**SOUTH SHORE
ENDODONTICS
DUXBURY**

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Patient ______________________________ Tooth # __________

Referring Doctor: ______________________________ Date: __________

STATUS:

- ❑ Pulp Exposed
- ❑ Tooth is open
- ❑ Evaluate for surgical endodontics
- ❑ Crown/Bridge is cemented ( ) permanently ( ) temporarily
- ❑ Patient has discomfort: please evaluate
- ❑ Radiographic findings present
- ❑ Elective endodontics needed

Anticipated Final Restoration: ______________________________

Post Space Needed: ❑ Yes ❑ No

Appointment: Date ______________________________ Time: __________