE CONCLUSION

The chart may contain a plan. The patient may believe everything was already decided. The schedule may assume you are simply completing the next step. You still have to understand what you are being asked to stand behind.

A previous decision is part of the history. It is not a substitute for your present judgment.

1

A DIAGNOSIS WAS DOCUMENTED

The record may show a conclusion without enough information to understand how it was reached.

2

A TREATMENT PLAN WAS PRESENTED

Presentation does not tell you what the patient understood, accepted, questioned, or declined.

3

A PROMISE WAS MADE

The patient may expect a particular outcome, material, timeline, fee, warranty, or level of certainty.

4

SOMETHING HAS CHANGED

Symptoms, findings, priorities, health, finances, or the condition of the tooth may no longer match the earlier plan.

5

RESPONSIBILITY WAS TRANSFERRED SILENTLY

The appointment can appear on your schedule before anyone clarifies what you are expected to evaluate, explain, or complete.

SEPARATE FOUR DIFFERENT THINGS

Do not collapse the record, the patient's understanding, today's findings, and your recommendation into one inherited story.

1

WHAT IS ACTUALLY DOCUMENTED?

Review the findings, images, discussion, consent, prior care, and plan that are available. Notice what is absent rather than filling the gap with assumptions.

2

WHAT DOES THE PATIENT BELIEVE?

Ask what they understood was happening, why it was recommended, and what they expected from today's visit.

3

WHAT IS TRUE TODAY?

Confirm the current condition and whether new information changes the urgency, options, limitations, or appropriateness of the earlier plan.

4

WHAT CAN I PERSONALLY SUPPORT?

Decide what you can explain and recommend based on the information you have now - not on pressure to preserve a seamless story.

Before you continue the plan, separate what was documented, what the patient understood, and what you can support today.

DO NOT MAKE THE PATIENT CARRY THE DISAGREEMENT

You can reassess the situation without attacking the previous dentist, pretending nothing changed, or asking the patient to choose between clinicians.

WHEN REVIEWING THE PRIOR PLAN

I can see what was discussed previously. I also need to evaluate where things stand today before I recommend the next step.

WHEN THE PATIENT EXPECTS A PROMISE

I want to clarify what can reasonably be expected based on what I see now.

WHEN INFORMATION IS MISSING

Before I continue this plan, I need to review or obtain ____.

WHEN TODAY'S FINDINGS CHANGE THE PLAN

The earlier recommendation was based on the information available then. Today, I am seeing ____, which changes ____.

WITH THE TEAM

Before this is placed on my schedule as treatment, I need clarity about what was diagnosed, discussed, promised, and documented.

MAKE THE TRANSFER VISIBLE

The goal is not to restart every case from zero. The goal is to know where the previous plan ends and your present responsibility begins.

1

REVIEW BEFORE YOU REPEAT

Do not repeat a diagnosis or promise to the patient until you understand what supports it.

2

CLARIFY THE PATIENT'S EXPECTATION

Identify the version of the plan the patient is carrying into the room.

3

STATE WHAT CHANGED OR REMAINS UNCERTAIN

Keep the explanation factual and centered on the current care decision.

4

DOCUMENT THE PRESENT CONVERSATION

Record what was reviewed, clarified, recommended, questioned, accepted, or left unresolved.

Respecting continuity does not mean performing somebody else's plan without examination. The patient deserves a coherent transition, and you need a decision you can responsibly call your own.

A short guide can give you language and a place to start. It cannot see your schedule, hear your conversations, or weigh the trade-offs in your position. Without context, even good advice stays generic.

For a deeper dive, explore the New DDS Unfiltered Digital Library or work directly with Dr. K.

NewDDSUnfiltered.com

Professional note: This guide is for general education and clinical communication reflection. It does not replace individualized clinical, legal, ethical, documentation, or risk-management guidance.