

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

- | | |
|---|---|
| <input type="checkbox"/> Please Phone | <input type="checkbox"/> Consultation Only |
| <input type="checkbox"/> Prepare Post Space | <input type="checkbox"/> 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

