PRECISION ENDODONTICS

Carolina Rodriguez-Rad, D.M.D., M.S.D.
Sushant Mahajan D.M.D., M.S.
Ghulam Murtaza, D.M.D.

office: (202) 659-8568 | fax: (202) 659-1016 | email: info@precisionendodc.com
919 18th St. NW, suite LL52, Washington DC 20006
metro: Farragut west, Farragut north

patient's name _____ date _____

tooth # _____ area _____

- ☐ consult
- ☐ root canal therapy
- ☐ retreatment
- ☐ apicoectomy

RADIOGRAPHS

☐ were emailed ☐ are attached ☐ were mailed on _____

STATUS OF TOOTH

- ☐ constant pain
- ☐ lingering pain
- ☐ intermittent pain
- ☐ cold sensitive
- ☐ heat sensitive
- ☐ pain to percussion
- ☐ pain when chewing
- ☐ possible fracture
- ☐ recent restoration
- ☐ carious exposure
- ☐ necrotic pulp
- ☐ periapical pathosis
- ☐ sinus tract
- ☐ swelling
- ☐ cracked tooth

☐ post space required ☐ no post space

notes _____

_____

_____

REFERRING DOCTOR

(print name) _____

(signature) _____