



BAYSIDE ENDODONTICS

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Date: _____

Patient Name: _____

Endodontic Considerations

- Pain:**
- None Constant Spontaneous

Radiological Diagnosis:

- Pulpal Involvement Vital
- Apical Involvement Necrotic

Symptoms Include:

- Chewing / Percussion Root Canal Required for Restorative Purpose
- Swelling / Palpation Cone Beam-CT Scan Required
- Hot / Cold Sensitivity

Post Space Required:

- Yes No

Please Circle the Involved Teeth

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

Comments: _____

Appointment Date: _____ Day: _____ Time: _____

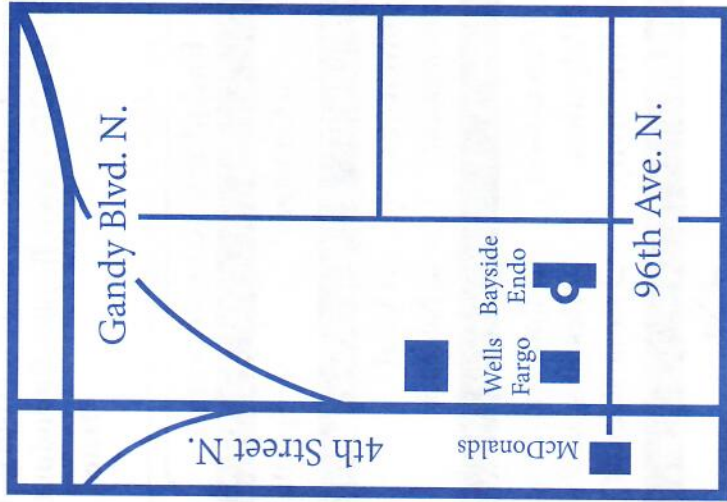
Referred By: _____

See Reverse for Map



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