



BAYSIDE ENDODONTICS

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St. Petersburg location

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Seminole location

9075 Seminole Boulevard

Seminole, FL 33772

(727) 289-3636

InfoSeminole@Bayside-Endo.com

Date: _____

Patient Name: _____

Endodontic Considerations

Pain:

- None Constant Spontaneous

Radiological Diagnosis:

- Pulpal Involvement
 Apical Involvement

Pulpal Exposure:

- Vital
 Necrotic

Symptoms Include:

- Chewing / Percussion Root Canal Required For Restorative Purposes
 Swelling / Palpation Cone Beam-CT Scan Requested
 Hot / Cold Sensitivity

Post Space Required:

- Yes No

Please Circle the Involved Teeth

	Molars			Bicuspid		Anteriors						Bicuspid		Molars			
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	

Comments: _____

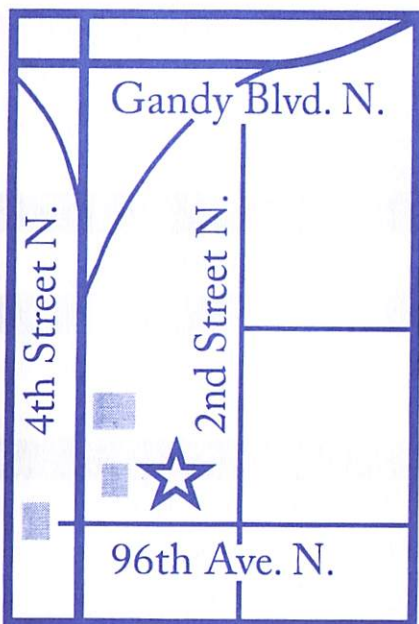
Appointment Date: _____ Day: _____ Time: _____

Referred By: _____

See Reverse for Map



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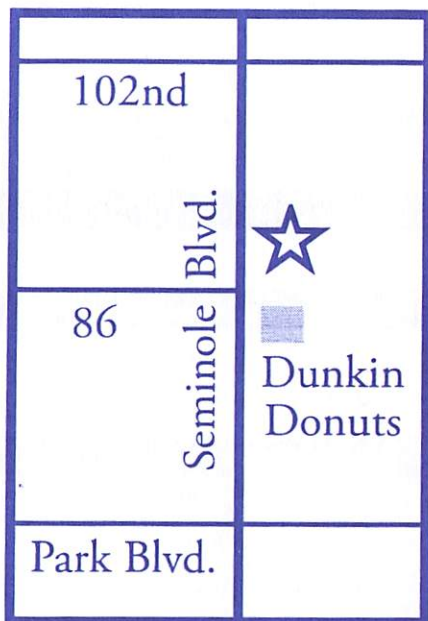
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