Holley
ENDODONTICS

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Appointment Date:_____ Time: _____

Patient Name: _____

Patient Home #:_____ Patient Cell #: _____

Referred by Dr.: _____

Tooth # or Area of Concern: _____

Check all that apply

Evaluation Type:

☐ Evaluate and treat
☐ Evaluate only
☐ Call me before proceeding

Procedures Requested:

☐ Root Canal Therapy
☐ Non-surgical Retreatment
☐ Post Space

Reason for Visit:

Patient has: ☐ Pain ☐ Swelling ☐ Sensitivity ☐ Sinus Tract

X-Ray suggests:

☐ Pulp or near pulp exposure ☐ Pulp involvement
☐ RCT required for restoration ☐ Apical involvement
☐ Other:_____

Please list any recent dental treatment that has been performed in the area (temporary crowns, recent fillings, etc.) _____

_____

Any other Management, Medical or Treatment Concerns:

_____

_____

Patterson #200213468