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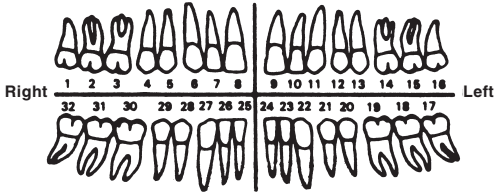
ENDODONTICS

Introducing _____ Date _____

Referred By doctor _____

Appt. Date _____ Time _____

Please circle teeth or area that may need treatment:



Does your patient require extra anesthesia time?

Findings and Recommendations: _____

Examination, Diagnosis, Consultation

Restoration

- Post Space Only
- Dowel Post with Composite or Alloy Build up.
- Amalgam or Composite Restoration only.

Non-Surgical Endodontic Therapy

- As Indicated
- Retreatment
- Apexification (Root End Closure)
- Bleaching

Other

Surgical Endodontic Therapy

- Apicoectomy with Retrofill
- Hemisection
- Apexification (Root End Closure)
- Root Amputation

