CELINA

ENDODONTICS

Jonathan Blacher, DMD, MS

Board Certified Endodontist

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Patient Name: _____

Phone Number: _____

Referring Doctor: _____

Referring Contact: _____

Tooth number(s) _____

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
Right Quad								**Left Quad**							

Reason for referral

- ☐ Toothache/ Pain/Swelling
- ☐ Pulp Exposure/ Previous Pulpotomy/RCT
- ☐ Endodontic Necessary for Proper Restoration
- ☐ Periapical Pathosis
- ☐ CBCT - 3D Scan

Restore with:

- ☐ Cavit/IRM/Temp Filling
- ☐ Prepare Post Space
- ☐ Core Build-up/Composite
- ☐ Cement Post and Core Build Up

Comments _____