Gentle
Compassionate
Endodontic Care

SOL
ENDODONTICS

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Patient Name:_____

Referred by Doctor:_____ Date:_____

Circle Teeth for Evaluation

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R																	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:_____

_____

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

SolEndodontics.com

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