

# SOUTHWEST ENDODONTIC SPECIALISTS, L.L.P.

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\_\_\_\_\_   
Date of referral

Introducing: \_\_\_\_\_

Referred by: \_\_\_\_\_

Appointment Day / Date / Time: \_\_\_\_\_

Please evaluate for treatment:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RIGHT																LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

This tooth:

- \_\_\_\_\_ has a carious pulp exposure
- \_\_\_\_\_ has periapical pathosis
- \_\_\_\_\_ requires endodontic treatment for restorative reasons
- \_\_\_\_\_ requires retreatment
- \_\_\_\_\_ other: \_\_\_\_\_

Following endodontic treatment, please place:

- \_\_\_\_\_ temporary filling only
- \_\_\_\_\_ a build-up for a crown
- \_\_\_\_\_ post and core build-up for a crown
- \_\_\_\_\_ a permanent restoration of the existing crown

Comments: \_\_\_\_\_

