



# Northstar Endodontic Partners, PLLC

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Date: \_\_\_\_\_

Introducing: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Receptionist \_\_\_\_\_

APPOINTMENT ON: \_\_\_\_\_ at \_\_\_\_\_

For consideration of the following:  CONSULTATION

ENDODONTICS     RETREATMENT     APICOECTOMY

EXTRACTION     IMPLANT     CBCT

|   |                          |                          |                          |                          |                          |                          |                          |                          |  |                          |                          |                          |                          |                          |                          |                          |                          |   |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
|   | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        |  | 9                        | 10                       | 11                       | 12                       | 13                       | 14                       | 15                       | 16                       |   |
| R | <input type="checkbox"/> |  | <input type="checkbox"/> | L |
|   | <input type="checkbox"/> |  | <input type="checkbox"/> |   |
|   | 32                       | 31                       | 30                       | 29                       | 28                       | 27                       | 26                       | 25                       |  | 24                       | 23                       | 22                       | 21                       | 20                       | 19                       | 18                       | 17                       |   |

- Patient has discomfort, please evaluate     Bridge     Temporarily
- Previous endodontic treatment     Crown     Permanently
- Radiographic findings present

**FINISHING:**     Post space     No post Space     Core buildup

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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