

Summit Endodontics

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Introducing _____

Referred by Dr _____ Patient's Telephone # _____

Tooth / Teeth to be Evaluated:

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

Referred for:

- Endodontic Exam/Consultation Only
- Diagnose and Treat as Necessary
- Consultation for Possible Retreatment/Surgery

Dental History/Previous Treatment

- Pulp Exposed/Temporary Placed
- Nonsurgical Endodontic Therapy (RCT) Initiated Completed
- Previous Endodontic Surgery
- Planning New Prosthodontic Treatment
- Radiograph Reveals Possible Pathosis
- Tooth Pain of Undetermined Origin
- Trauma (Avulsion/Subluxation)
- Possible Endo/Perio Lesion
- Other

Please note: Our office does not routinely leave post space unless requested. We will provide non-vital (intracoronal) bleaching upon request prior to returning the patient to you for the final restoration. **We will advise the patient of the importance of returning to you for the final restoration as soon as possible.**

- Prepare Post Space
- Bleaching Requested

Comments / Special Instructions:

