



Endodontics 
Microsurgery Center

Tooth Number

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

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Consult only | <input type="checkbox"/> Root canal treatment |
| <input type="checkbox"/> Other | <input type="checkbox"/> Retreatment/Apicoectomy |
| | <input type="checkbox"/> F 40 CBCT only |

Comments _____

Referred by Dr. _____

Phone _____

Patient _____

Date _____ Phone _____

Please check all that apply :

- Thermal Sensitivity Bite Sensitivity Swelling
- Radiograph reveals radiolucency
- Pulpal Exposure
- Endodontics necessary for restoration
- Patient has vague unlocalized pain in the area indicated

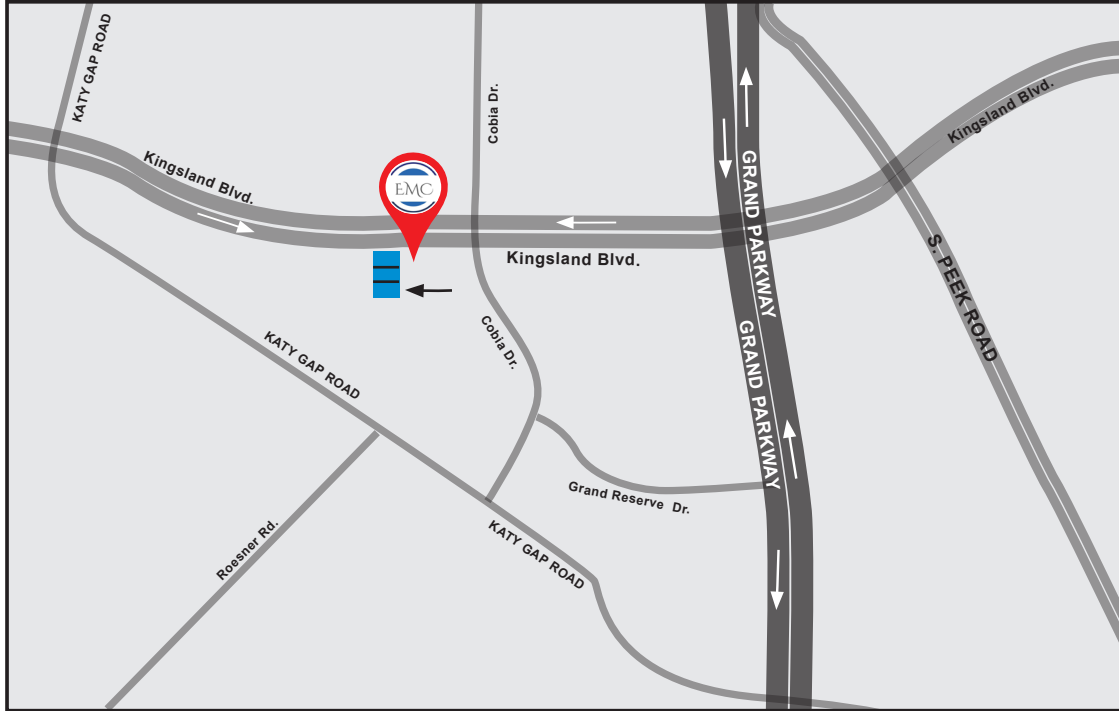
Is the existing restoration planned to be replaced?

- Yes No

After endodontic treatment:

- Temporary restoration
- Permanent access restoration
- Core build up / Post and core
- Create post space

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