



# St. Croix Endodontics, PA

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Introducing \_\_\_\_\_  
for endodontic consideration of the teeth (or area) indicated.

Appt. date: \_\_\_\_\_ time: \_\_\_\_\_ am / pm

Please evaluate and treat       Please evaluate only

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

Patient will be returned to referring office for final restoration.

Requests or concerns: \_\_\_\_\_

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

- Tooth pain is felt with:  Cold  Hot  Percussion  Biting
- Area exhibits:  Oral/Facial Swelling  Tenderness  Fistula
- Tooth history includes crack / fracture
- Patient has vague unlocalized pain in area indicated
- X-ray reveals radiolucency
- Pulp was exposed or possible exposed
- Tooth was opened and temporized
- RCT is necessary for restoration
- Prior RCT appears to be failing
- Please place final restoration in access opening
- Please create post space

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

Date \_\_\_\_\_ Bromley Printing 41936 11/09  
763.767.0000

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