Allied Endodontics

Omar Porras, D.M.D., M.S.
Diplomate American Board of Endodontics
Rattanjit Singh Kamboj, D.M.D.

The Pavillions of Voorhees
2301 E. Evesham Road, Suite 608
Voorhees, NJ 08043
Ph. (856) 520-8212 • F. (856) 520-8215

DATE:_____

INTRODUCING: _____

REFERRED BY DR. _____

APPOINTMENT DATE _____ TIME:_____

PLEASE CIRCLE TEETH TO BE EVALUATED:

UPPER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

LOWER

HISTORY:

- ❑ Symptoms_____
- ❑ Pulpal exposure
- ❑ Previous root canal treatment
- ❑ Endodontic treatment initiated
- ❑ Trauma
- ❑ Periapical radiolucency

REQUEST:

- ❑ Endodontic evaluation
- ❑ Endodontic treatment as indicated
- ❑ Other_____
- ❑ 3D CBCT
- ❑ Endodontic Surgery

POST OPERATIVE INSTRUCTION:

- ❑ Temporize with Pellet and Cavit
- ❑ Prepare post-space
- ❑ Restore access with composite

COMMENTS:_____

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