



BAYSIDE ENDODONTICS

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St. Petersburg location

275 96th Ave. N., Suite 7

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InfoStPete@Bayside-Endo.com

Seminole location

9075 Seminole Boulevard

Seminole, FL 33772

(727) 289-3636

InfoSeminole@Bayside-Endo.com

Date: _____

Patient Name: _____

Endodontic Considerations

Pain:

☐ None

☐ Constant

☐ Spontaneous

Radiological Diagnosis:

☐ Pulpal Involvement

☐ Apical Involvement

Pulpal Exposure:

☐ Vital

☐ Necrotic

Symptoms Include:

☐ Chewing / Percussion

☐ Swelling / Palpation

☐ Hot / Cold Sensitivity

☐ Root Canal Required For
Restorative Purposes

☐ Cone Beam-CT Scan Requested

Post Space Required:

☐ Yes

☐ No

Please Circle the Involved Teeth

Molars			Bicuspid		Anteriors						Bicuspid		Molars		
R 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
															L

Comments: _____

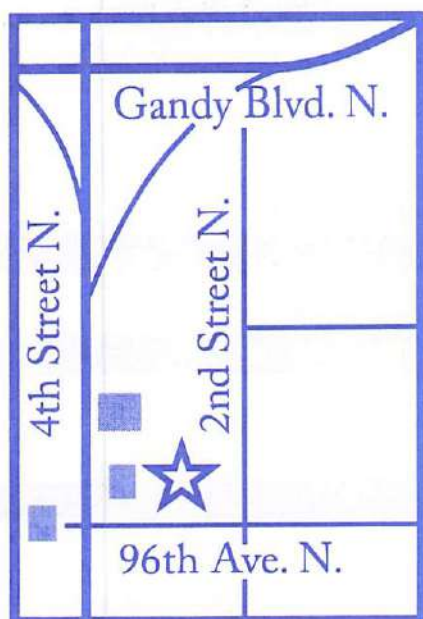
Appointment Date: _____ Day: _____ Time: _____

Referred By: _____

See Reverse for Map



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