



St. Johns ENDODONTICS

John M. Sullivan, DMD, MS
Board Certified Endodontist

Thomas P. Currie, DMD, MS
Board Certified Endodontist

Alexander R. McClure, DMD
Board Certified Endodontist

Arthur Popkowski, DDS, MS
Board Eligible Endodontist

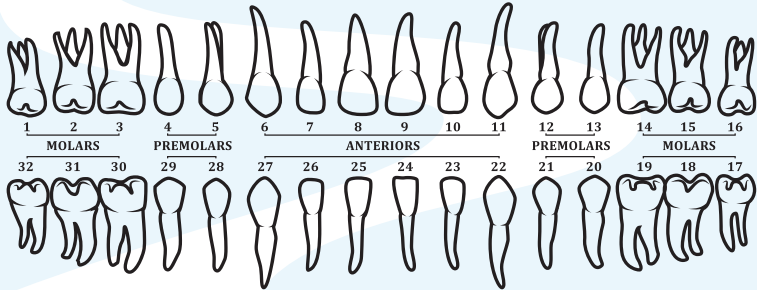
9471 Baymeadows Road, Suite 201
Jacksonville, FL 32256
p: 904.636.8999

1949 County Road 210 West
St. Johns, FL 32259
p: 904.808.7300

e: relief@StJohnsEndo.com
w: StJohnsEndo.com

Introducing patient: _____

For endodontic evaluation of the following tooth



TREATMENT DESIRED

- | | | | |
|---|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Evaluate & Treat | <input type="checkbox"/> Evaluate Only | <input type="checkbox"/> Surgical RCT | <input type="checkbox"/> Bleaching |
| <input type="checkbox"/> CBCT Imaging | <input type="checkbox"/> Other _____ | | |

STATUS

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Pulp Exposure | <input type="checkbox"/> Previously Endodontically Treated | <input type="checkbox"/> Temporary Crown | <input type="checkbox"/> Radiographic Pathosis |
| <input type="checkbox"/> Symptomatic | <input type="checkbox"/> Other _____ | | |

DESIRED RESTORATION

- | | | | |
|------------------------------------|---|--|---|
| <input type="checkbox"/> Temporize | <input type="checkbox"/> Prepare Post Space | <input type="checkbox"/> Place Buildup | <input type="checkbox"/> Place Post and Buildup |
|------------------------------------|---|--|---|

Comments: _____

Referring Doctor: _____ Date: _____