



Brian Shaughnessy, DDS, MSD

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Victor, New York 14564

585.869.5314

Introducing: _____ **Date:** _____

Referring Doctor: _____

Doctor's Phone Number: _____

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

Please circle teeth for endodontic consideration.

Please Evaluate and Perform the Following:

- Consultation and Diagnosis Only
- Consultation and Treat as Needed:
 - Root Canal Treatment
 - Root Canal Retreatment
 - Surgical Endodontics
- Intentional Endo (for restorability)
- Internal Bleaching
- Post Removal
- Other _____

The Following Procedures are Requested:

- Prepare Post Space
- Place Build-Up
- Other _____

Additional Information:

- History of Pain
- History of Trauma
- Radiolucency Noted on X-Ray
- Pulp Exposure Encountered
- Other _____

If there is already a crown on the tooth, is it planned for replacement?

- Yes
- No
- If necessary

Comments/Special Instructions:

