

1674 Keller Parkway
Suite 100
Keller, TX 76248

ADVANCED ENDODONTICS OF TEXAS

Sayed Attar, DDS, MS*
Casey L. Turner, DDS, MS*
Ryan M. Walsh, DDS*
*Diplomate, American Board of Endodontics

Introducing _____
for endodontic consideration of the teeth (or area) indicated.

Appointment Date: _____ Time: _____ am / pm

Please evaluate and treat. Please evaluate only.

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

Requests or concerns: _____

Patients can log onto our secure website and conveniently complete Patient Registration, Medical History and Pain History online prior to the appointment. **Please contact our office for an ID and Password.**

- Tooth pain is felt with Cold Hot Percussion Biting
- Area exhibits: Oral/Facial Swelling Tenderness Fistula
- Tooth history includes crack / fracture.
- Patient has vague unlocalized pain in area indicated.
- X-ray reveals radiolucency.
- Pulp was exposed or possibly exposed.
- Tooth was opened and temporized.
- RCT is necessary for restoration.
- Please create post space.
- Please place the following restoration in access opening:
 - Temporary Composite Post & Core Amalgam
- CBCT Evaluation

Referred by Dr _____

Date _____



SPECIALIST MEMBER



