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PIEDMONT
ENDODONTICS

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	

Date _____

Tooth Number _____

Introducing _____

Referred by Dr. _____

ENDODONTICS

- ❑ Endodontic Exam / Consultation Only
- ❑ Endodontic therapy initiated
- ❑ Diagnose and perform endodontic therapy
- ❑ Consultation - possible retreatment/surgery
- ❑ Temporary filling only
- ❑ Pulp exposed / temporary placed
- ❑ Radiograph reveals possible pathosis
- ❑ Tooth pain of undetermined origin
- ❑ Trauma (Avulsion / Subluxation)
- ❑ Possible Endo / Perio lesion

REMARKS

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