



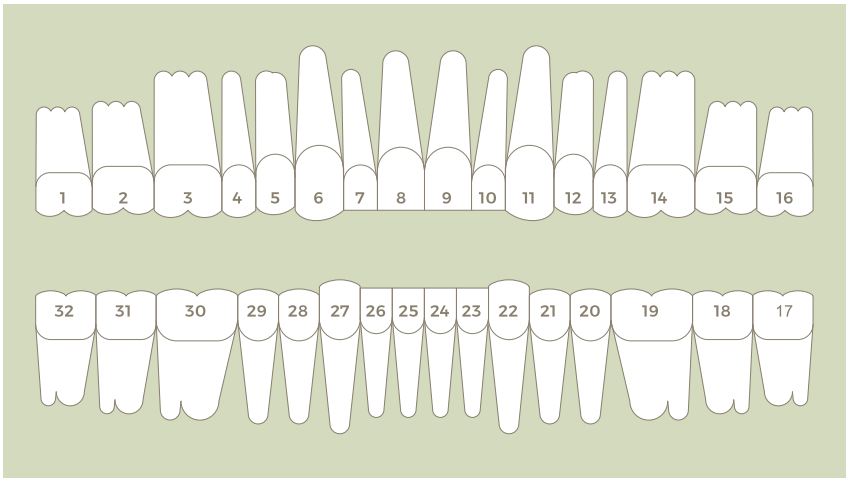
Referring Doctor _____

Patient Name _____

Appointment Date & Time _____

Comments _____

Mark teeth for endodontic consideration



Pertinent Information

- Evaluate for endodontic treatment.
- Patient has pain, swelling or sensitivity.
- Endodontic treatment is necessary for restoration.
- Pulp was exposed.
- Tooth has been opened.
- Radiograph revealed a radiolucency.
- Radiograph revealed pulpal involvement.
- Evaluate for periapical or corrective surgery.
- Leave a post space.