

Endodontic Referral

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Date: _____

Introducing: _____

for Endodontic consideration.

Referred by: _____

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

Tooth by name _____

- Intentional endodontics.
- Tooth tests non-vital to: Cold EPT
- Pulp was exposed and pulp was vital.
- Pulp was exposed and pulp was nonvital.
- Patient has vague toothache, please evaluate.
- X-Ray revealed pulpal involvement.
- X-Ray revealed radiolucency.
- X-Ray revealed resorption: External Internal
- Suspect fractured tooth.
- Place post and core with Amalgam Composite buildup.
- Prepare post space.
- Other: _____

Prescriptions Given: _____

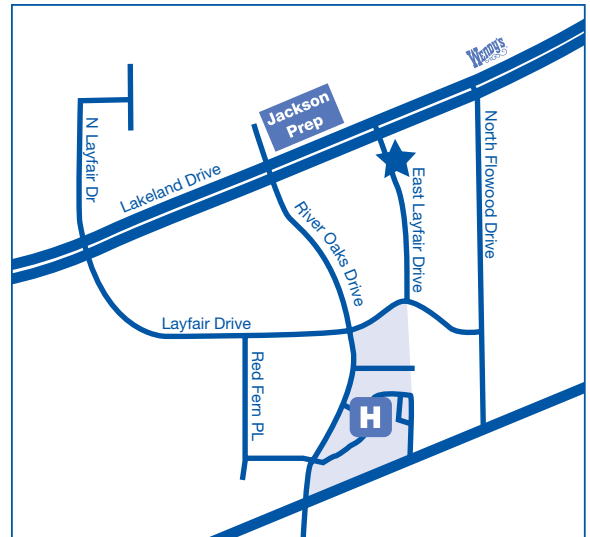
YOUR APPOINTMENT IS SCHEDULED

Date: _____

Time: _____

PLEASE GIVE 24 HOURS NOTICE IF UNABLE TO KEEP APPOINTMENT

WHERE IS OUR OFFICE?



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