

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:

- ☐ Pulp exposed
- ☐ Tooth open for drainage
- ☐ Patient has discomfort, please evaluate
- ☐ Radiographic findings present
- ☐ Trauma
- ☐ Previous endodontic treatment
- ☐ Bridge/crown cemented
 - ☐ Temporarily
 - ☐ Permanently

Finishing:

- ☐ No post space
- ☐ Post space only
- ☐ Composite core buildup
- ☐ Cotton with cavit
- ☐ Cotton with IRM
- ☐ Sponge with cavit

Comments/Additional Instructions:

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

 **www.theendogroup.com**
 **info@theendogroup.com**



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 download our mobile app.

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