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DR. ADRIANA HERNANDEZ H.
 BDS, FRCDC, Certified Specialist In Endodontics

DR. NAHAL VESSAL
 DMD, FRCDC, Certified Specialist In Endodontics

First available appointment

Date: _____

Referring Dentist: _____ Office: _____

Patient: _____ Spanish only DOB: _____

Email: _____ Ph #: _____

Medical Alerts: _____

Tooth/teeth to be evaluated

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Details of the case (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Pain to cold/hot | <input type="checkbox"/> Periapical radiolucency |
| <input type="checkbox"/> Spontaneous pain | <input type="checkbox"/> Resorption (internal/external) |
| <input type="checkbox"/> Biting/chewing pain | <input type="checkbox"/> Open apex |
| <input type="checkbox"/> Intraoral/extraoral swelling | <input type="checkbox"/> Previously initiated RCT <small>When? _____</small> |
| <input type="checkbox"/> Sinus tract | <input type="checkbox"/> Previously RC treated <small>When? _____</small> |
| <input type="checkbox"/> Deep caries/restoration | <input type="checkbox"/> Existing crown <small>How old? _____</small> |
| <input type="checkbox"/> Suspected or confirmed crack/fracture | <input type="checkbox"/> Intraradicular post present |
| <input type="checkbox"/> Dental trauma <small>When? _____</small> | <input type="checkbox"/> Intentional RCT (restorative purposes) |

Restorative Instructions

Unless otherwise indicated, the canal orifices and access cavity will be restored with permanent materials

- | | |
|--|--|
| <input type="checkbox"/> Orifice barrier + permanent restoration | <input type="checkbox"/> Orifice barrier + temporary restoration |
| <input type="checkbox"/> Post + core | <input type="checkbox"/> Other: _____ |

Additional Comments: _____

Please include all relevant information where possible, such as the restorative history of the tooth, any restorative plans discussed with the patient, and specific patient concerns. Kindly provide available radiographs or photos of the affected tooth (recent and/or historical).

Thank you for you referral!