

Patient: _____

Appointment: _____
DAY DATE TIME

Endodontic evaluation/treatment of tooth # _____

_____ is requested.
NAME-LOCATION

- ☐ Endodontics necessary for proper restoration.
- ☐ Pulp was exposed and was vital. ☐ Nonvital.
- ☐ Suspect cracked tooth.
- ☐ X-ray revealed radiolucency/pulpal involvement.
- ☐ Patient has vague toothache; please evaluate.
- ☐ Patient has pain, swelling or sensitivity; please evaluate.
- ☐ Possible combined pero-endo lesion.
- ☐ Post space requested. ☐ NO post space.

Remarks: _____

Dr. _____
DATE