

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

Referring Dentist \_\_\_\_\_

Your appointment is on \_\_\_\_\_ at \_\_\_\_\_ am /pm

**Please Indicate tooth / teeth to be evaluated:**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

**Dental History / Previous Treatment**

- Pulp Exposed / Temporary Placed
- Non-surgical Endodontic Therapy
  - Initiated  Completed
- Previous Apicoectomy
- Radiographic Indications
- Vague Pain
- Planning New Crown or Bridge
- Other \_\_\_\_\_

**Referred for:**

- Endodontic Consultation Only
- Endodontic Treatment
- Consultation for Possible Retreat
- Consultation for Possible Apico Surgery

Comments / Special Instructions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Send More Referrals to Our Office!!!!!!**