



Superior Endodontics
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Introducing: _____ / _____ Date: _____

Referred by Dr: _____ Receptionist: _____

Appointment on: _____ **at** _____ **Office:** _____

For Endodontic consideration of the following:

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	

History:

- | | |
|--|--|
| <input type="checkbox"/> Pulp exposed | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Tooth open for drainage | <input type="checkbox"/> Previous endodontic treatment |
| <input type="checkbox"/> Patient has discomfort, please evaluate | <input type="checkbox"/> Bridge/crown treatment |
| <input type="checkbox"/> Radiographic findings present | <input type="checkbox"/> Temporarily |
| | <input type="checkbox"/> Permanently |

Pretreatment:

- Banding
- Post removal

Finishing:

- No post space
- Post space only
- Para post
- Cast post
- C post

- Core composite buildup
- Post & core buildup
- Cotton with IRM
- Cotton with zinc Phosphate

Comments: