



ADVANCED
ENDOCARE

Kathryn G. Stuart, DDS, MSD
Diplomate, American Board of Endodontics
Nomin Aomin, DDS, MSD

8489 Fishers Centre Drive
Fishers, Indiana 46038
(317) 578-2224
Fax: (317) 578-2225

(800) 244-2613
www.advanced-endocare.com

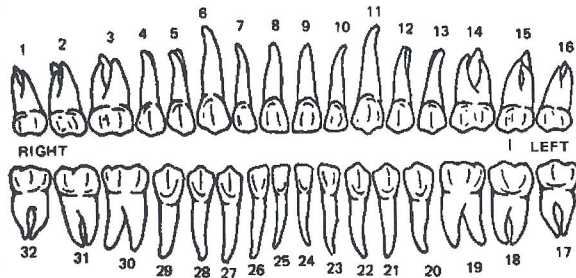
PRACTICE LIMITED TO ENDODONTICS



Date _____ Appt. Date _____

Introducing _____

Referring Doctor _____



(CIRCLE TEETH FOR ENDODONTIC CONSIDERATION)

Diagnostic

Information: Pulp Exposure Traumatic Injury
Sensitivity: Hot Cold Pressure
Pain: Constant Intermittent Vague
 Undetermined, please evaluate

Swelling Sinus Tract
 Radiographically Evident
Treatment: Tooth Opened Medicated Temporarily
 None

Analgesic _____
 Antibiotic _____

Preference: Post Space
 Nitrous Oxide Analgesia
 Oral Sedation
 General Anesthesia

Remarks: _____