



ENDODONTIC SPECIALTY GROUP

Practice limited to Endodontics
www.endosg.com

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Appt. Date: _____

Appt. Time: _____

REMARKS:

- EVAL ONLY
- BITING/CHEWING
- SWOLLEN
- PERIO/ENDO

- RCT
- FRACTURE
- PAIN
- EVAL RETX / APICO

- ABSCESS
- HOT / COLD
- SINUS TRACT-DRAINING
- OTHER _____

Today's Date: _____

Referred by: _____

This will introduce our patient:

FOR ENDODONTIC EVALUATION / TREATMENT

Tooth # or Area: _____

Remarks: _____
