

ALLEN M. LEPINSKI, DDS, MS



BENJAMIN J. FRAVEL, DDS, MS

Practice Limited to Endodontics

Introducing _____
for endodontic consideration of the teeth (or area) indicated.

Appointment Date: _____ Time: _____ am / pm

- Please evaluate and treat.
- Please evaluate only.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	UPPER
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LOWER
RIGHT										LEFT						

Patient will be returned to referring office for final restoration.

Requests or concerns: _____

Tooth pain is felt with Cold Hot Percussion Biting

Area exhibits: Oral/Facial Swelling Tenderness Fistula

- Tooth history includes crack /fracture.
- Patient has vague unlocalized pain in area indicated.
- X-ray reveals radiolucency.
- Pulp was exposed or possibly exposed.
- Tooth was opened and temporized.
- RCT is necessary for restoration.
- Prior RCT appears to be failing.

Please place final restoration in access opening.

Please create post space.

Referred by Dr _____

Date _____

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