WEST VIEW
ENDODONTICS

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☐ Dr. John Lies
☐ Dr. Patrick Garrett
☐ First Available

☐ Dr. Hassan Shahabinejad
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american association of endodontists
Specialties Member

Introducing _____ for Endodontic consideration
First & Last Name

Referred by Dr. _____

Tooth:

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

Status of the tooth in question

☐ Pulp was exposed and needs RCT.
☐ Patient has vague discomfort, please evaluate.
☐ Patient has definite toothache, emergency treatment needed.
☐ Treat as indicated.
☐ Call after consultation.
☐ Crown/Bridge is cemented ☐ Temporarily ☐ Permanently

After treatment

☐ Prepare for Post ☐ Temporarily
☐ Provide Buildup
☐ Remarks _____

_____

_____

_____

Appointment Scheduled For:

Day _____ Date _____ Time _____