



Pre-op: 07/13/2016

Dear Dr.

Thank you for your referral of Donald Cross to our office for endodontic care. This report refers to the exam performed on tooth number (s): 11

- I recommend endodontic treatment / retreatment
- Treatment initiated: \_\_\_\_\_
- Temporary restoration
- Ca (OH) 2
- Incision and drainage
- No appointment was made at this time
- Patient will call back to set appointment
- Patient scheduled to return \_\_\_\_\_

Findings:

Additional recommendation (s):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Diagnosis inconclusive    | <input type="checkbox"/> Endodontic reevaluation | <input type="checkbox"/> Crown Removal    |
| <input type="checkbox"/> Vertical root fracture    | <input type="checkbox"/> Apical Surgery          | <input type="checkbox"/> Extraction       |
| <input type="checkbox"/> Periodontal disease       | <input type="checkbox"/> Oral Surgery Consult    | <input type="checkbox"/> Occlusal Consult |
| <input checked="" type="checkbox"/> Non-restorable | <input type="checkbox"/> Periodontal Consult     |   |

Comments: Caries angulated 115 root. Admin  
ext #1.

Sincerely,