

# NON SURGICAL ENDODONTIC TREATMENT

**MEDICAL ALERT**

Date: \_\_\_\_\_ Tooth: # \_\_\_\_\_  
 S: CC " \_\_\_\_\_ "

O: HQR dated: \_\_\_\_\_  WNL Findings: \_\_\_\_\_  
 Time Out  Meds Reconciled/ Reviewed

Pain Scale: \_\_\_\_\_ / 10 BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ Temp (°F): \_\_\_\_\_ Resp: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_ Pulpal Diagnosis: \_\_\_\_\_ Apical Diagnosis: \_\_\_\_\_

Treatment initiated at evaluation appointment:  None  Other: \_\_\_\_\_

Medication provided at evaluation appointment:  No  Yes, Rx: \_\_\_\_\_

P:  NSRCT: # \_\_\_\_\_  NS Retreatment: # \_\_\_\_\_  Other Pulp Therapy: \_\_\_\_\_

Premedication:  No  Yes, Rx: \_\_\_\_\_

Anesthesia:  \_\_\_\_\_ mg Lidocaine \_\_\_\_\_ mg Epi  \_\_\_\_\_ mg \_\_\_\_\_ mg \_\_\_\_\_

\_\_\_\_\_ mg Marcaine \_\_\_\_\_ mg Epi  Other: \_\_\_\_\_

Isolation:  RD  RD Clamp w/ floss attached  Caulking: \_\_\_\_\_  Other: \_\_\_\_\_

Access Pulpal Status:  Vital: # \_\_\_\_\_  Hyperemic  Necrotic: # \_\_\_\_\_  
 Previous Pulpectomy: # \_\_\_\_\_  Other Previously Initiated Treatment: # \_\_\_\_\_  
 Untreated Canals: # \_\_\_\_\_  Non Restorable: # \_\_\_\_\_  
 Crack / Fracture: # \_\_\_\_\_  Complication (s) Found: # \_\_\_\_\_

Clean and Shape: Irrigation:  \_\_\_\_\_ ml \_\_\_\_\_ % NaOCl  \_\_\_\_\_ ml \_\_\_\_\_ % EDTA

\_\_\_\_\_ ml \_\_\_\_\_ % Chlorhexidine  \_\_\_\_\_ ml \_\_\_\_\_ % \_\_\_\_\_

#	Canal	Working Length (mm)	Patency (Y/N)	Taper	MAF Size	#	Canal	Working Length (mm)	Patency (Y/N)	Taper	MAF Size

Removed RCF using:  Heat  Rotary  Other: \_\_\_\_\_  Perforation Repair (material / location) \_\_\_\_\_ / \_\_\_\_\_

Post & Core / Separated Instrument Removal: # \_\_\_\_\_  Post Space Created (canal / size) \_\_\_\_\_ / \_\_\_\_\_

Interappointment Med:  Ca(OH)<sub>2</sub>  Other: \_\_\_\_\_

Temp Material: \_\_\_\_\_  Occlusal Adjust. Functional Cusp(s)

Obturation: Date: \_\_\_\_\_

# \_\_\_\_\_ RCF x \_\_\_\_\_ canals w/ \_\_\_\_\_ sealer and  Gutta Percha  Resilon  Other: \_\_\_\_\_

# \_\_\_\_\_ RCF x \_\_\_\_\_ canals w/ \_\_\_\_\_ sealer and  Gutta Percha  Resilon  Other: \_\_\_\_\_

Restoration:  Temp Restoration: \_\_\_\_\_  Cotton Pellet(s)  Intraorifice Barrier

Occlusal Adjust. Functional Cusp(s)  Sodium Perborate  \_\_\_\_\_ % Hydrogen Peroxide

Final restoration with:  Amalgam  Composite Resin  Glass Ionomer

Other: \_\_\_\_\_

Rx:  \_\_\_\_\_ mg. Disp \_\_\_\_\_ tabs. Take \_\_\_\_\_ tabs po q \_\_\_\_\_ h.

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Additional Notes (See Reverse)

Dental Class

Patient informed of treatment provided and treatment planned.

Next Visit: \_\_\_\_\_

Signature/Stamp: \_\_\_\_\_

Patient's Last Name:	First Name:	MI:	FMP / SSN:	Date of Birth:

