


NORTHSIDE

ENDODONTICS

James E. Duncan, DDS., MSD.

Practice Limited to Endodontics

1400 S. PILGRIM BOULEVARD, YORKTOWN, IN 47396

T 765.759.9630 F 765.759.9640

www.northsideendo.com

map on back

Referred by Dr. _____

Introducing my patient _____

Appointment date _____

	Molars			Bicuspid			Anteriors			Anteriors			Bicuspid			Molars			
right	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 left		

(circle teeth for endodontic consideration)

Please evaluate and treat as appropriate:

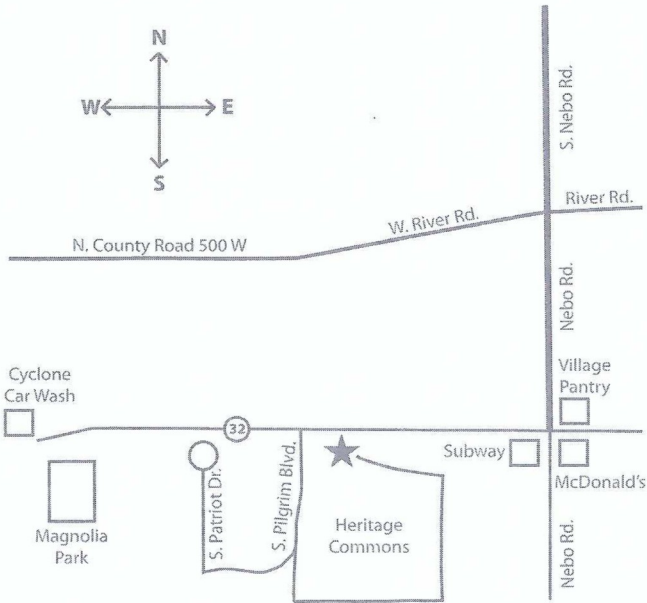
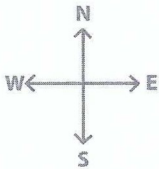
- One or more teeth are causing discomfort due to:
- Spontaneous discomfort
 - Biting discomfort
 - Temperature sensitivity
 - Swelling
 - Trauma

Prepare Post Space **Yes** **No**

- Premed (antibiotics) needed
- Patient is on blood thinner
- Endodontics necessary for restoration.
- Pulp was exposed
- Root canal therapy has been started.
- Radiograph revealed a radiolucency and/or pulpal involvement.
- Sending radiograph with patient
- CBCT recommended
- Emailing radiograph to **yorkadmin@northsideendo.net**
- Oral sedation recommended
- Nitrous Oxide recommended
- Evaluate Only:

Remarks _____

A fee may be assessed for a missed appointment, short notice cancellation or schedule change (within 48 hours)



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