



PIEDMONT
ENDODONTICS

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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Date _____

Tooth Number _____

Introducing _____

Referred by Dr. _____

ENDODONTICS

- | | |
|--|---|
| <input type="checkbox"/> Endodontic Exam / Consultation Only | <input type="checkbox"/> Pulp exposed / temporary placed |
| <input type="checkbox"/> Endodontic therapy initiated | <input type="checkbox"/> Radiograph reveals possible pathosis |
| <input type="checkbox"/> Diagnose and perform endodontic therapy | <input type="checkbox"/> Tooth pain of undetermined origin |
| <input type="checkbox"/> Consultation - possible retreatment/surgery | <input type="checkbox"/> Trauma (Avulsion / Subluxation) |
| <input type="checkbox"/> Temporary filling only | <input type="checkbox"/> Possible Endo / Perio lesion |

REMARKS

