

ENDODONTICS



OAKBROOK NAPERVILLE PLAINFIELD

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Patient's Name: _____ Date: _____

Appointment Information

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

Treatment Plan

- Endodontic Therapy
- Elective Endodontic Therapy

Vitality

- Vital
- Non-vital
- Non-vital with periapical lesion
- Uncertain

Clinical Findings

- Symptomatic
- Calcified Canal(s)
- Resorption
- Open apex
- Sinus tract
- Separated instrument

- Pulpotomy or Pulpectomy completed

Consultation Only

- Endodontic Therapy
- Retreatment
- Surgery

Post Room

- Yes
- No

Premedication Required

- Yes
- No

Special instructions/Comments: _____

Referred by: _____ Phone Number: _____

**Please have this referral slip available when scheduling
and at the time of your appointment.**

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