

_____ 20 _____

Introducing _____

Medical Concerns: _____

- | | | | |
|-----------------------------------|--|---|-------------------------------------|
| <input type="checkbox"/> Pain | <input type="checkbox"/> Radiolucency | <input type="checkbox"/> Previous RCT | <input type="checkbox"/> Resorption |
| <input type="checkbox"/> Swelling | <input type="checkbox"/> Pulp exposure | <input type="checkbox"/> History of crack | <input type="checkbox"/> CBCT |

Remarks: _____

Referred by Dr. _____

Appointment date/time _____

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

(circle teeth for endodontic consideration)

Eric Grutzner DDS MS
Andrew Doroschak DDS MS
Robert Kaufman* DDS
Roger Burke DDS MS
Scott Doyle* DDS MS
Michael Reynolds* DDS
Tyler Peterson* DDS MS
Rhett Finley* DDS MS
Michael Mittelsteadt DDS MS

*Diplomate American Board of Endodontics

www.metroendo.com

Metropolitan Endodontics Ltd.
 Practice Limited to Endodontics

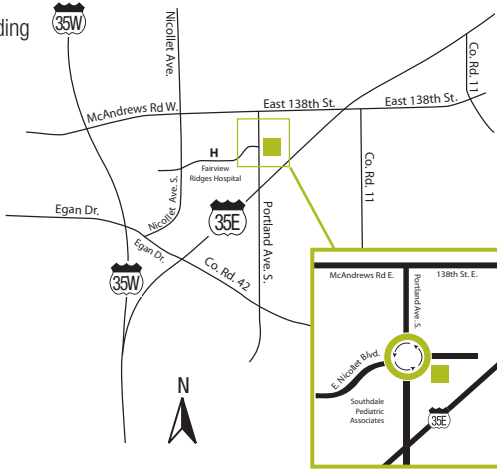


Requests

- Evaluate and treat
- Evaluate only
- Endodontic treatment necessary for proper restoration
- Endodontic treatment initiated. Please complete.
- Call prior to/after evaluating
- Temporize and return for restoration
- Restore access with:
 - Composite
 - Glass ionomer
 - Amalgam
- Post Space
- Other: _____
- Burnsville**
- Eden Prairie**
- Inver Grove Heights**
- Woodbury**

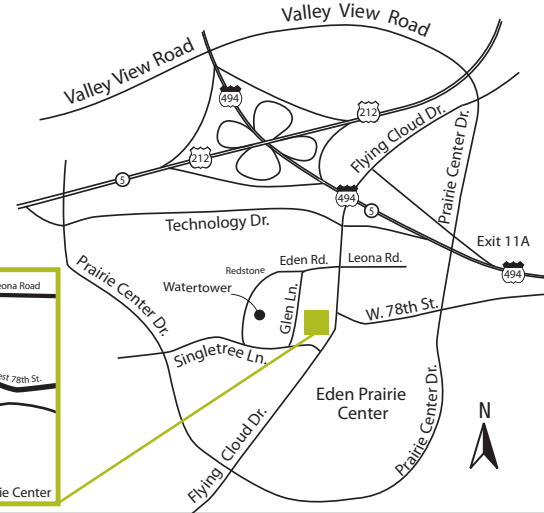
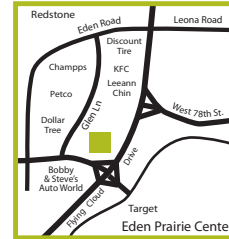
Burnsville

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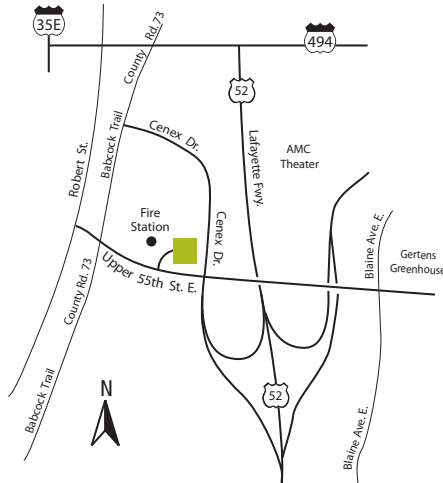
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