LUTZ endodontics

microscopic & microsurgical root canal therapy

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Introducing Patient: _____

## ENDODONTIC EVALUATION

of the following tooth/area

| | Molars | | | Biscuspids | | | | Anteriors | | | | | Biscuspids | | Molars | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | 12 | 13 | 14 | 15 | 16 | L |
| | 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 & buildup

Comments _____

_____

_____

_____

Referring doctor: _____ Date: _____

Referring doctor's staff contact: _____

*Attention patient: please bring this completed form with you to your appointment.*

**Dr. Joseph Breig**

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