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Diplomate American Board of Endodontics



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Introducing: _____ Patient Phone: _____

Appointment Date: _____ Time: _____ am/pm

Evaluate and Treat Evaluate Only

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

Comments: _____

Referred by Dr. _____

Date _____

Please check all that apply:

- Thermal Sensitivity Bite Sensitivity Swelling
- Radiograph reveals radiolucency
- Tooth previously opened
- Pulpal Exposure
- Endodontics necessary for restoration
- History of crack or fracture
- Previous trauma
- Previous treatment appears to be failing
- Patient has vague unlocalized pain in the area indicated

- Place final restoration in access
- Create post space

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specialist member