

Wells endodontics

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Today's date: _____

Introducing: _____

Appointment: _____
date time

Referred by: _____
name

phone

Tooth or area: _____

ENDODONTIC CONSIDERATIONS

- ☐ Patient has pain, swelling, or sensitivity
- ☐ Radiograph revealed radiolucency
- ☐ Pulp was exposed
- ☐ Endodontic treatment initiated
- ☐ Trauma
- ☐ I have determined tooth is restorable
- ☐ Please call before initiating treatment

SERVICES REQUESTED

- ☐ Diagnose and treat accordingly
- ☐ Consult only
- ☐ Leave post-space
- ☐ Consider surgical endodontics
- ☐ Nitrous oxide sedation

ONLINE ACCESS

Please visit **www.wellsendo.com**

Call 813-907-7668 for your user
name and password.

Username _____

Password _____

NOTES / COMMENTS