



*Delta Endodontics*

*www.deltaendo.com*

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*Introducing* \_\_\_\_\_

*Referred By Dr.* \_\_\_\_\_

*Tooth involved by Name* \_\_\_\_\_

*Appointment Date/Time* \_\_\_\_\_

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

- Endodontic treatment is indicated*
- Diagnostic consultation*
- Vital pulp*
- Non-vital pulp*
- Fractured tooth*
- Nitrous oxide*
- Status of pulp could not be determined absolutely*
- Tooth is open for drainage*
- Radiographic evidence of pulpal involvement*
- Post preparation*
- Post and core build-up*
- IV sedation (consultation required first)*
- Close access with permanent restoration*
- Call referring doctor prior to treatment*

*Special instructions:* \_\_\_\_\_  
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