

Patient's name	Title		
DOB	Gender	Male	Female
Email*	Landline		
Address	Mobile*		

Relevant MH

Tooth	Incisor	Premolar	Molar	Other (specify tooth/area)
Pulp Status	Vital	Partially vital	Non-vital	
Pain Status	Present	Absent		

Appointment

Consultation Only (No treatment)	Consultation & Treatment (Same appointment)	Treatment Only (Previously agreed)
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Treatment

Primary endodontic treatment	Non-surgical retreatment	Surgical treatment
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Additional Information

- Sclerosed canal**
- Complex root canal anatomy** e.g. significant root curvature
- Access through crown**
- Caries removal
- Crown removal
- Post & core removal
- Fabrication of temporary crown +/- temporary post
- Fractured instrument retrieval/bypass
- Other (please specify)

Summary

1. I will restore the tooth on completion of the endodontic treatment and feel:

a) The restorative prognosis is:	Very good	Good	Fair	Poor	Uncertain
b) The peridontal prognosis:	Very good	Good	Fair	Poor	Uncertain

1. I enclose a recent periapical radiograph.
2. I have discussed all of the above with the patient.

Signed _____ Date _____

Print Name _____ Practice _____

*Preferred method of contact. **Indicates does not attract additional fee.