

Gentle
Compassionate
Endodontic Care



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Dunedin, FL 34698
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Patient Name: _____

Referred by Doctor: _____ Date: _____

Circle Teeth for Evaluation

Circle Teeth for Evaluation																	
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	

History:

- ☐ Pain / Sensitivity
- ☐ Caries / Pulp Exposure
- ☐ Periapical Radiolucency

- ☐ Previously Treated
- ☐ Resorption
- ☐ Possible Fracture

Requested Treatment:

- ☐ Evaluation Only
- ☐ Evaluation & Treatment
- ☐ Required for Restorative Purposes

Comments: _____

PLEASE PROVIDE: ☐ POST SPACE ☐ CORE BUILD-UP ☐ CBCT SCAN

SolEndodontics.com



Call Sol Endo
727-734-3636
to Schedule an
Appointment



Main St. / SR 580

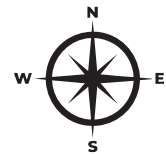
Belcher Rd.

Belcher Rd.



Main St. / SR 580

Countryside Mall



US Hwy 19