San Ramon
ENDODONTICS
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Today's Date: _____

Introducing: _____

_____

_____

Patient Phone: _____

PLEASE MARK TEETH TO BE TREATED

UPPER

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

LOWER

REASON FOR TREATMENT

- ☐ Vital/Necrotic Pulp Exposure
- ☐ Biting Tenderness
- ☐ Abscessed/Necrotic
- ☐ Fistula
- ☐ Tooth Opened
- ☐ Thermal Sensitivity
- ☐ Prior RCT
- ☐ Carious Exposure
- ☐ No Diagnosis Established

TREATMENT DESIRED

- ☐ CBCT
- ☐ Rule Out Fracture
- ☐ RCT
- ☐ Retreatment
- ☐ Post Space
- ☐ Complete Buildup
- ☐ Periapical Surgery
- ☐ Patient Anesthetized Today With _____ Time _____
- ☐ Go Through Existing Crown
- ☐ Remove Temporary Crown for Tx
- ☐ Remarks _____

_____

_____

_____

Referring Doctor: _____

Referring Office Phone: _____ Fax: _____