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Kevin H Andrus DDS MS

Consultation

Treatment

Date _____

Introducing _____

Referred by Dr. _____

Tooth # _____

Right

Left

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

- | | |
|---|--|
| <input type="checkbox"/> Intentional Endodontics | <input type="checkbox"/> Radiograph reveals radiolucency |
| <input type="checkbox"/> Pulp was exposed and vital/non-vital | <input type="checkbox"/> Patient has vague symptoms |
| <input type="checkbox"/> Radiograph reveals pulpal involvement | <input type="checkbox"/> Please evaluate |
| <input type="checkbox"/> Previous endodontic therapy appears questionable | <input type="checkbox"/> Suspect fractured tooth |
| <input type="checkbox"/> Pt. Pain Levels
Mild Moderate Severe | <input type="checkbox"/> Request post space |
| | <input type="checkbox"/> Request Cone Beam CT (CBCT) |
| | <input type="checkbox"/> Radiographs emailed/sent w/pt |

Fill access with: Build up / Composite Temporary

Is crown to be remade? Yes No

Comments: _____

Medications Prescribed: _____