



JAYESH S. PATEL, B.D.S., M.S.D.

Practice Limited to Microscopic Endodontics

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Date: _____

Introducing _____

for endodontic consideration on the following tooth (teeth): _____

		Molars		Pre-Molars		Anteriors		Anteriors		Pre-Molars		Molars					
Right	Upper	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Lower	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

(CIRCLE TEETH FOR ENDODONTIC CONSIDERATION)

Status:

- Endodontics necessary for proper restoration
- Pulp was exposed
- Tooth is opened for drainage
- Patient has discomfort, please evaluate
- Radiographic findings present
- Crown/Bridge is cemented
 - Temporarily
 - Permanently

Remarks _____

Please indicate how you want tooth prepared:

- Core spaces for core build-up
- No post preparation
- Post preparation
 - Fit and send back metal post
 - Space only

Dr. _____

MAP TO OFFICE ON OTHER SIDE

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