NORTHCOAST ENDODONTIC SPECIALISTS

www.northcoastendodontics.com

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440-878-0455 • FAX 440-878-0422

Appointed Time: _____

Introducing _____
for endodontic consideration.

Comments: _____
_____
_____
_____

Referred by Dr. _____ Phone _____

TO BE FILLED IN BY DENTIST

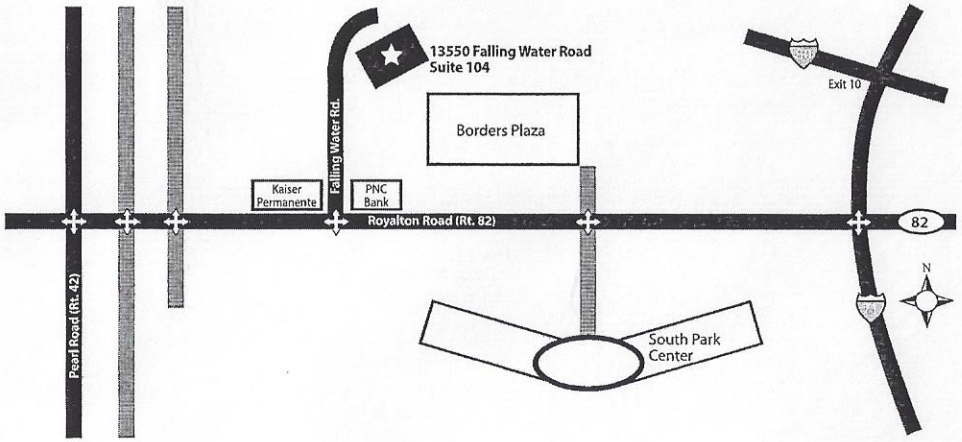
FOR ENDODONTIC CONSIDERATION

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


13550 Falling Water Road
Suite 104
Borders Plaza
Falling Water Rd.
Kaiser Permanente
PNC Bank
Royalton Road (Rt. 82)
Pearl Road (Rt. 42)
Exit 10
82
N
South Park Center