



Northcoast
Endodontic
SPECIALISTS

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Dr. Ryan P. Romero • Dr. Ante R. Zovko

Appointed Date & 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 I
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

- Please Phone
- Prepare Post Space
- 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
- Consultation Or
- Evaluate and Tr

