

Tooth Number \_\_\_\_\_

Dental History

- Premedication Needed \_\_\_\_\_
- Pulp exposure or pulp cap
- Recent restoration (Date Completed \_\_\_\_\_ )
- Trauma

Possible Treatment Needed

- New crown / Restoration
- Crown lengthening/Perio. Dr. \_\_\_\_\_

Status of Tooth in Question

- Consulted only
- Pulp exposure
- Pulpotomy / Pulpectomy completed
- Root canal completed (Date completed \_\_\_\_\_ )
- Rx analgesics \_\_\_\_\_
- Rx antibiotics \_\_\_\_\_

Treatment to be Completed by Endodontist

- Evaluation and consult only
- Treat as necessary
- Root canal treatment / Retreatment
- Apicoectomy and retrograde filling
- Other \_\_\_\_\_

Final Restoration to be Completed by Endodontist

- Cotton pellet and temporary only (no post space)
- Post space and temporary only
- Post (if needed) and bonded restoration/Core build up

# JEFFREY KOTSUBODDS

*"Embracing Excellence"*

Practice Limited to Endodontics

Appointment Day:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

- MON.  TUE.  WED.  THU.  FRI.

Today's Date \_\_\_\_\_

Introducing \_\_\_\_\_

Referring Dr. \_\_\_\_\_

Referring Dr. Phone# \_\_\_\_\_