

TRI CITY

MicroEndodontics

145 Cedar Rd., Suite C . Vista, CA 92083
phone: 760.726.3973 *fax*: 760.726.6867

MICHAEL G. SHERMAN, D.M.D.

MICHAEL D. BROWN, D.D.S.

ADAM D. MONROE, D.M.D.

NATALIA V. FINN, D.D.S.

FALLBROOK

MicroEndodontics

425 E. Alvarado St., Suite B . Fallbrook, CA 92028
phone: 760.728.1410 *fax*: 760.728.1430

Introducing _____ for endodontic consideration.

Appointment date: _____ Time: _____ AM
 PM

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

- Intentional Endodontics
- Tooth tests non-vital
- Pulp was exposed
- X-ray revealed pulpal involvement
- X-ray revealed radiolucency
- X-ray revealed resorption
- Patient has toothache, please evaluate
- Suspect fractured tooth
- Previous endodontic treatment appears questionable
- Consider surgical endodontics (apicoectomy)
- Antibiotic prescribed
- Analgesic prescribed
- Please advise as to vitality of pulp
- Please leave post space
- Please restore access
- Please place post
- Please do build-up
- Other _____

Referred by: _____