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Date: _____

Patient Name: _____

Endodontic Consideration

Pain

- None Constant Spontaneous

Symptoms

- Chewing pain / Percussion
 Swelling / Palpation
 Hot / Cold Sensitivity

Radiological Evaluation Pulpal Evaluation

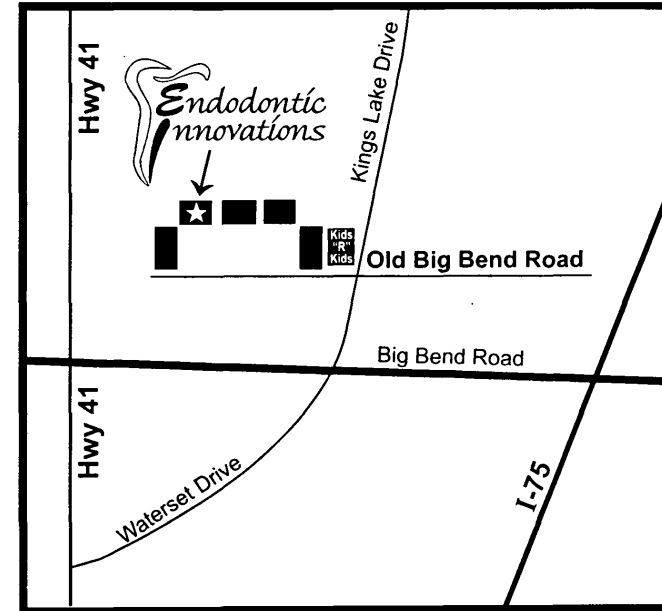
- Pulpal Involvement Vital
 Periapical Involvement Non-Vital / Necrotic

Post Space Required

- Yes No

CBCT Consideration

- Full Mouth
 Maxillary Arch
 Mandibular Arch
 Limited Focus View
 (3 adjacent teeth)



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

Comments: _____

For More Information & Driving Directions Visit:

www.EndodonticInnovations.com

Appointment Date _____ Day: _____ Time: _____

Referred by Dr.: _____ Office Phone: _____