

Endodontic

Associates of Weymouth

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Microscopic Root Canal Therapy

Date: _____

Introducing: _____

Patient is being referred for the following:

- Root canal therapy Diagnosis Retreatment Endodontic surgery

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

Status of the tooth to be evaluated:

- Pulp exposure/imminent pulp exposure
- Pulpectomy/RCT begun
- Failing RCT
- Tooth has a fracture
- Asymptomatic
- Patient has acute symptoms
- Patient has chronic or vague symptoms
- Apparent periapical radiolucency
- Pre-prosthetic endodontics required
- Other _____

- SBE prophylaxis required

Please specify:

- The bridge or crown is cemented
- Temporarily
 - Permanently

After completion of treatment:

- Restore access opening as needed
- Place post/build up as needed
- Place temporary restoration
- Prepare post space
- Do not prepare post space

Comments: _____

Referred by Dr. _____ Tel. _____

Appointment Date: _____

If you are unable to keep this appointment, kindly give 48 hours notice