

NORTHCOAST ENDODONTIC SPECIALISTS

www.northcoastendodontics.com

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Appointed Time: _____

Introducing _____
for endodontic consideration.

Comments: _____

Referred by Dr. _____ Phone _____

TO BE FILLED IN BY DENTIST

FOR ENDODONTIC CONSIDERATION

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

- Please Phone Consultation Only
 Prepare Post Space Evaluate and Treat

- Endodontic treatment is necessary for proper restoration
 X-Ray revealed pulpal involvement
 X-Ray revealed radiolucency
 Tooth is open for drainage
 Patient has vague toothache
 Patient has pain, swelling or sensitivity
 Crown/bridge is cemented temporarily
 Other _____

See Reverse Side for Directions