

Endodontic Referral

Steve Murphy, D.M.D.

Introducing _____ Date _____

Referred by Dr. _____

Patient's Phone (H) _____ (W) _____

Date of Appointment _____ Time _____

Tooth Number _____

Please circle area of consideration

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

Evaluate & Treat As Necessary

- Temperature Sensitivity
- Spontaneous Pain
- Chewing/Tapping Pain
- Radiographic Lesion
- Carious Pulp Exposure
- Prior Root Canal Therapy
- Trauma/Fracture Avulsion
- Periapical Surgery

Post-Treatment Restorative

- Place Permanent Filling
- Place Temporary Filling
- Prepare Post Space

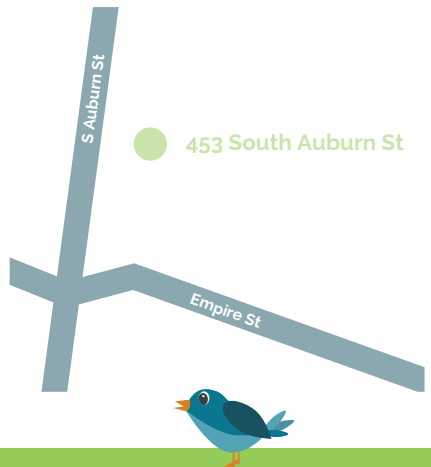
Sedation

- Nitrous Oxide
- Oral or IV Sedation

Comments

Treatment You Have Performed

- Pulpectomy
- Sedative Dressing Placed
- Incision/Drainage
- Occlusion Adjusted
- Rx Antibiotic
- Rx Analgesic
- None



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