SHENANDOAH
ENDODONTICS

Dr. Tatiana Oliveira D.D.S., M.Sc.
Dr. Diego Barreto Andrade D.D.S.
Endodontists

Today's date: _____

Patient's Name: _____

Phone: _____

Referred by: _____

Select area or teeth

				☐ a	☐ b	☐ c	☐ d	☐ e	☐ f	☐ g	☐ h	☐ i	☐ j				
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	
				☐ t	☐ s	☐ r	☐ q	☐ p	☐ o	☐ n	☐ m	☐ l	☐ k				

Treatment requested

- ☐ Consultation
- ☐ Root Canal Treatment
- ☐ Root Canal Retreatment
- ☐ Apicoectomy Surgery
- ☐ Pulp Regeneration
- ☐ Post Space Preparation
- ☐ CT Scan
- ☐ Other: _____

Prior treatment

- ☐ Permanent restoration
- ☐ Carie Excavation & Pulp exposure
- ☐ Pulpotomy or Pulpectomy
- ☐ Previous Endodontic Treatment/Surgery

Restorative instructions

- ☐ Temporary
- ☐ Leave post space
- ☐ Composite/Core build-up
- ☐ Place post and build-up

SUBMIT FORM

Hablamos Español *Falamos Português*

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