



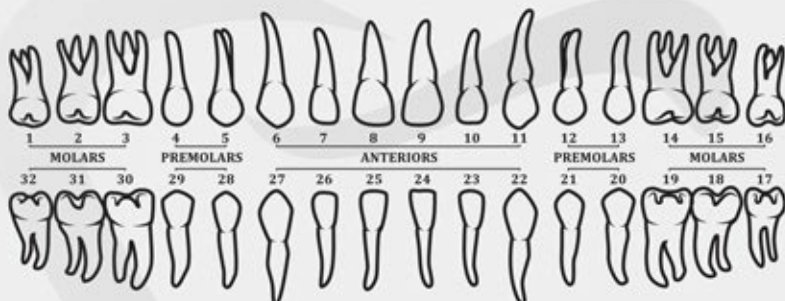
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Introducing patient: _____

For endodontic evaluation of the following tooth



TREATMENT DESIRED

- Evaluate & Treat
- Evaluate Only
- Internal Bleaching
- CBCT Imaging
- Other _____

STATUS

- Pulp Exposure
- Previously Endodontically Treated
- Temporary Crown
- Symptomatic
- Radiographic Pathosis
- Trauma
- Other _____

DESIRED RESTORATION

- Temporize
- Prepare Post Space

Comments: _____

Referring Doctor: _____ Date: _____