



# Montshire Endodontics, PLLC

Practice Limited to Endodontics • [www.montshireendo.com](http://www.montshireendo.com)

Hanover Road Professional Center • 367 Route 120, Suite B3 • Lebanon • New Hampshire • 03766

603-643-6100 • fax 603-643-9966

2418 Airport Road, Suite 2 • Barre • Vermont • 05641 • 802-371-0014 • fax 802-229-5477

Introducing: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Referred by Dr: \_\_\_\_\_ Receptionist: \_\_\_\_\_

CALL PATIENT

PATIENT WILL CALL YOU

APPOINTMENT ON: \_\_\_\_\_ at \_\_\_\_\_

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

### HISTORY:

- |  |  |
|--|--|
| <input type="checkbox"/> Pulp exposed                            | <input type="checkbox"/> Trauma                        |
| <input type="checkbox"/> Tooth open for drainage                 | <input type="checkbox"/> Previous endodontic treatment |
| <input type="checkbox"/> Patient has discomfort, please evaluate | <input type="checkbox"/> Bridge/crown cemented         |
| <input type="checkbox"/> Radiographic findings present           | <input type="checkbox"/> Temporarily                   |
|  | <input type="checkbox"/> Permanently                   |

### PRETREATMENT:

Post removal

### FINISHING:

No post space

Post space only

Core composite buildup

Crown is treatment planned

### MEDICAL HISTORY:

Needs antibiotic premed

Needs anxiety premed

Coumadin

### Comments:

---



---



---



---

IF NON-RESTORABLE:  Send patient back to our office  Refer to \_\_\_\_\_