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26154 Woodward Ave, Suite A, Royal Oak, MI 48067

Introducing: _____ Date: _____

Appointment Date: _____ Time: _____

Referring Doctor: _____ Phone: _____

Comments or Special Instructions: _____

	R molars			bicuspid		anterior			anterior			bicuspid		L molars			
UPPER	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	LOWER

* Please circle teeth for endodontic consideration

- Evaluation only
 - Evaluation and treatment
 - Patient is having pain and/or swelling
 - Radiograph revealed: (please circle all that apply)
 - extensive decay
 - radiolucency
 - resorption
 - Pulp was exposed
 - Trauma
 - Root canal treatment has been initiated
 - Evaluate for possible retreatment or apical surgery
 - Prepare post space
 - 3D CBCT radiograph
 - Other: _____
- Please Call me

