

# ENDODONTIC EVALUATION

**MEDICAL ALERT**

Date: \_\_\_\_\_ Tooth: # \_\_\_\_\_

S: CC " \_\_\_\_\_ "

O: HQR dated: \_\_\_\_\_  WNL Findings: \_\_\_\_\_

Time Out  Meds Reconciled/ Reviewed

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

Hx of Present Condition: \_\_\_\_\_

Swelling:  None  Intraoral  Extraoral  Fluctuant  Indurated  Fixed Location: \_\_\_\_\_

#	PERC (S/NS)	PALP (S/NS)	COLD (NR/R) / (L/NL)	HOT (NR/R) / (L/NL)	EPT	Probing Depth (mm)	SINUS TRACT (Y/N)	MOBILITY (N,1,2,3)	TOOTH SLEUTH (S/NS)	ADDITIONAL INFORMATION
			/	/	/ 80					
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**Radiographic Interpretation:**

- Normal: # \_\_\_\_\_
- Widened PDL: # \_\_\_\_\_
- Radiolucency: # \_\_\_\_\_
- Radiopacity: # \_\_\_\_\_
- Furcation Involvement: # \_\_\_\_\_
- Obturation Long: # \_\_\_\_\_
- Obturation Short: # \_\_\_\_\_
- Caries: # \_\_\_\_\_
- Other: \_\_\_\_\_
- Post: # \_\_\_\_\_ (Canal (s)) \_\_\_\_\_
- Separated Instrument(s): # \_\_\_\_\_ (location) \_\_\_\_\_
- Calcified Canal(s): # \_\_\_\_\_ (location) \_\_\_\_\_
- Unusual Morpholgy: # \_\_\_\_\_ (explain) \_\_\_\_\_

**A: Pulpal Diagnosis:**

- Normal Pulp: # \_\_\_\_\_
- Reversible Pulpitis: # \_\_\_\_\_
- Sympt. Irreversible Pulpitis: # \_\_\_\_\_
- Asympt. Irreversible Pulpitis: # \_\_\_\_\_
- Pulp Necrosis: # \_\_\_\_\_
- Previously Treated: # \_\_\_\_\_
- Previously Initiated Therapy: # \_\_\_\_\_
- Pulp Canal Obliteration # \_\_\_\_\_

**Apical Diagnosis:**

- Normal Apical Tissues: # \_\_\_\_\_
- Symptomatic Apical Perio: # \_\_\_\_\_
- Asymptomatic Apical Perio: # \_\_\_\_\_
- Acute Apical Abscess: # \_\_\_\_\_
- Chronic Apical Abscess: # \_\_\_\_\_
- Condensing Osteitis: # \_\_\_\_\_

**Additional Findings:**

- Cracked Tooth: # \_\_\_\_\_
- Hypersensitive Root Surface: # \_\_\_\_\_
- Root Fracture:
  - Horizontal: # \_\_\_\_\_
  - Vertical: # \_\_\_\_\_
- Resorption:
  - Internal: # \_\_\_\_\_
  - External: # \_\_\_\_\_  Cervical
- Sinusitis
- Non-restorable Tooth: # \_\_\_\_\_

**Periodontal Diagnosis:**

- 1° Endo 2° Perio: # \_\_\_\_\_  1° Perio: # \_\_\_\_\_
- 1° Perio 2° Endo: # \_\_\_\_\_  Concomittant: # \_\_\_\_\_  True Combined: # \_\_\_\_\_

P:  NSRCT: # \_\_\_\_\_  NS Retreatment: # \_\_\_\_\_  SRCT: # \_\_\_\_\_  No Endodontic Treatment

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:

