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Today's Date: _____

Introducing: _____

Referring Doctor: _____

Referring Office Phone: _____ Fax: _____

Patient Phone: _____

PLEASE MARK TEETH TO BE TREATED

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															

Patients are requested to **stop** pain medications 12 hours before consultation appointment.

REQUESTED EVALUATION

- | | |
|---|--|
| <input type="checkbox"/> Vital/Necrotic Pulp Exposure | <input type="checkbox"/> Tooth Opened |
| <input type="checkbox"/> Biting Tenderness | <input type="checkbox"/> Thermal Sensitivity |
| <input type="checkbox"/> Abscessed/Necrotic | <input type="checkbox"/> Prior RCT |
| <input type="checkbox"/> Fistula | <input type="checkbox"/> Carious Exposure |

TREATMENT DESIRED

- | | |
|---|--|
| <input type="checkbox"/> Please leave post space | <input type="checkbox"/> Please leave pot holes. |
| <input type="checkbox"/> Please build-up as appropriate | |
| <input type="checkbox"/> Please use material with contrasting color for build-up | |
| <input type="checkbox"/> CROWN/BRIDGE ON TEMPORARILY. PLEASE REMOVE PRIOR TO TREATMENT. | |
| <input type="checkbox"/> Patient has vague pain, please evaluate and treat as required. | |
| <input type="checkbox"/> Patient anesthetized today with _____ | |
| <input type="checkbox"/> Patient premedicated today with _____ | |
| <input type="checkbox"/> SPECIAL INSTRUCTIONS: _____ | |