

Transcriptor

 **Diagnocat** Nataly Owens

    Paul Fisher

Nataly Owens

28 years Female ID: 4365 

Treating doctors  Paul Fisher 

Shared with 

Clinical case description



The patient presented with a complaint regarding the absence of tooth 14.

As part of treatment planning, a comprehensive diagnostic workup was performed, including:

- CBCT with Diagnocat AI analysis;
- Clinical photography;
- Intraoral scanning.

Recommendations: The patient was referred for a consultation with an orthodontist.

Implant Rehabilitation with Sinus Lift and Ridge Grafting



Jul 14, 2026, 7:40 PM

Missing upper and lower posterior molars with lower-left ridge resorption and maxillary sinus pneumatization. Recommend staged sinus/ridge grafting, soft-tissue grafting (AlloDerm or autograft), orthodontic uprighting, then delayed implants.

59:25

Create AI report


CBCT


Pano


IOXRay


3D model


Implant


Ortho


Intraoral Scan


Photo


Transcriptor

Intraoral Scan

Jul 2, 2026





Opening Transcriptor

Click the Transcriptor icon in the Create AI report panel. The Create Transcriptor Report window will open.

Starting a New Recording

- Select New Recording.
- Choose the Speciality from the drop-down menu below.
- The Required templates — Summary and Evaluation — are included in the report by default.
- Optionally, in Additional documents, select Follow-up Letter and/or Literature Review from the drop-down menu.

Create Transcriptor Report

New Recording

Upload File

Specialty

SOAP Consultation

REQUIRED TEMPLATES

Summary

Evaluation

Additional documents

Follow-up Letter

Literature Review

Microphone Configuration

Please select your microphone and ensure it is working properly.

Microphone Array (2- Intel® Smart Sound Technology for Digital Microphones)

Audio Level

Microphone ready

Start recording

⚠ Microphone Placement



Configuring the Microphone

Microphone Configuration

- Under Microphone Configuration, select your microphone and make sure it's working properly.
- Once it's connected correctly, you'll see the message Microphone ready.

Recording the Consultation

- Click Start Recording to begin the session.

Uploading an Existing Recording

Create Transcript Report

New Recording

Upload File

Specialty

SOAP Consultation

REQUIRED TEMPLATES

Summary

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Literature Review

Upload file

Upload folder

Or drag and drop file or folder here

- In the Upload File tab, you can upload an already recorded consultation by specifying the file path or by dragging and dropping the file.

Reviewing the Consultation Report

 **Diagnocat** Nataly Owens > Implant Rehabilitation with Sinus Lift and Ridge Grafting

    Paul Fisher

Implant Rehabilitation with Sinus Lift and Ridge Grafting

PF Paul Fisher July 14, 2026

Summary

Evaluation

Follow-up Letter

Literature Review

Reprocess

Transfer

Delete

Executive Summary

Missing upper and lower posterior molars with lower-left ridge resorption and maxillary sinus pneumatization. Recommend staged sinus/ridge grafting, soft-tissue grafting (AlloDerm or autograft), orthodontic uprighting, then delayed implants.

General

Edit

Copy

Patient Name	Nataly Owens
Patient Date of Birth	1998-07-07
Doctor Name	Paul Fisher
Chief Complaint	Wants to "start fresh" and complete dental treatment (implants, gum work, orthodontics). Reports missing two molars (one upper posterior, one lower posterior). Concerned about smile esthetics and gum recession; anxious about dental care.
History of Present Illness	The patient reports a long history of dental disease beginning in childhood with frequent cavities and inconsistent flossing. They avoided the dentist for a period as an adult, then in November of last year (age ~25) returned for care and had ten cavities filled; at that visit they were first informed they had gum disease and were counseled about the possible need for implants. The patient moved between New York and Boston: the most recent extractions were performed in New York prior to returning to Boston, and it has now been about a year since their last comprehensive dental visit so they expect there may be additional untreated caries.

Transcript

Copy

0:00 / 59:25

0:05

What area which to theory? What was that? At the same time about extraction, we did another one. Okay.

0:30

stopped going to the dentist for a while which I'm not proud about but then November of last year I finally decided okay 25 yeah let's start this process had 10 cavities filled was kind of made aware of gum disease and then started the conversations of needing implants but then I moved back to Boston so I was in New York when that happened the last extra I was in New York so now that I'm back in Boston officially I just want to like

0:59

start fresh, get everything done. I will tell you, my smile has become like more of an insecurity and I'm ready to like just do it all now that I'm here. So missing two molars, one on the top back here, one on the bottom. Probably have more cavities cause it's been a year since I've seen some on. You floss and brushing? I floss now, but like growing up. Growing up. And cavities growing up? Yeah. So you have some. A lot, honestly. I have some hair, I love sweets, like can't help myself.

1:29

I have brushed my teeth, but was never a flosser.

Once the recording is processed, Diagnocat generates a structured report split into four tabs:

- **Summary** An executive summary of the visit, followed by a structured clinical note (Patient Name, Date of Birth, Doctor Name, Chief Complaint, History of Present Illness, and more). Each section can be edited or copied using the Edit and Copy buttons.

Use the menu icon (:) next to the report title to:

Reprocess

Reload the recording and regenerate the report from scratch.

