ENDODONTICS OF COLORADO, L.L.C

American Association of Endodontics Specialist Member

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INTRODUCING _____Tooth #_____

Appointment Date _____Time_____

☐ 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

☐ Asymptomatic
☐ Percussion
☐ Mastication
☐ Temperatures
☐ Short
☐ Prolonged
☐ Radiolucency
☐ Resorption
☐ Swelling
☐ Sinus Tract
☐ Fracture
☐ Pulp Exposure
☐ Previous RCT
☐ RCT Initiated
☐ Trauma
☐ Hx of crack

Requesting: ☐ Eval & Tx ☐ Consult Only ☐ CBCT ☐ Call Before Tx
☐ Post Space ☐ No Cotton Pellet ☐ Final Restoration

Pertinent Info:

Referring Dr: _____ Phone_____

Please send more: ☐ Referral Pads ☐ Business Cards