NORTHCOAST ENDODONTIC SPECIALISTS

www.northcoastendodontics.com

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FAIRLAWN, OHIO 44333
330-668-4044 • FAX 330-668-4054

Appointed Time: _____

Introducing _____
for endodontic consideration.

Comments: _____
_____
_____
_____

Referred by Dr. _____ Phone _____

TO BE FILLED IN BY DENTIST

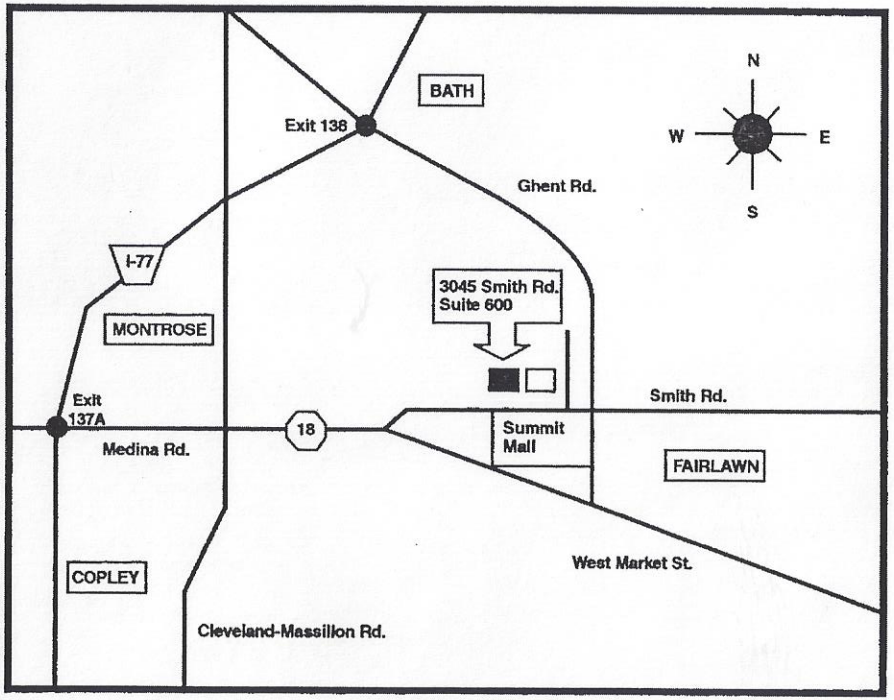
FOR ENDODONTIC CONSIDERATION

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
☐ Prepare Post Space
☐ Consultation Only
☐ 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


N
W
E
S
BATH
Exit 138
Ghent Rd.
I-77
MONTROSE
3045 Smith Rd.
Suite 600
Exit
137A
Medina Rd.
18
Smith Rd.
Summit
Mall
FAIRLAWN
West Market St.
COPLEY
Cleveland-Massillon Rd.