**Reynoldsburg Endodontics**

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Introducing ____________________________________________
for endodontic consideration

Referred by Dr.______________________________ Date ______________

*Please circle teeth for endodontic consideration*

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

- ❑ Endodontics necessary for proper restoration
- ❑ Pulp was exposed
- ❑ Tooth is opened for drainage
- ❑ X-ray revealed radiolucency
- ❑ X-ray revealed pulpal involvement
- ❑ Restoration with post planned
- ❑ Patient has vague toothache, please evaluate
- ❑ Patient has pain, swelling or sensitivity, please evaluate
- ❑ Other______________________________________
______________________________________________

*Patient will return to referring dentist for final restoration. Please give 24 hours notice if you cannot keep your appointment. Otherwise, there will be a $50 charge.*
*For your convenience - area map with office location on opposite side.*