

Introducing: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by Dr.: \_\_\_\_\_

**Appointment on:** \_\_\_\_\_ **at** \_\_\_\_\_ **Office:** \_\_\_\_\_

For Endodontic consideration of the following:

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:**

- |  |  |
|--|--|
| <input type="checkbox"/> Pulp exposed                            | <input type="checkbox"/> Trauma                        |
| <input type="checkbox"/> Tooth open for drainage                 | <input type="checkbox"/> Previous endodontic treatment |
| <input type="checkbox"/> Patient has discomfort, please evaluate | <input type="checkbox"/> Bridge/crown cemented         |
| <input type="checkbox"/> Radiographic findings present           | <input type="checkbox"/> Temporarily                   |
|  | <input type="checkbox"/> Permanently                   |

**Pretreatment:**

- Banding
- Post removal

**Finishing:**

- No post space
- Post space only
- Para post
- Core composite buildup
- Post & core buildup
- Cotton with IRM

**Comments:**

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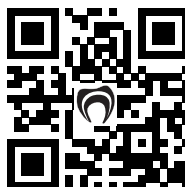
**Please bring this form to your first appointment. Thank You!**

**Framingham**

55 Main Street • Framingham, MA 01702  
 T: 508.872.4897 F: 508.620.9261

**Milford**

16 Congress Street • Milford, MA 01757  
 T: 508.473.8100 F: 508.473.1298



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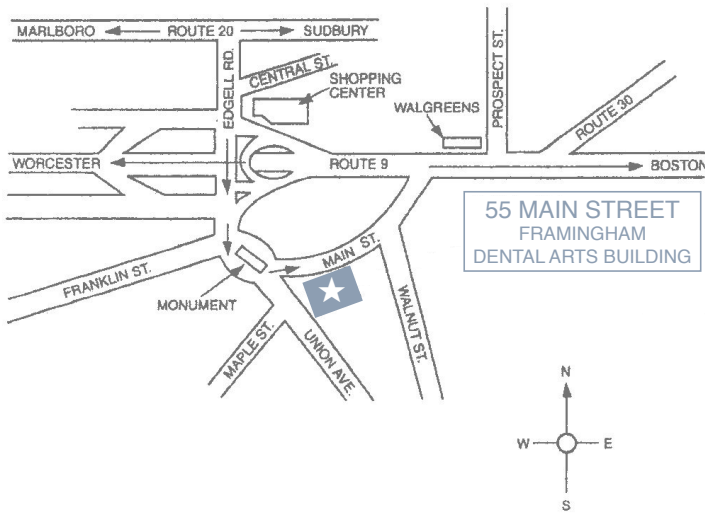
## Our Office

You have been referred to our office for root canal therapy, more precisely known as ENDODONTICS. It is one of the dental specialties and it is the only type of treatment performed in our office.

It is the intention of all our personnel to provide for your dental health needs as thoroughly and as efficiently as possible. We will endeavor to make your visit with us a pleasant experience. During your consultation we will discuss your diagnosis and treatment plan, confer with your family dentist if necessary, and answer any of your questions.

Should a problem arise, day or night, please do not hesitate to call our office. We will always be available to resolve your problem or answer your questions.

## Framingham Office



## Milford Office