Transfer

Send the consultation to another doctor attached to your clinic.

Delete

Delete the consultation.

- Evaluation** A consultation quality assessment based on the Calgary-Cambridge communication model. Each stage of the consultation (Contact, Interview, and others) is scored out of 5 and includes comments on what went well, what to improve, and what to keep doing.

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Consultation Quality Assessment

Contact

Score: 4/5

What went well: The clinician established rapport with friendly small talk and personal interest (examples: discussing Boston, school (Bentley), the patient's house in New York and renovations). The clinician acknowledged the patient's dental anxiety and celebrated progress ("this is the first time I've been in a chair without crying, so I'm pretty proud of myself" / clinician: "It should.") which reduced tension and created trust. The patient expressed why they chose the practice ("I love that you guys kind of do it all"), and the clinician reinforced continuity of care by referencing staff (Valentina) and in-house services.

What to improve: The patient was not directly addressed by name in the transcript, which would strengthen personalization. Early transcript text shows unclear fragments ("What area which to theory? What was that?") — if these reflect the real interaction, initial clarity could be improved by clearer opening statements and a brief agenda ("Today we'll review X, take images, and discuss next steps"). Also, when acknowledging anxiety, add an explicit validating statement and brief explanation of steps to make the visit comfortable (e.g., "If you start to feel anxious, tell me and we'll pause; we offer sedation options if needed"). This would create a stronger sense of safety and visit importance.

Keep it up: Good rapport and empathy are already present — you built a warm, low-pressure connection that the patient responded to. With one or two small personalization and agenda-setting steps at the start, this stage will be excellent.

Interview

Score: 4/5

What went well: The clinician asked a good range of open and focused questions to uncover history and behaviors: past dental attendance, cavities, extractions, flossing and brushing habits

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1:29 I know based on what I know from your history

- Follow-up Letter** A patient-ready letter summarizing the key findings, treatment goals, and recommendations discussed during the visit.

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Summary

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Follow-up Letter

Literature Review

General

Follow-up letter

Dear Patient,

Thank you for coming in for your consultation. It was good to meet you — I appreciated hearing your goals to get your mouth healthy and to move forward with implants, orthodontics, and soft-tissue care. Below is a summary of what we found, what we recommend, and the next steps so you know what to expect.

Key findings from today

- You are missing posterior teeth (one upper posterior and one lower posterior) and have a history of multiple cavities and extractions. There is likely additional decay given it has been about a year since your last comprehensive dental visit.
- Periodontal exam shows a thin gingival phenotype with moderately advanced recession, particularly on the upper back teeth. Many sites probe in the 2–3 mm range with some deeper sites (3–4 mm).
- Radiographs/CBCT review shows sinus pneumatization on the upper right (likely requiring a sinus graft), and ridge resorption on the lower left where an extraction was done without grafting.
- You have a high frenum attachment in the upper front that is contributing to localized gum fragility.
- Night guard: your appliance was adjusted today to reduce pressure and the bite feels improved. There was some plaque on the appliance that we discussed.

Treatment goals we discussed

- Restore posterior missing teeth with implants where feasible.
- Address the sinus pneumatization with a sinus lift (lateral approach as discussed) and perform

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- Literature Review** An evidence-based overview of the diagnosis and differential diagnosis, with references supporting the clinical reasoning.

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General

Diagnosis

Primary diagnoses (ranked):

- Partially edentulous posterior maxilla with significant sinus pneumatization above the edentulous site(s) requiring augmentation prior to predictable implant placement (planned lateral-window sinus elevation) [3,7].
- Partially edentulous posterior mandible (lower molar site) with ridge resorption after extraction that may require localized ridge augmentation prior to or at time of implant placement [3,5].
- Generalized thin gingival phenotype with moderately advanced mucogingival recession in the maxillary posterior region (and focal recession elsewhere), and high labial frenum contributing to localized recession in the maxillary anterior region [8,9,12].
- Multiple untreated/treated carious lesions and elevated caries risk (history of many restorations and current sugar/latte exposures) requiring restorative disease control before definitive implant/prosthetic therapy [3,5].
- Occlusal parafunction (clenching/grinding) managed with an occlusal appliance; occlusal disharmony contributing to localized muscle pain/pressure [15].

Differential Diagnosis & Rationale

Less obvious conditions to consider (with probability and rationale):

- 1) Chronic maxillary sinus mucosal disease (sinusitis) affecting augmentation planning — moderate probability; chronic sinus pathology may alter grafting approach and increase complication risk and should be ruled out on CBCT/ENT evaluation prior to sinus augmentation [3,2].
- 2) Peri-apical pathology or retained root fragments at the edentulous sites contributing to local bone loss — lower-to-moderate probability; periapical lesions can compromise graft and implant outcomes and are best excluded on CBCT and periapical radiographs [3,7].
- 3) Localized occlusal trauma (secondary occlusal overload) causing gingival recession progression

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Download

Playback speed

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On the right side of the screen, you can see the full transcript of the consultation, along with an audio player that lets you listen to the recording. Clicking the menu icon opens a menu with two options:

- Download** Download the audio recording.
- Playback speed** Control the playback speed of the consultation.

By turning conversations into structured clinical insights, Transcriptor helps clinicians work more efficiently while keeping patient care at the centre.