Allied Endodontics

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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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