



Practice Limited to Endodontics

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Patient Name: _____

Tooth # _____ Appt Date _____ Appt Time _____

Please Schedule Endodontic Treatment

- RCT for proper restoration (i.e. decay, post space needed)
- Pulp was exposed
- Radiograph revealed periapical radiolucency
- Patient having classic symptoms, diagnosis definitive
- Emergency pulpectomy/pulpotomy performed

Please Schedule Endodontic Evaluation

- Vague/nonlocalized pain or sensitivity
- Tooth has had previous endodontic treatment

Prepare post space

Referred by Dr. _____

Special Instructions: _____

825 HIGH STREET IN OLD WORTHINGTON

