



Solano Endodontic Specialists

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SPECIALIST MEMBER

Today's Date: _____

Introducing: _____

Phone (Hm): _____ Cell or Work: _____

Referred by Dr. _____

PLEASE MARK THE TOOTH OR AREA TO BE EXAMINED / TREATED

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 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 |

Reason for Referral:

- Consultation and Treatment
- Pulp exposure
- Intentional RCT for restorative reasons
- Prepare post space only
- Internal bleaching
- Evaluation and diagnosis only
- Evaluation for endodontic surgery

Miscellaneous:

- Call me about this case
- Crown/Bridge
 - Permanently cemented
 - Temporarily cemented

Restorative Instructions:

- Place post and buildup as needed
- Leave post space
- Temporary filling
- Permanent filling

Previous Dental History:

- Most recent restoration and date:

- Pulpotomy/Pulpectomy performed on:

- Previous RCT performed on:

Radiographs: Given to patient Have been mailed or e-mailed

Special Instructions: _____
