



Patient Name: _____

Patient Phone: _____ Email: _____

Referring Doctor: _____ Date: _____

Patient will call Please call patient for appointment

Patient has appointment: _____

TREATMENT REQUESTED:

- Examine and treat as necessary
- Examine and consult only
- CBCT only
- Intentional endodontic therapy
Reason _____
- Prepare tooth for post
- Please discuss sedation options
- Surgical endodontic therapy
 Crown lengthening

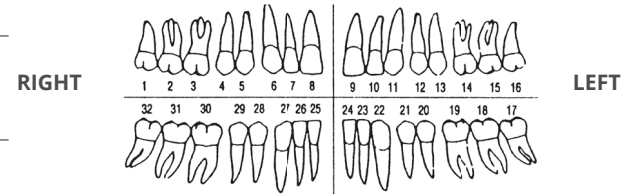
HISTORY:

- Pulp exposure (complete RCT)
- Pulp exposure (attempt pulp therapy)
- Trauma/Fracture/Avulsion
- Previously treated endodontically
When? _____
- Root canal treatment begun
- Medication(s) prescribed to patient
 Antibiotics Analgesia
 Other _____

REQUESTED ACCESS RESTORATION:

- Complete access restoration/buildup
- Complete internal bleaching
- Temporary filling only

PLEASE CIRCLE THE AFFECTED TOOTH OR AREA:



Planned restorative treatment on tooth: _____

Other helpful information or comments: _____

