



Westside Endodontic Professionals, Ltd.

18555 North 79th Avenue, Suite D104
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Bradley H. Gettleman, DDS, MS
Ron L. Steinbrunner, DDS, MSD
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Patient for endodontic consideration

Tooth No.

Referred by Doctor

Date

To be filled in by referring Dentist

- | | | |
|---|--|---|
| <input type="checkbox"/> Pulp was exposed and was: | <input type="checkbox"/> Vital | <input type="checkbox"/> Tooth has been opened, medication placed and resealed with a temporary restoration |
| | <input type="checkbox"/> Non-vital | |
| <input type="checkbox"/> Pulp was exposed and its status could not be determined absolutely | <input type="checkbox"/> Patient has vague toothache-please evaluate | |
| <input type="checkbox"/> X-ray reveals pulpal involvement | <input type="checkbox"/> Please leave space for post placement | |
| <input type="checkbox"/> x-ray reveals apical radiolucency | <input type="checkbox"/> Please place post/build-up | |
| <input type="checkbox"/> Pulp was exposed and its status could not be determined absolutely | | |

Comments

Patient will be returned to referring Dentist for final restoration.

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