

# KELLOGG ENDODONTICS

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Introducing patient: \_\_\_\_\_

For endodontic evaluation of the following tooth/area:

	Molars			Bicuspid		Anteriors					Bicuspid		Molars				
<b>R</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	<b>L</b>
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

STATUS

- Pulp exposure
- Previously endodontically treated
- Temporary crown
- Radiographic pathosis
- Symptomatic
- Other: \_\_\_\_\_

DESIRED RESTORATION

- Temporize
- Prepare post space
- Place buildup
- Place post and buildup

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

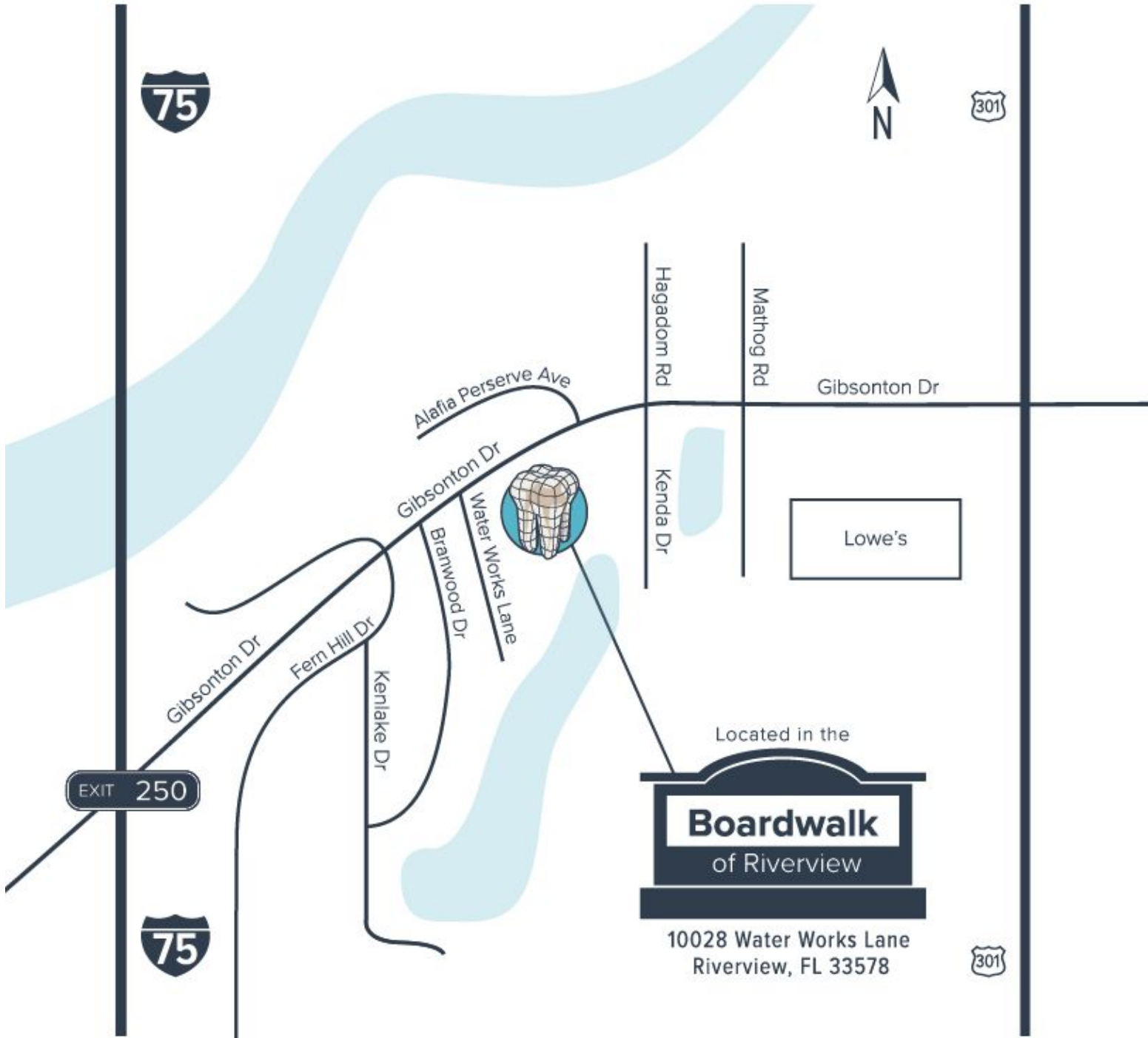
Referring doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Referring doctor's staff contact: \_\_\_\_\_

Attention patient: Please bring this form with you to your appointment.  
For directions, please see reverse side.

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We look forward to your visit.  
If you have any questions, please call us at (813) 741-1900.