



Endodontic Partners

Root canal and Microsurgery Specialists

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Introducing: _____ Phone: _____

Tooth Number

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

Consult only

Root canal treatment

Other

Retreatment/Apicoectomy

Comments: _____

Referred by Dr. _____ Date _____

Phone: _____

Please check all that apply:

Thermal Sensitivity Bite Sensitivity Swelling

Radiograph reveals radiolucency

Tooth previously opened

Pulpal Exposure

Endodontics necessary for restoration

Patient has vague unlocalized pain in the area indicated

Is the existing restoration planned to be replaced

Yes No

May we reduce occlusion?

Yes No

After endodontic treatment:

Temporary restoration

Permanent access restoration

Core build up / Post and core

Create post space