



**LAND OF LAKES
ENDODONTICS, PA**
PRACTICE LIMITED TO ENDODONTICS

Matthew M. Grau, DDS, MS

651.439.8764 888.850.6262 fax: 651.439.9660

2850 Curve Crest Blvd Suite 115 Stillwater, MN 55082

www.lolendo.com info@lolendo.com

Appointment Date _____ Time _____ am / pm

Introducing _____

for endodontic consideration of the teeth (or area) indicated.

Please evaluate and treat

Please evaluate only

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

Concerns/Requests _____

Tooth pain is felt with Cold Hot Percussion Biting

Area exhibits: Oral/Facial Swelling Tenderness Fistula

Tooth history includes crack/fracture

X-ray reveals radiolucency

Pulp was exposed or possibly exposed

Tooth was opened and temporized

RCT is necessary for restoration

Prior RCT appears to be failing

Please place final restoration in access opening

Please create post space

Please place temp filling in access opening

Referred by Dr. _____ Date _____

